

# Communities Committee

Date: **Wednesday, 17 January 2018**

Time: **10:00**

Venue: **Edwards Room, County Hall,  
Martineau Lane, Norwich, Norfolk, NR1 2DH**

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

## **Membership**

Mrs M Dewsbury - Chairman

Ms J Barnard

Mr H Humphrey

Mr D Bills

Mr M Kiddle-Morris - Vice-Chairman

Mrs J Brociek-Coulton

Mr I Mackie

Mrs S Butikofer

Ms C Rumsby

Mr N Dixon

Ms S Squire

Mr R Hanton

Mrs M Stone

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

Julie Mortimer on 01603 223055 or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

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## A g e n d a

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

2. To confirm the minutes of the Communities Committee meeting held on 15 November 2017.

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3. **Declarations of Interest**

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

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

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

4. **Any items of business the Chairman decides should be considered as a matter of urgency**

5. **Public QuestionTime**

Fifteen minutes for questions from members of the public of which due notice has been given.

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Friday 12 January 2018**. For guidance on submitting public question, please view the Consitution at [www.norfolk.gov.uk](http://www.norfolk.gov.uk).

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

Fifteen minutes for local member to raise issues of concern of which due notice has been given.

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm on Friday 12 January 2018**.

<b>7. Drug and Alcohol Contract</b> Report by the Director of Public Health.	<b>Page 17</b>
<b>8. Casualty Reduction Partnership Delivery Plan update – 2017/18</b> Report by the Director of Public Health.	<b>Page 23</b>
<b>9. Strategic and Financial Planning 2018-2019 to 2021-2022</b> Report by the Executive Director of Community & Environmental Services.	<b>Page 34</b>
<b>10. Risk management</b> Report by the Executive Director of Community and Environmental Services.	<b>Page 113</b>
<b>11. Performance management</b> Report by the Executive Director of Community and Environmental Services.	<b>Page 121</b>
<b>12. Regulation of Investigatory Powers Act 2000</b> Report by the Chief Legal Officer and Executive Director Community and Environmental Services.	<b>Page 141</b>
<b>13. Finance monitoring</b> Report by the Executive Director of Community and Environmental Services.	<b>Page 145</b>
<b>14. Forward Plan and decisions taken under delegated authority</b> Report by the Executive Director of Community and Environmental Services.	<b>Page 151</b>

### **Group Meetings**

Conservative	9:00am Leader's Office, Ground Floor
Labour	9:00am Labour Group Room, Ground Floor
Liberal Democrats	9:00am Liberal Democrats Group Room, Ground Floor

**Chris Walton**  
**Head of Democratic Services**  
 County Hall  
 Martineau Lane  
 Norwich  
 NR1 2DH

Date Agenda Published: 09 January 2018



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## **Communities Committee**

**Minutes of the Meeting Held on Wednesday 15 November 2017**

**10:00am Edwards Room, County Hall, Norwich**

### **Present:**

Mrs M Dewsbury – Chairman

Ms J Barnard

Mrs J Brociek-Coulton

Mrs S Butikofer

Ms E Corlett

Mr N Dixon

Mr P Duigan

Mr R Hanton

Mr H Humphrey

Mr M Kiddle-Morris – Vice-Chairman

Mr I Mackie

Mr T Smith

Mrs M Stone

### **1. Apologies and substitutions**

- 1.1 Apologies for absence were received from Mr D Bills (Mr P Duigan substituted) and Ms C Rumsby (Ms E Corlett substituted).

### **2 To agree the minutes of the meeting held on 11 October 2017.**

- 2.1 The minutes of the meeting held on 11 October 2017 were agreed as an accurate record by the Committee and signed by the Chairman.

### **3. Declarations of Interest**

- 3.1 Ms J Barnard declared an Other interest in agenda item 9 (Public Health Strategy Review) as she works for an organisation in receipt of a grant from Public Health.

### **4. Urgent business**

- 4.1 The Chairman asked the Chief Fire Officer to update the Committee on how the fire fighter injured whilst attending an incident in Thetford recently was recovering.

The Chief Fire Officer said that Norfolk Fire & Rescue Service had responded to a number of nuisance calls in Thetford on that particular evening, such as bonfires, and this had been the second time the crew had responded to an incident at that particular site. The crew had extinguished the fire and were seated in the truck ready to return to base, when it came under attack from a group of youths throwing stones. A stone had shattered the back window of the appliance, resulting in one fire fighter getting glass in his eye. Crew members had immediately irrigated the eye and taken their colleague to hospital where he had received treatment, no glass had been found, and he been discharged. The fire fighter had now returned to duty. The Chief Fire Officer stated that, although this was an isolated incident, it had been taken very seriously and he was working with

the Police to identify the suspects. Glazing in vehicles and protective equipment was also being reviewed to identify if anything further can be done in future to protect staff when attending incidents.

## **5. Public Question Time**

5.1 No public questions were received.

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

6.1 No Local Member Questions were received.

## **7 Getting Norfolk Active**

7.1 The Committee received and **noted** the report and presentation from the Director of Active Norfolk, a copy of which is attached at Appendix A.

7.2 The following points were noted in response to questions from the Committee:

7.2.1 In order to promote and motivate the general public and improve outcomes there were a number of opportunities being offered through a range of partners and clubs. Particular focus was being paid in areas and communities which were furthest away from a “good” level, to try and motivate those people who were least active to make a cultural change and to encourage everyone to choose to take up physical activity.

7.2.2 There were a number of men-specific activities undertaken in partnership with organisations to address mental health conditions for men in the 50Plus age group.

7.2.3 No schemes which required long-term investment were being set up. Initiatives such as “Mobile Me” working in partnership with the University of East Anglia, had led to NorseCare committing £1000 to each of its care homes to promote activities.

7.2.4 Once it became available, the resource pack outlining the range of tools would be made available on the Active Norfolk website. <https://www.activenorfolk.org/>

7.2.5 To try to increase the number of females who qualified for a sports coaching role, campaigns such as “This Girl Can in Norfolk” and “This Girl Can Coach” were promoting a range of activities for anyone wanting to consider coaching as a career.

7.2.6 Active Norfolk had a role in delivering the Government Strategy through a primary premium where each primary school received £8,000, with an additional £5 per pupil to increase physical activities in schools. Active Norfolk offered advice and guidance to schools and Governors on how the resource could be used.

7.2.7 The Chairman thanked the Director of Active Norfolk for attending and suggested Adult Social Care Committee and Children’s Services Committee may like to receive a similar presentation to make them aware of the excellent

work being carried out by the Service.

7.3 The Committee **RESOLVED** to note the presentation.

## 8 **Annual Review of the Enforcement Policy**

8.1 The Committee received the report by the Executive Director of Community & Environmental Services setting out proposed changes to the Enforcement Policy.

8.2 In response to a question about Norfolk County Council being at risk of being sued if individual trader names and/or businesses suspected of breaching the law were published, the Head of Trading Standards advised that there was sometimes a need to alert the public when trading malpractices had been identified to prevent more people losing money. Often, in such cases, information would be published giving only general information. However sometimes it was necessary to publish specific names to provide public protection. In such cases, the decision was taken at a senior level within the Service, following legal advice if appropriate before publication, to mitigate any risk of legal action against the County Council.

8.3 The Committee **RESOLVED** to:

- Confirm the revised CES Enforcement Policy (set out at Appendix 1 of the report) and its annex documents meet the requirements of Communities services, prior to consideration by Policy & Resources committee (the approval body for the Policy).

## 9 **Public Health Strategy Review**

9.1 The Committee received the report by the Director of Public Health together with a presentation (Appendix B) setting out the progress made by public health since the strategy was approved by the Committee in November 2016.

9.2 The following points were noted in response to questions from the Committee:

9.2.1 All work undertaken locally with regard to domestic abuse was gender neutral as it was recognised anyone could be a victim or perpetrator of domestic abuse.

9.2.2 No specific targets had been included in the section in the report relating to partnership working as they would not be quantifiable. Financial information would be included in future Finance Monitoring Reports.

9.2.3 With regard to the “gap in employment rate: long-term health conditions” outlier, work had been undertaken with Job Centre Plus (East Anglia) on a bid to fund advisors or key workers in outlying areas with the aim of getting people back into long-term employment. The Director of Public Health would investigate how statistics were recorded by the Department for Work and Pensions (DWP) in other areas and provide a written response.

9.2.4 The Director of Public Health would investigate whether the pilot scheme in schools involving school nurses identifying mental health issues in young

- people had gone ahead and provide a written response. It was recognised that more work was needed in this particular area.
- 9.2.5 The Health and Wellbeing board (HWB) Stakeholder event, held in June 2017 to develop and shape future Joint Health and Wellbeing Strategy for Norfolk had been targeted at professional stakeholders rather than the general public.
- 9.2.6 The Chairman advised that, at the Active Norfolk Sports Awards 2017, the winner of the Active Workplace of the Year category had been Aviva.
- 9.2.7 The biggest contributory factor of a young person starting smoking was being around adults who smoked. The main focus of the stop smoking service was about getting adults to stop smoking. Norfolk had a high rate of young smokers and some work was being undertaken with providers and Youth Advisory Boards to see if existing youth workers could be trained to carry out some smoking cessation work.
- 9.2.8 No information was currently available for people who stopped smoking and then re-started. The main statistics collected were around the 4-week cessation period. In Norfolk key performance indicators had been introduced to look at 12 week outcomes and once that was in place 6-month outcomes could be looked at. On average nationally, approximately 80% of people stopped smoking 6.5 times before they managed to quit permanently, although Norfolk only data was not available.
- 9.2.9 Following a request for information about what training was available for Councillors to help them if they received a call from a constituent threatening to commit suicide, the Director of Public Health advised that the best option was just to ask them how they could help as often an individual just wanted to talk. She also advised Members to make themselves aware of the contact details of the Samaritans. (Telephone No: 116 123 (UK); 24 hours a day, 365 days a year. Email: [jo@samaritans.org](mailto:jo@samaritans.org); Write to: Freepost RSRB-KKBY-CYJK, PO Box 9090, STIRLING, FK8 2SA).
- 9.2.10 The Chairman signposted the Committee to the Arts Forum conference on health and wellbeing which would be offering workshops on topics including mens mental health and homelessness over the forthcoming year.
- 9.2.11 The Director of Public Health advised that the Public Health Department's budget was not under strain at the moment, although there may be a need to reprioritise initiatives in future. When resilience work had moved under the remit of Public Health, the budget had been transferred; the community safety aspect of the service had already been funded by public health and the road safety budget had also been partly transferred.
- 9.2.12 The Director of Public Health would let Ms E Corlett have information regarding the CHAT text service and whether the data collected in relation to children's mental health issues was being fed into mental health commissioning. (A copy of the response is attached at Appendix C).
- 9.2.13 The re-procurement of the drug and alcohol service was complex and the Committee would receive a report on its mobilisation at the January 2018

meeting.

9.2.14 Public Health was now liaising with Norwich City Council with regard to alcohol licensing applications.

9.2.15 County Farms Estate, particularly Clinks Care Farm was commended as a flagship care farm which received no funding from Norfolk County Council. It was suggested that public health could look to supporting other similar initiatives in the future.

9.2.16 The Committee would receive an update at a future meeting about how the initiatives below fit into the public health strategy:

Wellbeing data.  
Importance of mental health.  
Getting people into employment.

9.3 The Committee **RESOLVED** to:

1. **Note** progress in relation to the delivery of the Public Health Strategy.
2. **Agree** the strategic priorities and commissioning intentions over the next four years, in order to better meet the needs of the residents of Norfolk.

## 10 **Norfolk Community Learning Services: Update**

10.1 The Committee received the report by the Executive Director of Community and Environmental Services providing it with the latest information on Norfolk Community Learning Services progress and, in particular, the two strategic objectives previously determined for 2016-17:

- a) To build on the recent Grade 2 (Good) Ofsted judgement and work towards achieving a Grade 1 (Outstanding).
- b) To continue to meet NCC priorities for the people, communities and businesses of Norfolk.

10.2 The following responses were noted in reply to questions asked by the Committee:

10.2.1 One of the reasons for the drop in the number of people enrolling on community learning courses could be due to the service being quicker in supporting learners to progress onto accredited courses so they could achieve certified qualifications.

10.2.2 The Head of Service - Norfolk Community Learning Services took on board that not everyone knew where to obtain information about when courses were running and how to enrol on them. He advised that he would consider ways of making sure the relevant information was more easily accessible.

10.2.3 Course term dates and times were published on the website and the Head of Service – Norfolk Community Learning Services would make enquiries about how information could be more easily accessible to give everyone an opportunity to enrol onto courses at the same time. One way of making the



service more easily accessible could be to hold a waiting list where people trying to book a course were advised if the course was full, and that their name would be held on a waiting list until the next course became available. This could also help the service identify whether it was worthwhile setting up additional courses.

- 10.2.4 The Committee noted that Judy Youngs (Assistant Head of Service - Norfolk Community Learning Services) would be retiring soon and wished to place on record its thanks for her service to the County Council.
- 10.2.5 Support was given to help people with learning difficulties gain employment through the 'Match' employment programme. This initiative strongly supported the Promoting Independence agenda within Adult Social Care. The Head of Service - Norfolk Community Learning Services advised that the team had a target to fund 10 sustainable jobs although this target could be more ambitious in future.
- 10.2.6 A sustainable job was identified as being a job that was not a work placement, for example traineeships, which offered potential for full-time employment in the future.
- 10.2.7 If information was available about when universal credit would be rolled out nationally, the Committee would receive an update at its next meeting.
- 10.2.8 The Head of Service – Norfolk Community Learning Services advised that an initiative titled “get digital” was available, although it was not specifically aimed at elderly people. He would make some enquiries as to whether some work could be carried out with organisations such as Age Concern to see if it would be worthwhile running such courses purely for elderly residents.
- 10.3 The Committee unanimously **RESOLVED** to:
  - a) **Note** the improvement to date, and
  - b) **Agree** the continued development of NCLS as Norfolk’s provider of a balanced lifelong learning offer for all the community through: first steps learning; ‘second chance’ learning; employment skills development; community resilience; and informal leisure learning.

## 11 **Finance Monitoring**

- 11.1 The Committee received the report by the Executive Director of Community and Environmental Services providing it with information on the budget position for services reporting to Communities Committee for 2017-18. The report provided information on the revenue budget including any forecast over or underspends and any identified budget risks. It also provided an update on the forecast use of reserves and details of the capital programme.
- 11.2 The following points were noted in response to questions from the Committee:
  - 11.2.1 The Committee was reassured that any use of reserves would continue to be drawn in and used in a sensible and planned way.
  - 11.2.2 The Chief Fire Officer advised that over the past twelve months, an in-depth

review of the service estates, vehicles and equipment had led to a clear understanding of the capital funding required. He confirmed he was confident that the current predicted needs of the service could be met, as well as the future predicted needs. The Committee was also reassured that Corporate Finance colleagues had given an assurance that if money was needed for an emergency, this could be met corporately.

- 11.2.3 Some issues remained with the recruitment and retention of fire fighters. The recent assessment day for potential retained firefighters had resulted in all candidates successfully completing the physical tests and they would now progress to the written tests. The Chief Fire Officer advised that through combined efforts, Outwell fire station was now running at about 65% capacity and that the national target of 90% was attainable with Norfolk currently in a good position around 83% availability.

11.3 **RESOLVED**

That the Committee **Note**:

1. The forecast out-turn position for the Communities Committee and the current budget risks that are being managed by the department.
2. The Capital Programme for Communities Committee.
3. The current planned use of the reserves and the forecast balance of reserves as at the end of March 2018.

12 **Forward Plan and decisions taken under delegated authority.**

- 12.1 The Committee received the report by the Executive Director of Community & Environmental Services setting out the Forward Plan for Communities Committee.

- 12.2 With regard to the Norfolk Infant attachment project, the Director of Public Health advised that the service was commissioned by Children's Services department and she had been asked to provide funding from public health to regularise the perinatal infant mental health service.

12.3 **RESOLVED:**

That the Committee:

1. **Note** the Forward Plan.
2. **Note** the delegated decisions detailed in section 1.2 of the report.

The meeting concluded at 12.30pm.

**Chairman**

# Appendix A

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## Getting Norfolk active


"If physical activity was a drug it would be regarded as a miracle,  
so everyone must take it seriously"

*Professor Dame Sally Davies, Chief Medical Officer*

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## What is Active Norfolk?

- Funded mainly by Sport England + PH, NCC partnerships
- Wide range of partners
- Strategic lead for sport and physical activity
- Hosted by Norfolk County Council
- One of 44 County Sports Partnerships since 2005



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## The Mission

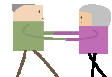
Working in partnership to harness the power of sport  
and physical activity to improve lives in Norfolk



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## Strategic Objectives

- Increase**  
To increase participation in sport and physical activity
- Improve**  
To improve health and wellbeing by reducing physical inactivity
- Establish**  
To improve lives by establishing and increasing sport and physical activity's contribution in creating stronger, more sustainable and prosperous communities



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## The Importance of Physical Activity

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Among modifiable risk factors, physical inactivity is the fourth leading cause of death globally

**Inactivity is now a greater risk to health than obesity**

Increasing physical activity has a greater impact on mortality than any other intervention including smoking cessation



## Statistics

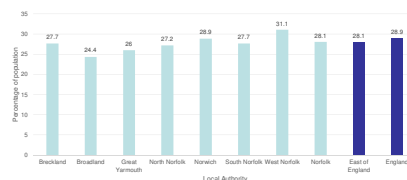
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## Adults

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Percentage of adults classified as inactive in Norfolk



## Example of our work

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### PROJECT PROFILE – ENERGISE LAKENHAM AND TUCKSWOOD

In September 2016 this two year project worth £162,500 was launched. Working in partnership with Sport England and Comic Relief, Energise Lakenham aims to encourage people in the Lakenham and Tuckswood areas of Norwich to be more physically active.

