

People and Communities Select Committee

Date: **27 May 2022**

Time: **10am**

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

Advice for members of the public:

This meeting will be held in public and in person. It will be live streamed on YouTube and, in view of Covid-19 guidelines, we would encourage members of the public to watch remotely by clicking on the following link: https://www.youtube.com/channel/UCdyUrFjYNPfq5psa-LFIJA/videos?view=2&live_view=502

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

As you will be aware, the Government is moving away from COVID-19 restrictions and towards living with COVID-19, just as we live with other respiratory infections. To ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

Persons attending the meeting are requested to turn off mobile phones

Membership:

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

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

**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 18 March 2022

3 Members to Declare any Interests

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

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

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

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

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

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

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

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

5 Public Question Time

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Tuesday 24 May 2022**

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

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 Tuesday 24 May 2022**

- | | |
|--|----------|
| 7 Strategic and Financial Planning 2023-24 | Page 12 |
| Report by the Executive Director of Finance and Commercial Services | |
| 8 ASSD Winter and Covid Recovery | Page 43 |
| Report by the Executive Director of Adult Social Services | |
| 9 Social Care Reform: Implications of the National Charging Proposals | Page 54 |
| Report by the Executive Director of Adult Social Services | |
| 10 Health Improvement | Page 73 |
| Report by the Executive Director of Community and Environmental Services | |
| 11 Special Educational Needs (SEND): Performance Framework | Page 93 |
| Report by the Executive Director of Adult Social Services | |
| 12 Forward Work Programme | Page 108 |
| Report by the Executive Director of Adult Social Services | |

Tom McCabe
Head of Paid Service
County Hall
Martineau Lane
Norwich

NR1 2DH

Date Agenda Published 19 May 2022



If you need this document in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or (textphone) 18001 0344 800 8020 and we will do our best to help.



**People and Communities Select Committee
Minutes of the Meeting Held on 18 March 2022 at 10am
in the Council Chamber, County Hall, Norwich**

Present:

Cllr Fabian Eagle (Chair)

Cllr Tim Adams
Cllr Michael Dalby

Cllr Mark Kiddle-Morris

Cllr Julian Kirk
Cllr Mike Smith-Clare
Cllr Eric Vardy

Substitute Members Present:

Cllr Ben Price for Cllr Paul Neale
Cllr Chrissie Rumsby for Cllr Brenda Jones
Cllr Tony White for Cllr Ed Connolly

Also Present

Michael Bateman	Assistant Director, SEND Strategic Improvement and Early Effectiveness
James Bullion	Executive Director of Adult Social Services
James Wilson	Director of Quality and Transformation, Children's Services

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Claire Bowes, Cllr Ed Connolly (Cllr Tony White substituting) Cllr Brenda Jones (Cllr Chrissie Rumsby substituting), Cllr Paul Neale (Cllr Ben Price substituting), Cllr Alison Thomas and Cllr Fran Whymark.

1b Election of a Vice-Chair

- 1b.1 Cllr Mark Kiddle-Morris was duly elected to be Vice-Chair for the meeting.

2. Minutes of last meeting

- 2.1 The minutes of the meeting held on 21 January 2022 were agreed as an accurate record and signed by the Chair.

3. Declarations of Interest

- 3.1 No interests were declared.

4. Items received as urgent business

- 4.1 The Executive Director of Adult Social Services gave an update to the Committee on the current situation regarding Covid-19 in the health and social care system:
- There had been a significant rise in Covid-19 cases in Norfolk with 850 cases

per 100,000 in the community, which was a significant rise from the previous month from 350 per 100,000.

- In adult social care, outbreaks in care homes had been declining however there were now 150 care homes out of 350 with an outbreak, which was almost 40% of care homes. An outbreak was defined as two or more people in a care home with Covid-19. This impacted on admissions to as well as visits to care homes.
- Requirements to isolate, test and wear masks remained in place in the health and social care sector. Outbreaks in the community were affecting staffing levels in the care homes and other areas of the health and care sector.
- There were 450 people in the county's four acute hospitals who needed support with discharge; around 100 of these people needed help from social care and the rest would require help from the health care sector.
- People could help slow the spread of Covid-19 by wearing masks in crowded places and isolating if they tested positive, especially around vulnerable people.

4.2 The Executive Director of Adult Social Services was asked if the government rolling back on Covid-19 restrictions was undermining the sector's ability to perform; he replied that the strategy of living with Covid had consequences for the health and social care sector.

4.3 A Committee member asked what Councillors could do to support in this area; the Executive Director of Adult Social Services replied that it would be helpful to promote the message that the pandemic continued in health and social care and advising mask wearing in crowded places.

4.4 A Committee member raised the pay issues in nursing and queried whether hospitals continued to be penalised for having people in beds for longer than the target. The Executive Director of Adult Social Services replied that at the National Day of Remembrance and Reflection for social care in London, a film was shown portraying the impact of covid and the skills of working in social care. He noted the national wage problem in nursing and confirmed that delayed transfers of care fines had been removed.

5. Public Questions

5.1 One public question was received; see Appendix A.

6. Member Questions and Issues

6.1 No Member questions were received.

7. Special Educational Needs (SEND): Performance Framework

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

- 7.1.2 The Assistant Director, SEND Strategic Improvement and Early Effectiveness, introduced the report to Committee:
- The report focused on the required dataset from the local government ombudsman as there was no new information to add regarding the area SEND strategy.
 - The outcome of the Government's SEND review was expected at the end of March 2022.
 - The revisit from the Care Quality Commission to Norfolk County Council's Children's Services was likely to be in June or July 2022, therefore more information would likely be available in the May Committee report on progress towards the points in the written statement of action.
- 7.2 The following points were discussed and noted
- A Committee member noted that the time to final Education Health and Care Plan (EHCP) performance had fluctuated through the year. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, replied that this figure had been at 54% at the end of 2021 and was at 59% in February 2022. It would be difficult to reach 60% with the current dynamics in place. Moving forward it would be important to look into whether referral rates were correct, whether the staffing resource was correct and whether some of the referrals could be supported at a lower level such as at an early years' setting or school. Information on this would be **included** in the next report as results of the audit had recently been received.
 - Information was requested on whether SEND tribunals were increasing or decreasing; the Assistant Director, SEND Strategic Improvement and Early Effectiveness, **agreed** to include information on this in the May 2022 report to the Committee but confirmed the trend was upwards.
 - The number of children out of education who were home schooled for 3 months or more was queried. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, replied that this was outside of his remit so he **agreed** that a written response would be provided.
 - The Chair **asked** for a report on home schooling to be added to the forward programme. The Director of Quality and Transformation, Children's Services **agreed** that a report on this topic could be brought to the Committee. He added that outcomes were good in this area, noting that the education home team had recently won an award, but recognised the importance of being vigilant to ensure no children "fell through the gaps".
 - A Committee member asked what was driving the doubling of referrals. The Assistant Director, SEND Strategic Improvement and Early Effectiveness replied that the change from statements to EHCP in 2014 drove an increase in referrals due to it bringing in an increase in age range and a wider definition of social emotional and mental health difficulties and also impacted by an increase in children with more complex needs due to medical developments.
 - The cost of sending children to SEND schools was queried. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, replied that Government set out that "notionally" there was £6000 per child in mainstream schools through the formula funding for SEN, and along with the additional funding for children in schools, this took the cost per child in a mainstream school with SEND up to £10,000. A place for excluded children in specialist provision cost around £17,000 and a place for a child in state funded SEND schools cost £25,000. The independent specialist school sector cost around £48,000 per child, not including the cost of boarding and other similar provision.

- A Committee member queried whether it was an aim for as many SEND children as possible to be educated in mainstream schools due to this being cheaper for the council. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, clarified that this was not the council's policy. It was key to ensure that schools and early years' settings were as inclusive as possible so that they could accommodate children with SEND where this was parental choice, however it was also important to ensure there was enough specialist SEND provision available for children for whom this was the best choice. The Director of Quality and Transformation, Children's Services added that there was a cohort of children who could be supported in a mainstream school with the right support, giving them an increased chance of achieving recognised qualifications and increased economic outcomes.
- The Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed there was no risk to schools of reduction or closure as there was a growing level of complex needs.
- The high needs block had been reported regarding its in-year overspend and officers were in discussion with the Department for Education regarding this and how it could be balanced.
- A Committee member felt that the funding formula was no longer fit for purpose and asked for more information on this; the Assistant Director, SEND Strategic Improvement and Early Effectiveness, hoped that the national SEND review would provide more information on this. Norfolk was currently reviewing use of the top-up funding.

7.3 The Select Committee **AGREED:**

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

8 Health and Adult Social Care Reforms

- 8.1.1 The Select Committee received the report outlining information and providing a presentation on the Bill, Policy and White Papers that contain details of the proposed Health and Social Care reforms for information. The presentation included as an appendix to the report was initially presented as a briefing to members on 15 March 2022, and was presented to Committee as an opportunity to have further reflection and discussion.
- 8.1.2 The Executive Director of Adult Social Services introduced the report and gave a presentation to the Committee; the presentation is included at pages 26-58 of the agenda:
 - There would a period of 2 years to allow the health and social care system to recover from Covid-19.
 - It had been agreed that the Chair of Health and Wellbeing Board would be the Chair of the integrated care partnership.
 - The Integrated Care Board and Integrated Care Partnership would commence from July 2022.
 - Work in practice at local area level would change, with 5 health boards and 7 Health and Wellbeing Partnerships.

- The aims were: ensuring citizens could get the best out of health and care, investing in the workforce, and changes to the means test.
- Information on the social care charging reform was available in the Disability Rights Handbook.

8.2 The following points were discussed and noted

- Clarification was requested on payment banding specifically regarding how assessments would take into account if a person chose a more expensive care provision. The Executive Director of Adult Social Services replied that if someone decided to buy care in excess of their need or that was more expensive than deemed fair for cost of care, the council were allowed to accrue the cap at what was deemed a fair cost.
- A Committee member asked about the extra money for unpaid carers and how this would work alongside SIB; the Executive Director of Adult Social Services confirmed that more work was needed to look into what the impact would be on carers.
- The Executive Director of Adult Social Services confirmed that subject to further regulations the intention was for the Secretary of State to have further power of intervention when a judgement was made about the quality of an area, likely to be when an area was judged to be inadequate and not showing a track record of improvement.
- The NHS had an elective programme backlog which the Executive Director of Adult Social Services did not believe would be dealt with by the £12m funding, and he therefore felt it would be necessary for councils and social care to lobby for additional resources.
- A Committee member asked if unions, carers groups and service user groups would be represented on the integrated boards. The Executive Director of Adult Social Services confirmed that Healthwatch would be a member of the Integrated Care Board. The Integrated Care Partnership intended to include service users, Healthwatch and the voluntary sector at meeting. He had not heard that unions would be involved in these meetings.
- The Executive Director of Adult Social Services **agreed** to bring a report to the Committee on how the transformation would be carried out and plans for engagement with people. There would be national resources provided with the changes to charging reforms which were currently being consulted on.
- The Chairman noted that integrating systems was based on a population of 250-300,000 and asked how Norfolk fit into this model with its population of 1 million. The Executive Director of Adult Social Services explained that the model worked on a "place" level, with each place having a population of 250-300,000. Below this level there were neighbourhoods which had a population of around 30,000.
- The Chairman asked whether the funding would be population or needs based; the Executive Director of Adult Social Services explained that it would be based on relative need which took into account the number of recipients of attendance allowance and people with certain demographic features.
- The Chairman queried whether people's assets would be reviewed annually in the lead up to the cap. The Executive Director of Adult Social Services was unsure how this process would work however believed there would be an annual review of assets.

8.3 The Select Committee discussed and considered the implications of the two White Papers for Norfolk adult social care

10. Forward Work Programme

- 10.1 The Committee received and considered the forward work plan for the committee.
- 10.2 A report on the Progress of reducing numbers of looked after children was requested but the Director of Quality and Transformation, Children's Services reported that this fell under the remit of the performance panel rather than the committee
- 10.3 The Committee considered and **AGREED** the forward work programme with addition of the following items:
- An update report on the Adult Social Care white paper including information on engagement with communities and how they see change
 - Reports agreed to be added at the meeting of 21 January which were: a report looking at outdoor provision, a report on the music service, a report looking into access to technology for young people, a report on the response to mental health and bereavement and a report on the Change Grow Live inadequate inspection
 - A review of progress of the current position in the Norfolk social work sector following national social work week
 - A report on and including a presentation from Newton Europe
 - A report looking at the restructuring project of Cabinet which may affect services under the remit of People and Communities
 - An update on the Integrated Care Partnership and how it will work and be held to account
 - Task and finish group to consider how a code of conduct can be agreed to govern discussion of sensitive issues
 - A report looking into pressures related to accommodating Ukrainian refugees and how their social care needs can be met.
 - A report on the Outcomes East Programme 2022
 - An update on Carers Matter and social impact bonds
 - A report looking into the fair cost of care and work being carried out around this
 - A report on the Stronger Families Network impact bond
 - A report on why mind have withdrawn from their contract and an update on this
 - A report on unfilled care hours and how these are being monitored
 - An update on social care recovery
 - A report on the national review of children's social care

The Meeting Closed at 11:43

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

**People and Communities Select Committee
18 March 2022**

Item 5; Public Questions

Question from Stewert Trotter:

Since the game of chess has had a massive rise in popularity over the past couple of years due to lockdowns and "The Queen's Gambit" on Netflix, I would ask if it's possible to have an outdoor chess park based somewhere like The Walks in the summer time.

I think this would be great for the local community, young people, and people who wish to socialise and enjoy the game of chess!

Since lockdown in 2020 chess has become a big part of my life, and I think would be beneficial for the community, and for your mental health and improving cognition.

Response from the Chairman

Public parks and open spaces usually fall under the remit of district council's recreation and leisure functions. The Walks in King's Lynn is maintained by the Borough Council which, in conjunction with the volunteer organisation the Friends of the Walks, has recently invested in the restoration of the park. Norfolk County Council recommends contacting these organisations to discuss additional facilities in the Walks, and other local parks.

People and Communities Select Committee

Item No: 7

Report Title: Strategic and financial planning 2023-24

Date of Meeting: 27 May 2022

Responsible Cabinet Member: Cllr Andrew Jamieson (Cabinet Member for Finance)

Responsible Director: Simon George, Executive Director of Finance and Commercial Services

Executive Summary

The appended report, which was considered by Cabinet in April 2022, marks the beginning of the Council's budget setting process for 2023-24. Cabinet has sought Select Committee input into the 2023-24 budget process, in respect of the approach to the development of saving proposals. This Select Committee report appends the Cabinet report in order to provide the latest information about the context for 2023-24 Budget setting which is intended to support Select Committee discussion and to enable them to provide input to future meetings of Cabinet to inform budget decisions.

This report therefore forms an important part of the process of developing the 2023-24 Budget, representing a key opportunity for the Select Committee to provide its views on priorities and the approach to preparing budget proposals for the services within its remit.

Recommendations / Action Required

The Select Committee is asked to:

1. To consider the Budget and Medium Term Financial Strategy position as reported to Cabinet in April 2022 (Appendix 1), noting in particular the following elements as set out in the appended report, which form the context for 2023-24 budget setting:
 - a. the budget gap for 2023-24 and the Medium Term Financial Strategy (MTFS) period.
 - b. The Departmental saving targets.
 - c. The outline timetable and approach to developing the 2023-24 Budget.

2. To consider and comment on the overall service strategies as set out within the 2022-23 Budget Book.
3. To consider and comment on the key issues for 2023-24 budget setting and the broad areas the Select Committee would recommend exploring for savings development as they pertain to the services within the Select Committee's remit, in order to provide input to the 2023-24 budget process and inform the saving proposals put forward to Cabinet later in the year. In particular the Committee is asked to consider savings opportunities under the following headings:
 - a. New initiatives which would deliver savings;
 - b. Activities which could be ceased in order to deliver a saving;
 - c. Activities which the Council should seek to maintain at the current level as far as possible (i.e. areas where the Committee considers there is limited scope for savings);
 - d. Commercialisation opportunities.

1. Background and Purpose

- 1.1 As part of setting the 2022-23 Budget, the Council's three Select Committees received reports on the approach to developing budget proposals during the year. Cabinet agreed to continue this approach in relation to developing the 2023-24 Budget and this report therefore represents the first opportunity for Select Committees to provide input to 2023-24 budget setting at a formative stage. A further report is intended to be brought to the November Select Committee cycle to enable comments on substantive proposals once they have been developed and published for public consultation.

2. Proposal

- 2.1 The report to April 2022 Cabinet reproduced as Appendix 1 provides an overview of the financial planning context for the County Council, including:
 - the overarching timetable for 2023-24 budget setting;
 - the key issues, risks and uncertainties identified in relation to 2023-24 budget setting; and
 - the target level of savings to be found by each service department.
- 2.2 The Select Committee's views are sought in relation to the services within its remit on (1) key issues for 2023-24 budget setting and (2) the broad areas proposed for savings development, in order to help shape budget and saving proposal development for 2023-24, assist in the identification of key pressures and priorities for the 2023-24 Budget, and (ultimately) to inform the budget proposals to be considered by Cabinet later in the year.

- 2.3 The financial approach and key strategies for Directorates delivering services which fall broadly within the remit of this Committee have been set out within the County Council's [2022-23 Budget Book](#)¹.

3. Impact of the Proposal

- 3.1 Select Committee input will support in shaping budget proposals and thereby contribute to the 2023-24 budget setting process. Individual recommendations from Select Committees will help to inform budget proposals and will therefore ultimately impact on Departmental budgets and service delivery for 2023-24. Details of specific impacts will be identified and reported in later stages of the budget process. Further impacts are also set out in the appended Cabinet paper.

4. Evidence and Reasons for Decision

- 4.1 As set out in the appended report. Select Committees have a specific role in policy development and therefore are invited to comment and advise Cabinet on budget options within their remit as in previous years.

5. Alternative Options

- 5.1 As set out in the appended report, a range of options remain open at this stage. The purpose of this report is to provide Select Committees with an opportunity to engage with the budget process and inform the development of specific options for the 2023-24 Budget.

6. Financial Implications

- 6.1 Immediate financial implications are highlighted in the appended report. Any implications arising from the Select Committee's comments will be reported to a future meeting of Cabinet as part of 2023-24 budget setting as appropriate.

7. Resource Implications

7.1 Staff:

There are no direct implications arising from this report although existing saving plans will include activities linked to staffing budgets. In addition there is a potential that further staffing implications may arise linked to specific saving proposals developed, including the planned strategic review. These implications will be identified and reported as they arise later in the budget planning process.

¹ <https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/budget-and-council-tax/budget-book-2022-26.pdf>

7.2 Property:

There are no direct property implications arising from this report although existing saving plans will include activities linked to property budgets and assumptions around capital receipts to be achieved. In addition there is a potential that further property implications may arise linked to specific saving proposals developed and these implications will be identified and reported as they arise later in the budget planning process.

7.3 IT:

There are no direct IT implications arising from this report although existing saving plans include activities linked to IMT budgets. In addition there is a potential that further IT implications may arise linked to specific saving proposals developed and these implications will be identified and reported as they arise later in the budget planning process.

8. Other Implications

8.1 Legal Implications:

As set out in the appended Cabinet paper.

8.2 Human Rights Implications:

As set out in the appended Cabinet paper.

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

As set out in the appended Cabinet paper.

8.4 Data Protection Impact Assessments (DPIA):

As set out in the appended Cabinet paper.

8.5 Health and Safety implications (where appropriate):

As set out in the appended Cabinet paper.

8.6 Sustainability implications (where appropriate):

As set out in the appended Cabinet paper.

8.7 Any Other Implications:

As set out in the appended Cabinet paper.

9. Risk Implications / Assessment

9.1 As set out in the appended Cabinet paper.

10. Recommendations

The Select Committee is asked to:

1. To consider the Budget and Medium Term Financial Strategy position as reported to Cabinet in April 2022 (Appendix 1), noting in particular the following elements as set out in the appended report, which form the context for 2023-24 budget setting:
 - a. the budget gap for 2023-24 and the Medium Term Financial Strategy (MTFS) period.
 - b. The Departmental saving targets.
 - c. The outline timetable and approach to developing the 2023-24 Budget.
2. To consider and comment on the overall service strategies as set out within the 2022-23 Budget Book.
3. To consider and comment on the key issues for 2023-24 budget setting and the broad areas the Select Committee would recommend exploring for savings development as they pertain to the services within the Select Committee's remit, in order to provide input to the 2023-24 budget process and inform the saving proposals put forward to Cabinet later in the year. In particular the Committee is asked to consider savings opportunities under the following headings:
 - a. New initiatives which would deliver savings;
 - b. Activities which could be ceased in order to deliver a saving;
 - c. Activities which the Council should seek to maintain at the current level as far as possible (i.e. areas where the Committee considers there is limited scope for savings);
 - d. Commercialisation opportunities.

11. Background Papers

11.1 As set out in the appended Cabinet paper, plus

Norfolk County Council Budget Book 2022-23 <https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/budget-and-council-tax/budget-book-2022-26.pdf>

Strategic and Financial Planning 2022-23 reports to November 2021 Select Committees:

- [Corporate Select Committee](#)
- [Infrastructure and Development Select Committee](#)
- [People and Communities Select Committee](#)

Norfolk County Council Constitution, [Article 5 – Overview and scrutiny bodies](#), para 5.7 – Membership and Areas of Responsibility of Select Committees.

Officer Contact

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

Officer name: Titus Adam

Telephone no.: 01603 222806

Email: titus.adam@norfolk.gov.uk



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.

Cabinet

Item No:

Decision making report title: Strategic and financial planning 2023-24

Date of meeting: 4 April 2022

Responsible Cabinet Member: Cllr Andrew Jamieson (Cabinet Member for Finance)

Responsible Director: Simon George (Executive Director of Finance and Commercial Services)

Is this a key decision? No

If this is a key decision, date added to the Forward Plan of Key Decisions: n/a

Introduction from Cabinet Member

This report marks an earlier than usual start to the Council's budget setting process, reflecting the scale of the task to be addressed in 2023-24. There is significant uncertainty about funding for 2023-24 onwards, particularly in light of the Government's intention to take forward funding reform during 2022-23. Nevertheless, in the context of a forecast £60m gap for the forthcoming year, it remains essential for the Council to have a robust plan in place to enable the preparation of a balanced and sustainable budget to safeguard the delivery of the essential local services which are so important for all Norfolk's people, businesses and visitors.