Active Norfolk has commissioned Community Action Norfolk to deliver this project which uses sport and physical activity to empower a community to create social change and have a positive impact on social issues.

#### The project aims to achieve the following outcomes:

- Reduce social isolation
- Improve health and mental wellbeing
- Increase community cohesion
- Raise aspirations of residents
- Improve the sustainability of assets in the area
- Enable residents to engage earlier with support services available in the area
- Increase levels of physical activity

Energise Lakenham utilises the principals of Asset Based Community Development, focusing on what Lakenham has in terms of assets: organisations, people, services, facilities, and employing those assets to grow and enhance the offering of services and activities around the community. Community consultation is at the heart of this project, ensuring that the programs and activities that are designed and delivered reflect the genuine desire and interest of the community and not just perceived need.

Through the project there is also a small grants fund, where local clubs, projects and activities can apply for funding to deliver their activities in the community using local facilities and assets. To date, over £50,000 has been awarded or committed to 22 groups to deliver activities ranging from conservation sessions and walking football, to dog walking groups and toddler dance workshops.

## What else do we do?

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### Provide Leadership

- Represent sport and physical activity
- Strategic role

### Build partnerships

- Work across sectors
- Traditional and non-traditional partners

### Increase investment

- Identify need with partners
- Attract funding

### Promote

- One-stop-shop for public & partner info
- Advocacy role

### Measure impact

- Find out what works
- Use evidence to make the case

## Contact Information

[Ben.jones@activenorfolk.org](mailto:Ben.jones@activenorfolk.org)  
or 01603 732331

# Appendix B

## Update Public Health Strategy 2016 - 2020

Dr S. J. Louise Smith  
November 2017

## Background

- Member working group 2016
- Strategy agreed November 2016
- First time NCC has agreed a Public Health Strategy

## Objectives for Strategy

- Adopt the recommendations of the member's working group
- Identify priorities in line NCC priorities & changing population needs
- Ensure that the council is meeting its responsibilities under the Health & Social Care Act 2013
- Set clear direction for staff

## Strategy Priorities

1. Provide PH Services  
Early help: Healthy child programme
2. Promote health  
NHS Health Checks, Employment & health
3. Protect population health  
Vulnerable people: drugs, MH, tobacco control, domestic abuse  
Emergency planning & resilience
4. Work in Partnership  
STP, Health & Wellbeing Board, Localities

## Update November 2017

- Communities Committee asked for annual update
  - Progress actions
  - Review performance & outcomes
  - Discuss priorities for 2018 in line with finances, County Plan and Norfolk Futures

## Significant changes in 2017

- PH department
  - Road casualty reduction
  - Resilience & Business Continuity
  - Community Safety

## Outcomes & Performance

- Public Health Outcomes Framework matrix
  - Outcomes where performance worse than England
  - Trends: not improving / deteriorating
- Directly commissioned service performance
  - Adult Drug & Alcohol service
- Highlights from 2016/17: Case studies

## Case Study: Chat Health



### Children & Young people

- New service: health assessments LAC
- Digital innovation: Chat Health texting service
- Digital innovation: Postal sexual health testing to manage demand

## Case Study: Providing a New Start



### Vulnerable Adults

- Re-procured, community behaviour change drug & alcohol service
- Ormiston Families project: repeat care proceedings
- Suicide reduction strategy & multi agency conference

## Case Study: Road Safety



- Safe Rider Scheme
- Roadside drug testing
- Norfolk County Council Pensions Forum, >200 people: older driver issues
- A drink and drug driving campaign

## Case Study: Health Improvement



- One You New Year Campaign
- Slimming World
- 95,000 NHS Health Checks

## Next steps: 2018

- Local services
  - Healthy child programme: joint offer with CC
- Families in crisis
  - Drug treatment service: improve performance, LAC
- Information & guidance
  - Norfolk's living well website
- Health & Social Care: STP
  - Joint work with NHS: Prevention work stream
- Community Safety
  - Domestic Abuse Beacon project implementation
- Finances
  - Cross cutting spend and savings

Any questions?



Public Health Directorate  
Floor 3 (East)  
County Hall  
Martineau Lane  
Norwich  
NR1 2DH

Email: [louise.smith@norfolk.co.uk](mailto:louise.smith@norfolk.co.uk)

27 November 2017

Dear Emma

You asked at Communities Committee about whether data from Chathealth text service was being used to inform the re-procurement of Children and Adolescent Mental Health Service (CAMHS). The short answer is, 'yes'

We have received the data from the provider of the Heathy Child Programme and we have sent it to the Intelligence and Analysis team who are collating the Mental Health Needs Assessment. This will be used to inform the re-procurement of the CAMHS.

Yours sincerely

A handwritten signature in black ink, appearing to read "Louise Smith", enclosed in a rectangular box.

Louise Smith  
Director of Public Health  
Norfolk County Council



# Communities Committee

Item No.....

<b>Report title:</b>	<b>Adult alcohol and drug services update</b>
<b>Date of meeting:</b>	<b>17 January 2018</b>
<b>Responsible Chief Officer:</b>	<b>Dr Louise Smith, Director of Public Health</b>
<b>Strategic impact</b> <p>The purpose of this report is to update Communities Committee on:</p> <ul style="list-style-type: none"> <li>• current performance in adult alcohol and drug treatment</li> <li>• the new adult alcohol and drug behaviour change service</li> <li>• future policy and strategic work.</li> </ul> <p>This work will help achieve the priorities and outcomes set out in the Public Health Strategy to protect communities and individuals from harm and to work in partnership, and specifically to 'redesign drug and alcohol services to focus on recovery, with the aim of supporting people back into education and employment'.</p> <p>The work will deliver in line with the new National Drug Strategy 2017 whilst continuing to contribute to the delivery of Norfolk County Council priorities, such as delivering services where they are most needed, providing smarter information and advice, promoting independence for vulnerable adults, and providing an enhanced digital online service.</p>	

## Executive summary

In October 2017, Members asked that a report be brought to Committee on the new alcohol and drug service.

Alcohol and drug misuse causes harm to individuals, their children, families and communities. Effective services can help alcohol and drug users to recover, reduce crime, protect children and reduce use of other health and social care services.

Norfolk has not been meeting its vital sign target for successful completions of treatment, and remains below the national average. To address this Public Health are supporting the current service provider to implement an improvement plan which has led to some increases in performance. In addition we have procured a new adult alcohol and drug behaviour change service. The contract was awarded, within budget, on 6 November to 'change, grow, live' (CGL) and will begin in April 2018. The development of a network to address a range of harms caused by alcohol and drugs misuse is also proposed.

### **It is recommended that:**

Members are recommended to:

- 1. Endorse the direction and progress in improving delivery of adult alcohol and drug services, with a focus on recovery and in line with the new National Drug Strategy 2017**
- 2. Endorse the development of a network to address key strands within the National Drug Strategy 2017, tackle harms caused by alcohol and drugs misuse, and provide support and guidance for service delivery in order to better meet the needs of the residents of Norfolk.**

# 1. Background

## New National Drug Strategy

Alcohol and drug misuse causes harm not only to individuals but also their children, families and communities.

To tackle the harm caused, the National Drug Strategy 2017 was released by the Home Office and launched together with Public Health England (PHE) in July. It focuses on the aims of reducing illicit and other harmful drug use and increasing the rates recovering from their dependence. It will do this through work in four areas: reducing demand, restricting supply, building recovery and taking global action. It includes plans for a number of national initiatives that will be helpful to delivery locally, such as enhanced evidence and data analysis, as well as guidance on local provision of treatment services.

Effective services can help alcohol and drug users to recover, reduce crime, protect children and reduce use of other health and social care services.

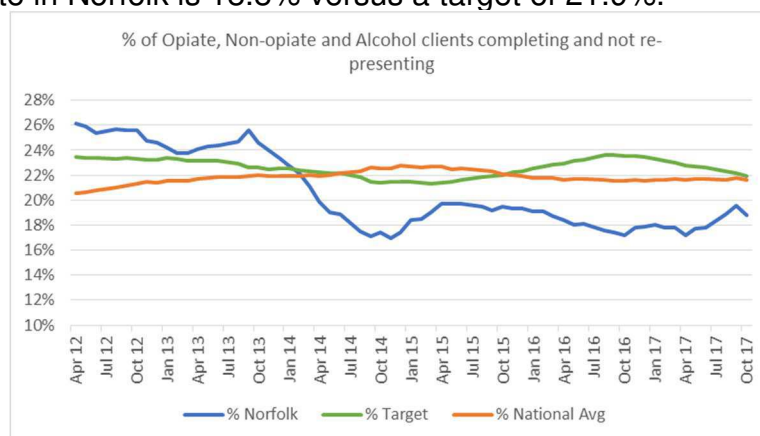
## Service performance and procurement

The Norfolk treatment system has delivered well on some national measures. For example, 84% of eligible drug treatment clients received a Hepatitis C test, compared to 82% for England as a whole and 80% for the East of England. The percentage of clients engaged in effective treatment (those who remain in treatment for three months or who have successfully completed treatment in that time) is 96% versus a local target of 90%.

However, there are some areas where the treatment system is not performing well. For example, Norfolk has significantly lower rates for adults with treatment needs who successfully engage in community-based structured treatment following release from prison – with Norfolk at 14% compared to 33% in the East of England and 30% in England as a whole.

Norfolk, at 1.2%, had the lowest rates of Hepatitis B vaccination completion in the East of England (6.3%) and is below the national average of 8.7%.

Critically, Norfolk has not been meeting its vital sign target for successful completions of alcohol and drug treatment, and has remained below the national average. This target reflects movement through treatment and into recovery. It shows the rate of substance misusers completing treatment and not re-presenting to services within six months. Currently, the rate in Norfolk is 18.8% versus a target of 21.9%.



Source: National Drug Treatment Monitoring System (NDTMS)

Deterioration in performance was entered into the corporate risk register early in 2017 and three workstreams were put in place to mitigate against the risk.

The first was to manage performance improvements with the current provider: A service improvement plan was initiated in June 2016 and is continuing to be monitored through contract meetings. Thanks to renewed efforts on the part of the provider, there has been some recent improvement in this indicator.

The second workstream was to increase commissioning capacity – this has been done through deployment of public health staff to this work area.

The third was to redesign the service. In March 2017 the Communities Committee agreed to the redesign and re-procurement of the adult alcohol and drug behaviour change service and delegated its implementation to the Director of Public Health (DPH). The re-procurement process included extensive stakeholder and service user engagement, and there was good market engagement.

The new service will offer an integrated recovery-focused service that is in line with the new National Drug Strategy and updated clinical guidelines. It brings together into one service the work currently coming under of a number of different contracting arrangements, which will conclude on 31 March 2018 when the new contract begins:

- Adult alcohol and drug treatment
- Needle exchange and supervised consumption of opiate substitutes
- GP shared care and associated prescribing costs
- Residential detoxification and rehabilitation
- Alcohol and drug support for sex workers.
- Outreach provision and safeguarding of children and young people where there is parental substance misuse, including home visits for all families where there are children under 5 yrs. old

The prison based element of the current service is not included in the new contract. Currently, Norfolk County Council have a funding agreement with NHS England to commission the provision of certain elements of alcohol and drug treatment in Norfolk prisons. On NHS England's instigation this arrangement will end on 31 March 2018 and prison provision will be recommissioned separately by NHS England. We will continue to work closely with them to ensure effective pathways are established into local community services. This will enable individuals being released into Norfolk to be engaged with the appropriate service and receive continuity of treatment and support where needed.

## **Contract award**

From 1 April 2018 the adult alcohol and drug behaviour change service will be provided by 'change, grow, live' (CGL), a health and social care charity, whose mission is 'to help and empower people to change the direction of their lives, grow as a person and live life to its full potential.'

The new service will provide specialist treatment and care initiatives to ensure the best possible outcomes for individuals and their families. There will be a clear focus on reducing harm caused to children and on helping to build a flourishing recovery community in Norfolk. The new service will have increased outreach and an emphasis on priority groups such as people aged over 50, those with parenting responsibility, offenders, street drinkers, sex workers, veterans and those in transition from young people's to adult services. The service will help deliver wider outcomes such as:

- a reduction in crime and offending
- sustained education, training and volunteering leading to employment
- reduced hospital admissions
- a reduction in drug related deaths.

CGL is an experienced national provider of services to 57,000 vulnerable people including those affected by substance misuse, domestic abuse and homelessness. CGL has extensive experience of taking on new contracts, for example it has recently transferred 30+ services with 13,500 service users and 1000 new colleagues into the CGL portfolio. CGL will work across the county to support people to address their substance misuse issues and change their lives for the better. The new service will be accessible 8am to 8pm seven days a week, whether in person, on the phone or online.

In October 2017, Members asked that a report be brought to Committee on the new alcohol and drug service.

## **Transition**

A detailed Norfolk mobilisation plan has been developed between Norfolk County Council, CGL and the current providers. Plans are currently on track to ensure that a safe and effective transition takes place in a timely manner on 1 April 2018. The priority areas include:

- Safe service user transfer between organisations and service continuity
- Communication with staff and service users
- The transfer of staff under the Transfer of Undertakings (Protection of Employment) regulations (TUPE)
- Safeguarding for adults and children
- Peer mentors and volunteers
- Data transfer and case file management
- Appropriate premises.

Norfolk and Suffolk Foundation Trust (NSFT) is the existing lead provider and has subcontracts with The Matthew Project and The Forward Trust, forming the Norfolk Recovery Partnership (NRP). They are fully engaged in mobilisation and planning the process of transferring staff, service users and data to CGL whilst continuing to deliver services as per the current contract. The existing contract monitoring arrangements will remain in place until 31 March 2018 and Public Health Officers will continue to work with and support NRP. Together we will seek, during what can be a challenging period of transition, to maintain access to services and quality of delivery, with a continued positive focus on achieving contracted key performance indicators.

## **2. Proposal (or options)**

A key element of delivering the National Drug Strategy 2017 locally is to work in partnership with other agencies, especially police, health and social care services.

In Norfolk we propose to develop a network to address key strands within the National Drug Strategy, tackle a range of harms caused by alcohol and drugs misuse, and to provide support and guidance for service delivery. This network would have a remit to:

- Tackle the number of drug related deaths in Norfolk
- Actively contribute to partnership initiatives on County Lines (the use of mobile phone lines by criminal groups to extend their drug dealing into Norfolk, often by

exploiting vulnerable children and adults) and on Norfolk's complex needs agenda

- Support local place-based initiatives, such as Local Alcohol Action Areas and licensing policies
- Improve how we work with service users to build a culture of cooperation
- Identify and take action on issues of concern in Norfolk, e.g. novel psychoactive substances (sometimes called 'legal highs') or the illicit use of steroids
- Strengthen the awareness of linked issues e.g. safeguarding across adult and children's services delivery, and working to reduce the number of looked after children.

### **3. Financial Implications**

The contract for the new adult alcohol and drug behaviour change service is in line with the cost envelope for alcohol and drug provision agreed by Committee in November 2016.

### **4. Issues, risks and innovation**

There is a risk that the mobilisation of a very different service may provide a challenge to the new provider. However, the competitive dialogue and evaluation procurement process included the organisation's mobilisation plan and the capacity of the organisation to both recognise and mitigate against risks to starting a new service in April 2018. The new provider also has significant experience of managing similar transitions. A Public Health team will be focused on maintaining a strong and supportive relationship with the current and new providers to help them manage the transition to the new service.

CGL, the new provider, have arranged various fora to speak to staff on a group and individual basis, and it is planned that these will continue until mobilisation has been completed.

Through the re-procurement, the opportunity for closer working between key stakeholders has also been identified. This includes improved pathways for individuals with additional complexities, such as homelessness or mental and physical health needs; the need for access to education, training and employment; and meeting the needs of those in contact with the criminal justice system.

The procurement of this new service robustly tested the providers' plans to improve performance. As with any process of transferring a complex service to a new provider, however, there remains a risk that performance will temporarily decrease during the transition phase. Mitigating actions in place will include:

- Contract meetings with the current provider to continue to focus on ensuring that accurate information will be handed over to the new provider
- The work of the new provider in putting plans outlined in the procurement process into action and quickly engaging with the current service and staff
- A closely managed mobilisation plan and risk register
- A clear focus on outcomes in the performance management of the new service.

The complexity of the service redesign and the time needed to achieve improved results (there is a time lag of at least six months in national reporting for the vital sign indicator)

mean that it is likely to be at least a year before we can expect indications that outcomes are improving. As is standard practice there will be limited performance reporting until October 2018 to accommodate the transition and allow time for the transfer of data and for the new data systems to bed in.

## **5. Background paper**

Service specification for Alcohol and Drug Behaviour Change Service 2017  
<https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/adults-health/drug-and-alcohol-use/procurement>

## **6. Officer Contact**

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

**Officer Name: Sally Hughes (Public Health Commissioning Manager)**

**Tel No: 01603 638361**

**Email address:** sally.hughes@norfolk.gov.uk

**Officer Name: Diane Steiner (Deputy Director of Public Health)**

**Tel No: 01603 638417**

**Email address:** diane.steiner@norfolk.gov.uk



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# Communities Committee

Item No.....

<b>Report title:</b>	<b>Casualty Reduction Partnership Delivery Plan update – 2017/18</b>
<b>Date of meeting:</b>	<b>17 January 2018</b>
<b>Responsible Chief Officer:</b>	<b>Dr Louise Smith, Director of Public Health</b>
<b>Strategic impact</b> Future development of the Road Casualty Reduction Partnership delivery plan will contribute to the delivery of the new county plan in relation to supporting the development of a local service strategy and offering smarter information and advice. It also contributes to the Public Health Strategy priorities, promoting healthy places through taking actions that reduce the number of people killed or seriously injured on Norfolk's roads.	