This report therefore sets out the framework for how the Council will approach budget setting for 2023-24, and should be read in conjunction with the reports *Better Together, for Norfolk – delivering our strategy* and *Norfolk County Council – Strategic Review*, elsewhere on the agenda. Taken together, these three reports represent key elements that will contribute to setting the strategy and direction for the Council over the next few years.

Executive Summary

While the Council has a well-established process for annual budget setting, the size of the forecast gap for 2023-24 demands a revision to ensure that there is a robust approach to developing savings proposals and other budget changes at the scale and pace required. This report therefore sets out proposals for how this will be achieved to deliver a prudent and transparent approach to budgeting for 2023-24, whilst

incorporating the required key elements such as public consultation and engagement with Select Committees.

Reflecting these considerations, this report proposes the Budget planning cycle for 2023-24 to start immediately in April 2022 and to work in parallel with the full strategic review of how the Council operates to deliver its future services and strategy. As part of 2023-24 Budget setting, a thorough interrogation of identified future cost pressures will also be required. It is particularly important to recognise that the 2022-23 position has been supported through significant one-off measures including use of reserves, which will represent a major challenge to be addressed in future years.

At the same time, the wider budget position remains the subject of extremely high levels of uncertainty. As such, this report sets out details of a proposed budget planning process for 2023-24, but recognises that as always there may be a need for some flexibility. In this context, the report provides a summary of key areas of wider risk and uncertainty for Cabinet to consider. This report should also be read in conjunction with the latest 2021-22 monitoring position reported to Cabinet, and the Strategic Review report, as set out elsewhere on this agenda.

Recommendations:

Cabinet is recommended:

- 1. To consider the overall budget gap of £96.676m included in the Medium Term Financial Strategy (MTFS) set by Full Council in February 2022, and agree:**
 - a) the gap of £59.927m to be closed for 2023-24; and**
 - b) the extension of the MTFS by a further year (to 2026-27) and the resulting overall gap for planning purposes of £115.814m. (Section 4).**
- 2. To review the key budget risks and uncertainties as set out in this report. (Section 4).**
- 3. To consider the principles of the proposed approach to budget setting for 2023-24, noting that there may be a need for flexibility within both the process itself and the assumptions applied, and agree:**
 - a) the process and indicative timetable set out in Section 5, including the proposed two stage consultation process for 2023-24 to support in the early securing of deliverable saving proposals.**
 - b) the savings targets allocated to each Department to be found (Table 10), and that these will be kept under review through the budget process.**

1. Background and Purpose

- 1.1. At the time of 2022-23 budget setting, the Section 151 Officer recommended that: *“...early planning is undertaken in respect of 2023-24 and the scope to address pressures within the constraints of the overall budget should be reviewed in the round during 2022-23. This should be informed by, but cannot be contingent upon, the progress of any local government funding reform brought forward for 2023-24. It may be that further specific details of the longer term funding allocations for the Council are not known until late in 2022-23. In this context it will be essential that the Council is able to produce a realistic plan for reducing the budget requirement in future years through the early identification of saving proposals for 2023-24, or the mitigation of currently identified pressures, and that all proposals are considered in the context of the significant budget gap identified for that year.”*
- 1.2. There continues to be a growing gap between funding and service pressures. This is driven by demographic changes, unfunded burdens such as the National Living Wage, and the needs of the people who draw upon social care services becoming increasingly complex. Children’s services, in both social care and education (particularly the High Needs Block), are also under very significant stress. Other Council services remain subject to significant financial pressures, for example as a result of increasing fuel costs which have a widespread impact across service delivery and commissioned services. In turn these have a knock on effect by increasing the pressure placed on discretionary and preventative services.
- 1.3. The Council’s February 2021 MTFS therefore made it clear that the Council, in common with other upper tier local authorities, faces a significant budget shortfall to be addressed in 2023-24, which is materially higher than the gap closed for the 2022-23 Budget. Simultaneously, as detailed below, there is major uncertainty linked to Government’s plans to reform local government funding during 2022 (for 2023-24) and linked to the delivery of the levelling up agenda. While the Council’s past success in delivering a balanced budget, coupled with a robust budget planning approach, provides a solid platform for development, it is prudent to begin planning for 2023-24 as early as possible.
- 1.4. Cabinet recognised this in November 2021, when it agreed to undertake a full review of how the Council operates to deliver its future services and strategy. Details of the scope and next steps for this work are set out in the Strategic Review report elsewhere on this agenda. It is anticipated that this review will make a material contribution to closing the forecast gap.
- 1.5. In common with recent years, it is highly likely the Council will not receive detailed information about funding allocations for 2023-24 until autumn 2022 at the earliest. This is particularly likely in light of the Government’s intention to deliver funding reform ahead of the 2023-24 Settlement, as confirmed by the commitment in the [Levelling Up White Paper](#)¹ to “ensuring that funding allocations for councils are based on an up-to-date assessment of their needs and resources”. It is anticipated that the Government will publish further details

¹ <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom>, page 143.

of its intentions in spring 2022, with any formula changes to be made ahead of 2023-24 funding announcements. However, the scope of this work has not been defined at the time of preparing this report and, in comparison with the approach to the Fair Funding Review, there is very limited time to develop and consult on proposals for fundamental reform. Ministers in the Department for Levelling Up, Housing and Communities (DLUHC) have also indicated that implementation of funding reform is a prerequisite for any longer-term funding allocations being announced. It therefore remains to be seen whether the 2023-24 Settlement will provide a multi-year allocation which would enable greater planning certainty. As a result, the overall level of uncertainty means that budget setting for 2023-24, and the wider financial environment for local government, is set to remain highly challenging. Government announced the 2022 Spring Statement on 23 March 2022 and further details are provided in section 2 below, but this did not include further significant policy announcements in terms of local government funding, which would impact on the budget position.

1.6. As in previous years, this report represents the start of the Council's process for setting the 2023-24 Budget and developing the supporting Medium Term Financial Strategy (MTFS). The report sets out the context and a proposed approach to budget setting including:

- A summary of the Budget and MTFS approved by Full Council in February 2022, including the savings already planned for future years.
- An overview of the significant remaining uncertainties facing local government finances.
- The MTFS position for 2022-23 onwards as agreed in February 2022, extended for a further year to support 2023-24 Budget setting.
- A proposed timetable for 2023-24 Budget setting including the recommended two stage approach to consultation.
- Proposed savings targets by Department.

1.7. Ultimately this report is intended to support the Council in preparing the 2023-24 Budget and identifying savings which will assist in delivering a balanced budget for the year.

2. Spring Statement 2022

2.1. The Chancellor announced the Government's [Spring Statement](https://www.gov.uk/government/news/chancellor-announces-tax-cuts-to-support-families-with-cost-of-living)² on 23 March 2022. There were limited announcements which will impact on the County Council's budget position directly, although there were some measures which will require administration by local authorities including an extension of the Household Support Fund from April 2022 (a further £500m nationally) and various business rates changes.

² <https://www.gov.uk/government/news/chancellor-announces-tax-cuts-to-support-families-with-cost-of-living>

\\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

2.2. The Office for Budget Responsibility assessed the Spring Statement position as follows: *“The public finances have emerged from the pandemic in better shape than expected. But Russia’s invasion of Ukraine will push inflation to a 40-year high of almost 9 per cent, and living standards are set for a historic fall over the next 12 months. The Chancellor used his Spring Statement to deliver rebates and tax cuts that reduce that fall by a third to just over 2 per cent and a pair of personal tax cuts that undo one-sixth of the total tax rises he has previously announced. This leaves him with £30 billion of headroom against his fiscal targets.”*³

2.3. The key economic forecasts from the Spring Statement were:

- GDP growth forecasts for 2022 have been reduced from 6% to 3.8%.
- CPI inflation is expected to peak in the 4th quarter of this year at around 8.7%, and is currently 6.2%. RPI is consistently higher than CPI.
- Borrowing is forecast to increase to £99bn for 2022-23, reducing to £32bn in 2026-27.

2.4. The key policy announcements made as part of the Spring Statement include:

- **Fuel duty will be reduced by 5p a litre** from 6pm 23 March 2022 until March 2023. This is estimated to mean a reduction of just over £3 on a standard tank of fuel;
- The **National Insurance Primary Threshold and Lower Profits Limit (for employees and the self-employed respectively) will be raised** by £3,000, from £9,880 to £12,570 from July 2022. This aligns the NI threshold with the threshold for income tax, meaning people must earn £12,570 per year before paying income tax or NI. This increase is forecast to benefit almost 30 million people, with a typical employee saving over £330 in the year from July. Around 70% of NICs payers will pay less NICs, even after accounting for the introduction of the Health and Social Care Levy;
- **VAT will be reduced to 0% on home energy-saving measures** such as insulation, solar panels and heat pumps for five years from April 2022;
- The **Household Support Fund will be extended** with an additional £500m from April 2022, on top of the £500m already provided since October 2021, bringing total funding to £1 billion. The fund will continue to be administered by local authorities in England;
- The Chancellor confirmed a number of existing business rates measures and including that **SMEs in the retail hospitality and leisure sectors will receive a 50% discount in business rates** up to £0.110m, alongside **targeted business rate exemptions to support the decarbonisation of non-domestic buildings which would be brought forward**;
- A **reduction in the basic rate of income tax** from 20% to 19%, however this will not be implemented until April 2024; and

³ <https://obr.uk/>

\\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

- Opening the **second round of bidding to the £4.8 billion Levelling Up Fund**.

2.5. Alongside the Spring Statement, the Chancellor published a “[Tax Plan](#)”⁴, setting out a three part plan to strengthen the economy over the remainder of the Parliament. It is intended to:

- help families with the cost of living;
- support growth in the economy, and
- ensure the proceeds of growth are shared fairly.

2.6. The Council will need to respond to any specific consultations arising from the Tax Plan as they are published, and will consider the detailed implications of the Spring Statement for the Council's 2023-24 Budget as they emerge over the coming weeks and months.

3. Budget context

3.1. On 21 February 2022, the County Council approved the 2022-23 Budget and Medium Term Financial Strategy (MTFS) to 2025-26. Based on currently available information, that MTFS set out a budget gap of £96.676m over the period, with a gap of £59.927m to be addressed in 2023-24. The current MTFS is based on an assumption that the funding allocations set out in the 2022-23 final Local Government Finance Settlement⁵ will be broadly “rolled over” for 2023-24 and beyond. However, given the Government's intention to deliver funding reform in time for the 2023-24 settlement⁶, there is some considerable uncertainty attached to this as described previously.

3.2. A summary of the Net Budget provided for by Department in the MTFS approved in February 2022 is shown in Table 1 of this report. The following table (Table 2) sets out a summary of the cost pressures provided for in the February MTFS, with additional detail of the pressures assumed for 2022-23 in Table 3. Full details of all pressures currently assumed within the MTFS are provided in the [2022-23 Budget report to Full Council](#). A number of pressures within the Council's budget are driven by Central Government decisions, including elements of pay and price market pressures which are linked to the National Living Wage, social care reform, and pressures relating to assumed reductions in funding (for example the New Homes Bonus grant in 2023-24).

⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062583/SS_Tax_Plan.pdf

⁵<https://www.gov.uk/government/collections/final-local-government-finance-settlement-england-2022-to-2023>

⁶<https://www.gov.uk/government/speeches/kemi-badenochs-speech-to-the-lga-local-government-finance-conference-2022>

\\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

Table 1: Net Budget by Department

	2022-23	2023-24	2024-25	2025-26
	£m	£m	£m	£m
Adult Social Services	263.184	288.295	304.104	319.203
Children's Services	189.065	200.006	212.072	221.078
Community and Environmental Services	166.162	176.758	183.976	191.494
Strategy and Transformation	8.759	9.214	9.572	9.931
Governance Department	1.960	2.316	2.503	2.697
Finance and Commercial Services	33.424	34.542	36.070	37.598
Finance General	-198.432	-168.421	-164.141	-165.111
Total Net Budget	464.123	542.710	584.157	616.890
Council Tax	-464.123	-482.783	-500.110	-520.214
Budget Gap (cumulative)	0.000	59.927	84.047	96.676

3.3. The key elements driving the budget gap for 2023-24 onwards are shown in the following table. One significant factor is the reliance on one-off resources and savings including the use of reserves in 2022-23 which creates a pressure in the following year.

Table 2: Budget pressures by type in MTFS 2022-23 to 2025-26

	2022-23	2023-24	2024-25	2025-26
	£m	£m	£m	£m
Cost pressures	51.007	95.848	49.647	32.484
Funding decreases	34.649	1.833	0.000	0.250
Savings identified	-28.434	-9.159	-8.200	0.000
Funding increases	-32.194	-9.936	0.000	0.000
Change in Council Tax / Taxbase / Collection Fund	-25.029	-18.660	-17.327	-20.104
Remaining gap	0.000	59.927	24.120	12.630

Table 3: Detail of 2023-24 pressures in MTFS

	2023-24 £m	Detail
Economic and inflationary pressures	22.119	Pay assumed at 3% equates to £9.3m, price inflation of £12.8m includes £6.8m Adult Social Care, £2.4m Children's Services.
Legislative requirements	16.225	£6.7m relates to Adult Social Care pay and price market pressures (including National Living Wage). £7.6m also within Adults relates to anticipated pressures linked to social care reform (offset by equivalent grant). Balance relates to pension fund valuation assumptions.
Demand and demographic pressures	21.270	£6.7m relates to older people demographic growth. £8.0m Children's Services demographic growth including ongoing pandemic impact (plus £3.5m Home to School transport pressures). £1.7m relates to waste tonnages and £1.2m contractual GY third river crossing maintenance.
Council policy decisions	36.234	Policy decisions include £7m within Adults which may ultimately relate to demography and legislative items and cost pressures within Finance General budgets relating to MRP (minimum revenue provision) of £6m, treasury pressures £2.9m, and significantly the reversal of £18m of one off resources used in 2022-23.
Net total pressures	95.848	
Funding decreases	1.833	Reflects assumed loss / removal of New Homes Bonus Grant. Significant risk also exists in relation to the £10.687m one off 2022-23 "services Grant" broadly assumed to continue in 2023-24 via funding reform.
Total pressures and funding decreases	97.682	

3.4. The following table provides a summary of the agreed savings included in the MTFS and detailed in the February budget papers. Further savings will be required to close the identified budget gap in addition to these. It should be noted that the level of savings included in the Budget for future years is substantial and, as set out above, overall pressures in 2023-24 include the impact of the reversal of the £18m of one-off resources being applied to support a balanced budget in 2022-23. In the current context of significant inflationary pressures, particularly related to fuel and energy, the risk of further cost pressures emerging during the 2023-24 budget process remains high.

Table 4: Planned savings by Department in MTFS 2022-23 to 2025-26

	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m	Total £m	% of total MTFS savings
Adult Social Services	-10.465	-4.175	-5.700	0.000	-20.340	44.4%
Children's Services	-12.088	-4.900	-2.500	0.000	-19.488	42.6%
Community and Environmental Services	-3.496	-0.236	0.000	0.000	-3.732	8.1%
Strategy and Transformation	-0.439	0.102	0.000	0.000	-0.337	0.7%
Governance	-0.200	0.100	0.000	0.000	-0.100	0.2%
Finance and Commercial Services	0.134	-0.300	0.000	0.000	-0.166	0.4%
Finance General	-1.880	0.250	0.000	0.000	-1.630	3.6%
Grand Total	-28.434	-9.159	-8.200	0.000	-45.793	

3.5. The following table sets out the net revenue budget forecast for 2023-24 agreed at February 2022 budget setting and incorporating the current pressures and assumptions as detailed within this report.

Table 5: Forecast 2023-24 Net Revenue Budget (as at February 2022)

	Adult Social Services	Children's Services	Community and Environmental Services	Strategy and Transformation	Governance	Finance and Commercial Services	Finance General	Norfolk County Council
	£m	£m	£m	£m	£m	£m	£m	£m
Base Budget 2022-23	263.184	189.065	166.162	8.759	1.960	33.424	-198.432	464.123
Growth								
Economic and inflationary	8.858	5.351	5.103	0.353	0.070	1.471	0.914	22.119
Legislative requirements	14.354	0.000	-0.190	0.000	0.000	0.000	2.061	16.225
Demand and demographic	6.700	11.500	2.990	0.000	0.080	0.000	0.000	21.270
Policy decisions	7.000	-0.960	2.929	0.000	0.105	-0.052	27.212	36.234
Funding reductions	0.000	0.000	0.000	0.000	0.000	0.000	1.833	1.833
Cost neutral increases	0.000	0.000	0.000	0.000	0.000	0.000	0.050	0.050
Total budget increase	36.912	15.891	10.832	0.353	0.255	1.419	32.071	97.732
Reductions								
Total savings	-4.175	-4.900	-0.236	0.102	0.100	-0.300	0.250	-9.159
Funding increases	-7.626	0.000	0.000	0.000	0.000	0.000	-2.310	-9.936
Cost neutral decreases	0.000	-0.050	0.000	0.000	0.000	0.000	0.000	-0.050
Total budget decrease	-11.801	-4.950	-0.236	0.102	0.100	-0.300	-2.060	-19.145
Base Budget 2023-24	288.295	200.006	176.758	9.214	2.316	34.542	-168.421	542.710
Funded by: Council tax								-480.783
Collection Fund surplus								-2.000
Total								-482.783
2023-24 Budget Gap								59.927

\\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

4. Medium Term Financial Strategy

4.1. The table below sets out the high level MTFS position as agreed in February 2022 and reflecting the addition of a further financial year (for 2026-27) to the planning period. The inclusion of a further year in MTFS planning based on the same broad assumptions adds £19.137m to the forecast gap, bringing it to £115.814m for the MTFS period. The forecast budget gap for 2023-24 remains £59.927m.

Table 6: Updated Medium Term Financial Strategy 2023-24 to 2026-27

	2023-24	2024-25	2025-26	2026-27	Total
	£m	£m	£m	£m	£m
<u>Growth Pressures</u>					
Economic and inflationary	22.119	23.016	23.016	23.670	91.821
Legislative requirements	16.225	6.760	-0.200	0.000	22.785
Demand and demographic	21.270	17.050	11.650	11.000	60.970
Policy decisions	36.234	2.821	-1.732	0.124	37.447
Funding decreases	1.833	0.000	0.000	0.000	1.833
<u>Savings and funding increases</u>					
Identified savings	-9.159	-8.200	0.000	0.000	-17.359
Funding increases	-9.936	0.000	0.000	0.000	-9.936
Council tax changes	-18.660	-17.327	-20.104	-15.658	-71.749
Forecast Gap (Surplus)/Deficit	59.927	24.120	12.630	19.137	115.814

4.2. The key assumptions underpinning the forecast gap in the current MTFS position include:

- That a balanced outturn position is delivered for 2021-22 and that all the savings proposed and included for 2022-23 can be successfully achieved – planned savings of £45.793m being delivered over the MTFS period.
- Government funding will be broadly flat in 2023-24 (i.e. essentially a rollover of 2022-23 funding levels). This assumption includes Settlement Funding (RSG, business rates), Rural Services Delivery Grant, Social Care Grant, Better Care Fund / improved Better Care Fund, Public Health Grant and [critically] the one-off 2022-23 “Services Grant”. Essentially, the Council has assumed that transitional arrangements will “smooth” some of the impact of such funding changes but details of any proposed approach remain to be announced by Government.
- Cost pressures for 2023-24 including:
 - 3% for pay inflation in 2023-24 to 2026-27. Uncertainty remains about the level of the 2022-23 pay award, with the 2021-22 pay

- award only having been agreed at 1.75% (2.75% at the lowest grade) in March 2022.
- Non-pay inflation in line with contractual rates or CPI forecasts where appropriate totalling £12.8m in 2023-24. This may be an underestimate in light of cost pressures particularly around energy and fuel (with a knock on impact on both NCC activity and services delivered by third parties).
 - Demographic growth pressures for Adults, Childrens, Waste totalling £21.2m in 2023-24.
 - The High Needs Block overspend and brought forward DSG deficit position can continue to be treated in line with the accounting treatment set out by Government, and as such places no pressure on the “core” Council budget.
 - Assumed increases in council tax over the MTFS period as set out in the table below (1.99% for general council tax in all years and 1% for the Adult Social Care precept up to 2025-26). The level of the ASC precept available beyond 2022-23 has not yet been confirmed by Government and therefore remains an area of risk. It also remains the case that Government’s approach to the funding of local authorities in recent years has been predicated on an assumption that councils will increase council tax by the referendum limit, and that average levels of tax base growth will be experienced. This expectation has effectively been reiterated in the *Plan for Health and Social Care*. A decision to increase council tax by less than the referendum threshold therefore results in the Council having lower levels of funding than Government would expect. Final decisions about the level of council tax increase remain a matter for Full Council based on the recommendation of Cabinet and to be agreed in each year.

Table 7: Council tax assumptions

	2023-24 £m	2024-25 £m	2025-26 £m	2026-27 £m
Council tax % increase	-9.290	-9.663	-10.052	-10.456
Council tax collection fund change ⁷	-0.080	2.000	0.000	0.000
Council tax base (assumes growth of 1.0% in all years)	-4.622	-4.808	-5.001	-5.202
Council tax ASC precept ⁸	-4.668	-4.856	-5.051	0.000
Total	-18.660	-17.327	-20.104	-15.658
Key assumptions				
General council tax % increase assumption	1.99%	1.99%	1.99%	1.99%
ASC precept % increase assumption	1.00%	1.00%	1.00%	0.00%

⁷ Assumes collection fund surplus in 2023-24.

⁸ Adult Social Care precept assumed to continue post 2022-23 but is subject to Government decision.

\\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

4.3. As set out at the time of 2022-23 budget setting, the pressures within the current budget planning position are such that the Executive Director of Finance and Commercial Services considers that the Council will have very limited opportunity to vary these assumptions, and **in the event that the Government offered the discretion for larger increases in council tax, or increases in the Adult Social Care precept for 2023-24, this would be the recommendation of the Section 151 Officer** in order to ensure that the Council's financial position remains robust and sustainable.

4.4. A number of significant uncertainties remain which could have an impact on the overall scale of the budget gap to be addressed in 2023-24, linked to ongoing uncertainty around local government (and wider public sector finances) including:

- Further “cost of living” pressures and the wider economic impacts, including the implications of the invasion of Ukraine;
- Further cost pressures emerging to support the achievement of carbon reduction targets, above the funding provided for in the 2022-23 Budget;
- the outcome of funding reforms (previously the Fair Funding Review) intended to be consulted on during 2022-23 and implemented for 2023-24. The short-term nature of the settlement announcement (for 2022-23 only, in spite of a multi-year Spending Review) means that risks remain around the provision of this funding in future years and therefore a material impact and potential cliff-edge may emerge in 2023-24 if these assumptions have to be subsequently reversed. The trajectory for local authority funding implied by both the Spending Review and 2022-23 settlement is for only very limited increases in core ongoing funding in 2023-24 and beyond;
- Government decisions about the council tax referendum limit or further ASC precept flexibilities in 2023-24. Government continues to make assumptions about council tax increases which effectively transfer the burden of funding services to Norfolk taxpayers;
- the need for a long term financial settlement for local government;
- delivery of other reforms to local government funding including the details of the approach to Adult Social Care reforms to implement the cap on care costs, and changes to other funding streams including the New Homes Bonus;
- The financial impact of anticipated social care and send national reviews which are assumed will not result in further unfunded burdens; and
- progress of various elements of Government policy including levelling up, County Deals, and the Shared Prosperity Fund.

4.5. While impact of many of these risks is difficult to quantify at this point, the sensitivity table below demonstrates some potential impacts on the scale of the Council's budget gap.

Table 8: Budget gap sensitivity analysis 2023-24

	Approximate impact on 2023-24 gap £m
Additional income from scope to raise Adult Social Care Precept by further 1%*	-4.700
Potential pressure from 2022-23 savings (assuming 20% non-delivery)	5.700
Potential pressure from 2023-24 planned savings feasibility review (assuming 20% unachievable)	1.800
Potential pressure from change in tax base growth +/-1%	+/-4.700
Approximate ASC pressure from every 1p increase in National Living Wage	+0.200
Impact of varying pay award assumptions +/- 1%	+/-2.600

*A 1% increase in ASC precept is already assumed but availability has not been confirmed by Government.

5. Proposals

5.1. The following principles for 2023-24 budget setting are proposed:

- Three rounds of Budget Challenge (initial proposals in May and June and a detailed session for each directorate in September).
- Allocate £60m target for 2023-24 based on a “controllable spend” approach consistent with previous years.
- Seek to identify proposals to address forecast future year budget gaps.
- Budget planning to cover the period 2023-24 to 2026-27 (extend current MTFS by one year).
- In order to inform any revision of 2023-24 MTFS and budget gap, Cabinet to continue to keep MTFS assumptions under review for remainder of budget setting, particularly relating to:
 - council tax and business rates planning assumptions (informed by latest District forecasts).
 - achievement of the 2021-22 outturn position.
 - forecast delivery of planned 2022-23 savings programmes and viability of previously planned 2023-24+ savings.
 - changes in cost and income pressures.
 - any further Government funding announcements for 2022-23 and future years.
- To closely scrutinise any requests for additions to the Capital Programme for 2023-24 requiring additional borrowing to consider the value for money of proposals and assess their impact on the affordability of the revenue budget and MTFS, ensuring that borrowing levels are maintained within appropriate prudent limits and the revenue budget remains robust.
- Select Committees to have a role as part of the budget-setting process, considering areas for savings in May 2022 and commenting on detailed proposals in November 2022.

\\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

- Final decisions about the 2023-24 Budget to be taken in February 2023 in line with the budget setting timetable as set out below.

5.2. It is proposed that the broad approach to budget development should include:

- A review of all current pressures with a view to reducing the level required;
- A review of all earmarked revenue reserves with a view to releasing funding where possible (noting that this would provide a one-off gain which would impact on the future year gap);
- A review of the Council's commercial opportunities, including scope to achieve increased income;
- A review to consider the scope to extend existing saving proposals;
- Identification of new savings; and
- The organisational review approved by Cabinet.

5.3. It should be noted that the changes during the budget setting process may result in the saving targets currently allocated to Services being revised (and potentially materially increased) in the event that further pressures or income changes arise. Options to address any shortfall in savings to close the 2023-24 Budget gap will ultimately include:

- Government providing additional funding;
- Corporate / centrally identified savings opportunities;
- The removal or mitigation of currently identified budget pressures; and
- Service departments identifying further savings.

5.4. The Budget agreed in February 2022 included a high level timetable for the 2023-24 budget process. The detailed timescales for internal "budget challenge" activity and summer consultation will be confirmed following approval of the proposed approach by April Cabinet.

Table 9: Proposed Budget setting timetable 2023-24

2023-24 Proposed	Time frame
Cabinet review of the financial planning position for 2023-27 – including formal allocation of targets	4 April 2022
Scrutiny Committee	20 April 2022
Select Committee input to development of 2023-24 Budget – strategy	w/c 23 May 2022
Review of budget pressures and development of budget strategy and detailed savings proposals 2023-27 incorporating: <ul style="list-style-type: none"> • Budget Challenge 1 (early May) – context / strategy / approach / outline proposals including transformation • Budget Challenge 2 (early June) – detailed proposals • Budget Challenge 3 (early September) – final proposals 	April to December 2022

2023-24 Proposed	Time frame
<i>Fair Funding Review / DLUHC reform of Local Government funding</i>	<i>TBC early / mid 2022</i>
Cabinet agree strategic budget approach and any initial proposals for summer consultation	4 July 2022
Scrutiny Committee	20 July
Summer consultation activity – service priorities, transformation, approach and early saving proposals	Late July / August(?) 2022
Cabinet approve final proposals for public consultation	3 October 2022
Scrutiny Committee	19 October 2022
Public consultation on 2023-24 Budget proposals, council tax and adult social care precept	Late October to mid December?
Select Committee input to development of 2023-24 Budget – comments on specific proposals	w/c 14 November 2022
<i>Government Autumn Budget</i>	<i>TBC October 2022</i>
<i>Provisional Local Government Finance Settlement announced including provisional council tax and precept arrangements (outcomes of Fair Funding Review?)</i>	<i>TBC December 2022</i>
Cabinet considers outcomes of service and financial planning, EQIA and consultation feedback and agrees revenue budget and capital programme recommendations to County Council	30 January 2023
Confirmation of District Council tax base and Business Rate forecasts	31 January 2023
<i>Final Local Government Finance Settlement</i>	<i>TBC January / February 2022</i>
Scrutiny Committee 2023-24 Budget scrutiny	15 February 2023
County Council agrees Medium Term Financial Strategy 2023-24 to 2026-27, revenue budget, capital programme and level of council tax for 2023-24	21 February 2023

Assumed Government activity and timescales

5.5. The Budget process will be informed through the year by Government announcements around the Local Government Settlement, as well as any progress on reforms including the Funding Review. As set out elsewhere in the report, the timing for these is currently unknown.

5.6. In respect of the allocation of 2023-24 savings, it is recognised that Adult Social Services brought forward savings late in the 2022-23 budget process which would otherwise have provided a contribution to the department's 2023-24 target. The allocation of savings targets for 2023-24 therefore recognises this and adjusts the proposed targets⁹. Apart from this adjustment, it is proposed to

⁹ The adjustment for Adults front door saving ASS030 reflects adding the additional element of the saving to both the gap requirement and departmental budget, apportioning the revised gap based on \\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

apply the approach adopted in previous years (i.e. allocation of savings targets to Departments in proportion to net budgets, adjusted for budgets which are not “controllable” (for example Public Health grant, Schools, capital charges)). The figures set out in Table 10 are the new savings to be found in addition to those currently planned for in Table 4. As described above, there is a risk that the targets set out in the table below may need to be revised later in the budget process. As set out in the proposed timetable, the below table reflects the proposal to divide the 2023-24 budget process into two phases, with initial proposals being consulted on during the summer.

Table 10: Saving targets by Department

<u>Savings Target</u>	2023-24 Phase 1	2023-24 Phase 2	2023-24 Total	2024-25	2025-26	2026-27	2023-27 Total	Share
	£m	£m	£m	£m	£m	£m	£m	%
Adult Social Services	6.700	18.400	25.100	9.700	5.600	8.500	48.900	42%
Children's Services	3.400	10.700	14.100	5.900	2.900	4.400	27.300	24%
Community and Environmental Services	3.500	11.200	14.700	6.100	3.000	4.400	28.200	24%
Finance and Commercial Services	0.700	2.200	2.900	1.200	0.600	0.900	5.600	5%
Finance General	0.400	1.400	1.800	0.700	0.300	0.500	3.300	3%
Governance	0.100	0.550	0.650	0.250	0.100	0.200	1.200	1%
Strategy and Transformation	0.200	0.550	0.750	0.350	0.100	0.200	1.400	1%
	15.000	45.000	60.000	24.200	12.600	19.100	115.900	100%

5.7. It should be noted that the Phase 1 total of £15m represents a minimum target of savings to be found for summer consultation. Any savings above this level would contribute towards departmental targets for Phase 2 and would help to reduce the overall level of risk for the 2023-24 budget setting process. The level of the Phase 1 target is not intended to prohibit departments from bringing forward material savings programmes or strategies if they are above the indicative Phase 1 amounts.

6. Impact of the Proposal

6.1. This paper sets out an outline timetable and approach to the Council’s budget planning process for 2023-24, while recognising that significant risks and uncertainties remain. The proposals in this report are intended to:

- set the context for service financial planning for the year to come;
- provide a robust approach to tackling the significant budget gap forecast for 2023-24;

the new notional budget prior to impact of the saving, then removing the additional ASS030 saving from the resulting Adults share of target.

\\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

- assist the Council in managing the continuing significant uncertainty around local authority funding including funding reform while providing sufficient flexibility to respond to any changes required; and
- contribute to the Council setting a balanced budget for 2022-23.

7. Evidence and Reasons for Decision

- 7.1. After more than ten years of savings identification and delivery, and in the face of both continuing significant financial pressures and Government plans for funding reform, it is essential that the Council has a robust approach to budget setting and the identification of saving proposals. Simultaneously, it is critical to continue to engage with Government, MPs and other stakeholders to campaign for adequate and sustainable funding for Norfolk to enable the delivery of vital services to residents, businesses and visitors. In the context of funding reform, it will be even more imperative than it has been in previous years that Government issue guidance on the direction of travel for reform, financial planning assumptions, and indicative funding allocations for 2023-24, as soon as possible.
- 7.2. In view of the size of the gap forecast for 2023-24 there is a significant risk that the Council will be obliged to consider reductions in service levels. As such it is important that the process of identifying, and consulting on, savings proposals is undertaken as soon as possible. This will provide additional time for the preparation and consultation and engagement work around saving proposals, which should, in turn, support effective delivery and implementation of any proposals that are ultimately agreed to provide a full year saving for 2023-24.
- 7.3. The Council's planning within the MTFS forecast is based on the position agreed in February 2022 and it is important to note that this will be kept under review throughout the 2023-24 Budget setting process, particularly in the event that further information about funding becomes available. It remains prudent to establish a process to begin planning for savings at the level required to close the underlying gap identified in February 2022.
- 7.4. The proposals in the report are intended to reflect a proportionate response to the challenges and uncertainties present in the 2023-24 planning process and will ultimately support the Council to develop a robust budget for the year.

8. Alternative Options

- 8.1. This report sets out a framework for developing detailed saving proposals for 2023-24 and at this stage no proposals have been agreed, meaning that a range of alternative options remain open.
- 8.2. In addition, there are a number of areas where Cabinet could choose to consider different parameters for the budget setting process, such as:

- Adopting an alternative allocation of targets between services, or retaining a target corporately.
- Considering an alternative timetable within the time constraints required to develop proposals, undertake public consultation, and meet statutory deadlines for the setting of council tax.
- Changing assumptions within the MTFS (including the level of council tax) and therefore varying the level of savings sought.

8.3. The planning context for the Council will be updated if further information becomes available. Final decisions about the overall shape of the 2023-24 Budget, savings, and council tax will not be made until February 2023.

9. Financial Implications

9.1. Financial implications are discussed in detail throughout this report, which sets out the proposed indicative savings targets which will need to be found by each department to contribute to closing the 2023-24 and future year budget gap, subject to formal approval by Full Council in February 2023. The proposals in the report will require services to identify further very significant savings to be delivered against current budget levels. The scope to achieve savings at the level required may be limited by the legacy impact of COVID-19 on cost pressures, service delivery expectations, and existing saving programmes.

9.2. The Council is legally required to set a balanced Budget annually and should plan to achieve this using a prudent set of assumptions. However, Cabinet could choose to vary the allocation of indicative targets between directorates, or to establish an alternative approach to identifying savings. The scale of the budget gap and savings required are such that if the Council is required to deliver savings at this level there is a risk that this could result in the Council failing to fulfil its statutory responsibilities. As such the Government's response and decisions about Council funding in 2023-24 will be hugely significant. Any changes in Government funding could have a material impact on both the level of savings to be identified, and the Council's wider budget process. Government has hitherto failed to deliver the paradigm shift needed in the recognition of the importance and costs of providing social care, and to adequately fund local authorities to provide these and other vital services. Fundamentally there is a need for a larger quantum of funding to be provided to local government to deliver a sustainable level of funding for future years.

9.3. Work to deliver additional Government funding could therefore have an impact on the overall budget gap to be addressed. Equally, in the event that funding reform sees resources shifted away from shire counties, the Council's forecast 2023-24 gap could increase. At this point, Government has not confirmed details of the proposed approach or timescales for consultation on funding reform. The 2023-24 MTFS position also assumes that approximately £12m of funding will be rolled forward from the one-off 2022-23 Services Grant and New Homes Bonus. These assumptions remain to be confirmed and should be considered a key area of risk.

- 9.4. As a result of the above, the budget setting process and savings targets will be kept under review as budget planning progresses. In the event that additional budget pressures for 2023-24 emerge through budget planning, there may be a requirement to revisit the indicative saving targets.

10. Resource Implications

- 10.1. **Staff:** There are no direct implications arising from this report although there is a potential that staffing implications may be linked to specific saving proposals developed. These will be identified as they arise later in the budget planning process.
- 10.2. **Property:** There are no direct property implications arising from this report although existing saving plans include activities linked to property budgets and assumptions around capital receipts to be achieved.
- 10.3. **IT:** There are no direct IT implications arising from this report although existing saving plans include activities linked to IMT budgets. In addition, activities planned within Business Transformation will include further work to deliver savings through activity related to digital and IT initiatives.

11. Other Implications

- 11.1. **Legal Implications:** This report sets out a process that will enable the Council to set a balanced budget for 2023-24 in line with statutory requirements, including those relating to setting council tax, and undertaking public consultation.
- 11.2. **Human Rights implications:** No specific human rights implications have been identified.
- 11.3. **Equality Impact Assessment (EqIA) (this must be included):** Any saving proposals with an impact on service delivery will require public consultation, and an Equality Impact Assessment of all proposals will need to be completed as part of budget-setting in due course. The results of public consultation and the findings of all EqIAs will be presented to Cabinet in January 2023 in order to inform budget recommendations to County Council.
- 11.4. No specific EqIA has been undertaken in respect of this report, although the equality impact assessment of the Council's resilience and recovery planning for COVID-19 can be found [here](#). The EqIA in relation to the 2022-23 Budget can be found as part of the [budget papers considered in February 2022](#).
- 11.5. **Data Protection Impact Assessments (DPIA):** N/a
- 11.6. **Health and Safety implications (where appropriate):** N/a

11.7. **Sustainability implications (where appropriate):** There are no direct sustainability implications arising from this report although existing 2022-23 budget plans include funding for activities which may have an impact on the environmental sustainability of the County Council through the delivery of the Environmental Policy. These issues were considered in more detail within the February budget report to Full Council. Further details are set out in the *Net Zero and Natural Norfolk Progress Update* elsewhere on the agenda. Ultimately sustainability issues and any associated financial implications in relation to either new 2023-24 proposals, or activities developed during 2022-23, will need to be fully considered once such initiatives are finalised, and ultimately as part of budget setting in February 2023.

11.8. **Any other implications:** Significant issues, risks, assumptions and implications have been set out throughout the report.

12. Risk Implications/Assessment

12.1. A number of significant risks have been identified throughout this report. Risks in respect of the MTFS were also set out within the February 2022 report to Full Council. Uncertainties remain which could have an impact on the overall scale of the budget gap to be addressed in 2023-24. These include:

- Any further impact of COVID-19 on the budget in 2022-23, including in particular:
 - any ongoing cost pressures within service delivery and contracted services which have not currently been provided for
 - future pressures on income particularly in relation to business rates and council tax
 - the implications of any measures implemented by Government to restore the national finances in the medium to longer term
- Ongoing uncertainty around local government (and wider public sector finances) including:
 - the impact of “cost of living pressures” and the wider impact of the invasion of Ukraine on the economy
 - the need for a long term financial settlement for local government. Spending Review announcements in 2021 covered one year only, and as a result there remains high uncertainty about the levels of funding for 2023-24 and beyond. In particular, it is of major concern that Government continues to place significant reliance and expectations on locally raised income. If this trend persists, the financial pressures for 2023-24 and beyond may become unsustainable. There remains a specific risk in relation to longer term reform of local government funding and the planned funding review, which is now expected to impact on 2023-24 budget setting, in that a failure by the Government to provide adequate resources to fund local authorities could lead to a requirement for further service reductions, particularly where these result in a redistribution between authority types or geographical areas. Changing Government

policies around the nature, role, responsibilities and requirements of Local Government may also represent an area of risk, as will changing expectations of the public, taxpayers and service users.

- linked to this are risks around delivery of reforms to local government funding including actions to deliver “Levelling Up”, the funding review, the detailed implications of Adult Social Care reform, reforms to the Business Rates system, and changes to other funding streams including the New Homes Bonus
- Further decisions about Local Government reorganisation and the progress of negotiations related to a County Deal.

12.2. The Council's Corporate Risk Register provides a full description of corporate risks, including corporate level financial risks, mitigating actions and the progress made in managing the level of risk. A majority of risks, if not treated, could have significant financial consequences such as failing to generate income or to realise savings. These corporate risks include:

- RM002 – The potential risk of failure to manage significant reductions in local and national income streams.
- RM006 – The potential risk of failure to deliver our services within the resources available for the period 2021-22 to the end of 2023-24.
- RM022b – Implications of Brexit for a) external funding and b) Norfolk businesses
- RM023 - Lack of clarity on sustainable long-term funding approach for adult social services at a time of increasing demographic pressures and growing complexity of need.
- RM031 – NCC Funded Children's Services Overspend

Further details of all corporate risks, including those outlined above, can be found in Appendix C of the March 2022 Risk Management report to Cabinet. There is close oversight of the Council's expenditure with monthly financial reports to Cabinet. Any emerging risks arising will continue to be identified and treated as necessary.

The Council is in the process of implementing a new HR and Finance System, following approval of the business case presented in May 2019, with the new system due to go live in April 2022. The successful implementation of this system is a key prerequisite for the 2023-24 Budget in terms of the system supporting delivery of both the budget process itself, and providing a mechanism through which savings and efficiencies are intended to be achieved.

13. Select Committee comments

13.1. Select Committees provided commentary and input to the 2022-23 Budget process during budget development. Where relevant these have been set out within the budget setting approach proposed in this report. No specific input was sought in respect of the report itself, however Select Committees will

again have the opportunity to comment when they consider the implications of 2023-24 budget setting for the service areas within their remit when they meet during the year as set out in the proposed timetable.

14. Recommendations

14.1. Cabinet is recommended:

1. **To consider the overall budget gap of £96.676m included in the Medium Term Financial Strategy (MTFS) set by Full Council in February 2022, and agree:**
 - c) **the gap of £59.927m to be closed for 2023-24; and**
 - d) **the extension of the MTFS by a further year (to 2026-27) and the resulting overall gap for planning purposes of £115.814m. (Section 4).**
2. **To review the key budget risks and uncertainties as set out in this report. (Section 4).**
3. **To consider the principles of the proposed approach to budget setting for 2023-24, noting that there may be a need for flexibility within both the process itself and the assumptions applied, and agree:**
 - c) **the process and indicative timetable set out in Section 5, including the proposed two stage consultation process for 2023-24 to support in the early securing of deliverable saving proposals.**
 - d) **the savings targets allocated to each Department to be found (Table 10), and that these will be kept under review through the budget process.**

15. Background Papers

15.1. Background papers relevant to this report include:

[Norfolk County Council Revenue and Capital Budget 2022-23 to 2025-26, County Council 21/02/2022, agenda item 5](#)

Finance Monitoring Report 2021-22 P11, Cabinet, 04/05/2022 (on this agenda)

Better Together, for Norfolk – delivering our strategy, Cabinet, 04/05/2022 (on this agenda)

Norfolk County Council – Strategic Review, Cabinet, 04/05/2022 (on this agenda)

[Risk Management, Cabinet 07/03/2022, agenda item 17](#)

Officer Contact

\\norfolk.gov.uk\nccdfs1\Resources-TEAMS\Democratic Services\Committee Team\Committees\People and Communities Select Committee\Agenda\2022\220527\7 May 2022 - Appx 1 - April Cabinet Strategic and Financial Planning 2023-24.docx

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

Officer name: Titus Adam
Tel no.: 01603 222806
Email address: titus.adam@norfolk.gov.uk



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.

People and Communities Select Committee

Item No: 8

Report Title: ASSD Winter and Covid Recovery

Date of Meeting: 27 May 2022

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

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

Is this a Key Decision? No

If this is a Key Decision, date added to the Forward Plan of Key Decisions: N/A

Executive Summary / Introduction from Cabinet Member

In March 2022, we set out for Cabinet the impact of a long period of sustained pressure in the health and care system on the workloads and backlogs for Adult Social Services and described some initial actions to address the position. Cabinet agreed the approach and this report updates progress.

Whilst there are some early signs of improvement against some key measures, recovery remains fragile as the system remains under intense pressure and frontline teams across the sector continue to be focussed on managing through the ongoing crisis and the impact in terms of staff morale, sickness, turnover and vacancies. A robust approach to ensure that the most urgent and pressing needs of people who are waiting are prioritised is central to the work of the front-line teams.

The latest wave of Covid-19 fuelled unprecedented winter pressures within the health and social care system in Norfolk & Waveney from early December through to Easter. Despite these pressures, it had been hoped that the system would be able to plan and implement a rapid recovery through late winter and into early spring.

The approach to recovery is underpinned by a series of principles to ensure a coherent approach across all our services but the design of our response is being driven by our front-line teams

This Committee is asked for any input to shape and refine the actions underway; on-going review and monitoring of recovery planning will continue through the Performance Review Panel.