## Executive summary

There is a requirement by statute to promote road safety, monitor, and respond to collisions. Reducing the numbers of killed and seriously injured people on our roads is a commitment made in partnership with enforcement, education and infrastructure partners, recognising the range of variables which are contributory factors in a collision.

This is through the Road Casualty Reduction Partnership (RCRP), which produces an annual delivery plan. The RCRP consists of agencies such as the Norfolk Constabulary, Fire Service and Office of the Police and Crime Commissioner. It operates via sub groups focussing on vulnerable groups such as young drivers and motorcyclists. For further details, please refer to the annual delivery plan update. See link in background section. In June 2017 the Road Safety Team and function was moved into public health.

### Recommendations:

Members are recommended to:

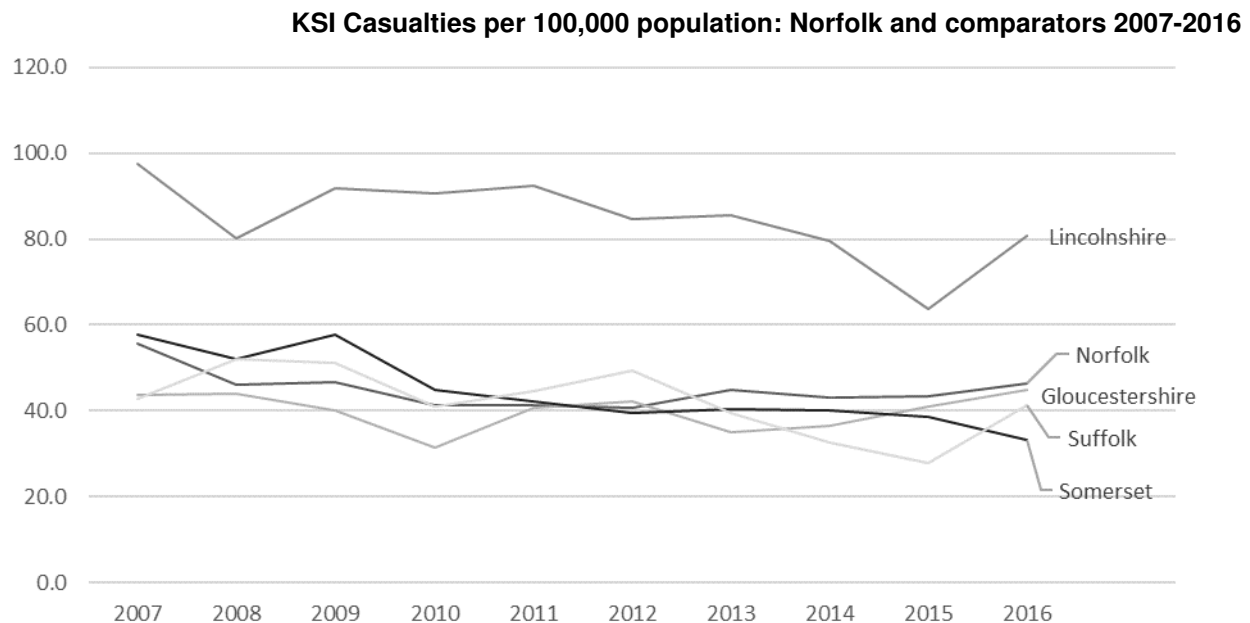
- 1. Note the progress so far on the Road Casualty Reduction Partnership (RCRP) delivery plan for 2017/18.**
- 2. Endorse the development of performance measures and updated communications strategy in the delivery plan for 2018/19.**
- 3. Set up a Member Task and Finish Group to develop a revised strategy for road safety.**

## 1. Proposal

Local authorities are required by statute to promote road safety, to undertake collision/casualty data analysis and to devise programmes, including engineering and road user education, training and publicity that will improve road safety.

Every casualty or incident on the highway network has a negative impact on the county's economy and the health and wellbeing of the residents. The average cost of a fatal collision (2016) has been calculated at a national level at approximately £2m, and around £240,000 for a serious collision ([Gov.uk data](#)). The emotional and physical cost to the casualties, families and friends cannot be calculated.

## Casualty Data



**Figure 1**

In Norfolk, a baseline target was set to reduce annual casualty figures by a third, from **462** in 2010 to **308** by the end of 2020. For most authorities, progress has slowed. Figure 1 reflects the current picture in the context of our comparator authorities of Gloucestershire, Lincolnshire, Somerset and Suffolk. Further charts can be viewed in Appendix B. There are a number of societal and technological reasons for this slow down, including a significant increase in mobile phone and cycle usage, balanced by enhanced vehicle and child seat technologies. Notwithstanding the increase in road use and population over the last two decades. From 2010 no national targets have been set, in recognition of the fact that there are variabilities in the factors which contribute to collisions including human behaviour, highways infrastructure and weather, making it difficult to effectively evaluate the impact of interventions.

The attached infographic (Appendix A) highlights the continuing emphasis on particular road user groups, namely vulnerable road users (cyclists / pedestrians), older drivers, younger drivers and motorcyclists. Our key delivery partners such as the Constabulary, the Office of the Police and Crime Commissioner (OPCC) and the Fire Service target initiatives at these specific groups.

## Review of Progress

The RCRP Delivery Plan 2017-18 outlines the activities of Norfolk County Council's Road Safety Team and the wider partnership.

Highlights include:

- During the summer the Road Safety Team, supported by Fire and Rescue staff, visited eighteen venues and completed 1,469 child seat checks. Of these 40% were found to be wrongly fitted, nearly all of which were corrected at the time.
- The Road Safety Officer (Motorcycles) has had a successful season of engagement with the riding community, evidenced by an 82% increase in the take up of the Hugger's Challenge training offer.



- The Road Safety Team are projected to directly engage with over 32,000 drivers and riders during this delivery plan year in a combination of educational and training interventions.
- Via a network of over one thousand volunteers the Road Safety Team will have direct contact with over 34,000 young people in Norfolk, delivering essential life skills and facilitating prevention strategies.
- The ambulance service is currently embedded in Young Driver Education.
- Enforcement Task Group set up to include Norfolk County Council, OPCC and constabulary to lead enforcement elements of Vulnerable Road User Strategy – resulted in Close Pass and Helmet Camera pilots

### **Development of performance measures**

The RCRP has reviewing our targets and ambitions in light of two key issues.

- Firstly, the vital sign reports outcomes in the form of raw monitoring data. We are therefore exploring opportunities to develop more sophisticated performance measures for agencies taking action to reduce casualties.
- Secondly, the national roll out of the electronic CRASH recording system has resulted in the Department for Transport announcing that it will not compare 2016 data to previous years.

Bearing in mind the key issues above, revisiting the target set in 2010 may be a useful future exercise.

### **Communications Plan**

Communications planning for the Casualty Reduction partnership weaves together national and international programmes such as TISPOL (EU Roads Policing), the National Police Chief's Council, the Department of Transport Think! Output, Brake road safety campaigns, Road Safety GB and our own local initiatives.

The Communications Framework (Appendix C) includes early 2018 campaigns to discourage mobile phone use, motorcycle safety and seat belt use. For the new delivery plan year, a review of web pages and resources is planned as well as a comprehensive brand approach.

### **Development of a revised strategy**

The public health strategy was reviewed by members in November 2017. It was agreed that we should review and update our approach to reducing those killed and seriously injured on our roads by developing a revised strategy for road safety. To take this forward we would like to set up a member task and finish group to work with officers across the council and members of our casualty reduction partnership such as the Police and Fire Service. If approved terms of reference and timescale will be drawn up with members of the task and finish group with a view to presenting findings back to committee in the autumn.

## **2. Evidence**

The Department of Transport produces a report outlining annual national figures on potential causes of casualties and factors which influence them. Norfolk County Council and the Constabulary work together to provide data to monitor casualties, and regularly

analyse Killed and Seriously Injured figures which are reported to Communities committee as a vital sign.

### **3. Financial Implications**

There are no direct financial implications arising from this report.

### **4. Issues, risks and innovation**

A national issue is understanding and evaluating the impact of interventions against the number of casualties; particularly when taking into account the variables which are outside of the control of an agency.

### **5. Background**

[Communities Committee Report November 2017](#)  
[NRCP Delivery Plan 17-18](#)

#### **Officer Contact**

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

**Officer Name: Iain Temperton**    **Tel No:** 01603 228921    **Email address:**  
[iain.temperton@norfolk.gov.uk](mailto:iain.temperton@norfolk.gov.uk)

**Officer Name: Nadia Jones**    **Tel No:** 01603 638280    **Email address:**  
[nadia.jones@norfolk.gov.uk](mailto:nadia.jones@norfolk.gov.uk)



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## APPENDIX A. KSI Road Casualties Norfolk

12 Months to  
September 2015  
408

12 Months to  
September 2017  
412

The rolling 12 month total number of people killed and seriously injured in Norfolk has changed little – with an average of 395 KSI casualties per rolling 12 month period, and a low of 357 KSI compared to a high of 423 KSI.



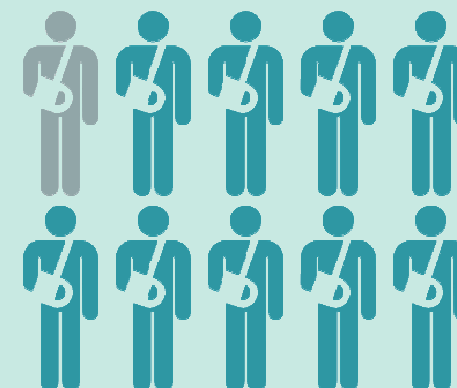
On average, approximately 402 people every year, or approximately 34 each month, are killed or seriously injured in collisions on Norfolk's roads.



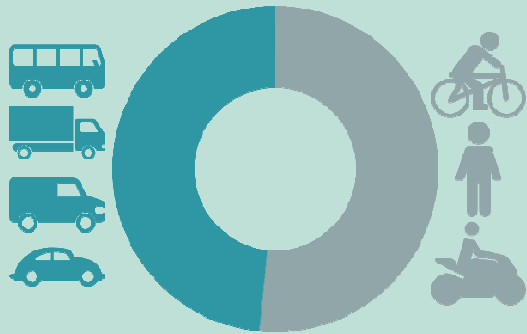
Three in every four drivers or riders involved in a KSI collision on Norfolk's roads is male. One in every four is female.



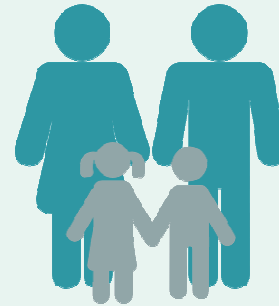
One in every six KSI collisions which is recorded on Norfolk's roads occurs on a Friday – more than any other day.



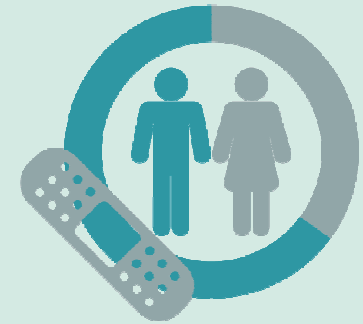
One in ten KSI casualties is a fatality



More than half of all KSI casualties are vulnerable road users – either pedestrians, pedal cyclists, or powered two wheeler riders.



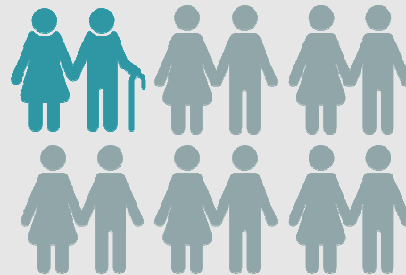
Less than one in every 20 KSI casualties injured in Norfolk is a child.



Two in every three KSI casualties recorded on Norfolk's roads is male. One in every three is female.



One in ten KSI collisions occurs at or around 17:00. One in three occurs during the morning and evening rush hours.



One in six KSI casualties is aged 65 or older.



One in every two KSI collisions recorded in Norfolk occurs on an urban road (20-40mph limit). The other occurs on a rural road (50-70mph limit)

Based on recorded road casualty data for the three-year period between October 2014 and September 2017 // Icons provided by Freepik through <https://www.flaticon.com>

## APPENDIX B – ALL CASUALTIES DASHBOARD

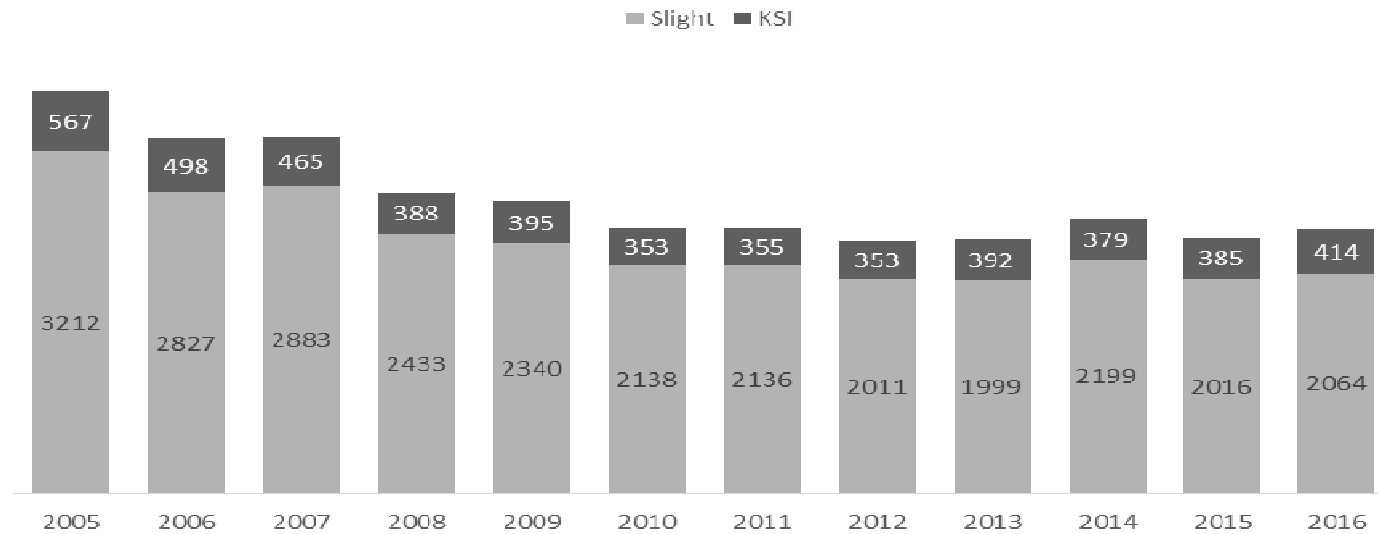
### QUICK STATS

CASUALTIES SINCE 2005	33202	CASUALTIES SINCE 2010	17194	CASUALTIES IN 2016	2478
KSI SINCE 2005	4944	KSI SINCE 2010	2631	KSI IN 2016	414

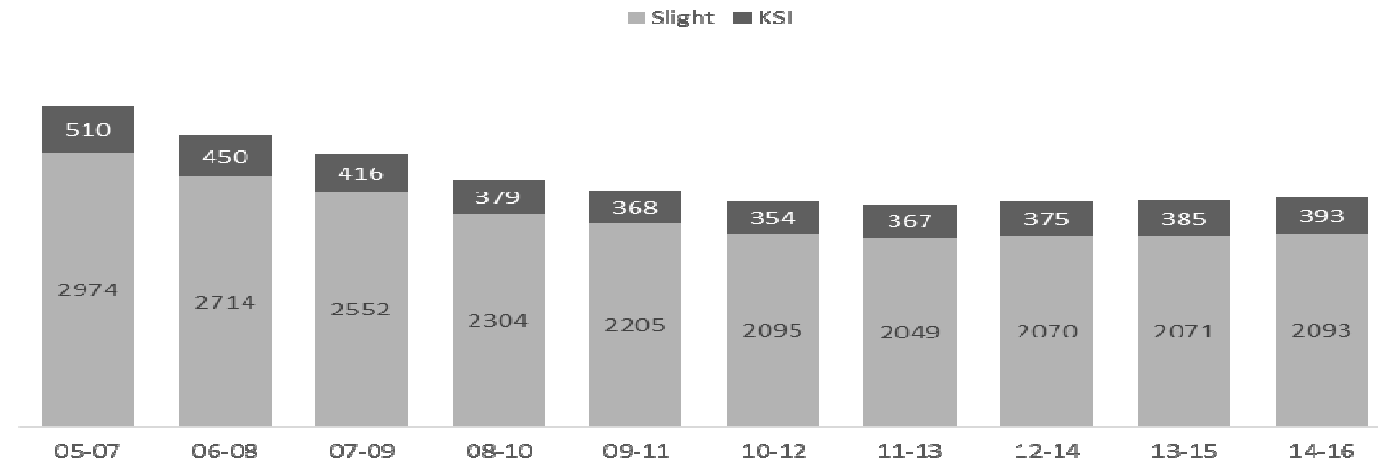
### PERFORMANCE AGAINST THE BASELINE

05-09 BASELINE CASUALTIES	3202	05-09 BASELINE KSI CASUALTIES	463
2016 TARGET (33% BY 2020)	2522	2016 TARGET (33% BY 2020)	364
2016 CASUALTIES	2478	2016 KSI	414
DIFFERENCE FROM 2016 TARGET	▼ 44	DIFFERENCE FROM 2016 TARGET	▲ 50
ACTUAL CHANGE FROM B.LINE	▼ 22.6%	ACTUAL CHANGE FROM B.LINE	▼ 10.5%

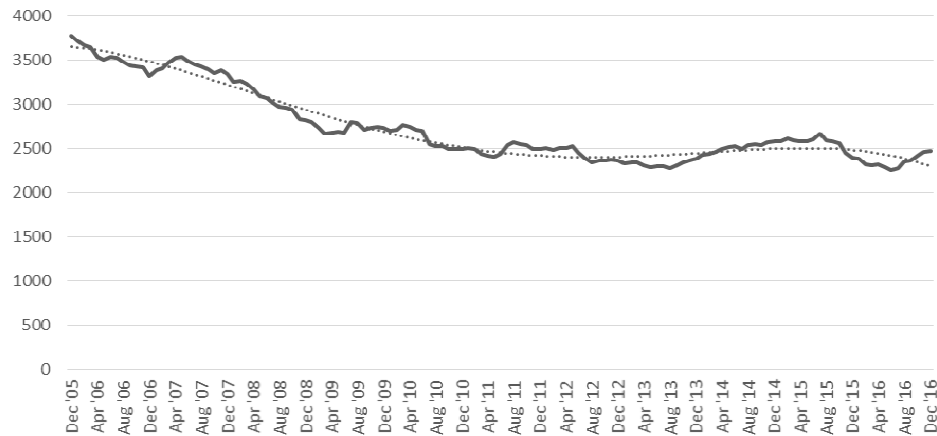
**Table 1: Annual casualties. Norfolk 2005-16**



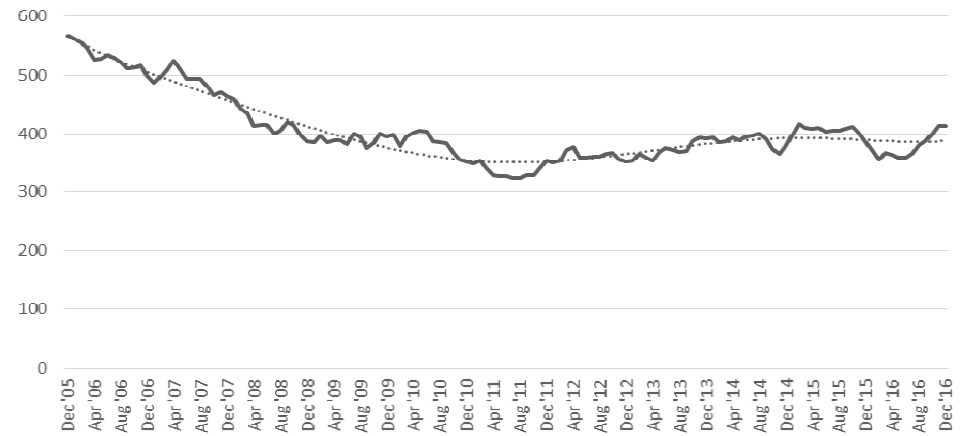
**Table 2: Three year rolling average casualties. Norfolk 2005-16**



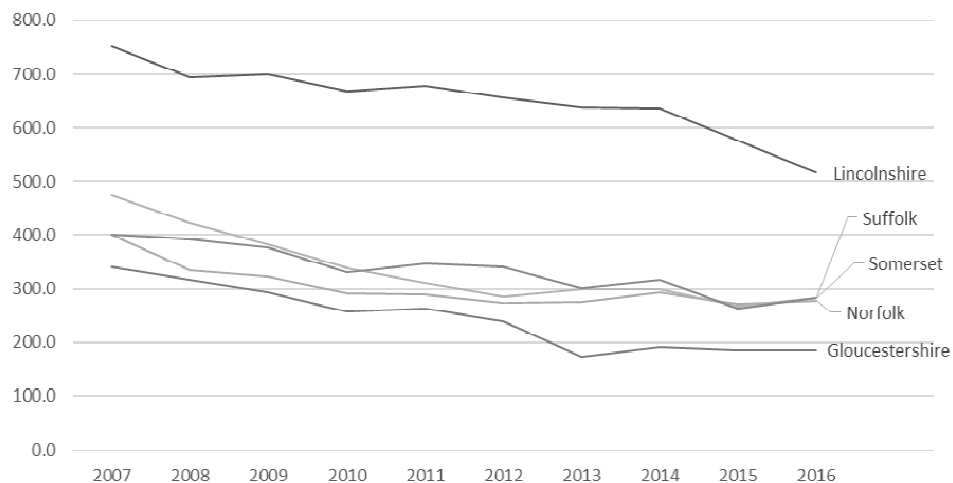
**Table 3: Twelve month rolling casualties. Norfolk 2005-16**



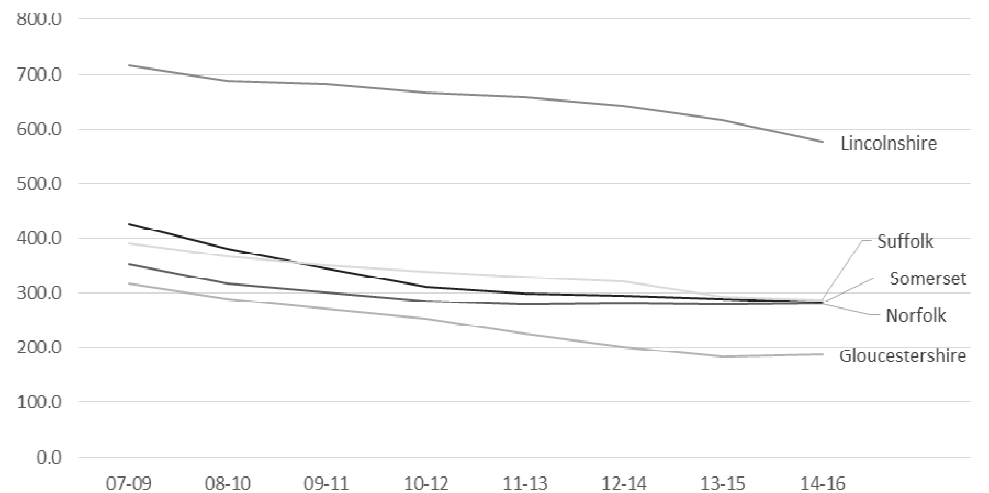
**Table 4 Twelve month rolling KSI casualties. Norfolk 2005-2016**



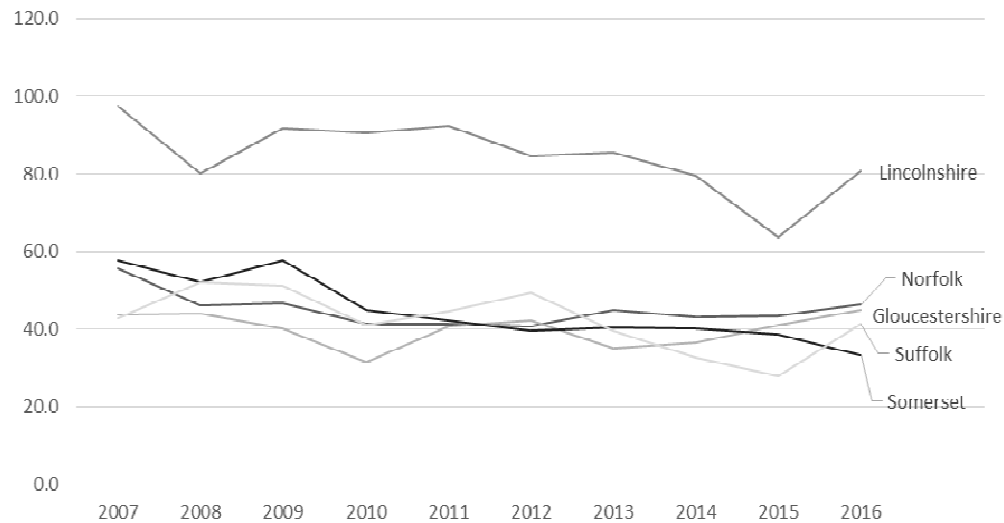
**Table 5 Casualties per 100,000 population. Norfolk and comparators 2007-16**



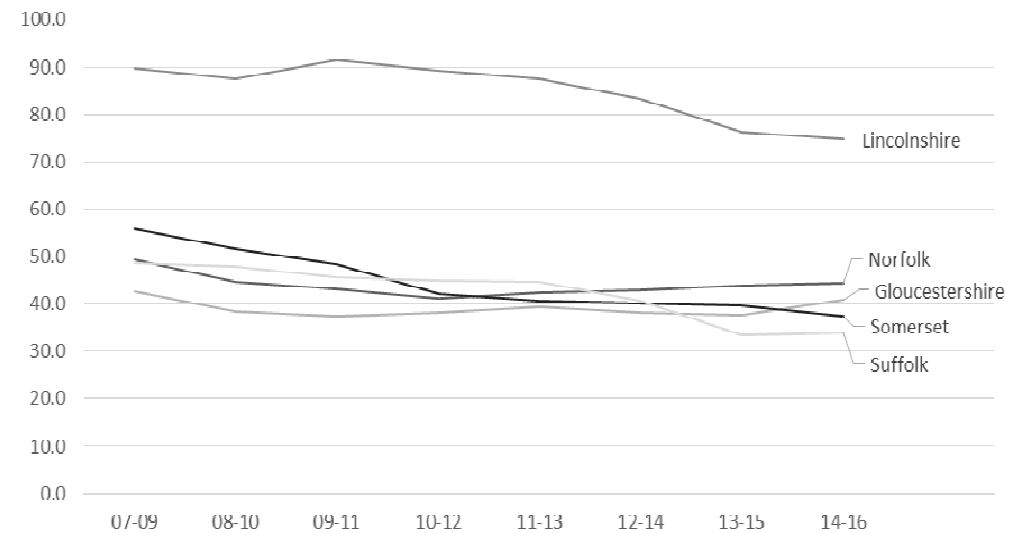
**Table 6 Three year rolling average of casualties per 100,000 population. Norfolk and comparators 2007-16**



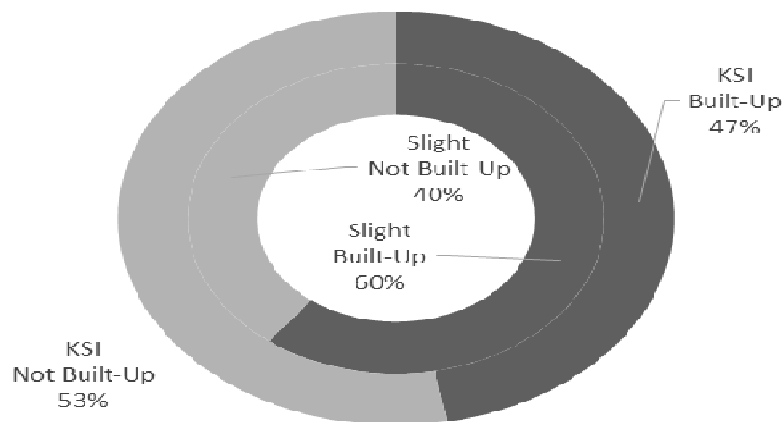
**Table 7: KSI casualties per 100,000 population. Norfolk and comparators 2007-16**



**Table 8: Three year rolling average of KSI casualties per 100,000 population. Norfolk and comparators 2007-16**

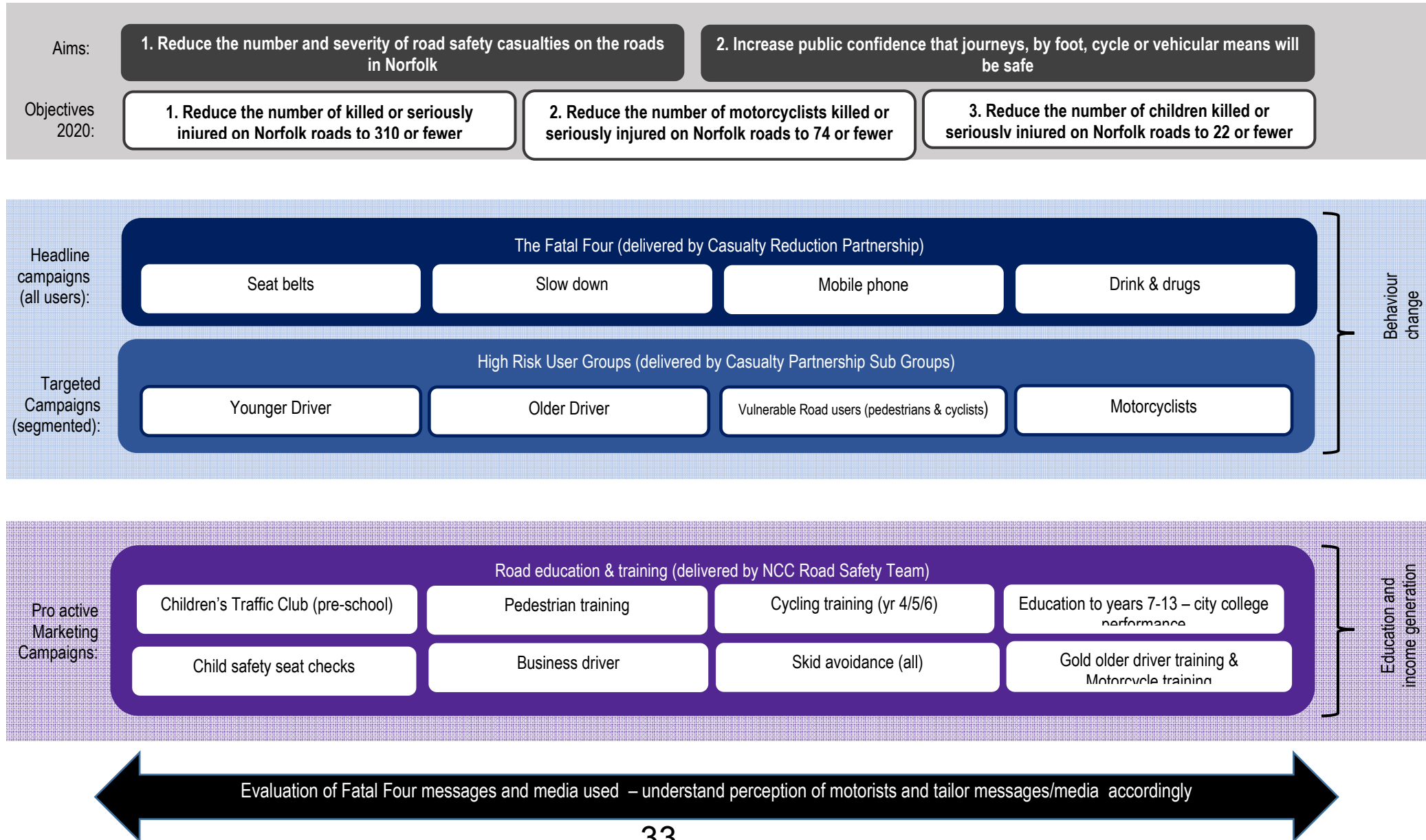


**Table 9: Collisions by road type. Norfolk 2005-16**





# Appendix C - Road Safety Communications Framework



# Communities Committee

Item No.....

<b>Report title:</b>	<b>Strategic and Financial Planning 2018-19 to 2021-22 and Revenue Budget 2018-19</b>
<b>Date of meeting:</b>	<b>17 January 2018</b>
<b>Responsible Chief Officer:</b>	<b>Tom McCabe– Executive Director, Community and Environmental Services</b>

## **Strategic impact**

The proposals in this report will inform Norfolk County Council's decisions on council tax and contribute towards the Council setting a legal budget for 2018-19 which sees its total resources targeted at meeting the needs of residents.

The information in this report is intended to enable the Committee to take a considered view of all the relevant factors to agree budget proposals for 2018-19 and the Medium Term Financial Strategy to 2021-22, and make recommendations on these to the Policy and Resources Committee. Policy and Resources will then consider how the proposals from Service Committees contribute to delivering an overall balanced budget position on 29 January 2018 before the Full Council meets on 12 February to agree the final budget and level of council tax for 2018-19.

## **Executive summary**

This report sets out details of the County Council's strategy which will set out the future direction, vision and objectives for the Council across all its services. It also provides an overview of the financial issues for the Council, including the latest details of the Autumn Budget 2017 and the Local Government Finance Settlement for 2018-19. It then summarises this Committee's saving proposals for 2018-19, identified budget pressures and funding changes, and sets out the proposed cash-limited revenue budget as a result of these. The report also provides details of the proposed capital programme.

Details of the outcomes of rural and equality impact assessments in respect of the 2018-19 Budget proposals are set out in the paper, alongside the findings of public consultation around specific savings proposals, where relevant to the Committee.

Policy and Resources Committee works with Service Committees to coordinate the budget-setting process, advising on the overall planning context for the Council. Service Committees review and advise on the budget proposals for their individual service areas. The report therefore provides an update on the Service Committee's detailed planning to feed into the Council's budget process for 2018-19. The County Council is due to agree its budget for 2018-19, and Medium Term Financial Strategy to 2021-22 on 12 February 2018.