Recommendations:

The Select Committee is asked to:

- a) Consider any recommendations to develop or refine approach set out for recovery planning

1. Background and Purpose

- 1.1 In March 2022, we set out for Cabinet the impact of a long period of sustained pressure in the health and care system on the workloads and backlogs for Adult Social Services.
- 1.2 Most recently, this was exacerbated by a critical incident declared by the Norfolk & Waveney system which lasted over a month in early 2022.
- 1.3 The sustained and escalating critical incident required further action to be taken by system partners to help balance the risk and contribute to saving lives and reducing harm to people needing hospital care or to leave the hospital. As a result, Adult Social Care implemented temporary care pathways that prioritised the release of acute hospital beds.
- 1.4 Our response to the critical incident came at a time when social care was already facing challenges, and so the overall situation worsened while the critical incident response was prioritised.
- 1.5 Adult Social Services was on the highest escalation level for 20 weeks from December 8th 2021 to May 3rd 2022 when a return to the second highest level was triggered. We have now signalled to system partners the need to prioritise social care recovery in line with actions being taken by NHS providers to adjust their bed base and increase their elective programmes amongst other priorities.
- 1.6 Our overall approach to recovery is framed around these principles:
 - a) **Safe** – the actions we take will always prioritise the delivery of safe care
 - b) **Sustainable** – we will ensure that any revised arrangements are sustainable so that we are well prepared for any further variant waves and potential pressures next winter and that we have a stable platform upon which to continue the transformation of our services
 - c) **Living Well** – we will look for opportunities to embed our Living Well approach, to keep people independent, resilient and well
 - d) **Keeping what's worked** – where we have successfully trialled new ways of working through the pandemic we will seek to embed and stabilise these; by the same token, we will decommission any arrangements that are no longer needed or have not delivered as expected to ensure all our efforts are focussed on what works well
 - e) **Designed by the front line** – we worked with our staff and managers to develop our approach to recovery and will continue to do so as we implement our recovery actions
 - f) **Listening to people who use our services** – we will continue to engage with people so that we can be sure that the actions we take and the changes we implement are based on the needs of the people we serve

- 1.6 The purpose of the report is to update the committee on status and progress of the Department's recovery work, as agreed by Cabinet in March 2022.

2. Key Activities Focussed on Recovery

- 2.1 In consultation with front-line teams, the priority for recovery has been focusing on reducing the number of people who have contacted us and are waiting for further support – usually an assessment, and on the number of people on our interim care list – this includes people who cannot get the right care because of shortages in the care market. Specific actions underway include.

2.2 Dedicated Support

- 2.2.1 We have dedicated one of our central teams – the Community Care Resilience Team – to focus on the holding list. The team is picking up around 60 cases a week, under the direction of locality teams.
- 2.2.2 We will also be expanding this team to provide additional dedicated capacity to focus on tackling the reviews backlog.

2.3 'SAFE' - Sustainable Adults Future Event

- 2.3.1 For the month of May we are running a SAFE (Sustainable Adults Future Event) event. We have adapted the NHS MADE (Multi Agency Discharge Event) methodology to focus on the immediate challenges facing social care.
- 2.3.2 SAFE events are led by local teams and their managers to provide time and space to address key operational pressures. All non-essential activities are suspended, and senior executive support is made available locally and provides oversight throughout the SAFE event.
- 2.3.3 The focus of this first event is primarily on Holding Lists and Duty tasks. An update will be provided at the meeting. Mental health and learning disability teams have made their focus improving access to employment and respite.

2.4 Reducing the Interim Care List

- 2.4.1 The main actions to reduce the number of people who are waiting for care, or waiting for an adjustment to their care, relate to home care. Key actions include:
- a) Adding additional block contracts for home care to increase capacity
 - b) Paying enhancements to home care providers
 - c) Streamlining our processes to free up Norfolk First Support capacity
 - d) Making the maximum use of Personal Assistants (PAs) by matching PAs on our register with individuals
 - e) We are blocking and commissioning specific double up rounds in each locality with new rounds being tendered and implemented in East and West, in addition to rounds already in place
 - f) Smarter sourcing on cases on the Interim Care List
 - g) Focussed review of cases on Interim Care List to review and understand demand
 - h) Review of process for adding and removing cases from the list

2.4.2 The interim care list is not static and regularly changes. Each locality team manages and monitors their Interim Care List and is implementing a series of actions to address this with commissioning, Norfolk First Support and the voluntary sector. Oversight is provided by SMIT (Senior Management Integrated Team) and with countywide coordination by our Quality Assurance and Performance Improvement Lead.

2.4.3 We are also automating the management of the Interim Care List which has helped ensure the information is robust and to manage the risks and benchmarking with other areas to understand how they are tackling the same issues.

2.5 **Staff Wellbeing**

2.5.1 Staff wellbeing remains critical to recovery planning. For some staff, the return to more face-to-face working, meeting up with colleagues is positive. Alongside this we have established a programme of initiatives and offers to support staff wellbeing under the seven Cs of Resilience framework (Competence, Confidence, Connection, Character, Contribution, Coping and Control).

2.5.2 This includes engagement events, protecting training time, tailored wellbeing support to teams, Mental Health first aid training, specific departmental activities for Mental Health Awareness Week in May and the ongoing promotion of social work as a profession. Devolving the development of actions to address workload backlogs has been positively received by staff.

2.6 **Recruitment & Retention**

2.6.1 We have intensified our [recruitment campaigns](#) and have had particular success recruiting to vacancies in our Norfolk First Support service. This [video link](#) is part of the recruitment process – do take a look.

2.6.2 We have rolling programmes and campaigns, led by a dedicated team, and we are finalising plans to run joint recruitment campaign with Children's Services in the Autumn.

2.6.3 Having recruited a number of temporary staff during the last two years to respond to the pandemic, we are seeking to retain those skills where we can in appropriate permanent vacancies. We are also learning lessons from the pandemic and identifying opportunities to expedite temporary recruitment to operational teams (specifically Norfolk First Response) when in crisis.

2.6.4 We have strengthened induction training and support because we know this supports retention, and specifically we have introduced special programmes of development for assistant practitioners to enable them to progress their careers. This was something staff told us they wanted.

2.7 **Reducing the Backlog of Reviews**

2.7.1 We are expanding the Community Care Resilience Team to provide dedicated capacity to focus on tackling the backlog of reviews. We will also be introducing a risk stratification approach to support Team Managers with their ongoing risk assessment of this backlog and to ensure that the more critical cases get reviewed first.

- 2.7.2 In addition, in April 2022 we initiated a pilot with three providers of Home Care enabling them to complete proportionate Care Act Reviews on our behalf. Under this arrangement providers can complete a proportionate review and send it to us via the LAS Portal for review by the Locality Team Manager to check and authorise a change to the care and support plan. This pilot will be evaluated to understand the impact and rolled out to other providers on the Home Support framework, as appropriate.
- 2.7.3 We are also confident that this arrangement will release some much-needed capacity back into the care market as our providers are reporting that some care packages could be reduced following a formal review.
- 2.8 Reducing the DOLS (Deprivation of Liberty Safeguards) Backlog**
- 2.8.1 We are engaging an agency to provide the Best Interests Assessor capacity needed to work through this backlog ahead of the transition to the new Liberty Protection Safeguards arrangements next year. This will allow the agency team – managed and supervised by in-house staff – to begin in mid-June.
- 2.8.2 Depending on the success of this initiative we may explore expanding the use of agency engagements to focus on tackling other backlogs.
- 2.9 Supporting the Home Care Market Recovery**
- 2.9.1 Below is a fuller list of actions to specifically support recovery work for home care market:
- a) Incentive payments of £1,000 were retained until April 22nd
 - b) Provider feedback has been captured to inform an evaluation report on incentive initiatives which includes £1,000 per package and £25 per hour approaches
 - c) Enhanced Home Support Service provision extended until the end of June at current capacity levels to secure capacity, whilst we develop the strategic commissioning approach to Home Care for ASSD
 - d) Double Assist rounds extended for between 6-12 months including a new round in East
 - e) All other block contracts extended for a further one or two years (14 block contracts in total)
 - f) 12p per hour uplift on the current framework rate for home care providers to help mitigate the increasing cost of fuel
 - g) Continue to dedicate resources to contact all providers (approx. 80) on the Home Support framework on a weekly basis, to gather intelligence on their capacity, recruitment pipeline and to proactively identify any issues that may require the support of NCC
- 2.10 Wider Care Market Recovery - Quality, Capacity, Workforce**
- 2.10.1 Actions to specifically support recovery work in the wider market have included the following:
- a) Continue actions to promote immediate recruitment, including extending recruitment workshops, the Norfolk Care Academy approach and Earn as you Learn initiative with colleges, alongside the recruitment campaign
 - b) Establish an arrangement with UKCIL to contact people on the PA register to identify those who could work in NFS on an initial short-term contract of three months with a pilot currently underway to identify up to 40 care workers

- c) Identify next steps for increasing workforce
- d) Support for retention of staff through the Developing Skills in Health and Social Care programme of work and refocusing the Wellbeing Support Programme
- e) Oversee actions to support management of provider failure or concern to minimise impact and risk
- f) Worked with the CCG and a provider to put in place additional reablement capacity into Norfolk First Support, with a focus on supporting hospital discharge
- g) Development of Live in Care options (spot purchase and support with CCG led block arrangement)

3. Impact to date

- 3.1 The tables below set out the latest position available. At the time of writing, we have seen some stabilisation of workloads and activity, but this has only started to materialise since the de-escalation from SCOPEL 4 at the start of May. Our own staff availability has improved, alongside the wider care market, and there are early signs of improved capacity for home care. We have reviewed and strengthened arrangements to oversee and manage cases on the holding lists. This involves a risk matrix that guides professional judgement, dictates the frequency of review based on that risk profile and a requirement that all referrals exceeding a maximum review period will be escalated to the relevant operational Head or Assistant Director. There are also clear standards about ensuring people have a contact number if their situation changes and how people should be advised of what they can expect with regards to ongoing contact from ASSD.

Indicator	Feb 1 st Baseline	May 10 th Position	Commentary
Locality Team Holding List	2,538	2,306	Dedicated focus of CCRT is starting to have an impact.
Average daily SCCE holding list for the week	107	307	SCCE remains under intense pressure and sustainable recovery is a longer-term strategy within the Connecting Communities programme.
People supported by Norfolk First Support waiting for long term service	243	96	Significant improvement driven by intensive recruitment and home care incentive payments.
People receiving care and support with an outstanding statutory annual review	4,703	4,773	Proportionate reviews by providers pilot has only just started and is currently relatively small scale.
People on the Interim Care List	781	685	Locality led action plans are just starting to have an impact.
Backlog for Deprivation of Liberty Safeguards	2,675	2,822	Recovery is anticipated to be more medium term pending the procurement of an agency and appointment to new temporary posts.

- 3.2 The indicators in the next table are not reported on a regular basis but the latest available figures are included. There is a delay in reporting some figures due to the transition to the new MyOracle system.

Indicator	Dec 2021 Baseline	Latest Available Figure	Commentary
Social Worker (Level 2) Staff Vacancies	18%	23% (March)	Ongoing recruitment efforts have proved insufficient in a competitive recruitment market and in the face of high staff turnover.
Norfolk First Response Staff Vacancies	19%	14.8% (February)	Intensive recruitment has enabled an improvement in filling NFR vacancies.
Staff Turnover for all staff	13.5%	13.8% (March)	The impact of the prolonged pandemic has led to higher turnover rates.
Sickness Absence in Frontline Teams	8%	7.7% (February)	This is an unexpected improvement for this time of year, but May figure may show a deterioration due to the Omicron variant.
% of sickness relating to mental health (Rolling 12 months)	35%	36% (March)	We would hope to see a positive change in this indicator now that our wellbeing programme is up and running but the impact of the prolonged pandemic remains a formidable challenge.

4. Next Steps

- 4.1 The month-long SAFE event led by front line teams will allow us to test and trial approaches and actions which can be scaled up across all teams. We anticipate that at the end of the month, we will have a clearer picture of a realistic rate of reduction of some of the key measure set out above. We also anticipate we will have information to develop a business case for any additional capacity, particularly to strengthen and expand the work of the Community Care Resilience Team.
- 4.2 There is a cross-over between this recovery work and our front door transformation programme Connecting Communities. At the time of writing, we are drawing on support from our partners Newton Europe to develop a consistent risk stratification approach to help identify which will enable social work and occupational therapy teams to focus on those contacts which need their specialist expertise, and which other professionals in the social care and wider community could provide support for people, for example, community development workers, assistive technology teams, advice and advocacy partners.

5. Financial Implications

- 5.1 The financial implications of the Departmental recovery from Covid-19 are, as you would expect, wide ranging. These include but are not limited to

- a) Changing demand because of holding lists, overdue reviews or interim care lists. During 2021/22 we recognised key areas of spend were not where we expected them to be. As we begin to reduce the aforementioned lists it may well be a possibility that we will see our volumes of formal care rise, and as a result see a rise in our formal care costs
- b) Staff levels. We continue to be challenged in our ability to recruit and retain staff in key areas of the business as described above. At the moment our levels of staff spend against the budget provide us with a favourable budgetary variance. However, financially speaking a successful recruitment campaign, in the short term will increase our staff spend, but longer term provide a more resilient workforce who have more capacity to undertake strengths-based social care
- c) Investment to clear backlogs. It is apparent that there will not be sufficient resource to maintain existing outputs whilst also clearing a backlog. The Department will therefore likely need to invest in some continued interim resource, alongside broader initiatives, to begin to manage the demand

5.2 Thus far, any financial risk presenting, or short-term investment requirements, are expected to be delivered within the reserves the Department has accumulated for this purpose. Previous Covid-19 funding provided by Central Government for this specific reason, alongside the Department's Business Risk Reserve, will be deployed as required to manage the risk.

5.3 As we look towards the recovery implications for our NHS partners within the Integrated Care System (ICS), our utilisation of services to support hospital discharge, in particular Short Term Residential Care beds are of particular significance. During 2020/21 and 2021/22 national Hospital Discharge Pathway (HDP) funding was provided by government. The funding was to help cover some of the cost of new and additional post-discharge recovery and support services / rehabilitation and reablement care following discharge from hospital. The national discharge fund was available to fund the additional costs of:

- a) Services that support the new or additional needs of an individual on discharge from hospital. This will include recovery and support services, such as rehabilitation and reablement to help people return to the quality of life they had prior to their most recent admission
- b) Designated care settings for those discharged from acute care who are COVID-positive and cannot return directly to their own care home until 14 days of isolation has been undertaken

5.4 The HDP funding allocation to Norfolk & Waveney was £11.2m for the second half of 2021/22 and the Council provided services within £6.3m of this funding.

5.5 For 2022/23 Central Government have now ceased these monies and declared that local systems will need to become self-sustainable. We have worked with our system partners to find funding for Qtr 1 of 2022/23, but beyond this there is still uncertainty and therefore ongoing sustainability planning is being undertaken within the ICS.

6. Resource Implications

6.1 Staff:

6.1.1 From 2020 to the end of June 2022 Adult Social Care has received additional funding related to increased hospital discharge activity to support transformation of the discharge process. The system has not fully implemented the expected discharge to assess model, including the provision of NHS funded intermediate care for the first four weeks post discharge where appropriate.

6.1.2 As a result it is likely that we will continue to need staff resource in these key areas supporting the discharge pathways until system transformation is complete. Dialogue is taking place with the CCG/ICS to agree funding for these posts. At the same time, work is being undertaken to identify opportunities to redeploy staff on fixed term contracts into existing vacancies elsewhere within the wider ASSD structure where this can be achieved without detriment to operational priorities.

6.2 Property: None identified at this stage.

6.3 IT: None identified at this stage.

7. Other Implications

7.1 Legal Implications:

7.1.1 Adult Social Services operates under the legal framework of the Care Act and under relevant guidance. The impact of recent months may lead to increased formal complaints about delays to assessment or reviews, and there is potential for individual legal challenges. The Department will continue to put in place robust measures to mitigate the impact of the current pressures and prioritise the most urgent cases. Recovery actions will need to be in line with the Care Act and guidance.

7.2 Human Rights Implications: None identified at this stage.

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

7.3.1 An initial EqIA was developed and presented to Cabinet in March 2022. Further and more detailed assessment work will be completed as and when specific recovery actions are more clearly defined.

7.4 Data Protection Impact Assessments (DPIA):

7.4.1 None identified at this stage but this will be considered if, for example, we are able to call on the third sector to provide additional support directly to our residents.

7.5 Health and Safety implications (where appropriate): None identified at this stage.

7.6 Sustainability implications (where appropriate): None identified at this stage.

7.7 Any Other Implications:

7.7.1 Officers have considered all the implications which members should be aware of. Apart from those listed in the report (above), there are no other implications to take into account.

8. Risk Implications / Assessment

- 8.1 Our recovery is being monitored using a robust performance management framework with regular reporting to the Departmental Leadership Team and ongoing daily monitoring of the SCOPEL (Social Care Operational Pressures Escalation Level) reporting system for adult social care. This is based on a similar model to the NHS OPEL system. SCOPEL provides a single daily view of the pressures on our social care teams and the care market using a simple 1 to 4 scoring system. It is used to assess and report on the pressures at any given time and provides an evidence base to inform senior management decisions if the pressures escalate up through the levels.
- 8.2 While our planning for recovery is a robust and considered approach to managing our service as we emerge from the most severely challenging winter months, success remains subject to a number of risks.
- 8.2.1 **Risk 1 – Staff morale and burn-out**
NCC staff and care market staff have been working through the pandemic for nearly two years and this will inevitably have had an impact on their resilience and the risk of further staff turnover, sickness and low morale remains very high. Our actions to mitigate against this are core to the recovery planning and are set out earlier in this paper.
- 8.2.2 **Risk 2 – Higher on-going costs**
At times of pressure, there is a risk that through winter, more intensive packages of support are put in place for people. There is a risk that we build in greater dependency for care which may impact on our ability to make savings.
- 8.2.3 **Risk 3 – Poor customer experience and complaints due to long waits and delays to needs assessments.**
Our holding lists and review backlogs are at high levels and it will take time to bring these down. In the meantime, people waiting are likely to become frustrated and impatient and complaint levels may also rise as a result. We have reviewed and strengthened how teams should review and manage cases on their holding lists. The decision to manage a referral on a Holding list is made by team managers using a risk matrices that guides professional judgement, dictates the frequency of review based on that risk profile and a requirement that all referrals exceeding a maximum review period will be escalated to the relevant operational Head or Assistant Director. In addition, where a case is added to the Holding List, the person or their representative, as well as the referrer where applicable, must be advised of this and will be provided with a contact number if their situation changes and advised of what they can expect with regards to ongoing contact from ASSD.
- 8.2.4 **Risk 4 – NHS expectations**
The NHS also remains under extreme pressures and may now have become dependent on social care taking certain actions to support discharge and help protect our hospitals as described in this report. It will be important to continue to collaborate at a senior level with system leaders to ensure focus on to the stabilisation of our own services.
- 8.2.5 **Risk 5 – Further waves of Covid**
Our current approach to recovery is based on the premise that we are now on a steady upward trajectory with the pressure on our health system receding into the future. This would be called into doubt should a new variant emerge, or the course of the pandemic take a significantly negative turn.

9. Recommendations

9.1 The Select Committee is asked to:

- a) Consider any recommendations to develop or refine approach set out for recovery planning.**

10. Background Papers

- 10.1 [March 7th Cabinet Report - Impact of winter and Covid on social care - planning for recovery](#) page 326

Officer Contact

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

Officer name: James Bullion

Telephone no.: 01603 224378

Email: james.bullion@norfolk.gov.uk



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.

People and Communities Select Committee

Item No: 9

Report Title: Social Care Reform: Implications of the National Charging Proposals

Date of Meeting: 27 May 2022

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

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

Executive Summary

This is a covering report to accompany the presentation at Appendix A on the Implications of the Charging Reform aspects of the wider proposed Social Care Policy Reform being undertaken. This item builds upon the presentation received by this Committee in March 2022 that focused on the broader aspects of the National Health and Care reform. As the various legislation is passed, and we moved towards implementation of the reform, it will be vital for this committee to strategically drive local policy to fully embrace any opportunities and manage any risks for the Council.

Recommendation

The Select Committee is asked to:

- a) Discuss and consider the strategic implications of the implementation of the proposed National Social Care Charging Reform for Norfolk Adult Social Care**

1. Background and Purpose

- 1.1 This is a covering report to accompany the presentation at Appendix A on the Implications of the Charging Reform aspects of the wider nationally proposed Social Care Policy Reform being undertaken.
- 1.2 At this Select Committee on 18 March 2022, the Executive Director for Adult Social Services provided a presentation on the Bill, Policy and White Papers relating to the proposed Health and Social Care Reform. The presentation accompanying this report for the Committee begins to narrow the scope and provides a specific look into some of the implications that are likely to be present in the implementation of a revision to the means tested charging relating to the provision of Adult Social Care.

1.3 As a reminder, currently whereby a Local Authority arranges Care and Support to meet a person's needs, it may well charge the adult. People will be entitled to financial support based on a means-test and therefore some will be entitled to free care. Furthermore, there are certain services to which Local Authorities must not charge. These are:

- a) Intermediate care, including reablement, which must be provided free of charge for up to six weeks. However, local authorities must have regard to the guidance on preventative support set out in Chapter 2. This sets out that neither should have a strict time limit but should reflect the needs of the person. Local authorities therefore may wish to apply their discretion to offer this free of charge for longer than six weeks where there are clear preventative benefits, such as when a person has recently become visually impaired
- b) community equipment (aids and minor adaptations). Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less
- c) care and support provided to people with Creutzfeldt-Jacob Disease
- d) after-care services/support provided under section 117 of the Mental Health Act 1983
- e) any service or part of service which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care
- f) more broadly, any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014
- g) assessment of needs and care planning may also not be charged for, since these processes do not constitute 'meeting needs'

1.4 The Care Act 2014 and the Care and Support (Charging and Assessment of Resource) Regulations 2014 provide the legal framework for charging for Care and Support. This legal framework is based upon the following principles that when Local Authorities are considering their approach to charging for care and support they should:

- a) ensure that people are not charged more than it is reasonably practicable for them to pay
- b) be comprehensive, to reduce variation in the way people are assessed and charged
- c) be clear and transparent, so people know what they will be charged
- d) promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control
- e) support carers to look after their own health and wellbeing and to care effectively and safely
- f) be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs
- g) apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings
- h) encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so
- i) be sustainable for local authorities in the long-term

1.5 When the Care Act (2014) was introduced in April 2015 there was due to be a secondary phase that would launch in April 2016. This next phase would implement funding

proposals for Social Care that were developed as a result of the Dilnot commission led by Sir Andrew Dilnot. The new reform does reintroduce some of these original proposals and focuses on a “lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support”.