## **Recommendations**

Communities Committee is recommended to:

- 1) **Note the new corporate priorities – Norfolk Futures – to focus on demand management, prevention and early help, and a locality focus to service provision as set out in section 2 of this report.**
- 2) **Consider and agree the service-specific budgeting issues for 2018-19 as set out in section 5;**
- 3) **Consider and comment on the Committee’s specific budget proposals for 2018-19 to 2021-22 set out in Appendix 2, including the findings of public consultation in respect of the budget proposals set out in Appendix;**
- 4) **Consider the findings of equality and rural impact assessments, attached at Appendix 4 to this report, and in doing so, note the Council’s duty under the Equality Act 2010 to have due regard to the need to:**
  - **Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;**
  - **Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;**
  - **Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.**
- 5) **Consider and agree any mitigating actions proposed in the equality and rural impact assessments;**
- 6) **Consider the recommendations of the Executive Director of Finance and Commercial Services, and:**
  - a. **Recommend to Policy and Resources Committee that the Council’s budget includes an inflationary increase of 2.99% in council tax in 2018-19, within the council tax referendum limit of 3.0% for 2018-19;**
  - b. **Note that the Council’s budget planning includes an increase in council tax of 3.0% for the Adult Social Care precept in 2018-19, meaning that no increase in the Adult Social Care precept would be levied in 2019-20.**
- 7) **Agree and recommend to Policy and Resources Committee the draft Committee Revenue Budget as set out in Appendix 5:**
  - a. **including all of the savings for 2018-19 to 2021-22 as set out. *Or***
  - b. **removing any savings unacceptable to the Committee and replacing them with alternative savings proposals within the Committee’s remit.**

**for consideration by Policy and Resources Committee on 29 January 2018, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 12 February 2018.**
- 8) **Agree and recommend the Capital Programmes and schemes relevant to this Committee as set out in Appendix 6 to Policy and Resources Committee for consideration on 29 January 2018, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 12 February 2018.**

## **1. Introduction**

- 1.1. The Council's approach to medium term service and financial planning includes a rolling medium term financial strategy, with an annual budget agreed each year. The County Council agreed the 2017-18 Budget and Medium Term Financial Strategy (MTFS) to 2019-20 at its meeting 20 February 2017. At this point, the MTFS identified a gap for budget planning purposes of £35.015m.
- 1.2. The MTFS position is updated through the year to provide Members with the latest available financial forecasts to inform wider budget setting work across the organisation. As previously reported to Committees, Policy and Resources Committee considered a report "Strategic and Financial Planning 2018-19 to 2021-22" on 3 July 2017, which set out a forecast gap of £100.000m for the period to 2021-22.
- 1.3. This year, the budget-setting process is closely aligned with development of the new Council Plan and associated corporate strategy work. Further details of this were set out in the report "Caring for your County" and in the Strategic and Financial Planning reports considered by Policy and Resources Committee.
- 1.4. Norfolk County Council is due to agree its new Budget and Medium Term Financial Strategy for 2018-19 to 2021-22 on 12 February 2018. This paper sets out the latest information on the Local Government Finance Settlement and the financial and planning context for the County Council for 2018-19 to 2021-22. It summarises the Committee's pressures, changes and savings proposals for 2018-19, the proposed cash limit revenue budget based on all current proposals and identified pressures, and the proposed capital programme.

## **2. County Council Strategy and Norfolk Futures**

- 2.1. The County Council Strategy will set out the future direction, vision and objectives for the Council across all its services.
- 2.2. A key plank of the new strategy will be Norfolk Futures. This comprises a number of initiatives focused on demand management, prevention and early help, and a locality focus to service provision, as referenced in the Strategic and Financial Planning 2018-19 to 2021-22 report presented at Policy and Resources 30 October 2017.
- 2.3. Norfolk Futures will focus on delivering the administration's manifesto priorities over the Medium Term Financial Strategy period and include:

### **Local Service strategy:**

- We want to proactively target our services in the places where they are most needed in our market towns, Norwich, Great Yarmouth and King's Lynn.
- Joining up different areas of the council's work under one roof will enable the closure of little-used buildings and remodelled services.
- Refocusing our investment, based on the evidence we have of service usage will mean we can create services that meet the need of the residents in that place, rather than a one size fits all offer.

**A new deal for families in crisis:**

- We want to keep families together when life gets tough, and reduce the number of children entering the care system.
- To achieve this we will focus on early intervention to keep children safely at home.
- When we have to help and offer care we will use foster care and adoption where appropriate, which we know deliver better outcomes for our children.
- We will reduce our use of residential care and invest in specialist support alternatives.
- Care leavers will be better supported through high quality post 16 provision.

**Promoting independence for vulnerable adults:**

- We want to give people the skills and confidence to live independently and safely, in their own homes, for as long as possible.
- To do this we will focus on those most likely to need our formal services at some point to help them to stay independent for longer.
- This will involve supporting people to overcome problems and find renewed levels of independence.
- Helping people with learning difficulties to do the things we all want to do in life.
- Strengthen social work so that it prevents, reduces and delays need.

**Smarter information and advice:**

- We want to make it easier for people to find trusted, reliable information to make decisions that improve their independence and well being.
- Direct and connect people to services in their local community.
- This will help people to take control of their lives and their futures and to reduce reliance on health and local authority services.

**Towards a Housing Strategy:**

We care about the large number of people who are not able to afford a home of their own. As a county council we can help by accelerating the delivery of new housing, in all forms, throughout Norfolk by:

- Using county council landholdings to undertake direct development via Repton Property Developments Ltd, NCC's development company.
- Providing up-front finance for infrastructure development.
- Acquiring strategic landholdings with a view to development.
- Working in partnership with housing authorities, the HCA, and the LEP to secure additional investment.
- Highlight gaps in the type and location of accommodation to meet the needs of the people of Norfolk today and in the future.

**Digital Norfolk:**

Driving the creation of a sustainable technology infrastructure for better broadband and mobile services.

- Norfolk will be a place where all appropriate local government services are available online and are used safely and effectively by people to live, work, learn and play.
- We want to use technological solutions, to provide smarter ways of working and reduce costs within the council and in frontline services.
- Support provision of smarter information and advice by providing quicker, reliable access.
- This could include more online transactions, which are more convenient for many people and are more cost effective.

#### **Commercialisation:**

- Sweating our assets to maximise return on investment to invest in frontline services. Making the most of our under-utilised buildings and land by selling or leasing it to generate rent income.
- Running traded services profitably to make a return for the County Council to invest in frontline services.
- Seeking out new commercial opportunities.
- Managing the council's services in the most efficient way.
- Make sure the £700m we spend through contracted out services is managed and reviewed to ensure value for money.

### **3. Strategic financial context**

- 3.1. Through the submission of an Efficiency Plan in 2016<sup>1</sup>, the Council has gained access to confirmed funding allocations for the four years 2016-17 to 2019-20. As a result, the Council's main funding settlement in the period to 2019-20 is not expected to change substantially, although allocations are confirmed annually in the Local Government Finance Settlement.
- 3.2. The **Autumn Budget**, announced by the Chancellor of the Exchequer, Philip Hammond, on Wednesday 22 November 2017 contained relatively few announcements with implications for the County Council. The Chancellor characterised it as a "balanced approach" being adopted in the Budget, including preparing for the exit from the EU, maintaining fiscal responsibility, investing in skills and infrastructure, supporting housebuilding and home ownership and helping families with the rising cost of living.
- 3.3. The **provisional Local Government Finance Settlement for 2018-19** was announced on 19 December 2017. The 2018-19 Settlement represents the third year of the four year certainty offer which began in 2016-17, and was described by the Government as providing a path to a new system which will build on the current 50% retention scheme and will see councils retain an increased proportion of locally collected business rates. The Department for Communities and Local Government plans to implement the latest phase of the Business Rates Retention Scheme (BRRS) in 2020-21, which will see 75% of business rates retained by local government. This is to be achieved by rolling in existing grants including Public Health Grant and Revenue Support Grant. Local Government will also retain a 75% share of growth from the 2020-21 reset onwards. 100% Business Rates pilots are continuing with a number of new

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<sup>1</sup> <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/our-budget-and-council-tax/our-budget/our-budget>

pilots announced for 2018-19. Norfolk was not one of the 2018-19 pilots, although there may be a further opportunity to apply to participate in 2019-20.

- 3.4. In recognition of the pressures facing local government, the settlement includes plans for the core council tax referendum limit of 2% to be increased by 1% to **allow a maximum increase of 3%** before a local referendum is required (in line with inflation) in both 2018-19 and 2019-20. The implications of this are discussed in the section on the latest 2018-19 budget position below.
- 3.5. The Settlement acknowledged concerns about planned reductions to Rural Services Delivery Grant (RSDG) and as a result this is to be increased by £15m in 2018-19 – so that RSDG will remain at £65m throughout the settlement period (i.e. to 2019-20). There has been no change to the distribution methodology, which means an additional (one-off) £0.737m for the County Council in 2018-19.
- 3.6. The Government set out plans to look at options for dealing with the negative Revenue Support Grant (RSG) allocations within the settlement which appear in 2019-20, and intends to consult in the spring to inform planning for the 2019-20 settlement. It should be noted that Norfolk is not in a negative RSG position during the four year settlement. The Government has also published a formal consultation on the review of relative needs and resources, intended to deliver an updated and more responsive distribution methodology for funding to be implemented from 2020-21.
- 3.7. No new funding has been announced for social care. However the Government has recognised that a long term solution to adequately funding social care services is required, and confirmed that a green paper on future challenges within adult social care is due to be published in summer 2018. There was no mention in the Settlement of any funding for the recently announced local government pay offer for 2018-19 and 2019-20 of 2% in each year, with higher increases for those earning less than £19,430. There was also no extension of the Transitional Grant provided in 2016-17 and 2017-18, which has ceased in 2018-19.
- 3.8. The latest estimate of the Council's overall budget position for 2018-19 as a result of the above, and any other issues, will be reported to Policy and Resources Committee in January.

## **4. 2018-19 Budget planning**

### **2017-20 Medium Term Financial Strategy**

- 4.1. County Council approved the 2017-18 Budget and the Medium Term Financial Strategy for the period 2017-18 to 2019-20 on 20 February 2017. The Medium Term Financial Strategy to 2019-20 set out a balanced budget for 2017-18, but a deficit remained of £16.125m in 2018-19, and £18.890m in 2019-20. The Medium Term Financial Strategy for 2017-20 therefore set out a forecast gap for the years 2018-19 and 2019-20 of **£35.015m** and included planned net savings of **£72.737m**.

## 2017-18 budget position

- 4.2. The latest details of the Committee's 2017-18 budget position are set out in the budget monitoring report elsewhere on the agenda. The Council's overarching budget planning for 2018-19 continues to assume that the 2017-18 Budget will be fully delivered (i.e. that all savings are achieved as planned and there are no significant overspends).

## The budget planning process for 2018-19

- 4.3. As reported to Service Committees in September, since the preparation of the Medium Term Financial Strategy, further pressures on the budget were identified, resulting in changes to the Council's budget planning position. At that point, the estimate of the budget gap for the four year planning period up to 2021-22 was **£100.000m**, and in September Service Committees were informed of the allocation of savings targets to aid in closing this projected gap.
- 4.4. In October, Service Committees then reported to Policy and Resources on the savings proposals identified to assist in closing the forecast gap for 2018-19. The total **gross** savings proposed were £41.593m. Policy and Resources Committee also considered a number of further changes to the Council's budget planning including the reversal and delay of a number of savings agreed as part of the 2017-18 Budget that had been identified as no longer deliverable in 2018-19. After new savings had been included, against the target **a budget gap of £7.806m remained for 2018-19 and £63.351m for the MTFS planning period 2018-22**. Policy and Resources Committee launched consultation on £3.580m of savings for 2018-19, and the level of council tax for the year, in order for Service Committees to consider the outcomes of consultation in January to inform their budget setting decisions.
- 4.5. In November Service Committees were updated on the position reported to Policy and Resources Committee but were not asked to identify further savings. In view of the remaining gap position for 2018-19, Committees were advised that **any change to planned savings or removal of proposals would require alternative savings to be identified**.
- 4.6. The budget position and the associated assumptions are kept under continuous review. The latest financial planning position will be presented to Policy and Resources Committee in January prior to budget-setting by County Council in February. The outline budget-setting timetable for 2018-19 is set out for information in Appendix 1 to this report.

## Latest 2018-19 Budget position

- 4.7. The council's budget planning was originally based on an increase in council tax of 4.9%, and the general approach set out in the council's Medium Term Financial Strategy has been to raise general council tax in line with inflation, reflecting the Government's assumptions within the local government financial settlement.
- 4.8. The Government has now provided the discretion to raise general council tax by an additional 1% without the need for a local referendum in both 2018-19 and 2019-20, recognising the higher forecast rate of inflation. **This means council tax can be raised by 3% for general council tax and 3% for the adult social**



**care precept, a total of 5.99% in 2018-19.** The Government's core spending power figures now assume the council will raise council tax by the maximum amount available of 5.99%.

- 4.9. Since the last budget report to Policy and Resources Committee in October 2017, a number of pressures have emerged which require funding in 2018-19. These include:
- Additional on-going funding to support Children's Services;
  - Funding for the £12m investment in Children's Services;
  - The national pay award offer of 2% plus higher increases for those earning less than £19,430;
  - Changes to planned savings; and
  - Continuing higher inflation rates.
- 4.10. **An additional 1.09% increase in council tax, to raise council tax by the maximum amount of 5.99% without requiring a local referendum would be worth approximately £3.9m in 2018-19 based on current tax base estimates. This would contribute to funding the above pressures, closing the gap in 2018-19, and reducing the 2019-20 forecast budget gap. A council tax increase of 5.99% would therefore enable a substantially more robust budget for 2018-19 and significantly reduce the risks for the council over the Medium Term Financial Strategy period.**
- 4.11. In setting the annual budget, Section 25 of the Local Government Finance Act 2003 requires the Executive Director of Finance (Section 151 Officer) to report to members on the robustness of budget estimates and the adequacy of proposed financial reserves. This informs the development of a robust and deliverable budget for 2018-19.

### **Budget planning assumptions 2018-19**

- 4.12. Key assumptions within the Council's current budget model include:
- **A CPI (2.99%) increase in council tax** above the 3% Adult Social Care precept, based on the updated assumptions used by the Government in the time 2018-19 local government settlement. Any reduction in this increase will require additional savings to be found. It should be noted that currently CPI is running at 3.0%<sup>2</sup>. The assumed council tax increases are subject to Full Council's decisions on the levels of Council Tax, which will be made before the start of each financial year. In addition to an annual increase in the level of Council Tax (but with no increase in council tax in 2021-22), the budget assumes modest annual tax base increases of 0.5%;
  - **That Revenue Support Grant will substantially disappear in 2020-21. This equates to a pressure of around £39m, but significant uncertainty is attached to this and clearly the level of savings required in year three could be materially lower should this loss of funding not take place;**
  - 2017-18 Budget and savings delivered in line with current plans (no overspend);

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<sup>2</sup> UK consumer price inflation: October 2017, published by the Office for National Statistics:  
<https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/october2017>

- Use of additional Adult Social Care funding during 2017-18 and future years as agreed by Adult Social Care Committee 10 July 2017, with no changes to the overall funding allocations in 2018-19;
  - 2017-18 growth in Children's Services is included as an ongoing pressure and additional investment is included with Children's Services budgets to reflect 2017-18 pressures;
  - Ongoing annual pressures will exist in waste budgets; and
  - That undeliverable savings have been removed as set out elsewhere in this report, and that all the remaining savings proposed and included for 2018-19 can be successfully achieved.
- 4.13. The Executive Director of Finance and Commercial Services' judgement on the robustness of the 2018-19 Budget is substantially based upon these assumptions.

## 5. Service Budget, Strategy and Priorities 2018-19

### Autumn budget 2017 – implications for Communities Committee

- 5.1. As part of the Autumn Statement the Chancellor confirmed that as of 2020-21 the plan to implement latest phase of BRRS which will see 75% retained by local government from 2020-21 (**rolling in existing grants including Public Health and RSG**). In addition we have received notification of further reduction to the Ringfenced Public Health Grant in 2019-20. The implications of this are set out below (paras 5.5-5.10).

### Approach to developing budget saving proposals

- 5.2. As in previous years, the proposals developed by officers are those which are considered to be deliverable. The proposals seek to complement the thrust of Norfolk Futures (see section 2).
- 5.3. Where possible, we have continued to seek to prioritise bringing forward proposals which do not impact on front-line service delivery, including efficiencies, new processes and deleting vacant posts.
- 5.4. We have also continued to seek to bring forward proposals for delivery as soon as possible, to enable any associated saving to be delivered as soon as possible. This has been balanced with ensuring there is sufficient time to develop and re-model services, where needed.

### Changes to proposals since the Committee considered them in October

- 5.5. **Registrars CMM047** – note that the original figure for income generation in 2018/19 has increased by £0.020m since last reported to Members.
- 5.6. **Public Health** – the report the Committee considered in October set out a proposed £5m saving in Public Health, with £2m in 2018/19 and a further £1m in each of the subsequent three years. Since that time, officers have reviewed the activity within Public health and have looked to release funding for 2018-19 by:

- Adjusting budget allocation based on known spend and where no commissioned contract change required
  - Reduction in overall staffing establishment – proposed and detailed as part of CES budget savings re-organisation consultation November 2017.
  - Use of PH reserve to ensure reallocation of funding in year 1 proposals
- 5.7. This review identified £1m of funding that could be reallocated to support the delivery of Public Health finding activity throughout the Authority. Further details of how the savings are planned to be delivered and where the funding will be allocated are set out in Appendix 7.
- 5.8. We have also just received confirmation of the allocations of the Ring-fenced Public health grant and whilst 2018-19 is in line with what we had previously assumed (a reduction of £1.031m), the 2019-20 allocation will also be reduced by a further £1m. The Chancellors statement also highlighted that, as of 2020-21, authorities will no longer receive a ring-fenced Public Health Grant and this will be rolled into the retained business rates scheme, but only on the understanding that appropriate assurance arrangements are in place. Public Health England are therefore working with the Department of Health to agree the assurance arrangements that will need to be in place before the grant comes to an end and expect to confirm those measures by spring 2019. Should this not be possible, the Government may wish to consider retaining the ring-fenced grant beyond 2020. Therefore, we will need to consider how this would impact on the ability of the service to be able to deliver savings in the way that was previously assumed.
- 5.9. The Revenue Budget proposals set out in Appendix 5 form a suite of proposals which will enable the County Council to set a balanced Budget for 2018-19. **As such recommendations to add growth items, amend or remove proposed savings, or otherwise change the budget proposals will require the Committee to identify offsetting saving proposals or equivalent reductions in planned expenditure.**
- 5.10. The Executive Director of Finance and Commercial Services is required to comment on the robustness of budget proposals, and the estimates upon which the budget is based, as part of the annual budget-setting process. This assessment will be reported to Policy and Resources Committee and County Council.

### **Service specific commentary on proposals**

- 5.11. Below is some service specific information about some individual proposals. This is included to help ensure that the Committee can consider all relevant information in making a decision.

**Capitalisation** – this has no impact on service delivery or standards. The funding needed to do this is included in the Capital Programme at Appendix 6.

**Providing a joined up Library and Childrens Centre Service** – this is being developed as part of the Local Service Strategy workstream of Norfolk Futures (see Section 2).

**Proposals with staff changes** – some of the proposals relate to changes in staff/organisational structures. Where this is the case, the relevant staff consultation has been carried out and processes are underway to implement any changes. This is to ensure that we are in a position to deliver the associated saving for 1 April, assuming these proposals are agreed.

For Communities Committee services, there will be a net reduction in staffing establishment of 38.81ftes, out of a total of 1,909ftes in the CES department; note that the changes include deleting 13 vacant posts.

Included within these changes is an increase in the number of front-line library staff by 9.3ftes and an increase in the pay for front-line branch library staff (as agreed by Personnel Committee in December 2017). This relates to delivery of a saving already agreed by Members (see 5.12 below).

### **Delivery of some existing agreed 2018/19 savings**

- 5.12. The strategic financial planning report to Committee in October included an update on how two areas of saving previously agreed by Members were intended to be delivered. There are no decisions for Members to take on these as the savings targets were agreed in previous budget setting rounds. However, to enable transparency around how the savings will be delivered, and avoid any confusion with the new proposals set out in this report, a short summary on each of these is included below:

**Fire and Rescue Service** - £490k saving – this is being delivered through some changes in back office processes and efficiencies, and capitalisation of some spend (which is reflected in the capital programme at Appendix 6). The proposals should not have any impact on service delivery or staffing levels, and they do not relate to front-line service delivery or fire stations.

**Library and Information Service** - £622k saving – the majority of this is being delivered by re-shaping the staffing structure at libraries. This includes streamlining the management arrangements, changing some back office support arrangements and increasing the number and pay of frontline branch library staff. As reported in October, it is intended to re-model the mobile library service for 2019/20. We will bring a further report to Committee with proposals on this so that Members can have full sight of work on this.

## **6. Revenue Budget**

- 6.1. The tables in Appendix 5 set out in detail the Committee's proposed cash limited budget for 2018-19, and the medium term financial plans for 2019-20 to 2021-22. These are based on the identified pressures and proposed budget savings reported to this Committee in October, which have been updated in this report to reflect any changes to assumptions. Cost neutral adjustments for each Committee will be reflected within the Policy and Resources Revenue Budget 2018-19 to 2021-21 paper which will be presented on the 29 January 2018.
- 6.2. Appendix 6 provide details the list of proposed new savings for 2018-22, this is broadly in line with what members considered as part of the October Committee meeting, with the exception of an increase in the proposed saving deliverable

through the registrars services and proposed changes to the Public Health savings.

## **7. Capital Programme 2018-19**

- 7.1. A summary of the Capital Programme and schemes relevant to this committee can be found in Appendix 6.

## **8. Public Consultation**

- 8.1. Under Section 3(2) of the Local Government Act 1999, authorities are under a duty to consult representatives of a wide range of local people when making decisions relating to local services. This includes council tax payers, those who use or are likely to use services provided by the authority and other stakeholders or interested parties. There is also a common law duty of fairness which requires that consultation should take place at a time when proposals are at a formative stage; should be based on sufficient information to allow those consulted to give intelligent consideration of options; should give adequate time for consideration and response and that consultation responses should be conscientiously taken into account in the final decision.
- 8.2. Saving proposals to bridge the shortfall for 2018-19 were put forward by committees, the majority of which did not require consultation because they could be achieved without affecting service users.
- 8.3. Where individual savings for 2018-19 required consultation:
- The public consultations ran from the 6 November 2017 to 2 January 2018.
  - Those consultations were published and consulted on via the Council's consultation hub Citizen Space at:  
<https://norfolk.citizenspace.com/consultation/budget2018/>
  - A copy of the relevant elements of the consultation document are included at Appendix 8.
  - We promoted the consultation through Your Norfolk residents' magazine, online publications, social media and our website.
  - People were able to respond online and in writing. We also received responses by email to [HaveYourSay@norfolk.gov.uk](mailto:HaveYourSay@norfolk.gov.uk) and accepted responses in other format, for example, petitions.
  - Consultation documents were available in hard copy, large print and easy read as standard and other formats on request.
  - Every response has been read in detail and analysed to identify the range of people's opinions, any repeated or consistently expressed views, and the anticipated impact of proposals on people's lives.
- 8.4 One of the Communities Committee proposals required public consultation, and a summary of the outcomes of this consultation is below.

### **Children's centres and libraries consultation feedback**

- 8.5 The findings of this consultation are being reported back to the Children's Services Committee and the Communities Committee because our proposals relate to the work of both committees.

8.6 In addition to the steps the council has taken to promote the consultation, we have also had meetings with all the organisations who run our children's centres to discuss our proposals with them and we asked the organisations to promote the consultation on our behalf. We have also promoted the consultation on the Family Information Service social media.

8.7 There were 355 responses received to this consultation. Of these, just over half (172 people or 51%) replied as individuals. Twenty respondents told us they were responding on behalf of a group, organisation or business but not all gave the names of their organisations, some were residents whose response did not necessarily represent the organisational view. Of the respondents who described their relationship to the service, most were people who use the library service (197) and / or parents/carers of a child (or children) under aged 0-5 (139).

We received a petition with 5,792 signatures. Norfolk County Council Labour Group undertook a separate consultation and submitted the responses they received which contained 81 comments relating to this proposal.

8.8 Key issues and concerns were:

- a) Children's centre services are valued, and some respondents said they regard them as essential or a priority.
- b) Several people said they think that children's centre services should be reviewed, for example because it is good practice to review any service periodically and because children's centre services need to adapt to changes in the way people live their lives.
- c) Several respondents said that they think our proposals would have a negative effect on the health and wellbeing of families, and they are worried that families would become more isolated.
- d) A majority of people said that there need to be some children's centre services which all families can use, although some of these respondents said that there could be fewer universal services than there currently are.
- e) Several respondents said that having fewer universal services would make it harder for families to get help early on and before problems escalate, so families would end-up needing more intensive and costly support because they would end-up in crisis.
- f) Several respondents said it is difficult to identify which families need support – it is not just families on low incomes – the needs of families change over time and it is easier to provide support if families have built up a trusting relationship with children's centre staff from having attended universal groups.
- g) Some people said that children's centre services should be focused on the families that need them most, because the County Council has less money and so it is right or sensible that we should target our resources.
- h) Some people said they are worried that families living in rural areas would be negatively affected by the proposed changes to children's centre services, in particular some respondents said they are worried about having to travel further to get to services.
- i) Several people expressed support for children's centres and libraries sharing buildings, for example because it would help to get children reading or because it would help to make both services viable – although some people added caveats or said that each area would need to be

looked at on a case-by-case basis because co-location would not be suitable in every area.

- j) Many respondents said it would be difficult for our existing buildings to accommodate children's centre and library services because there would not be enough space for both services, the buildings would not have the right facilities and there would not be enough parking for everyone.
- k) Many people said it would not be appropriate for children's centres and libraries to share buildings because they offer very different services, in particular people raised concerns about offering sensitive and confidential support to families in libraries which are public buildings.

- 8.9 A full summary of the consultation feedback received to the children's centre and libraries proposal can be seen at Appendix 3a.

### **Reduction in Health-watch grant**

- 8.10 In addition to our public consultation on the above proposal we carried out more local consultation on some proposals by engaging directly with relevant organisations/groups. In particular we consulted with Healthwatch on our proposal to reduce the grant we give them by £189,000. The overall amount of funding has also been reduced by Government, so there is a real-time reduction for Healthwatch of around £220k.

- 8.11 Healthwatch raised their concern that our proposal would adversely affect their ability to make sure that the views and experiences of local people inform how health and social care services are delivered, particular affecting their ability to capture the views of people from underrepresented groups.

- 8.12 They also stated that the proposed reduction in funding would not guarantee their ability to be represented on a range of different bodies/attendance at meetings which enabled both health and social care commissioners and providers, and would affect their ability to contribute to the Sustainability and Transformation Partnership.

- 8.13 Healthwatch asked that this Committee considers an alternative approach for the reduction in funding to be implemented as follows, to enable them to look at securing some alternative funding:

25% in year one i.e. £30,000 cut, 50% in year two i.e. £60,000 cut, 75% in year three i.e. £90,000 cut.

- 8.14 Thirty one (31) residents contacted the council during the consultation period and expressed their support for Healthwatch's alternative approach. Many also took the opportunity to express their support for Healthwatch and tell us how invaluable they found their work.

## **9. Equality and rural impact assessment – findings and suggested mitigation**

- 9.1 When making decisions the Council must give due regard to the need to promote equality of opportunity and eliminate unlawful discrimination.

- 9.2 Equality and rural impact assessments have been carried out on each of Communities Committee's 13 budget proposals for 2018/19, to identify whether there may be any disproportionate or detrimental impact on people with protected characteristics or in rural areas.
- 9.3 Only two of the proposals are deemed likely to have a detrimental impact on people with protected characteristics— including disabled and older people, people with health conditions, Black, Asian and minority ethnic people, some parents of 0-3 year olds and people living in rural areas:
- Reduction in Healthwatch funding
  - Norfolk Community Learning Services – remodelling the staff structure.
- 9.4 In addition to this, although the proposal to provide a more joined up library and children's centre service may have a long term positive impact on community cohesion and equality, there are some issues to address to ensure accessibility for all users, particularly people in rural areas.
- 9.5 Four mitigating actions are proposed to address these impacts:
- (i) If the proposal to reduce Healthwatch grant goes ahead, offer assistance to Healthwatch to help prioritise activity in line with the areas of highest need for people with protected characteristics, and highlight alternative sources of funding or opportunities that may be available to Healthwatch.
  - (ii) If the proposal to remodel the staff structure of Norfolk Community Learning Services goes ahead, support learners who currently use the childcare service to access alternative provision, including ensuring staff are trained to be able to inform them of their entitlement to alternatives.
  - (iii) If the proposal to provide a joined up Library and Children's Centre service goes ahead, at an appropriate stage when the review has taken place, equality/rural impact assessments to be carried out, to identify any potential impacts on service users. This to include a risk assessment of access planning of potential sites, and a cost impact assessment on users. If any detrimental impacts are identified, they should be reported to Communities/Children's Committee as appropriate, along with any proposed mitigating actions that could be carried out, for consideration before a final decision is made.
  - (iv) HR Shared Service to continue to monitor whether staff with protected characteristics are disproportionately represented in redundancy or redeployment figures, and if so, take appropriate action.
- 9.6 The full assessment findings are attached for consideration at Appendix 4. Clear reasons are provided for each proposal to show why, or why not, detrimental impact has been identified, and the nature of this impact.

## **10. Financial implications**

- 10.1. Financial implications for the Committee's Budget are set out throughout this report.



## **11. Issues, risks and innovation**

- 11.1. Significant risks or implications have been set out throughout the report. Specific financial risks in this area are also identified in the Corporate Risk Register, including the risk of failing to manage significant reductions in local and national income streams (RM002) and the risk of failure to effectively plan how the Council will deliver services (RM006).
- 11.2. Income generation - as we continue to maximise and increase reliance on generation of income, from various sources, and become more reliant on market factors, we increase our risk.
- 11.3. External funding – there are a number of projects and services being fully or partly funded by external funding, for example grants from other organisations and successful funding bids. Many of these include an element of match funding or similar expectations about the County Council's input. Reductions in revenue funding could impact on our ability to do this and we could risk losing funding or our ability to successfully bid for funding in the future.
- 11.4. Staffing - It will not be possible to deliver the level of savings required without some changes and reductions in staffing levels. The CES Department has already made a number of changes/reductions to staff in recent years, including reducing the number of managers in the department, but further reductions will be needed. Although we will take steps to minimise the impact of any changes as far as possible, including by introducing new ways of working, there is a risk that a reduced workforce will directly impact on the level of service we are able to deliver.

## **12. Background Papers**

- 12.1. Background papers relevant to the preparation of this report are set out below.

Norfolk County Council Revenue and Capital Budget 2017-20, County Council, 20 February 2017, Item 4:

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/444/Committee/2/SelectedTab/Documents/Default.aspx>

Norfolk County Council Budget Book 2017-20, May 2017:

<https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/budget-and-council-tax/the-2017-2020-budget-book.pdf?la=en>

Caring for your County, Policy and Resources Committee, 3 July 2017, Item 7:

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1359/Committee/21/Default.aspx>

Strategic and Financial Planning 2018-19 to 2021-22, Policy and Resources Committee, 30 October 2017, Item 7:

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/638/Committee/21/SelectedTab/Documents/Default.aspx>

## **Officer Contact**

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

**Officer name :** Tom McCabe **Tel No. :** 01603 222500

**Email address :** tom.mccabe@norfolk.gov.uk

**Officer name :** Andrew Skiggs **Tel No. :** 01603 223144

**Email address :** andrew.skiggs@norfolk.gov.uk



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## 2018-19 Budget Timetable

Activity/Milestone	Time frame
County Council agree recommendations for 2017-20 including that further plans to meet the shortfall for 2018-19 to 2019-20 are brought back to Members during 2017-18	20 February 2017
Spring Budget 2017 announced	8 March 2017
Consider implications of service and financial guidance and context, and review / develop service planning options for 2018-20	March – June 2017
Executive Director of Finance and Commercial Services to commission review of 2016-17 outturn and 2017-18 Period 2 monitoring to identify funding from earmarked reserves to support Children's Services budget.	June 2017
Member review of the latest financial position on the financial planning for 2018-20 (Policy and Resources Committee)	July 2017
Member review of budget planning position including early savings proposals	September – October 2017
Consultation on new planning proposals and Council Tax 2018-21	October to December 2017 / January 2018
Service reporting to Members of service and budget planning – review of progress against three year plan and planning options	November 2017
Chancellor's Autumn Budget 2017	TBC November / December 2017
Provisional Local Government Finance Settlement	TBC December 2017
Service reporting to Members of service and financial planning and consultation feedback	January 2018
Committees agree revenue budget and capital programme recommendations to Policy and Resources Committee	Late January 2018
Policy and Resources Committee agree revenue budget and capital programme recommendations to County Council	29 January 2018
Confirmation from Districts of council tax base and Business Rate forecasts	31 January 2018
Final Local Government Finance Settlement	TBC February 2018
County Council agree Medium Term Financial Strategy 2018-19 to 2020-21, revenue budget, capital programme and level of Council Tax for 2018-19	12 February 2018

## Specific budget proposals for Communities Committee

<b>Proposal</b> Note: savings are shown as a negative figure	<b>Saving 2018- 19 £m</b>	<b>Saving 2019- 20 £m</b>	<b>Saving 2020- 21 £m</b>	<b>Saving 2021- 22 £m</b>	<b>Total 2018- 22 £m</b>	<b>Risk Assessment</b>
Capitalisation of activities to release a revenue saving	-0.030				<b>-0.030</b>	
Changing back office processes and efficiency	-0.043				<b>-0.043</b>	
Vacancy management and streamlined management arrangements – museums and historic environment	-0.120				<b>-0.120</b>	
Vacancy management – customer services	-0.120	-0.030			<b>-0.150</b>	
Income generation – Norfolk Museums Service	-0.070		-0.400		<b>-0.470</b>	
Income generation – Norfolk Records Office	-0.030				<b>-0.030</b>	
Income generation – Norfolk Community Learning Services			-0.125		<b>-0.125</b>	
Income generation – Library and Information Service			-0.111		<b>-0.111</b>	
Reduction in Healthwatch grant	-0.189				<b>-0.189</b>	
Using Public Health Grant funding to support the delivery of Public Health activity throughout the Authority	-1.000	-1.000	-1.461	-1.000	<b>-4.461</b>	
Norfolk Community Learning Services – remodelling the staff structure, including staffing reduction	-0.150	-0.050			<b>-0.200</b>	
Providing a joined up Library and Children's Centre Services			-0.500		<b>-0.500</b>	
Registrars Service – external income	-0.120	-0.100	-0.150		<b>-0.370</b>	
<b>Total For Communities Committee</b>	<b>-1.872</b>	<b>-1.200</b>	<b>-2.747</b>	<b>-1.000</b>		

## Your views on the future of our children's centre services and libraries

### Respondent information

#### Respondent numbers

There were **335** responses received to this consultation. Of these, just over half (172 people or 51%) replied as individuals.

Responding as:			
An individual / member of the public	172	51%	
A family	105	31%	
On behalf of a voluntary or community group	7	2%	
On behalf of a statutory organisation	12	4%	
On behalf of a business	1	0%	
A Norfolk County Councillor	2	1%	
A district or borough councillor	0	0%	
A town or parish councillor	7	2%	
A Norfolk County Council employee	19	6%	
Not Answered	10	3%	
<b>Total</b>	<b>335</b>	<b>100%</b>	

Of the **335** responses received, the majority (316 or 94%) were online submissions to the consultation.