- 1.6 For Norfolk’s Adult Social Care department, within its £263m net expenditure budget is £80m of income from the recovery of costs in the form of financially assessed income contributions from people that draw upon care and support. It is therefore implicit in the funding of Local Authorities that they will charge for services under the relevant regulations and principles described above. Consequently, it is very important to understand what any change in the legal framework will mean for the individuals accessing care and support, Local Authorities and the wider Social Care sector.
- 1.7 The presentation for the Committee does not seek to go into too much of the technical detail of the charging reform, but instead seek to draw out the implications of strategic significance. More detailed information can be found in the accompanying background papers and can of course be summarised for the Committee within future updates.

2. Proposal

- 2.1 N/A

3. Impact of the Proposal

- 3.1 N/A

4. Evidence and Reasons for Decision

- 4.1 N/A

5. Alternative Options

- 5.1 N/A

6. Financial Implications

- 6.1 N/A

7. Resource Implications

- 7.1 Staff: N/A

- 7.2 Property: N/A

7.3 IT: N/A

8. Other Implications

8.1 Legal Implications: N/A

8.2 Human Rights Implications: N/A

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

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

8.5 Any Other Implications: N/A

9. Risk Implications / Assessment

9.1 N/A

10. Recommendations

10.1 The Select Committee is asked to:

- a) Discuss and consider the strategic implications of the implementation of the proposed Social Care Charging Reform for Norfolk Adult Social Care**

11. Background Papers

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

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

[Adult Social Care charging reform.](#)

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

[Supporting Local Preparation: Draft Guidance](#)

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

[Norfolk County Council Non-Residential Charging policy April 2021](#)

[Norfolk County Council Residential Charging Policy April 2021](#)

Officer Contact

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

Officer name: Leon Ringer
Telephone no.: 01603 223809
Email: leon.ringer@norfolk.gov.uk



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.

Social Care Reform: Implications of the National Charging Proposals

**People and Communities
Select Committee**

May 2022



Introduction

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

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

The white paper sets out the following key objectives:

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

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

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

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

The most recent timeline

**July
2019**

**July
2021**

**Sep
2021**

**Dec
2021**

**Mar
2022**

**April
2022**

**Oct
2023**

Prime Minister addresses social care reform in maiden speech

Health and Care Bill introduced to House of Commons

“Build Back Better: Our plan for Health and Social Care” announces programme of reform

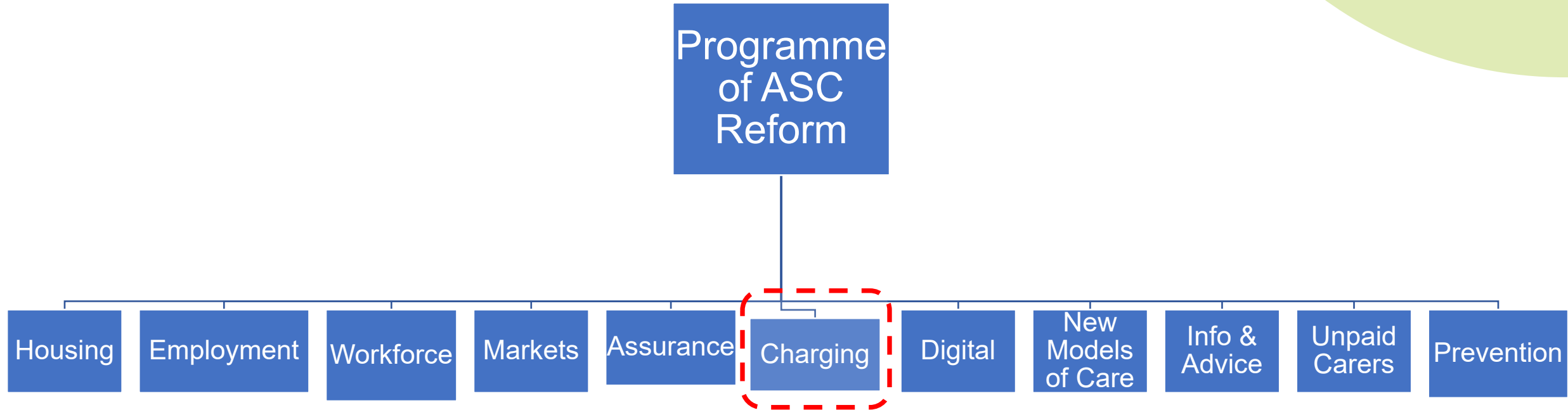
Adult social care reform white paper: “People at the Heart of Care”

Consultation on charging reform & guidance on fair cost of care and market sustainability

Health and Care Levy commences & Health and Care Bill receives Royal Assent

Social Care Charging Reform takes effect

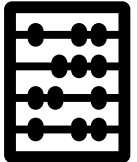
Social Care Reform Scope




Social Care Reform – Charging for Care Scope

The Government is changing the way people in England pay for their care to make the system fairer. From October 2023:

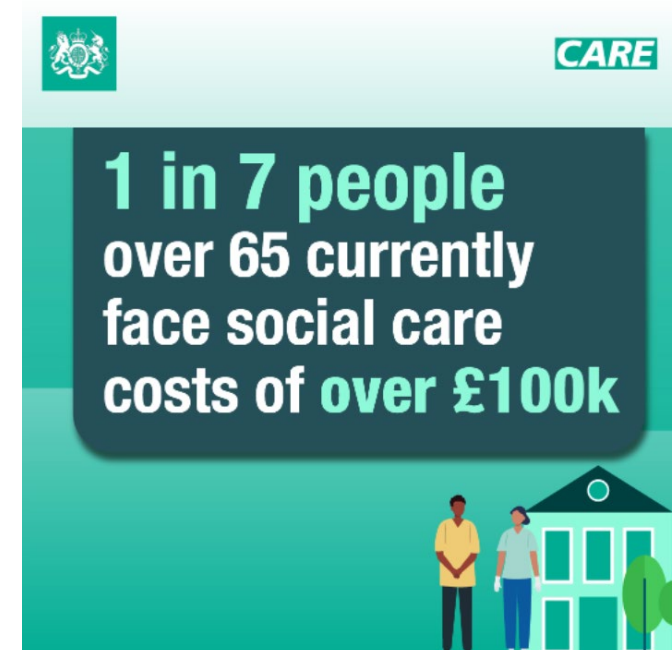
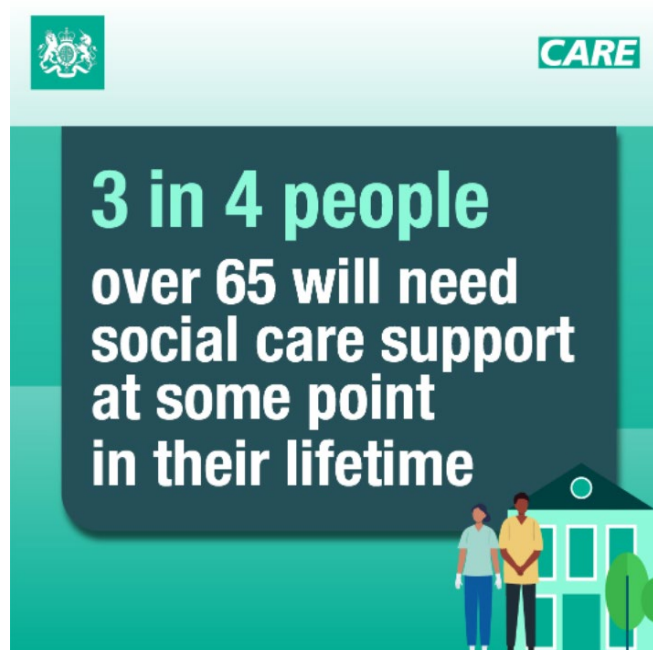
£ **No one will have to pay more than £86,000 for their personal care costs.** Currently there is no limit on how much you might pay

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

 **More people will be able to ask their local council to arrange their care for them** to give them a choice of better value care.

Social Care Reform – Charging for Care – Cap on Care

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

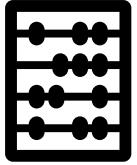


Social Care Reform – Charging for Care – Cap on Care

£ Unpacking the Cap

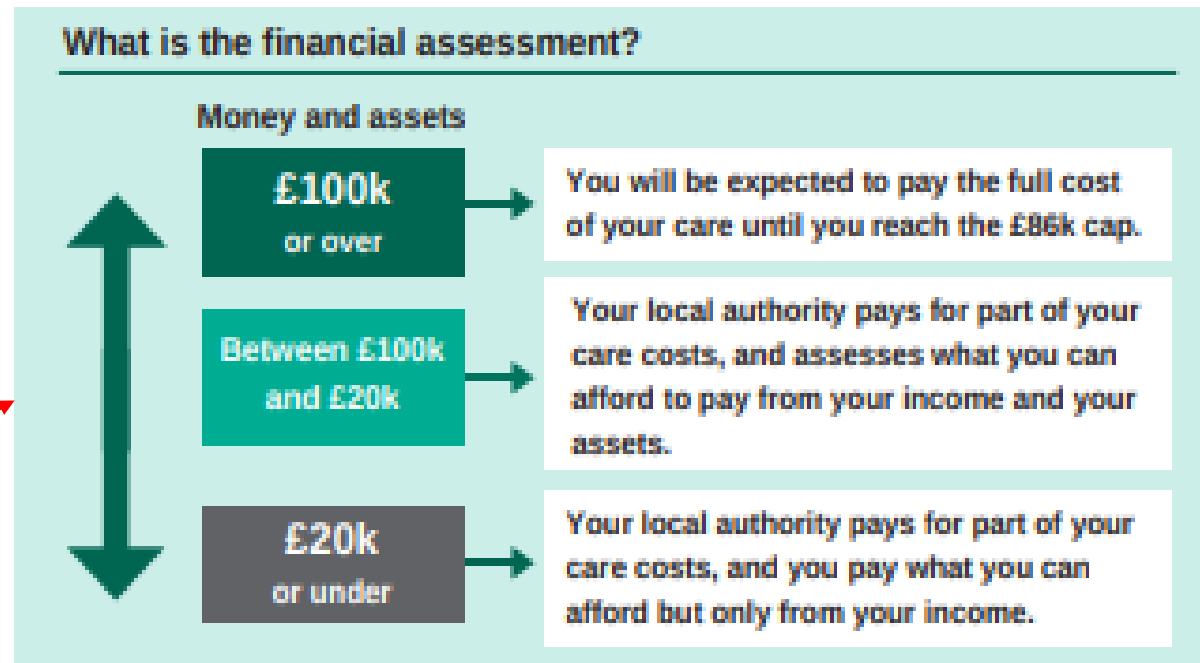
- Completely new to Social Care, with no previous limit
- From October 2023, people can “meter” towards the Cap
- Eligible costs only begin to count from the date people approach us (post October 2023)
- Not all costs count towards the Cap:
 - Daily Living Cost v Personalised Care
 - Not Top-ups, FNC, CHC, S117
 - Only what person contributes, not what service costs
- Everyone will need a “Care Account” to help track costs
- Self Funders (see means test) need to have a method to agree “accrued costs” towards Cap
 - Individual Personal Budget (IPB)

Social Care Reform – Charging for Care

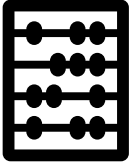


Individuals with less than £100,000 in savings and assets are likely to be eligible for help from their local council with their **care costs**. Currently only those with less than £23,250 are eligible for state support.

= Known as the **Means Test**



Social Care Reform – Charging for Care



The meaning of the Means Test

- Majority of Social Care services are only accessible after an eligibility determination and a financial means test
- Within the means test are both lower and upper capital thresholds which indicate the level of financial support you can receive from your local authority.
- These capital thresholds are now shifting to be more generous:

Threshold	Existing policy	Reformed policy
Lower	£14,250	£20,000
Upper	£23,250	£100,000

- In addition to your capital (assets), your income levels are assessed to see what you can afford to pay

Social Care Reform – Charging for Care



More people will be able to ask their local council to arrange their care for them to give them a choice of better value care.

= Known as **Section 18(3)** of the Care Act

- Section 18(3) of the Act allows self-funders to request that their local authority arranges their care to meet eligible needs, in the same way as those who are supported by the means test. This right was commenced in 2015 in relation to domiciliary care and Government plan to roll this out further from October 2023.
- In doing so they will be able to secure services at the price the local authority pays, recently reported as being up to 40% less than those who arrange their own care¹.
- Government allow Local Authorities to charge a fair arrangement fee for this process (presently only applicable to domiciliary care)

1. As reported by the County Councils Network

Social Care Reform – Charging for Care

Starting to consider the implications: For Residents

- I will have to pay for my care if my assets are over £100k. If my assets are lower than £100k, my local authority may contribute towards my care costs depending on my level of income.
- From October 2023, I will only ever pay a maximum of £86k towards my personal care costs
- The costs towards my cap will be based on what I personally pay towards my eligible care needs. I or a family member can choose to buy more expensive care but the extra cost won't go towards my cap
- If I am in Residential Care I may still have to pay my Daily Living costs in the same way as if I lived in my own home.
- The Local Authority can now organise my care and support if I choose. In doing so they will support me with Care Act and Financial assessments.

Social Care Reform – Charging for Care

Starting to consider the implications: For Care Providers

- The economics of our market will change
- We may have fewer self-funders coming directly to us and therefore our income from them will reduce.
- As self-funder income reduces, in order for us to maintain our income levels we will need to attract greater income from Local Authorities – both in total and unit price.
- We will need to work more closely with Local Authorities to help them understand a Fair Cost for Care that creates sustainable markets.

Social Care Reform – Charging for Care

Starting to consider the implications: For Local Authority

- The new means test will mean we are supporting more people than we did previously
- Those that previously paid potentially an unlimited level of cost will be local authority funded when reaching the cap.
- We will be undertaking significantly more Care Act and Financial Assessments
- Our systems and processes will have to accommodate the administration of new “Care Accounts” for everyone
- We will likely have to commission services for more people
- We will have to increase our engagement with our local providers to understand their costs
- We will likely have to pay a higher price for care as the market economics shifts between local authority purchasing and that of self-funders
- If not wholly funded by Government this creates an additional financial pressure on Local Authorities

Social Care Reform – Charging for Care

Specific Policy implications for the Committee to consider:

- To what extent should the County Council proactively engage self-funders in approaching us to organise their care and support?
- How should the County Council engage with care providers in Norfolk to help them understand the implications of this reform on their business model?
- The financial burden created by the introduction of these reforms should be wholly funded by Central Government. In the event this appears not to be the case, how should the County Council look to address any funding shortfall it is presented with?
- Social Care reform is a fundamental shift in how Councils will support people in the future. How should the County Council embrace the opportunity to communicate, and engage, with the public on any options for implementation, and more broadly, on the implications of reform?

People and Communities Select Committee

Item No: 10

Report Title: Health Improvement

Date of Meeting: 27 May 2022

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

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

Executive Summary

Public Health supports Norfolk residents to live healthy lifestyles to achieve, 'healthy, fulfilling, and independent lives' as outlined in Better Together, for Norfolk 2021-25. Currently, too many people in Norfolk are being impacted upon by preventable illnesses caused by behavioural risk factors such as smoking, poor diet, lack of exercise and drinking too much alcohol. This has been exacerbated by the COVID 19 pandemic and the impacts are unevenly distributed, with our most deprived areas bearing the greatest impact.

The accompanying slide set to this paper sets out the rates of smoking, obesity, physical inactivity and levels of alcohol consumption, and the costs to society and individuals.

Public Health promotes healthy living for Norfolk residents through its commissioned services listed in Appendix 1. The proposal is to lead the work with partners as part of the Norfolk and Waveney Integrated Care System (N&WICS) to continuously improve those services outlined in our commissioning intentions including a catchup programme of NHS Health Checks, developing modern services e.g., digital platform, 'Ready to Change: your way to better health', smoking cessation and weight management services targeted at priority groups based on evidence of effectiveness.

Action Required

The Select Committee is asked to:

1. To affirm the importance of healthy lifestyles to improve health outcomes, and the crucial role of prevention.
2. To support the continuation of the services currently commissioned by public health and the provision of continued investment in health checks and healthy lifestyle services that support Norfolk residents live healthier lives.
3. Agree to receive a further report on how we intend to develop services to make them more effective.

1. Background and Purpose

- 1.1 This paper sets out the work of the Council's Public Health Team on health improvement focusing on healthy lifestyles. This is a key priority for the Council as set out in 'Better Together, For Norfolk' 2021-2025 which states our ambition for all Norfolk residents to achieve 'healthy, fulfilling, and independent lives'.
- 1.2 Unhealthy lifestyle behaviours have significant impact on people's health, particularly smoking, poor diet, lack of exercise and drinking too much alcohol. The impact of these behaviours has also been exacerbated by the COVID 19 pandemic. The accompanying slide set to this paper highlights the level of unhealthy behaviours in Norfolk and the impacts on residents. See attached slide set.
- 1.3 The paper also gives an outline of the services NCC's Public Health Team commission to improve health and wellbeing and some effective programmes that we will want to develop in the future.
- 1.4 **Where are we now.** Too many people in Norfolk are being impacted upon by preventable illnesses caused by behavioural risk factors such as smoking, poor diet, lack of exercise and drinking too much alcohol. The slides attached to this paper set out the current burden of unhealthy lifestyles in Norfolk. The impacts are unevenly distributed with areas of deprivation being impacted on more. This has been exacerbated by the pandemic which has seen locally increased rates of unhealthy lifestyle behaviours which is in line with the national picture
- 1.5 Overall costs of unhealthy lifestyles nationally are estimated to be £72.4 billion to the wider society and to the NHS £12.9 billion. Unhealthy lifestyle behaviours have significant impact on people's health, particularly smoking, poor diet, lack of exercise and drinking too much alcohol. The impact of these behaviours has also been exacerbated by the COVID 19 pandemic.
- 1.6 **Smoking** - 14.5% of Norfolk residents regularly smoke, similar to regional and national rates. Rates are higher amongst some groups in the population including those people with long term mental health condition who are three times more likely to smoke than the general population and pregnant women who are at great risk of complications due to smoking. In Norfolk the rate for women who smoke at time of delivery is 14%, higher than nationally 8.8%.

- 1.7 Despite progress made in reducing prevalence of tobacco smoking, it remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Smoking tobacco is linked to over 100 different conditions, including at least 15 different types of cancer, 9 mental health conditions and numerous respiratory, cardiovascular, and other disorders.
- 1.8 Physical inactivity** - one in 4 adults are physically inactive in Norfolk i.e., not doing the recommended level of physical activity, at least 150 minutes of moderate intensive physical activity a week e.g., brisk walking, swimming, cycling, and gardening. The impact of this is more inactivity related diseases in Norfolk such as hypertension, cardiovascular disease, and stroke. The Chief Medical Officer's (CMO) guidelines (2011) state that for good physical and mental health, adults should aim to be physically active every day. Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease, and some cancers. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities.
- 1.9 Alcohol** admissions to hospital in Norfolk for alcohol specific conditions gives an indication where there are higher consumption rates. In Norwich and King Lynn and West Norfolk this is significantly worse than the national average. There are many impacts on society and an individual's health of long-term alcohol misuse which includes high blood pressure, stroke, pancreatitis, liver disease and various cancers e.g., mouth, bowel, and liver. The CMO states that drinking any level of alcohol regularly carries a health risk for everyone. Men and women should limit their intake to no more than 14 units a week to keep the risk of illness like cancer and liver disease low.
- 1.10 What we are already doing to support the population of Norfolk live healthy lives**
- 1.11 In 2019 NCC's Cabinet agreed to proceed with a new systems approach to healthy living to address the level of unhealthy behaviour in the adult population of Norfolk. The approach included the development of a universal digital platform to support Norfolk residents wishing to make a change to their behaviour independently and support anyone who wants to help someone else make changes. This site, to be called Ready for Change: Your Way to better health, and launched in the summer will support the vision of Norfolk residents to be able to make healthy choices and for healthy lifestyle choices to be the social and cultural norms. It includes up to date, accurate information relating to health risk behaviours e.g., Healthy eating,
- step 1 - find out how healthy your diet is via a quiz,
 - step 2 – learn more about healthy eating, benefits, and tips,
 - step 3 – take action to healthier eating – goal setting and links to resources.

- 1.12 Through the Norfolk Tobacco Control Alliance, we are already taking steps to tackle tobacco control and support people to stop smoking. The Alliance, made up of a range of organisations, works with partners and other council services such as Norfolk's trading standards team which provides a response to secure compliance of and/or disrupt Norfolk businesses engaged in supplying illicit tobacco. This includes seizure and destruction of illicit tobacco, seizure of criminal assets (including vehicles & cash) and carrying out safety testing, where appropriate, on illicit cigarettes.
- 1.13 The Alliance is also working with the N&W NHS Tobacco Dependence Programme established as part of the NHS Long Term Plan, a programme aiming to provide inpatient smoking cessation services to all NHS patients by 23/24. Some services will go live this year including the maternity early implementer site at the James Paget University Hospital to address the high rates of smoking in pregnancy.
- 1.14 In addition to the programmes above to achieve the vision of healthy lifestyles NCC Public Health commission a range of services paid out of the public health grant at the cost £3.5 million approx. per annum. These include Stop Smoking, Weight Management, Workplace Health and Health Checks— see Appendix 1.
- 1.15 **Health Checks** are an important part of our prevention services offering a free check-up of a person's overall health and can identify whether a person is at a higher risk of getting certain health problems such as heart disease, diabetes, kidney disease or stroke. Significant numbers of preventative care services were missed as a result of Covid which is why we have invested in the delivery of an additional 36,000 NHS Health Checks and a support programme targeted at GP practices that need additional support.

2. Proposal

- 2.1 Prevention is a key priority of the Norfolk and Waveney Integrated Care System (N&W ICS) and we will be leading the work to develop a greater focus on prevention and behaviour change and have initiated the establishment of a N&W ICS Health Improvement Transformation Group (HITG). This group is chaired by Director of Public Health, Dr Louise Smith, as Prevention Senior Responsible Officer for the N&W ICS. Its aim is to lead 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. The membership is made up of senior experts from a range of organisations such as the acute trusts, primary care networks, clinical lead, ICS Voluntary Assembly and UEA. The focus is on the 4 key risk behaviours.
- 2.2 We are developing our approach to obesity, healthy weight, and nutrition to address the increases in obesity and are leading the work with partners to develop a community of improvement across the system. This work will also link with our digital offer on behaviour change, our commissioned services

in Appendix 1 and the NHS Long Term Plan Digital Weight Management programme that supports adults living with obesity who also have a diagnosis of diabetes, hypertension or both, to manage their weight and improve their health.

- 2.3 The Public Health Team have also recently published its commissioning intentions which can be found here [Adults - Norfolk County Council](#). This sets out the intention to work with partners to:
- Modernise services including our digital offer e.g., behaviour change website as described above.
 - Put in place a COVID catch up programme for services such as NHS Health Checks.
 - Continue to invest in stop smoking and tobacco control services, and weight management services, such as NHS Tier 2 digital Weight Management Programme
 - Investigate development of areas that we know to be effective as set out in National Institute for Health and Care Excellence (NICE) guidance, such as:
 - Further development of our E-cigarette offer as part of the supporting people to quit smoking
 - Self-service digital – ‘Ready to change: your way to better health’ website
 - Targeted weight management
 - Smoking in pregnancy incentive scheme
- 2.4 To continue to
- focus on prevention and behaviour change through the establishment of a N&W ICS Health Improvement Transformation Group
 - develop our approach to healthy weight and nutrition
 - invest in healthy living programmes as outlined in the public health commissioning intentions
- 2.5 To further develop effective interventions and bring back a proposal outlining more detail

3. Impact of the Proposal

- 3.1 Support Norfolk residents to achieve ‘healthy, fulfilling, and independent lives’ through targeted services that reduce preventable illness and deaths.

4. Evidence and Reasons for Decision

- 4.1 Currently, too many people in Norfolk are being impacted upon by preventable illnesses caused by behavioural risk factors such as smoking, poor diet, lack of exercise and drinking too much alcohol. This has been exacerbated by the COVID 19 pandemic and the impacts are unevenly distributed, with our most deprived areas bearing the greatest impact.

5. Alternative Options

- 5.1 Further work will be done to develop effective interventions and bring back a proposal outlining more detail.

6. Financial Implications

- 6.1 None – All current interventions are included in the 2022-23 budget.

7. Resource Implications

- 7.1 **Staff:** None All current interventions are supported by current staffing resources an included in the 2022-23 budget.

- 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):** 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:** Not applicable

- 8.6 **Sustainability implications:** Not applicable

- 8.7 **Any Other Implications:** None

9. Risk Implications / Assessment

9.1 None at this stage. Risk assessments are completed for all service delivery proposals

10. Recommendations

The Select Committee is asked to:

1. To affirm the importance of healthy lifestyles to improve health outcomes, and the crucial role of prevention.
2. To support the continuation of the services currently commissioned by public health and the provision of continued investment in health checks and healthy lifestyle services that support Norfolk residents live healthier lives.
3. Agree to receive a further report on how we intend to develop services to make them more effective.

11. Background Papers

11.1 None

Officer Contact

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

Officer name: Paula Hawley Evans

Telephone no.:

Email: paula.hawleyevans@norfolk.gov.uk



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.

Appendix 1: Commissioned Services

Stop Smoking Services	Smoke Free Norfolk – A county wide specialist Stop Smoking Service which helps those who wish to stop smoking by offering support and access to treatment.
	Primary Care – Pharmacies A non-specialist provision for people to access Stop Smoking advice and support including, NRT and the setting of a 4-week quit date. Access to prescribing via a referral to the specialist provider.
	Primary Care - GPs For people to access Stop Smoking advice and support including the setting of a 4-week quit date and to access prescribing and /or referral though to specialist Stop Smoking Services when needed.
	MiQuit. A new text messaging service to pregnant smokers to easily access stop smoking advice and support
NHS Health Checks	<p>NHS Health Checks A mandatory service that Public Health have responsibility to commission. NHS Health Checks are for those aged 40-74 years designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, or dementia. Delivery through:</p> <ul style="list-style-type: none"> • Primary Care – through GPs sending invitations and delivering the NHS Health Check as they are book • Community Pharmacies will deliver opportunistic NHS Health Checks and all results provided to the GP • Catch up Programme - Reed Wellbeing have been commissioned to provide a 36,000 NHS Health Checks that were missed or postponed during the pandemic. • Norfolk Health & Wellbeing Service – is a 12-month pilot, it is a small discreet service offering to support GPs to deliver 2022/23 NHS Health Checks where GPs do have capacity to conduct them by themselves. The aim is to conduct 10,000 NHS Health Checks, focusing on GP practices in more deprived areas of Norfolk.
Weight Management	Tier 2 Weight Management Service provided by Slimming World is the main commissioned service for Norfolk residents aged 18 years and over, clients identified as having a BMI ≥ 30 or with BMI ≥ 27.5 from Asian, Black African or African Caribbean groups. People can access a voucher for the 12-week programme via their GP or a NHS Health Check and since the pandemic by self-

	referral, with a further 12 weeks if individuals are successful in losing 5% weight but need further support.
	Man V Fat is a tier 2 Weight Management Service for men over the age of 18 years. The desired outcome is for individuals to lose a minimum of 5% of their initial body weight at the end on the active intervention (14-week programme).
	<p>Gloji – SMI Obesity Project This is a 12-week, one-to-one programme designed for those with mental health concerns, using the Thriving Workplaces gloji weight management programme. The programme uses a behaviour change approach to help make small, sustainable changes to improve health and wellbeing for good</p> <p>Delivered by specialist weight management practitioners with mental health training to ensure flexible support tailored to meet people's needs and circumstances is offered.</p> <p>Helping people to lose 5% of their body weight in line with public health guidance.</p>
Thriving workplaces	<p>Support to Norfolk businesses to improve the health and wellbeing of their staff, create an engaged healthy and resilient workforce supporting real and sustainable jobs, making Norfolk a place where business can grow and succeed. Three levels include:</p> <ol style="list-style-type: none"> 1. Structural and organisational level - Creating a healthy workplace environment 2. Team and managerial - Influencing culture and increasing health and wellbeing knowledge 3. Individual employees - Increasing awareness of healthy lifestyle behaviours and engaging employees with healthy lifestyle activities

Healthy Lifestyles in Norfolk

Public Health Intelligence, Insight & Analytics



Importance of **Healthy Lifestyles**

A healthy lifestyle means eating a **balanced diet, keeping a **healthy weight**, getting **regular exercise**, avoiding tobacco and **drinking less alcohol****

People who live a healthy lifestyle have:

- A higher life expectancy
- Fewer preventable health problems



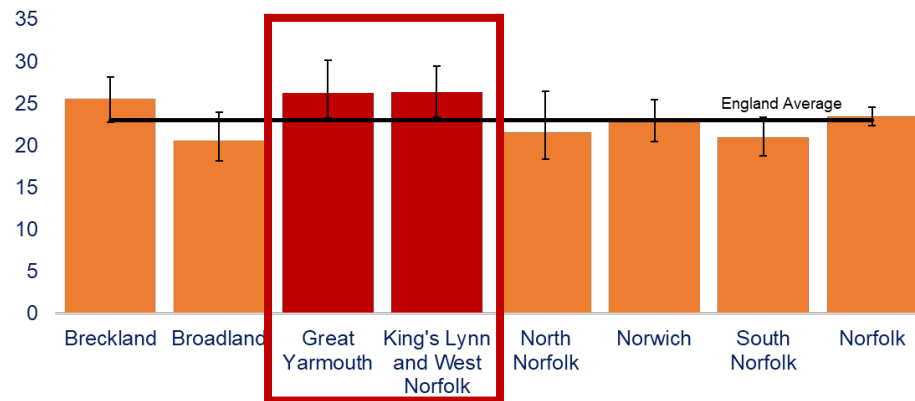
Prevalence & Impact of Obesity

Situation

1,355 or **23%** of **4-5 year olds** in Norfolk are **overweight** or **obese**

In **KLWN** and **Great Yarmouth** this is **significantly worse** than the national average

Proportion of children aged 4-5 years classified as overweight or obese (2019/20)



33% of **10-11 year olds** in Norfolk are **overweight** or **obese**. This is **better** than the national average.

62% of **adults** in Norfolk are **overweight** or **obese**. This is **in line** with the national average.

Impact

In terms of years of life lived with short-term or long-term health loss, in Norfolk, high BMI is responsible for around

10% of years lived with disability

High BMI contributes to:

60% of years lived with **diabetes**

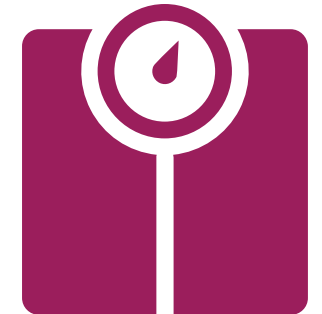
30% of years lived with **asthma**

30% of years lived with living with **stroke**

30% of years lived with **atrial fibrillation**

25% of years lived with **ischaemic heart disease**

High BMI* contributes to around **950 deaths per year** in Norfolk, around **10%** of total deaths.



Better 95%

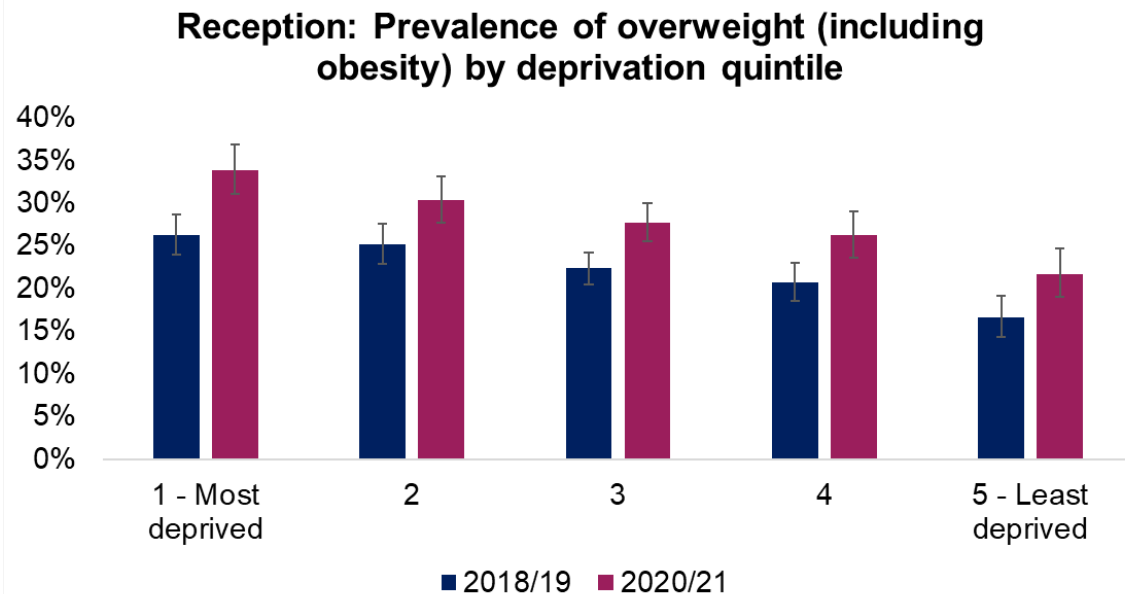
Similar

Worse 95%

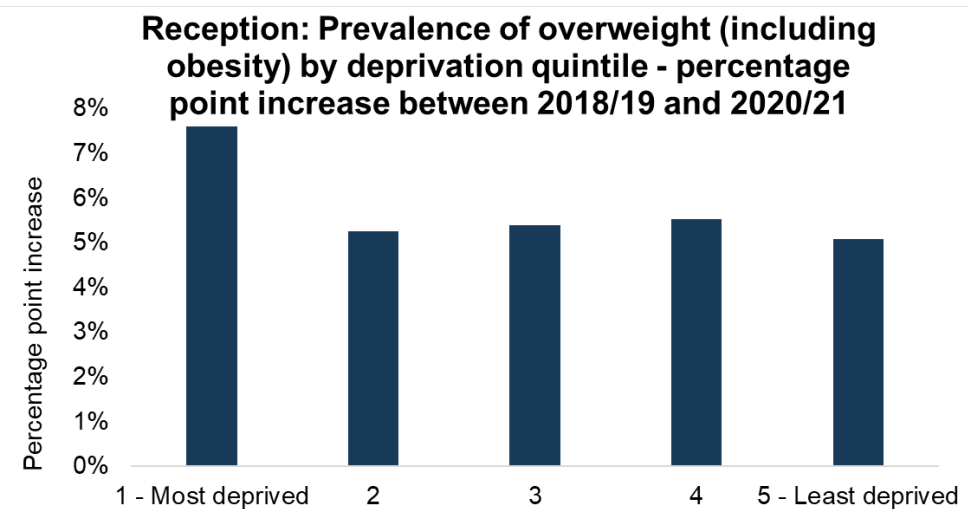
Not compared

Source: Public Health England (based on Active Lives Survey, Sport England), NCMP

Inequalities in Obesity



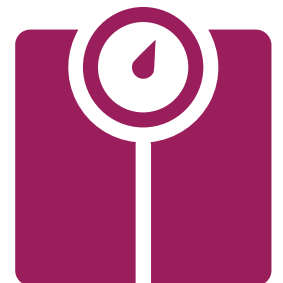
Children living in the most **deprived** areas of Norfolk are **12% more likely** to be overweight or obese in reception compared to the least deprived areas.



This increased across the whole of Norfolk between 2018/19 and 2020/21.

However it **increased at a faster rate** in the **most deprived** populations, at 7.5% compared to 5% in the least deprived*.

*The start of the 2020 to 2021 NCMP was delayed as schools were closed due to the COVID-19 pandemic. In March 2021 local authorities were asked to collect a representative 10% sample of data because it was not feasible to expect a full NCMP collection so late into the academic year. There was also disruption to collection in 2019/20 due to the COVID-19 pandemic, and the collection is a smaller sample compared to previous years. NCMP participation for 2020/21 was 83% for year R and 29% for year 6.



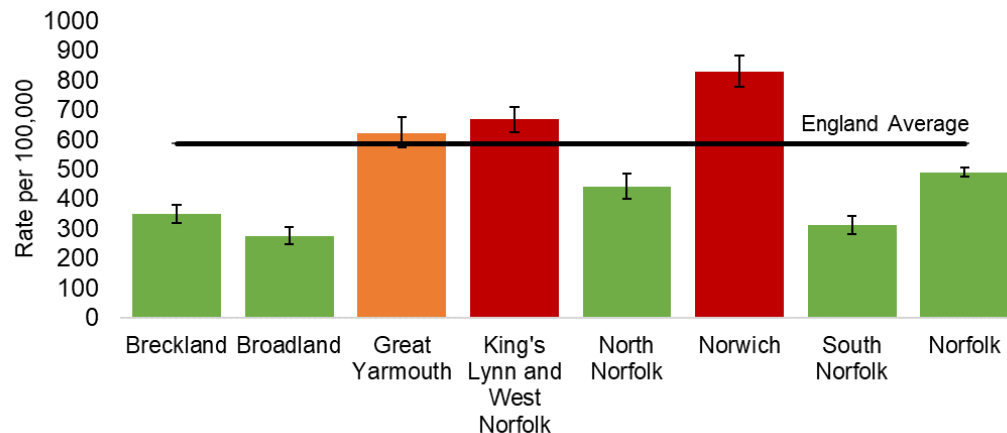
Prevalence & Impact of Alcohol Misuse

Situation

Hospital admission episodes for **alcohol-specific conditions** gives an indication of where there is higher prevalence. In 2020/21 there were

489 episodes per **100,000** population

Admission episodes for alcohol-specific conditions



Norwich and **KLWN** this is **significantly worse** than the national average

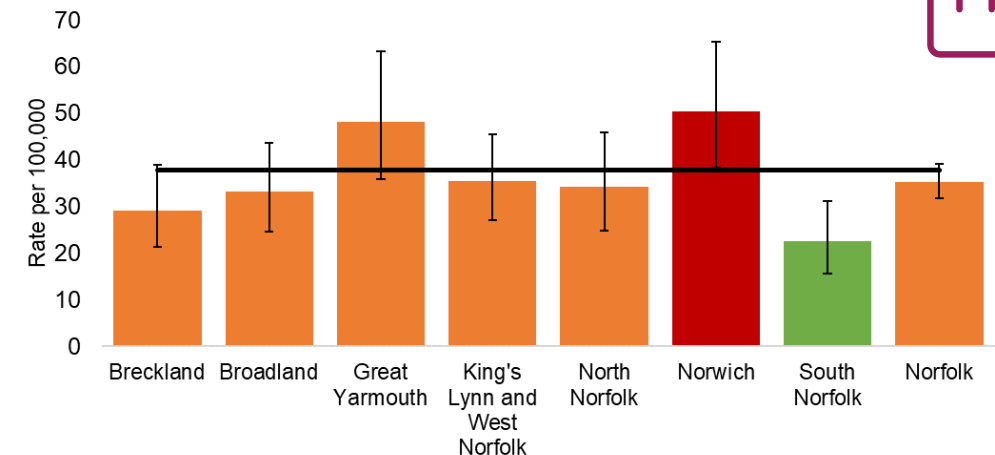
Impact

Long-term health risks associated with alcohol misuse include **high blood pressure**, **stroke**, **pancreatitis**, **liver disease** and various **cancers**.

In 2020, **35** deaths per **100,000** people were **related to alcohol**



Alcohol-related mortality

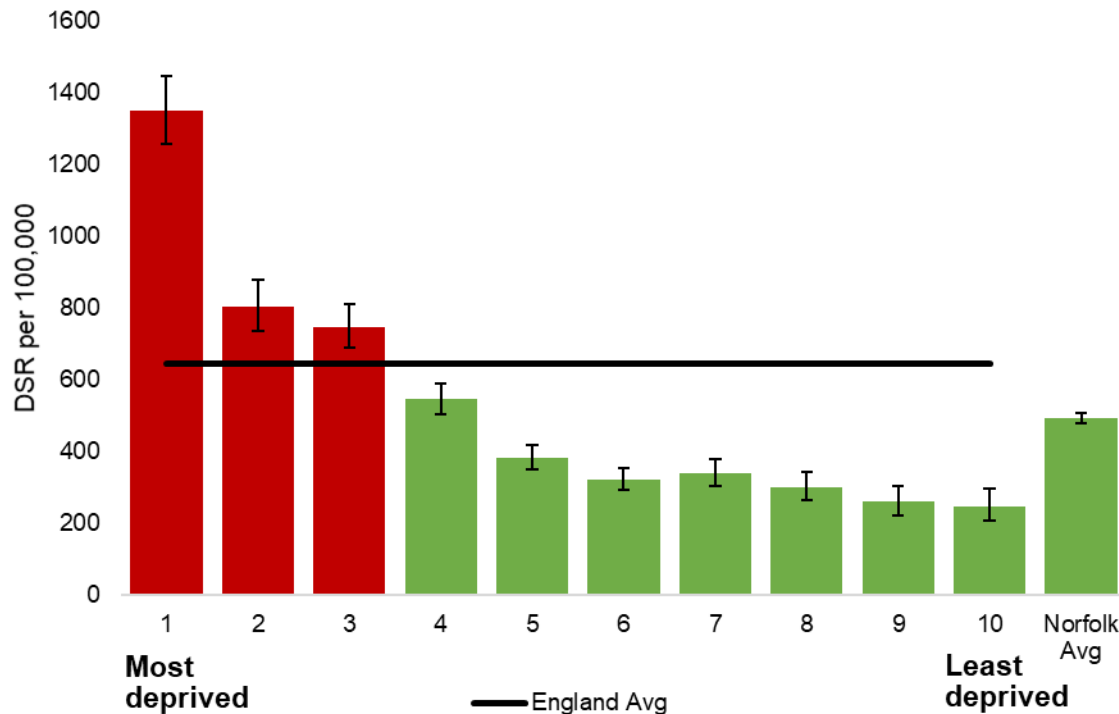


In **Norwich** this is **significantly worse** than the national average

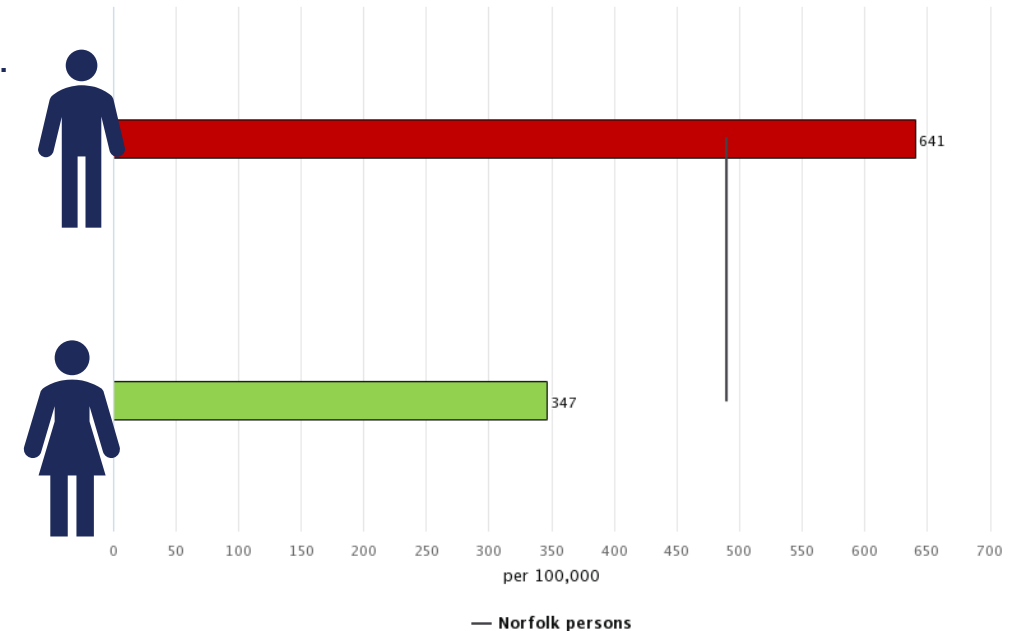
Inequalities in Alcohol Misuse

People living in the most **deprived** districts are over **five times more likely** to be admitted to hospital for **alcohol-specific conditions** compared to the least deprived areas.