#### How we received the responses

Online submission	316	94%
Email	16	5%
Consultation paper feedback form	3	1%
<b>Total</b>	<b>335</b>	<b>100%</b>

#### Relationship of respondent to service (respondents could choose as many as applicable)

I am a parent / carer of a child (or children) aged 0-5	139	42%
I currently use children's centre services	128	38%
I currently use the library service	197	59%
I am a children's centre worker	45	13%
I work for an organisation that operates from a children's centre	10	3%
I work for the library service	4	1%
None of the above	54	16%
Not Answered	24	7%

## Responses by groups, organisations and businesses

**Twelve** respondents told us they were responding on behalf of a statutory organisation. The organisations are:

- Acle Children's Centre staff team
- Caister Children's Centre staff team
- City Locality Norfolk Healthy Child Programme
- Cromer Town Council
- NCH&C
- NHS Norwich Clinical Commissioning Group
- Ormiston
- Shipdham Parish Council
- Snettisham Parish Council
- South Norfolk Council
- Stalham Town Council
- Trinity Children's Centre staff team

The statutory organisations expressed the following views:

- It is good practice to review any service periodically and children's centre services need to adapt to changes in the way people live their lives.
- There is a lot of value in providing some children's centre services which all families can use – universal services provide help to families early on and prevent the need for more costly services later.
- A few of the organisations were supportive of the proposal for children's centres and libraries to share buildings, but they did include some caveats. For example, they support the idea as long as there is enough space for both services or as long as people using the services are not negatively affected. It was suggested co-location with libraries works well when each service has its own designated space.
- Some said they felt it would be difficult for our existing buildings to accommodate children's centre and library services because there would not be enough space for both services or the buildings would not have the right facilities. They were also concerned that the two services would be too different to share buildings.
- They suggested a few ideas, including looking for more opportunities for joint working and collaboration with health services and exploring co-locating with other organisations, such as having more children's services co-located with schools.

**Seven** respondents told us they were responding on behalf of a voluntary or community group. The groups are:

- Action for Children
- Belton Church Foodbank
- Community Action Norfolk
- Home-start Norfolk
- Little Discoverers, West Norfolk School for Parents Charity

The voluntary and community groups expressed the following views:

- They were worried that families living in rural areas would be negatively affected by the proposed changes to children's centre and library services, in particular they were worried about people having to travel further to get to services.
- There is a lot of value in providing some children's centre services which all families can use – universal services provide help to families early on and prevent the need for more costly services later.
- A few of the groups were supportive of the proposal for children's centres and libraries to share buildings, but they did include some caveats. For example they support the idea as long as there is enough space for both services or as long as people using the services are not negatively affected.
- Some said they felt it would not be appropriate for children's centres and libraries to share buildings because they offer very different services, in particular people raised concerns about offering sensitive and confidential support to families in libraries which are public buildings.

**Two** respondents told us they were Norfolk County Councillors. One councillor was concerned about potential reduction in funding for the mobile library service. The other councillor was concerned about the impact on families of the proposed reduction in funding for children's centres. They felt that the County Council should continue to fund children's centres rather than spend money building new roads.

**Seven** respondents told us they were town and parish councillors. They expressed the following views:

- Four of the councillors said they felt it is good practice to review any service periodically.
- Three of the councillors were supportive of the proposal for children's centres and libraries to share buildings, with one adding the proviso that there should be no reduction in the number of libraries. They thought this proposal would save money in the long-run and support children's literacy.

**Nineteen** respondents told us they were Norfolk County Council employees. This includes a few people who work at children's centres and some who use children's centres. They expressed the following views:

- Many of the employees said it is good practice to review any service periodically and children's centre services need to adapt to changes in the way people live their lives.
- Fifteen of the nineteen employees said that it is important to provide some children's centre services which all families can use. They said universal services enable staff to build a relationship with families and identify who needs targeted support – some of the respondents noted that it is not just families on low incomes who need targeted support. Many of the respondents also said universal services provide help to families early on and prevent the need for more costly services later.

- Many of the employees could see the benefits of children's centres and libraries sharing buildings, but their support for the proposal did include some caveats, for example they said they support the idea as long as there is enough space for both services or as long as people using the services are not negatively affected. They thought that each area would need to be looked at on case-by-case basis. It was suggested co-location with libraries works well when each service has its own designated space.
- A majority of employees said they felt it would be difficult for our existing buildings to accommodate children's centre and library services, because there would not be enough space for both services or the buildings would not have the right facilities. They were also concerned that the two services would be too different to share buildings, in particular employees raised concerns about offering sensitive and confidential support to families in libraries which are public buildings.
- Several employees were worried that our proposals would make it more difficult for families to get to children's centre or library services. They worried that families would be left isolated and that this would be bad for the mental health and wellbeing of parents / carers and children.

A response by Brandon Lewis MP was also received in which he said he thought we could find some savings without really affecting the services provided to families and that access to these essential services needs to be maintained, particularly for those living in more rural towns and villages, where children's centres and libraries act as community hubs.



## Summary of main themes

Overall theme	Issues raised	Number of times mentioned	Quotes
Children's centre services are valued and viewed as essential or a priority	<ul style="list-style-type: none"> <li>• Several respondents said that they regard children's centres as a vital part of the community and families really value the support offered</li> <li>• Some respondents said that children's centre services are key to supporting vulnerable families</li> <li>• Some respondents said we should be investing more in children's centre services</li> </ul>	142	<p>"Having somewhere to go where you feel comfortable to talk to people with knowledge of children's early years is irreplaceable."</p> <p>"Having the Children's centre to go to for breast feeding cafe and their other groups was a life line for me, as unlike other parent groups I knew it was a safe zone where I would have the support of professionals and I wouldn't have been judged."</p> <p>"Children's Centres are integral to the local community and are well used by families from all areas and needs."</p> <p>"This is a devastating blow to local communities and vulnerable families who rely on children centres for help in accessing the services they need."</p> <p>"The children centres are holding many families that do not meet thresholds for further support however are border line safeguarding which make these children extremely vulnerable."</p> <p>"I feel that funding needs to be increased to enable staff to continue their excellent work and provide community links to families who may feel isolated or who are vulnerable."</p> <p>"My boyfriend signed up for the maths course which had a creche, enabling both of us to study while my daughter was happily playing. He took his reference from the maths tutor and gained a place on a vocational course which took him to a paid job in a primary school, none of which he could have done without the confidence and free help he got at the centre."</p>

Children's centre services should be reviewed	<ul style="list-style-type: none"> <li>• It is good practice to regularly review services and to see how they could be improved</li> <li>• How people live their lives has changed, so children's centre services need to change too</li> <li>• The current set of contracts will end soon and this provides a good opportunity to review services</li> <li>• Some people who said they support a review taking place, added that they would like to see the outcome of the review before deciding whether they agree with our proposals or not</li> </ul>	111	<p>"I believe a review of Children's Centre services would be a positive step. Assessing need according to locality might help to identify where services are under/over subscribed."</p> <p>"I believe that a review is needed, as times change but our service specifications haven't changed to keep up."</p> <p>"I am happy that a review is going to happen as it is important that the budget/finances are used for the biggest impact and to benefit the most people."</p> <p>"Good idea, we need more services that focus on helping and supporting the families but in the local village halls, not in children centre building where many people do not want to go."</p> <p>"I think all services should be reviewed to ensure residents are receiving value for money. The impact would depend on the findings and subsequent action."</p>
Face-to-face support for families is important	<ul style="list-style-type: none"> <li>• Providing more information online could be a useful addition, but does not replace the need for face-to-face support</li> <li>• Parents / carers value the social interaction of face-to-face support and the opportunity to meet new people who are in a similar situation to them</li> </ul>	24	<p>"Online information in no way can replace the kind of advice and support available from a children's centre, and I strongly feel should only be supplied in addition."</p> <p>"The children's centres are amazing and I have been relying on them so much with both my children. The idea that an app or WhatsApp could in any way replace what they provide is ridiculous. Getting out of the house, meeting other parents and children is so important. You can feel so lonely as a new parent!"</p> <p>"I would not have known any peers to befriend and then feel confident messaging for advice had there not been play and stay groups and similar at the local children's centre."</p>

Some families could afford or would be happy to pay a small amount towards the cost of children's centre services	<ul style="list-style-type: none"> <li>Some people suggested introducing small charges or allowing families to make a donation in order to keep services running</li> <li>The sorts of services that respondents said families could pay for or that they would be happy to contribute towards were stay and play sessions, baby massage classes and baby yoga</li> </ul>	31	<p>"All new moms feel alone and benefit from a good supportive postnatal group which should be free. But it's ok to charge from other activity sessions- I'm currently attending a baby yoga class which I'm happy to pay for as it's run really well."</p> <p>"For us money is a big constraint on the activities we undertake, a donation of £1-2 is a manageable amount for us per group, but many groups offered by other enterprises are much more than this and so we therefore to not attend them."</p> <p>"Perhaps some groups or activities could have nominal charges per family (say 50p) in order to help towards costs. However I think charging for most services would mean people would not access the support they need."</p> <p>"You could ask for a donation or membership or some other subtle way of keeping services free for those who need them."</p> <p>"I feel that more financially better off families should be able to contribute toward some courses such as Baby massage."</p>
Some families are worried about the financial implications of our proposals	<ul style="list-style-type: none"> <li>Some families are worried they wouldn't be able to afford to pay to attend groups or to pay more to get to children's centre services if they were delivered in a library or another location that was further away</li> </ul>	32	<p>"Some parents couldn't afford bus fares / cope with taking a couple of buses each way to get to other venues around town to get help."</p> <p>"Whilst on maternity leave I can't afford to pay for toddler groups so without the centre my children would not have any social interaction with other children. I suffer post natal depression and anxiety, and find the centre one of the only places I feel comfortable in taking the children when I'm low."</p> <p>"The targeted families we work with are so isolated, this would have such a negative impact on their lives as some of the families can't afford to pay for internet and have no vehicle to drive to other parts of the county....they would be left with nothing!"</p>

Some families are worried that our proposals would make it more difficult to get to children's centre or library services	<ul style="list-style-type: none"> <li>Some families are worried that our proposals would make it more difficult for them to get to children's centre or library services, for example if the services were co-located in a building that is further away from them</li> <li>Respondents were particularly concerned about families living in rural communities</li> </ul>	48	<p>"The Village Green Childrens Centre offers many services to families living in Belton and the surrounding villages who would have difficulty travelling into town for support in Gorleston / Great Yarmouth as public transport provided is neither reliable or cheap."</p> <p>"I can't get to the library easy it's 2 buses away. I've got 4 children 1 in nursery."</p> <p>"We do not have a library in the village, so for our parents this would mean a bus journey in to town. Buses do not serve the village very often particularly evenings for classes. There is no public car park near to the library and a local supermarket car park to there offers 2 hrs maximum stay."</p>
Our proposals would have a negative effect on the health and wellbeing of families	<ul style="list-style-type: none"> <li>Some people said that our proposals would have a negative impact on families</li> <li>Several respondents said that they feared families would be left isolated and that this would be bad for the mental health and wellbeing of parents / carers and children</li> </ul>	133	<p>"Truly frightening. Simply put, reducing the budget for children's services by 50% will have a damaging effect on all Norfolk families."</p> <p>"I think it's madness. In total, changing Childrens Centre provision might save £5m - this is a drop in the ocean of the £125m needed and yet the negative impact on families will be huge."</p> <p>"The current services provided by Diss children's centre have been a fundamental part of raising my young family. Without this service I would have been isolated and struggled a great deal with some of the early stages of parenting and socialising."</p> <p>"The centre is a place where they feel welcome and they know that they won't be judged. Parents and their children get to meet other families and are able to play and socialize, all of this making them feel empowered and less isolated."</p>

<p>All families should be offered children's centre services</p>	<ul style="list-style-type: none"> <li>• A majority of people said that there need to be some universal services</li> <li>• Some respondents said there should be no reduction in the universal offer</li> <li>• Some respondents said there needs to be a universal offer, but that it could be reduced slightly</li> <li>• Several respondents said that having fewer universal services would make it harder for families to get help early on and before problems escalate, so families would end-up needing more intensive and costly support because they would end-up in crisis (this was mentioned 96 times)</li> <li>• A few respondents said that having fewer universal services would result in costs being passed on to other departments or organisations (this was mentioned nine times)</li> </ul>	<p>212</p>	<p>"It seems like this policy is expecting the most vulnerable to simply turn up at the children's centres and ask for help. I can honestly say from our experience that this is not how things work. The most vulnerable are also the most depressed/socially excluded. It is only through the universal groups that these vulnerable parents are encouraged to interact with the centre staff where they can be identified and given the tailored care they desperately need."</p> <p>"The balance between targeted and universal services is crucial. If there is no early intervention then the number of children receiving statutory intervention will continue to increase, this will increase the cost to the local authority. Removing budget from this service is short sighted."</p> <p>"Targeted family support work is over subscribed at our Children's Centre and having universal groups enables us to provide an offer to families whilst they wait for support. Furthermore, universal groups act as a 'step down' for families and enables us to keep in touch with one another and monitor progress. If we didn't have these groups nobody would be able to identify when difficulties begin to arise again for a family."</p> <p>"I think services should be available to everyone. Every child and family deserves equal opportunities and access to support if they feel they need it."</p> <p>"As a parent that felt anxious about attending groups after a difficult birth it would have been easy to stay at home and hide but the universal baby group helped get us out the house and talking to the practitioners for advice."</p> <p>"It is important to remember that you do not always need to be on a low income or live in an area of deprivation to be struggling and needing support. Many of our parents find parenting difficult and they feel isolated for many reasons."</p>
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	<ul style="list-style-type: none"> <li>• It is difficult to identify which families need support – it is not just families on low incomes – the needs of families change over time and it is easier to provide support if families have built up a trusting relationship with staff from having attended universal groups (this was mentioned 96 times)</li> </ul>		<p>“How would they know who these families are? Do they wear signs? I know I didn’t and I needed the children’s centre more than most!”</p> <p>“Narrowing the reach of services runs considerable risk of missing some of those in need. Selecting only those perceived to be in need could also stigmatise those families. Furthermore, ensuring a broad mix of users offers more opportunity for the 'nudge' effect of seeing how other people manage family life.”</p> <p>“Parents learn from how they see other parents acting towards and around their children just as much as from the trained staff. To invite only one group could be seen as labelling or condescending. It could be seen as a place where only poor or bad parents were invited and so become a negative rather than positive experience.”</p> <p>“‘Needs them most’ is not helping those that just need them. What happens to them - do they wait until they the get worse and then 'need them most'?”</p> <p>“Also services available to all in the community helps integration and building a community.”</p> <p>“There is a wealth of evidence that providing early preventative services for families in the crucial first two years of a child's life is key to influencing better outcomes and life chances. This is where the expertise of children’s centres excels as a universal service.”</p>
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			<p>"If you target services too much, and completely strip back services to just targeted work, children will start to slip through the net and be missed as all professionals know, that children of concern are identified in universal services. It is also known that families of concern will purposely avoid official targeted services as they do not trust children's services."</p> <p>"The breastfeeding support group is an example of a service which cannot be targeted at certain families as breastfeeding mothers all need support without exception."</p> <p>"I was identified by my Children's Centre as a vulnerable parent who needed help. This intervention turned my life around, saved my life and my family from mental breakdown. ... However, this would all have gone by unknown if I had not attended 2 universal groups at the Centre for 4-5 months before things started to unravel. ... From first hand experience I can tell you that whilst the interventions have helped me in the short term, it is attending the universal groups that have helped me in the long term."</p>
Children's centre services should be focused on the families that need them most	<ul style="list-style-type: none"> <li>• The County Council has less money and so it is right or sensible that we should focus our resources on the families that need support the most</li> <li>• More affluent families could afford to pay for the services that they currently get from their children's centre for free</li> </ul>	48	<p>"Given limited resources it is best to focus children's centre services on families that need them most."</p> <p>"I think it is obvious that with limited funds available, they should be directed at those who need them the most."</p> <p>"I agree these services should be more targeted. The centre I attended was mainly accessed by middle class parents from adjoining areas."</p> <p>"I think in principle this is a good idea as there are more private groups available for those with resources to attend."</p> <p>"Good idea. Why are we spending money on people who don't need it 7 yrs into the cuts?"</p>

			<p>"most vulnerable children are eligible for free early years childcare, so have ongoing access to services. Beyond the age of two it therefore makes sense for children's centre services to be much more targeted."</p>
<p>Our proposals would negatively affect rural communities</p>	<ul style="list-style-type: none"> <li>Some respondents were worried that families living in rural areas would be negatively affected by changes to children's centre services</li> </ul>	62	<p>"I worry that the rural communities and those who find it hard to leave the house will be worse off as a result of the review."</p> <p>"Having regular contact and daily access to a local support centre is invaluable to a rural community. Without this services families including my own are isolated and vulnerable."</p> <p>"A review is important of course but once more the villages miss out. Loddon is our nearest centre from Ditchingham which is about six miles with no bus route direct."</p> <p>"I think making cuts to services that offer support to children and families would be a real shame. North Norfolk is a rural area and it can be very easy for families to become isolated."</p> <p>"In rural Norfolk we have little facilities as it is, don't take even more away by combining two good but distinct resources and making each one the poorer for it."</p>
<p>It is a good ideas for children's centres and libraries to share buildings</p>	<ul style="list-style-type: none"> <li>Several people expressed support for the two services sharing buildings, for example because it would help to get children reading or because it would help to make both services viable</li> <li>A few people said that it works well in Acle where the children's centre and library already share a building</li> </ul>	168	<p>"A brilliant idea! Hopefully it would encourage more parents to read with their children and mean the excellent services offered by the children's centres could continue. I'd hate to see centres fully close."</p> <p>"I think it would be a great idea to assist with imagination and reading skills."</p> <p>"There could be good synergies by combining services within the same buildings. Perhaps this may allow more weekend opening hours for libraries."</p>