Admission episodes for alcohol-specific conditions in Norfolk (Persons) (2019/20) by LSOA deprivation decile IMD2019



Admission episodes for alcohol-specific conditions (2020/21) – Norfolk, Sex



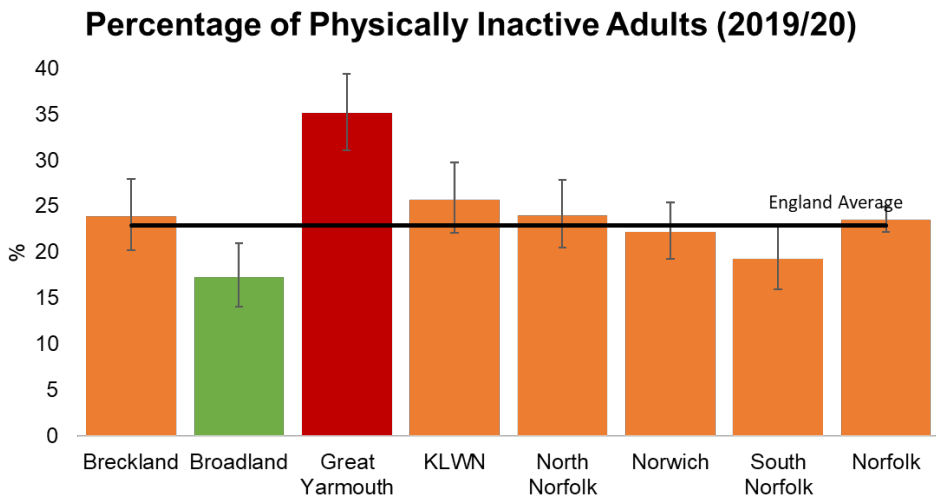
Men are **46% more likely** than females to be admitted to hospital for alcohol specific conditions in Norfolk.



Prevalence & Impact of Physical Inactivity

Situation

1 in 4 adults are **physically inactive** in Norfolk



This is worst in **Great Yarmouth**, where **35%** of adults are inactive

Source: GP Practice Profiles

<https://fingertips.phe.org.uk/profile/general-practice>

Better 95%

Similar

Worse 95%

Not compared

Impact

Physical inactivity can contribute to **heart disease**, **type 2 diabetes**, **several cancers**, and **obesity**.

Indicator	Period	England	Norfolk	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk
Hypertension: QOF prevalence (all ages)	2020/21	13.9	16.0	16.9	16.3	17.4	17.6	20.2	11.1	15.0
CHD: QOF prevalence (all ages)	2020/21	3.0	3.6	3.8	3.5	3.8	4.2	4.9	2.5	3.3
Stroke: QOF prevalence (all ages)	2020/21	1.8	2.3	2.3	2.2	2.3	2.7	3.1	1.7	2.2

Prevalence of inactivity related diseases in adults is **higher** in Norfolk compared to the England average, but this is generally due to a comparatively **older population** in Norfolk.



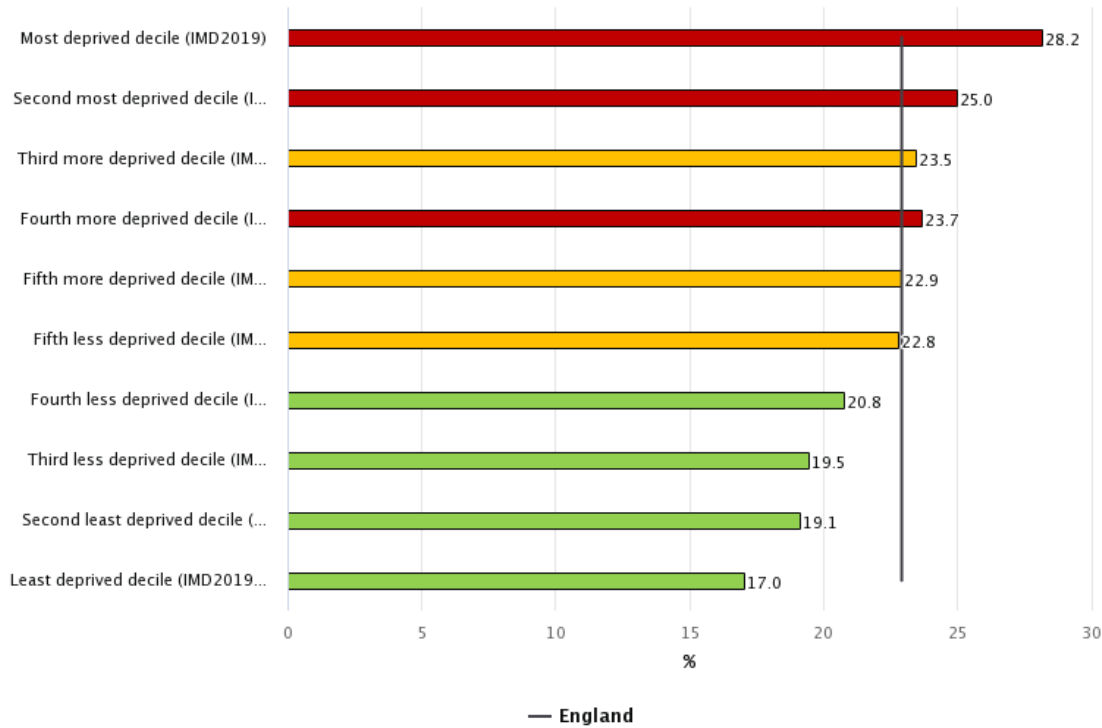
Source: Public Health England (based on Active Lives Survey, Sport England), GP Practice Profiles

Low

High

Inequalities in Physical Inactivity

Percentage of physically inactive adults (2019/20) – England, District & UA deprivation deciles in England (IMD2019, 4/21 geography)



People living in the most **deprived** districts nationally are **11% more likely** to be **physically inactive** compared to the least deprived areas.

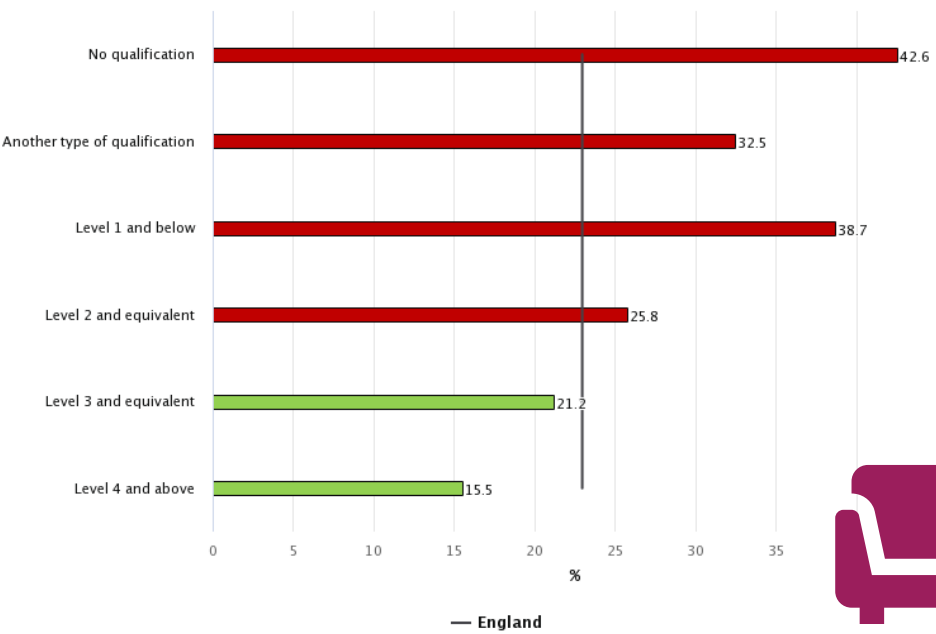
Women are more likely to be physically inactive at 24% compared to 22% of males.



Those qualified at **level 3** and above are significantly **more likely** to be physically active



Percentage of physically inactive adults (2019/20) – England, Level of education



Overview of Smoking

What is the situation?

14.5% of Norfolk adults are **regular smokers** (2019 data)

Norfolk **prevalence similar** to regional and national rates



Increasing rates in Norfolk since 2016

Smoking is the UK's **largest contributor** to ill health and **health inequalities**

Who is more likely to smoke?

Prevalence is higher amongst **men**



15.6% of men and



13.5% of women smoke

25-29 year olds



People with long standing **mental health conditions** are



3X more likely to smoke and **25.8%** smoke in Norfolk

Pregnant women

who smoke are at increased risk of experiencing complications



14% of mothers are **smokers at delivery**

Above national and regional average

Around

2,852 young people start smoking each year



7.9% of 15 year olds are **regular smokers**

Familial attitudes, peers and social norms contributing factors



Estimated **79%** of Norfolk **prisoners** smoke

Strategies & Targets



People in **routine or manual jobs**

Almost **25%** of employed adults in Norfolk are in these roles

People who are **unemployed**

Sexual and ethnic minority groups



People in **deprived areas**



Great Yarmouth has the highest prevalence in Norfolk

Towards a Smoke-free Generation: A Tobacco Control Plan for England 2017 aims to:

- Reduce the number of **15-year-olds** who regularly smoke to **3% or less**
- Reduce smoking among **adults** to **12% or less**
- Reduce the inequalities gap in smoking prevalence between those in **routine and manual occupations** and the general population
- Reduce smoking in pregnancy to **6% or less**

Reduce number of **Norfolk smokers by 18,446**



What are the impacts and risks?

Rates per 100,000 population...



186 Deaths



67

lung cancer registrations

1574 Hospital admissions



16 oesophageal cancer registrations

14 oral cancer registrations

Data periods: cancer, 2016-18; deaths, 2017-19; hospital admissions, 2019-20

£12 billion (approximate annual national economic cost)



Excess of **23,000** cigarettes butts on Norfolk beaches



Contributes to **climate change**

1.2 million illicit cigarettes seized in 2019

Low costs make them **more accessible** which may **inhibit efforts to quit**

Fire risks



General decline in **engagement with stop smoking services (SSS)**



Around **50%** of people **successfully quit** when they engaging with SSS

Likelihood of **success** for 4-week quit **increases with age**

e-cigarettes most popular aid used in quit attempts

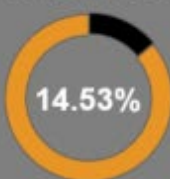
Costs of Smoking in Norfolk

Each year we estimate that Smoking costs:

Norfolk

266.90M

SMOKING STATISTICS ¹⁰



106,988

Number of adults who smoke.

SMOKING RELATED SPEND ¹¹

208.14M is estimated to be spent on tobacco annually (legal and illicit).

£1,945 is spent on average per smoker on tobacco.

LITTER DUE TO SMOKING ^{12 13 14}

Cigarette butts make up the vast majority of litter items (66%) in terms of litter numbers. ¹⁴ The majority of cigarette filters are non-biodegradable and end up in landfill sites.

0.97M cigarettes are consumed per day.

0.83M of these are estimated to be filtered cigarettes.

RESULTING IN:

52 tonnes of waste annually.

22 tonnes of discarded as street litter annually.

THESE COSTS ARE ACCRUED IN THE FOLLOWING AREAS:

PRODUCTIVITY ^{1 2}



HEALTHCARE ^{3 4 5}



SOCIAL CARE ⁶



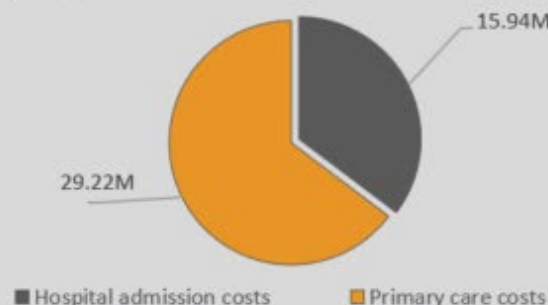
FIRE COSTS ^{7 8 9}



HEALTHCARE COSTS DUE TO SMOKING ^{3 4 5}

These costs are a result of smoking related hospital admissions and the cost of treating smoking related illness via primary care services.

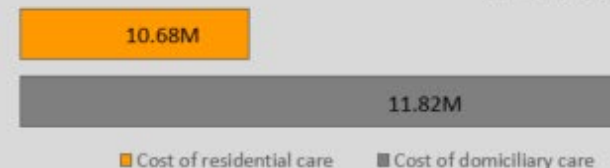
45.16M



SOCIAL CARE COSTS DUE TO SMOKING ⁶

Many current / former smokers require care in later life as a result of smoking-related illnesses. The estimated costs to local authorities is:

22.50M



Smoking-related ill-health means social care is being provided informally by friends and family for:

20,706 people

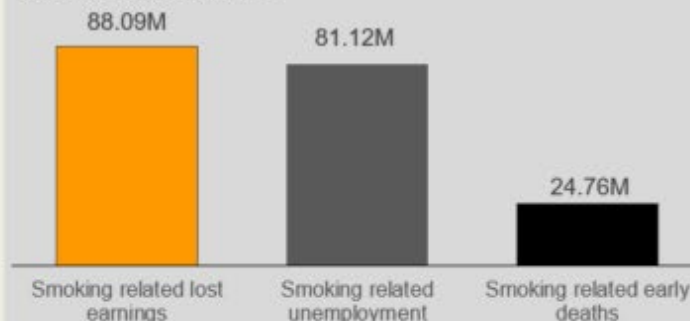
If this was replaced with formal paid care, it would cost the social care system an additional:

266.05M

IMPACT OF SMOKING ON PRODUCTIVITY ^{1 2}

Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of:

193.97M

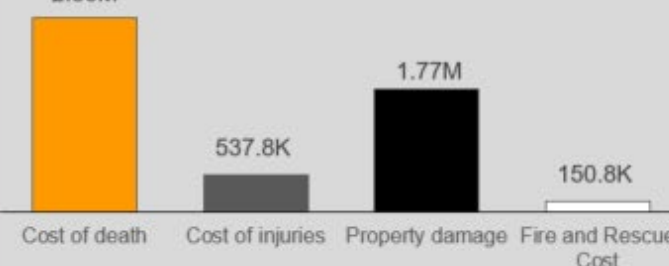


FIRE COSTS DUE TO SMOKING ^{7 8 9}

Smoking materials are a major contributor to accidental fires, smoking related fires result in annual losses of:

5.25M

37 smoking related fires are attended by Fire and Rescue Services each year.



National costs of Unhealthy Lifestyles

Economic costs of Physical Inactivity

Inactivity is estimated to cost wider society **£7.4 billion** annually



The NHS spend an estimated **£0.9 billion** on inactivity-related ill health



Economic costs of Obesity

Obesity is estimated to cost wider society **£27 billion** annually



The NHS spend an estimated **£6.1 billion** on obesity-related ill health



Economic costs of Alcohol Misuse

Alcohol misuse is estimated to cost wider society **£21 billion** annually



The NHS spend an estimated **£3.5 billion** on alcohol-related ill health



Economic costs of Smoking

Smoking is estimated to cost wider society **£17 billion** annually



The NHS spend an estimated **£2.4 billion** on smoking-related ill health



Total estimated annual costs of unhealthy lifestyles nationally:

Wider Society
£72.4 billion

NHS
£12.9 billion

People and Communities Select Committee

Item No. 11

Report title:	Special Educational Needs (SEND): Performance Framework
Date of meeting:	27 May 2022
Responsible Cabinet Member:	Cllr John Fisher (Cabinet Member for Children's Services)
Responsible Director:	Sara Tough (Executive Director Children's Services)

Introduction from Cabinet Member

This is the regular report to the People and Communities Select Committee providing a range of performance data regarding services and provision for Special Educational Needs & Disability (SEND). We are reporting to Committee over a 2 year period (which began in November 2020) following recommendations by the Local Government & Social Care Ombudsman (LGSCO) in 2020 following their published investigation report. In all previous reports to this Committee we have incrementally increased the range of information provided to Committee, expanding the original 'brief' from the LGSCO and ensuring Committee had a broader sense of EHCP performance and context. The report for May Committee also includes an update on the outcome of the latest cycle of audits to assess the quality of EHCPs. In addition we are also able to set out a summary of the government's Green Paper for SEN following the, previous, delay to the DfE national SEND review.

Executive Summary

This is the eighth report on a developing SEND performance framework in a series of reports scheduled for each Committee meeting over a 2 year period. The first report, in November 2020, followed on from recommendations by the Local Government & Social Care Ombudsman (LGSCO) in their 2020 published investigation report. The report to Committee this month updates those data sets (**within Appendix 1**) and illustrates ongoing improvement across these. We have no further information regarding the re-visit process for the Written Statement of Action and, therefore, continue to expect this during 2nd half of the summer term or 1st half of autumn term. However, as part of our ongoing preparation for the re-visit we are able to update the Committee on monitoring of quality of EHCP in addition to timescales performance. Following the publication of the SEND green paper we are able to provide a summary of the DfE proposals for a revised SEND system nationally as part of their consultation during April, May, June. We are engaging with our partners/stakeholders to ensure that we can gain a range of views regarding the government proposals to inform our response to the consultation.

Actions required

- 1. To note the ongoing content of the SEND performance framework and agree ongoing reporting at all subsequent meetings through to Summer 2022; complying with the outcome of the LGSCO report.**

2. To agree that the range of performance measures will directly assist with decision making regarding any policy changes needed over time as part of the range of SEND improvement programmes.

1. Background and Purpose

- 1.1 Provision and services for children and young people, age 0-25, with Special Educational Needs (SEND) has been the subject of significant reporting to various council committees in recent years as part of the council's overall transformation of special educational needs services and provision.
- 1.2 There are currently three elements to our SEND strategic improvement work, each of which constitutes major programme management, these are:
- Area SEND Strategy (2019-2022)
 - SEND & Alternative Provision Transformation Programme (2019-2024)
 - Ofsted/CQC Written Statement of Action (2020-2022)
- 1.3 A common theme across all three of these SEND strategic improvement programmes is the focus on improvement in Education Health & Care Plan performance and quality, alongside our focus on building more specialist provision and ensuring that local mainstream inclusive education options are increased for families across early years, schools and colleges.
- 1.4 The report to Committee this May will focus on the core data set, as recommended by the Local Government & Social Care Ombudsman (LGSCO), and with a summary of the outcome of the national SEND review within the SEND Green Paper.

2. Proposals

- 2.1 The LGSCO recommended that the Committee receive updates that cover the following data sets:
- number of children out of education;
 - average time for arranging alternative education provision for children who have been out of education;
 - average time taken to produce final EHC plans and EHC plan reviews compared with statutory timescales;
 - and number of upheld complaints about EHC plans and education provision from both the Council's own complaints process and us.
- 2.2 **Appendix 1** provides the full table of data for each category requested by the LGSCO; including context data regarding the overall pupil population for the county and month by month comparison.

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

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

- Number of Children 'out of education' with EHCP, has reduced back to 56 in February, to match the November rate having had increases in December and January; lower than at the start of the autumn term and also lower than at this point in the previous year.
- Average time in days for arranging alternative education provision for children who have been out of education (All CME cases), within the latest figures, February, is almost identical to the December figure reported at the last Committee, with 25.6 in December and now 25.3 in February. However, there was a significant increase in January to 43 days. The latest February figure is in line with the average during April, May, June in 2021 and, therefore, we will continue to monitor this to ensure this average is sustained. The ability to reduce this figure further is dependent on generating more capacity within AP provision and this difficulty is acknowledged in the recent SEND Green Paper (see commentary on this further on in this report).
- Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales continues to reduce from the original baseline figure of 261 at November 2020 to 201 and 207 in January and February 2022 respectively, albeit in October and December 221 when it was even lower, at 179 and 183 respectively.
- Average time taken to produce (final EHCP and) EHC plan review compared with statutory timescales: there is a plateauing of performance with 62% noted in January 2022 and 61% in December 2021 and throughout February and March 2022 (compared with 54% in January 2021). This dynamic was discussed at the March Committee meeting with an acknowledgement that if the current high referral rates for EHCP continue then it will be increasingly challenging to maintain this performance and certainly not possible to improve further at this stage.
- Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process shows a further 5 complaints in February 2022, which is the lowest monthly increase all year (note, these are counted during the financial year), with the average over the year to date at 10 per month.

The next report to Committee will be able to confirm the outturn figure for the year, where we need to compare against the figure for 2020_21 of a total of 111 (currently we are at 109).

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

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

2.6 The most recent available figures for EHCP initial assessments performance are up to end of April 2022 and, within this data, the conclusion of the first quarter of the new reporting year:

Final EHCP - 2022													
2022	Month by Month				Quarterly				Cumulative				Days
	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Average number of days to issue Final
<i>January (All - CIG & New)</i>	85	40	47.1	48.1	295	157	53.2	55.1	85	40	47.1	48.1	208
February (All)	111	63	56.8	58.9					196	103	52.6	54.3	201
March (All)	99	54	54.5	56.8					295	157	53.2	55.1	208
April (All)	91	49	53.8	57.6	91	49	53.8	57.6	386	206	53.4	55.7	211
May (All)													
June (All)													
July (All)													
August (All)													
September (All)													
October (All)													
November (All)													
December (All)													
Year 2022									386	206	53.4	55.7	
Target											90.0		

2.7 As can be seen the first quarter result is 55% for completing Education Health and Care Plan within 20 weeks.

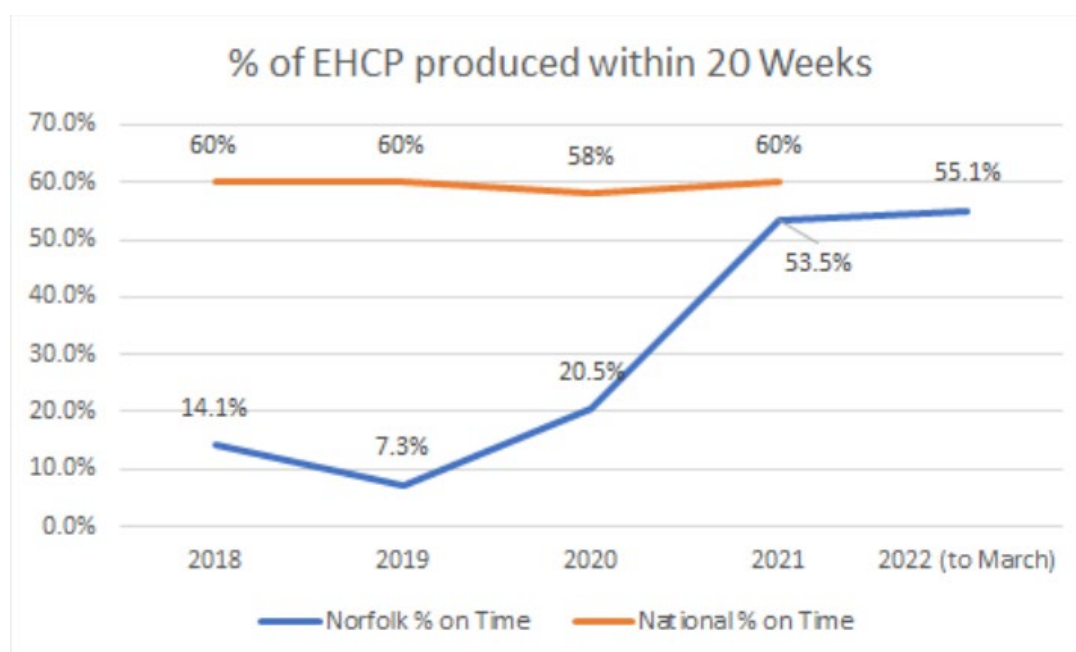
2.8

The current performance should be considered in the context of the performance that resulted in the Written Statement of Action serious weakness and related improvement plan:

- 2019 Norfolk Performance = 8%
- 2020 Norfolk Performance = 21%
- 2020 National Average = 58%
- **2021 Norfolk Performance (out turn) = 54%**
- **2021 National Average = 59.9%**
- 2021 Norfolk Target = 60%
- 2022 Norfolk Target = 90%
- 2022 Norfolk Quarter 1 actual = 55%

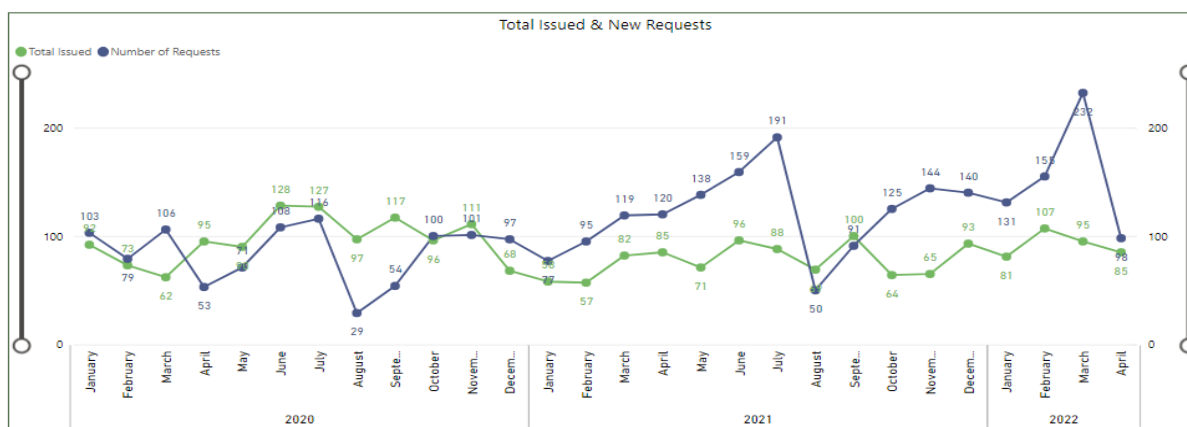
2.9

Norfolk's final performance figure for 2021 can now be judge against the latest national average, published this May. The graph below illustrates the plateauing of performance nationally in the context of our improvement:



2.10

We continue to experience high referral rates for EHCP and, therefore, sustaining performance in comparison to last year is our current priority whilst we consider how we can move to 60% and higher, whilst also working to reduce annual review backlog and further improve quality of plans. To note, the referral rate for EHCP in March 2022 was a new high at 232 cases. The graph below illustrates this pattern, going back to January 2020.

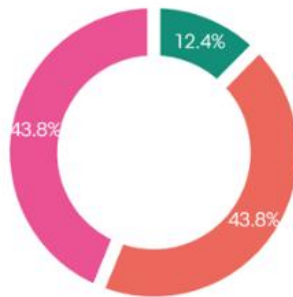


- 2.11 In addition to the performance monitoring for initial EHCP assessments we have a dual focus on quality of EHCP. In 2021 we began a new approach for auditing EHCPs and reported to Committee the initial outcomes. Further cycles of audits have now been completed and we can report on progress over that 12 month period.
- 2.12 We commissioned Invision360 - an online EHCP auditing tool for effective quality assurance (QA). It promotes best practice by improving QA consistency and standardisation across the local area. The Invision360 audits have primarily focused on new EHCPs. Invision360's quality framework draws on relevant legislation and several well-respected good practice guides that underpin local government practice (including, Council for Disabled Children's EHCP Good Practice Guidance, IPSEA's EHC Plan Checklist, and the SEND Code of Practice).
- 2.13 Auditors follow an online step-by-step process that provides greater consistency and objectivity to the EHCP QA process. Each section of the EHCP is audited against criteria based on nationally recognised good practice. Auditors work through the various sections of an EHCP and decide which of the 'Good' criteria within the tool are met. This exercise grades each section individually and then attributes a final overall grade for the EHCP. Invision360 recently introduced functionality that allows benchmarking against other LAs using the tool (more than 25 LAs nationally). This will be explored further later this year.
- 2.14 A further Invision360 audit of new EHCPs is planned for autumn 2022 with a sample size that matches audit cycle 1 (50% of new EHCPs issued over a two-month period, Sept/Oct 22).
- 2.15 A broader co-produced Norfolk EHCP QA Framework (the 'Framework') has been developed including audit criteria for both EHCPs and the professional evidence that feeds into the EHC needs assessment process (health, social care and EPSS). The audit criteria within the Framework incorporates and enhances the criteria within Invision360. Moving forward both new and existing EHCPs will be audited utilising the Framework. Whilst Norfolk continues to commission Invision360, audits cycles utilising that tool will complement other QA activity e.g. bi-annual audits of professional health advice lead by the Designated Clinical Officer team and dip sampling of educational psychology advice led by senior EPs within EPSS. Scrutiny of all EHCP QA activity/reporting will fall under the remit of an EHCP Quality Board, a multi-disciplinary panel (including parent/carer group representatives) the terms of reference/member list are currently being finalised.
- 2.16 We have completed 4 cycles of EHCP audits in total, completing 232 EHCP audits (period March 2021 to March 2022). Cycle 1 (105 audits) and cycle 4 (66 audits) focused solely on new EHCPs.
- 2.17 Improvements in EHCP Quality in Norfolk:
When comparing the first cycle of audits to those completed in the most recent cycle (cycle 4) the following improvements have been observed:
- The percentage of plans audited as 'inadequate' has reduced from 43.8% (cycle 1) to 3% (cycle 4)
 - The percentage of plans audited as 'good' has increased from 12.4% (cycle 1) to 51% (cycle 4)

Overall Gradings for EHCP Audits

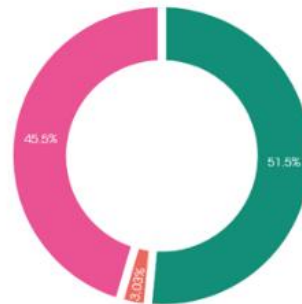
IMPROVEMENTS IN QUALITY EVIDENCED

Cycle 1 audit summary
1st March to 10th May 2021



0 = Outstanding
13 = Good
46 = Requires Improvement
0 = Inadequate

Cycle 4 audit summary
1st Jan – 31st March 2022

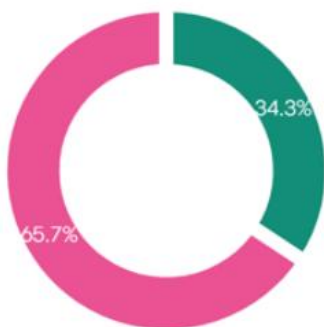


0 = Outstanding
34 = Good
30 = Requires Improvement
2 = Inadequate

2.18 Improvements in Section F of each EHCP (the section that sets out the Provision required to meet C/YP's individual needs):

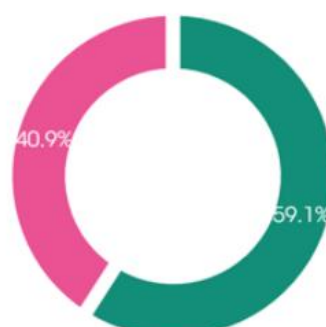
- In cycle 4, 59.1% of sections F audited were graded as 'good' compared to 34% in cycle 1
- In cycle 4, 40.9% of sections F audited were graded as 'Requires Improvement' compared to 65.7% in cycle 1

Cycle 1 audit summary
1st March to 10th May 2021



0 = Outstanding
36 = Good
69 = Requires Improvement
0 = Inadequate
0 = Not Applicable

Cycle 4 audit summary
1st Jan – 31st March 2022



0 = Outstanding
39 = Good
27 = Requires Improvement
0 = Inadequate
0 = Not Applicable

2.19

To continue to improve the quality/effectiveness of this section, there is ongoing focus on the extent to which the special educational provision recommended is 'specified and quantified' i.e., the who, what, when and how long details.

In addition to our local plans to reduce the reliance on EHCP and to improve performance and quality for those children and young people who require them, we must also take account of changes nationally.

2.20

The DfE have now published the outcome of their SEND Review and this has been set out in the form of a Green Paper with related national consultation. Below is a summary of the key points and commentary on how we are engaging with our partners and stakeholders to inform our response ahead of the 1st July deadline.

The DfE have set out three key themes from their review and the way in which, in their opinion, they have created a 'vicious cycle':

There are three key challenges facing the SEND system

Challenge 1: outcomes for children and young people with SEN or in alternative provision are poor

Challenge 2: navigating the SEND system and alternative provision is not a positive experience for children, young people and their families

Challenge 3: despite unprecedented investment, the system is not delivering value for money for children, young people and families

A vicious cycle of late intervention, low confidence and inefficient resource allocation is driving these challenges



- 2.21 The SEND Green paper summarises the government response to these challenges within eight key elements:

Summary of the SEND review: right support, right place, right time

Published 29 March 2022

- Setting **new national standards across education, health and care** to build on the foundations created through the Children and Families Act 2014, for a higher performing SEND system;
- A **simplified Education, Health and Care Plan (EHCP)** through digitising plans to make them more flexible, reducing bureaucracy and supporting parents to make informed choices via a list of appropriate placements tailored to their child's needs, meaning less time spent researching the right school;
- A new legal requirement for councils to introduce **'local inclusion plans'** that bring together early years, schools and post-16 education with health and care services, giving system partners more certainty on who is responsible and when;
- Improving oversight and transparency through the publication of new **'local inclusion dashboards'** to make roles and responsibilities of all partners within the system clearer for parents and young people, helping to drive better outcomes;
- A new **national framework for councils for banding and tariffs of High Needs**, to match the national standards and offer clarity on the level of support expected, and put the system on a financially sustainable footing in the future;
- **Changing the culture and practice in mainstream education** to be more inclusive and better at identifying and supporting needs, including through earlier intervention and improved targeted support;
- Improving workforce training through the introduction of a new **SENCo NPQ for school SENCos** and increasing the number of staff with an accredited level 3 qualification in early years settings; and
- A **reformed and integrated role for alternative provision (AP)**, with a new delivery model in every local area focused on early intervention. AP will form an integral part of local SEND systems with improvements to settings and more funding stability.

- 2.22 We believe that the government proposals do, overall, provide many opportunities for improvements to SEND nationally and locally. However, there are some specific proposals that do cause initial concern, either due to potential unintended consequences or related to the pragmatics of implementation. To illustrate this point, we welcome the theme regarding

national standards and consistency, for example where this relates to banding systems and tariffs. We would be concerned, however, if the final 'shape' of the proposals within related legislation and revised regulations do not provide the clarity needed regarding the respective duties for education providers, the local authority and health system.

2.23 The green paper was published on 29 March and the associated consultation, setting out 22 questions, closes on 22 July. A link to the green paper in full is provided within the Background Papers section of this report.

2.24 We are ensuring engagement with all of our partners and stakeholders during this time to ensure that Norfolk Children's Services response is informed by a range of views. However, a range of organisations across the Norfolk SEND system will be submitting their own consultation responses also.

2.25 We can update Committee within the July meeting regarding our final response to the consultation and any updates received from DfE in the meantime regarding their timeline for legislation and implementation.

3. Impact of the Proposal

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

3.2 Further, that analysis of these range of performance measures will directly assist with any decision making regarding any policy changes needed over time as part of the overall SEND improvement programme.

4. Financial Implications – Supply & Demand

4.1 Prior to the November report to Committee we had stated that there are no direct financial implications relating to the development of a new SEND performance framework. Also stating that if the performance framework highlights areas of service and provision that need to be addressed, these will be considered as part of the overall Children's Services Transformation Programme (for example, additional capacity for the Education High Needs SEND Service, which oversees EHCP's, has already been identified and secured). However, as the scope of this regular report broadened to take account of the range of SEND strategic improvement work we determined that it was now appropriate to include budget context for SEND.

- 4.2 The report to Committee in November set out information relating to the High Needs Block budget and also the Home to School SEND Transport budget, setting out the significant budget pressure within both of these areas. This information is not repeated here, however, in the March Committee report we will provide an update. The update in March will benefit from relaying information planned to be reported to the Schools' Forum regarding the detailed High Needs Block recovery plan and also the outturn forecast for both budget areas. .

5. Resource Implications

Staff: / Property: / IT

n/a

6. Other Implications

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

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

7. Actions required

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

8. Background Papers

Appendix 1 – March Data Set for EHCP Performance

Link to DfE SEND Green Paper [SEND review right support right place right time-print ready.pdf](#)

Officer Contact

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

Officer name: Michael Bateman, **Tel No.:** 07768 165536
**Assistant Director, SEND
Strategic Improvement
and Early Effectiveness**

Email address: michael.bateman@norfolk.gov.uk



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.

Serial	Measure Description	Jul-20	Nov-20	Dec-20	Jan-21	Mar-21	May-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec 21	Jan 22	Feb-22	Mar-22
-	School Numbers - All (Mainstream & specials)	116617	-	116572	-	117596	-	-					117933	-	-	-
-	School Numbers - EHCP (Mainstream & specials)	3435	-	3758	-	4019	-	-					4175	-	-	-
-	School Numbers - % EHCP	2.9%	-	3.2%	-	3.4%	-	-					3.5%	-	-	-
-	School Numbers - Stat School Age - All (Mainstream & specials)	107793	-	108593	-	108565	-	-					109276	-	-	-
-	School Numbers - Stat School Age - EHCP (Mainstream & specials)	3222	-	3401	-	3795	-	-					3931	-	-	-
-	School Numbers - Stat School Age - % EHCP	3.0%	-	3.1%	-	3.5%	-	-					3.6%	-	-	-
1a	Number of children out of education - ALL CME	521	702	595	542	525	431	387	426	577	597	512	495	503	431	
1b	Number of children out of education - EHCP	-	66	65	56	65	51	49	57	76	59	56	60	72	56	
1c	Percentage - EHCP in cohort of all CME	-	9.4%	10.9%	10.3%	12.4%	11.8%	12.7%	13.4%	13.2%	9.9%	10.9%	12.1%	14.3%	13.0%	
1d	Number of children out of education - LAC	-	-	-	11	11	8	10	14	18	13	16	12	19	13	
1e	Percentage - LAC in cohort of all CME	-	-	-	2.0%	2.1%	1.9%	2.6%	3.3%	3.1%	2.2%	3.1%	7.0%	7.0%	7.0%	
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories All cases - number of pupils	41.0	132	51	80	128	96	67	8	147	172	65	22	53	82	
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories All cases - average number of days	37.1 days	30.1 days	22.8 days	23.3 days	19.8 days	25.9 days	18.5 days	15.1	16.5	28.2 days	32.5 days	25.6 days	43.1 days	25.3 days	
2b	Average time - EHCP-issued cases only. EHCP - number of pupils	4	23	4	7	11	9	6	nil	6	30	13	4	17	11	
2b	Average time - EHCP-issued cases only. EHCP - average number of days	98.3 days	76.9 days	44.5 days	38.7 days	46.1 days	84.1 days	24.3 days	-	74.5	66.8 days	84.0 days	43.0 days	62.1 days	76.2 days	

3	Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales	263.3 days 37.6 weeks	260.9 days 37.3 weeks	229.6 days 32.8 weeks	215.9 days 30.8 weeks	205.6 days 29.4 weeks	235.2 days 33.6 weeks	193.5 days 27.6 weeks	188.4 days 26.9 weeks	205.7 days 29.4 weeks	179.0 days 25.6 weeks	205.6 days 29.4 weeks	183 days 26.1 weeks	208.4 days 29.8 weeks	201.0 days 28.7 weeks	207.8 days 29.7 weeks
4	Average time taken to produce (final EHC plans and) EHC plan reviews compared with statutory timescales	(12/08/2020 - 56% in time)	55% in time	56% in time	54% in time	55% in time	59% in time	63% in time	66% in time	67% in time	64% in time	61% in time	61% in time	62% in time	61% in time	61% in time
3a	<i>Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales. For LAC pupils only</i>	-	-	-	NA (Only 2 LAC in calc)	NA (Only 3 LAC in calc)	NA (No LAC in calcs)	NA (No LAC in calc)	173 days (only 2 LAC in calc)	122.3 days (only 2 LAC in calc)	147.6 days (only 9 LAC in calc)	227.0 days (only 6 LAC in calc)	135.2 days (only 6 LAC in calc)	NA (No LAC in calc)	138.5 days (only 4 LAC in calc)	NA (No LAC in calc)
4a	<i>Average time taken to produce (final EHC plans and) EHC plan reviews compared with statutory timescales. For LAC pupils only</i>	-	-	-	54% in time (248 LAC in calc)	53% in time (255 LAC in calc)	57% in time (247 LAC in calc)	68% in time (254 LAC in calc)	73% in time (254 LAC in calc)	67% in time (256 LAC in calc)	67% in time (261 LAC in calc)	61% in time (271 LAC in calc)	71% in time (272 LAC in calc)	75% in time (266 LAC in calc)	61% in time (266 LAC in calc)	75% in time (222 LAC in calc)
5a	Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process Cumulative - FY (April-March)	34	63	73	83	111	22	53	62	71	80	89	96	104	109	
5a	Number of "Local Outcome" Upheld complaints about EHC plans and education provision from NCC complaints process Cumulative - FY (April-March)	24	37	42	47	61	12	26	30	35	40	42	44	46	48	

5b	Number of "LGO Outcome" Total Number of complaints about EHC plans and education provision from NCC Accumulative - FY (April-March) LGO Outcomes are not published in the public domain until 3 months after the final decision is made.	1	3	4	4	5	1	2	4	4	4	5	5	5	6	
5b	Number of "LGO Outcome" Upheld complaints about EHC plans and education provision from NCC Cumulative - FY (April-March)	1	3	3	3	4	1	2	2	2	2	2	2	2	3	

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

2. Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.
4. Local authorities have a duty under section 436A of the Education Act 1996 to make arrangements to establish the identities of children in their area who are not registered pupils at a school and are not receiving suitable education otherwise. This duty only relates to children of compulsory school age².

Date	Report	Issues for consideration	Cabinet Member	Exec Director
12 July 2022	Education white paper and SEN green paper		Cllr John Fisher	Sara Tough
	Virtual School for Children in Care – New Duties.		Cllr John Fisher	Sara Tough
	Special Educational Needs (SEND): Performance Framework	Performance data as required by the local government ombudsman to bring certain data to the Committee for the next 2 years and information on Education Health and Care plans (EHCPs) as prescribed by Ofsted.	Cllr. John Fisher	Sara Tough
	Care Quality Framework		Cllr Bill Borrett	James Bullion
	Market position statement		Cllr Bill Borrett	James Bullion
	Support services working with healthy lifestyles and use of incentives	Proposals on how we intend to develop services to make them more effective.	Cllr Bill Borrett	Louise Smith
16 September 2022	Special Educational Needs (SEND): Performance Framework	Performance data as required by the local government ombudsman to bring certain data to the Committee for the next 2 years and information on Education Health and Care plans (EHCPs) as prescribed by Ofsted.	Cllr. John Fisher	Sara Tough
	Armed Forces Covenant Annual Report		Cllr Margaret Dewsbury	Tom McCabe
18 November 2022	Strategic and Financial planning 2023-24		Cllr Andrew Jamieson	Simon George

	Tackling Alcohol and drug addiction	Outline of services to tackle drug and alcohol addiction including lessons learnt from Project Adder	Cllr Bill Borrett	Louise Smith
20 January 2023				
17 March 2023				

Items to be sent to Members as briefing notes:

- Update on outdoor provision
- access to technology for young people – (clarification is required on what information Members would like to receive)
- pressures related to accommodating Ukrainian refugees and how their social care needs can be met
- **Report or** briefing note on Home Schooling – **officers to confirm whether this will be a report or briefing note**

Items also to be scheduled:

- Shared Care Records
- Quality Framework
- Update on healthy lifestyles website
- SEND transformation programme and new SEND units - **month TBC**
- Integration between health and social care - reform, integration and the ICS, how it will work and be held to account – **month TBC**
- Report on response to mental health and bereavement provision across council services - **Month TBC**
- Report on the music service – **Month TBC**
- Update on the Change Grow Live inadequate inspection – **Month TBC – information to be included in addiction report in November**
- Update report on the Adult Social Care white paper including information on engagement with communities and how they see change – **July? TBC**
- Review of progress of the current position in the Norfolk social work sector following national social work week – **Month TBC**
- Report on and presentation from Connected Communities (Newton Europe) – **September? TBC**
- A report looking at the Cabinet restructuring project of which may affect services under the remit of People and Communities – **Month TBC**
- Task and finish group to consider how a code of conduct can be agreed to govern discussion of sensitive issues – **Month TBC**
- A report on the Outcomes East Programme 2022 – **Month TBC**
- An update on Carers Matter and social impact bonds – **Month TBC**
- A report looking into the fair cost of care – **Month TBC**
- A report on the Stronger Families Network impact bond – **Month TBC**
- A report on why mind have withdrawn from their contract and an update on this – **Month TBC**
- A report on unfilled care hours and how these are being monitored – **Month TBC**
- An update on social care recovery and social care recruitment – **Month TBC**
- A report on the national review of children's social care – **Month TBC**