	<ul style="list-style-type: none"> <li>• Several people said they support the proposal but with caveats, for example they support the idea as long as there is enough space for both services or as long as people using the services are not negatively affected</li> <li>• Some people said that each area would need to be looked at on a case by case basis (this was mentioned 46 times)</li> </ul>	<p>“In the age of budget cuts, sharing facilities is definitely the way forward.</p> <p>“I think that this would be a good idea if it means saving our libraries.”</p> <p>“A good idea if appropriate buildings are available.”</p> <p>“This sounds like a good idea if space permits and doesn't limit activities such as messy play. We already enjoy our libraries bounce and rhyme time.”</p> <p>“In my opinion only libraries that have a large and suitable separate space and outdoor space for a children's centre would be appropriate.”</p> <p>“If a building is big enough I don't see a problem but you shouldn't cut either service just to squeeze them in.”</p> <p>“Happy with this if the affect on the service is fully considered and not drastically reduced. Better to utilise all of 1 building than pay for two half used ones.”</p> <p>"Sharing with a library works at Acle because the children's centre has its own designated space. Without separate space this could be less effective. Children's Centre services require different spaces to libraries.”</p> <p>“I feel this is a good idea. We regularly visit Acle library which is already doing so, and our local Chidlrens centre of Martham work closely with the Library.”</p>
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			<p>"Where we had capital to build an extension for the Children's Centre at Acle this worked very well but where we fitted into space within the Gorleston library it was less successful. There are practical considerations. Ofsted were not happy with safeguarding concerns over access to toilets and their use by the general public."</p>
<p>It would be difficult for our existing buildings to accommodate children's centre and library services</p>	<ul style="list-style-type: none"> <li>• Many respondents were concerned that our existing estate would not be suitable and said that we should not try to put both services into our existing children's centre or library buildings</li> <li>• Some respondents were concerned that the buildings would not have the right facilities, for example a couple of people questioned if you put a children's centre into one of our libraries would it have room for baby change facilities</li> <li>• A few respondents were concerned that there would not be enough parking for everyone</li> <li>• A couple of people raised concerns about the cost of adapting buildings so that they work for both services and questioned how much money this proposal would save</li> </ul>	151	<p>"Watton Library is far too small for the Children's Centre is be based there. There wouldn't be the space to be able to run the sessions that the Children's Centre currently offer."</p> <p>"I cannot visualise how groups and activities could successfully run from libraries. I feel storage and space to run groups would be an issue and this would limit the number of activities available to families on a daily basis. I also don't feel that library buildings (if used) would have the right facilities for crèche provision."</p> <p>"Placing them in the same building wouldn't work here in the city where our Children's Centre is already so busy that they sometimes have to turn people away from groups that are at capacity."</p> <p>"Libraries are not particularly welcoming and the buildings are not child friendly. The buildings are older and don't feel as welcoming."</p> <p>"It would impact us if the library space was reduced to make space available for the children's centre to move in. Reducing space available for the library is not a positive move forwards."</p>

			<p>“If the library were just used to host groups, then this already occurs at many libraries, Bounce and Rhyme groups in particular. Would there be space in libraries for a sensory room? Or a breastfeeding cafe? Also a crèche/play room? All services that my family very much value at the children's centre.”</p> <p>“There are many libraries which are currently in very small spaces and I don't think any library should lose space that is currently used for library provision. If there happened to be rooms unused in a library that would be large enough for a children's centre to operate from it then why not but I suspect that there are very few libraries where this is the case. Are you going to build brand new purpose built centres to house both library and children's Centre? If yes then great go for it!”</p> <p>“Parking is already an issue at the Children's Centre and at the Libraries - will more parking space be made available if the services co-locate in one building in all areas?”</p> <p>“I feel that in order for this to work, the money that would need to be ploughed into the spaces would be ridiculous and the whole point of this is to try and save money.”</p> <p>“People often come into the Children's Centre to seek help and and can be in a state of great distress. Staff are able to take them to a confidential space to offer support. I suspect people would not feel comfortable entering the library to access support in the same way.”</p> <p>“Libraries would not be able to offer the outside garden space that some Children Centres can offer such as Emneth – and also the big equipment that is used in the garden such as play kitchens, herb gardens, logs and other natural explorative play items, in the actual surroundings rather than being brought inside and looked at out of context.”</p>
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			<p>"I can just see well equipped, fit for purpose Children's Centres being sold off and everyone having to 'make-do' and double up in buildings that serve a multi-purpose."</p>
<p>It would not be appropriate for children's centres and libraries to share buildings because they offer very different services</p>	<ul style="list-style-type: none"> <li>• Many people raised concerns about offering sensitive and confidential support to families from a shared children's centre and library building – libraries are public buildings that anyone can enter, whereas some children's centre services need privacy and respondents questioned how this balance could be achieved</li> <li>• Several parents and carers said they would not feel comfortable going to a shared building for noisy or messy group activities – and a few library users said they do not think it would be appropriate either and that they prefer a calmer environment to study or look for jobs</li> <li>• A few people said that parents and carers might not want to go to a building shared with a library if they struggle with reading</li> </ul>	140	<p>"While amalgamating the services appears a sensible option there a number of issues such as confidentiality, safeguarding and physical space. By definition Library's are public spaces and any member of the public can access them. Children's Centres on the other hand are targeted at children and families and there is a level of safeguarding built into the Centres. There is a danger that children could inadvertently be put at risk if services such as baby/child health clinics/child access visits/targetted groups are offered at such a public venue."</p> <p>"If I want to breastfeed my baby I would feel uncomfortable doing so in a library. I would also feel that in a crisis it would be too public."</p> <p>"There would need to be a designated area for the Children's Centre where confidentiality can be respected for families that may seek support from the CC for sensitive issues."</p> <p>"It should also be taken into account that adults in vulnerable families are often uncomfortable in more public arenas and may feel pressured into accessing library facilities, which can pose an issue of there is a background involving illiteracy."</p> <p>"Sessions such as Stay and Play require an outside area and many of the activities are too busy/noisy to be held in a library."</p> <p>"We use the children's' centre for support and groups specifically for children with additional needs. The idea of trying to run groups for these children (who are not necessarily easily accepted in 'normal' society) in a space designed for peaceful study and reflection, doesn't really work."</p>

			<p>"It often takes a lot of work with the more vulnerable families to build confidence to come into services in the safety of a children's centre, and this happens precisely because it is somewhere that is focusing on their needs, and not a totally public space. ... Children's centre staff are experts in recognising where parents are struggling, and engaging sensitively to encourage such families into services. This, and most importantly the primacy of the child's needs, could get lost in the attempt to provide everything under one roof."</p>
Ideas suggested by respondents	<ul style="list-style-type: none"> <li>• A few people suggested other services which they thought could be co-located, these included libraries and adult education, children's centres and services for older people, and more children's centres and schools</li> <li>• A couple of people suggested that children's centre staff could provide training to other professionals about working with young children</li> <li>• A couple of people suggested that we could reduce the amount of resource we use to monitor the performance of children's centres or we that we should put less focus on increasing the number of families who register with their children's centre</li> </ul>	42	<p>"Sharing spaces with primary schools might be a better fit where available as most have better safeguarding set ups."</p> <p>"Have you also considered using older people's care homes to provide services for families particularly in rural areas. Research shows that exposing young children to older people and vice versa is good for both."</p> <p>"Have sessions in other unusual places (e.g. retirement homes) also been considered?"</p> <p>"In most areas where NCC has a significant presence (libraries, children centres, fire stations) there are already a range of community buildings and consideration should be given to how all community assets can be utilised effectively. Equally, public sector premises tend to be located in more populous areas which again creates issues of rural access."</p> <p>"I think what would be better would be to use existing children's centre staff to instead help other local groups improve their groups by advising on good activities and resources. This is because they are run by enthusiastic committed people but they often don't have the relevant early years knowledge to deliver good quality sessions."</p>

	<ul style="list-style-type: none"> <li>• A couple of respondents said more should be done to support parents / carers to provide each other with peer support</li> <li>• One organisation said that we should look for more opportunities for joint working and collaboration with health services</li> <li>• One person suggested that if children's centres and libraries shared buildings then we could extend the opening hours of libraries</li> <li>• One person suggested that children's centres charge the other organisations who use rooms in their buildings</li> <li>• One person suggested that universal children's centre services could be delivered from libraries and targeted services from children's centres</li> </ul>		<p>"Children's centre staff training the library staff."</p> <p>"More should also be done to support pairing up families with other families who could offer support."</p> <p>"NHS Norwich CCG would like to ensure that community health services and health stakeholders are involved and engaged in the remodelling of this service, to seek opportunities for the co-location of staff and that services collaborate for the overall benefit of services provided to children and families."</p> <p>"Is it worth considering universal services being offered from libraries and targeted services being offered from fewer Children's Centre buildings."</p> <p>"I can see the benefits of maintaining lead CCs in areas of high deprivation with other CCs becoming linked satellites and sharing buildings and working more closely with libraries, health and/or leisure centres."</p> <p>"The library in Swaffham is too small. A small extension to the Community Centre (a community hub already) to accommodate them both would be really innovative!!"</p>
Challenge to the thinking behind the proposal	<ul style="list-style-type: none"> <li>• Some respondents challenged the thinking behind our proposals, in particular people were concerned that we have included a figure for how much we could save before we have carried out any review of our services</li> </ul>	60	<p>"To undertake a review in the light of a predetermined level of cuts is effectively limiting the range of possible outcomes."</p> <p>"This "proposal to review" sounds more like a cost cutting exercise which you have already costed as saving the county council £5.5 million. If the review demonstrates that more resources would benefit the development of children would the finance be found?"</p>

			<p>"I am concerned that a review without clear objectives in relation to quality, outcomes and output will just become a cuts exercise."</p>
Comments about the consultation	<ul style="list-style-type: none"> <li>Some people were concerned that we would not listen to or act upon the responses to the consultation, or were critical of the consultation because they felt there was not enough information</li> </ul>	21	<p>"How can I assess the impact on my area if we have not had the review and I don't know which are affected?"</p> <p>"Council should have the integrity and decency to set out detailed proposals rather than vaguely-worded 'common-sense' general statements dressed up as public consultation."</p> <p>"Consultation is a means to enable parents to feel involved in a decision but it's likely that any option will be detrimental as services will be reduced."</p>

## Additional responses

### List responses received in addition to the standard format (eg. petitions, postcard campaigns, letters) and summarise main points

We received a petition from Norfolk County Labour Party signed by 5,792 people. The wording of the petition is:

#### **Protect Norfolk 'Sure Start' Children's Centres**

My local children's centre was a life-saver when my daughter was a baby and toddler. It was motivation to leave the house, to keep some structure to the day and to be able to seek advice in a non-threatening environment. I felt out of my depth as a new parent and the advice and support I received was invaluable. My daughter really benefited from activities with other children, and I was able to maintain some kind of social support network. I'm passionate about the excellent work our children's centres do and the difference they make to the lives of families in Norfolk. It's in everyone's interest that children in Norfolk are happy, safe and reaching their potential. Our children's centres play a crucial role in this. That's why I'm asking you to support this petition.....

We the undersigned value our 'sure start' centres and believe that the proposal to remove 50% (£5 million) from the budget for Norfolk's Children's Centres is a false economy that will harm the life chances of children and families in Norfolk. In particular we are concerned about the risks of increased isolation and poor parental mental health, as children's centres have also had a proven positive impact on these issues.

We think it is nonsense that the service will be "improved" by having half of its budget slashed.

Research into the early years has found that for every £1 spent on quality early care and education saves taxpayers £13 in future costs [1]

We believe that our Children's Centres should:

- Remain a universal, non-stigmatising, service accessible equally to all Norfolk families
- Continue to provide enhanced, targeted support to families most in need
- Continue to provide services through both outreach and in local child-centred community buildings
- Provide activities and support that ALL remain free to access

We call on the County Council to:



Abandon the proposal to remove 50% of funding from our children's centres and commit to protect this budget. To not do so is a false economy that will just 'shunt' cost on to other services and undermine the excellent progress made locally in 'school readiness' and early years outcomes.

[1] ref: Centre for Research in Early Childhood (2013) The impact of early education as a strategy in countering socioeconomic disadvantage).

<https://www.change.org/p/norfolk-county-council-protect-norfolk-sure-start-children-s-centres>

Norfolk County Council Labour Group organised and promoted their own separate consultation. They described this consultation proposal as: "Slash the budget for Children's Centres by 50% but not saying which ones will close or who will lose services. Vague language about remodelling and targeting those in need. This also hides plans to cut Library services without saying where or how. Mobile libraries threatened."

Eighty one of the responses contained comments relating to this proposal. Respondents told us they really value children's centres and libraries (including mobile libraries) and regard them as key services or essential (28 mentions), some said that they disagree with our proposals (20 mentions) and that these services should not be cut (21 mentions). Some respondents said they felt concerned about the impact on rural communities (20 mentions). Some respondents were critical of the Norfolk County Council consultation for not providing enough information (24 mentions).

**Produced by Stakeholder and Consultation Team**  
[ConsultationTeam@norfolk.gov.uk](mailto:ConsultationTeam@norfolk.gov.uk)

## **Communities Committee budget proposals 2018-2019**

# **Equality and rural assessments – findings and recommendations**

January 2018

**Lead officer – Jo Richardson, Equality & Diversity Manager, in consultation with Ceri Sumner, Assistant Director, Community, Information and Learning, and Sarah Rhoden, Head of Support and Development**

**This assessment helps you to consider the impact of service changes on people with protected characteristics and in rural areas. The assessment can be updated at any time to inform service planning and commissioning.**

**For more information please contact Equality & Diversity team, email: [equality@norfolk.gov.uk](mailto:equality@norfolk.gov.uk) or tel: 01603 222611.**

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## The purpose of equality and rural assessments

1. The purpose of equality and rural assessments is to enable elected members to consider the potential impact of decisions on different people and communities prior to decisions being taken. Mitigating actions can be developed if detrimental impact is identified.
2. It is not always possible to adopt the course of action that will best promote the needs of people with protected characteristics or people in rural areas. However, assessments enable informed decisions to be made, that take into account every opportunity to minimise disadvantage.

## The Legal context

3. Public authorities have a duty under the Equality Act 2010 to consider the implications of proposals on people with protected characteristics. The Act states that public bodies must pay due regard to the need to:
  - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act<sup>1</sup>;
  - Advance equality of opportunity between people who share a relevant protected characteristic<sup>2</sup> and people who do not share it<sup>3</sup>;
  - Foster good relations between people who share a relevant protected characteristic and people who do not share it<sup>4</sup>.
4. The full Act is available [here](#).

## The assessment process

5. This assessment comprises three phases:
  - **Phase 1** – evidence is gathered on the proposal, to examine who might be affected and how. This includes reviewing the findings of related assessments and public consultation, contextual information about local populations and other relevant data. Where appropriate, public consultation takes place.
  - **Phase 2** – the results are analysed. The assessments are drafted, making sure that any potential impacts are fully assessed. If the evidence indicates that a proposal may have a detrimental impact on people with protected characteristics or in rural communities, mitigating actions are considered.
  - **Phase 3** – the findings are reported to service committees, to enable any impacts to be taken into account before a decision is made.

## Communities budget proposals 2018-2019

6. Communities Committee has put forward 13 budget proposals for 2018-2019:

	<b>Title of proposal</b>	<b>Description</b>
1.	Capitalisation of activities to release a revenue saving	The ICT equipment used by the fire and rescue service is currently leased and the lease is due to expire. Rather than lease new equipment, we will purchase it, which is the approach already taken for the rest of the Council. The purchase of new equipment is a capital cost, which means we can free up our revenue budget for the lease costs as a saving. It will not reduce the amount of equipment that we have. We have separate arrangements in place for our control room, which is not affected by this proposal.
2.	Changing back office processes and efficiency	This relates to the high volume print service in Customer Services. The lease for the high volume printers came to an end during 2017 and new arrangements have been procured. These are cheaper and so we can deliver a saving.
3.	Vacancy management and streamlined management arrangements – museums and historic environment	There are some vacancies in the Culture and Heritage portfolio. Rather than recruit to these, we are looking at how we could change arrangements to enable these posts to be deleted. They relate to the historic environment service where, for example, we are looking at closer working with the museums archaeology service.
4.	Vacancy management – customer services	This relates to the Customer Service Centre - reducing the number of posts by deleting some vacancies. The vacancies have arisen (and will continue to arise) because of efficiencies we have been able to make due to increased digitisation. This will not impact on service standards.
5.	Income generation – Norfolk Museums Service	This saving aligns to the programme/timetable for the Castle Keep development project. In addition, work is underway to identify other ways to increase income generation e.g. through other improvements to the customer offer.
6.	Income generation – Norfolk Records Office	Work is proposed to consider ways to generate income.
7.	Income generation – Norfolk Community Learning Services (NCLS)	The 2019/20 amount is about positioning NCLS so that it is able to support the delivery of apprenticeships, which will be additional funded activity. The 2010/21 amount relates to property exploitation and utilisation e.g. using fewer or cheaper buildings, improving the catering offer.
8.	Income generation – Library and Information Service	We are exploring other ways to generate income for the library service. Some existing income generation streams are already at risk and doing more of the same will not deliver a saving. We need to develop new ways to generate income.
9.	Reduction in Healthwatch grant	Healthwatch is a statutory body that works with health and social care services in Norfolk to make sure that the views and experiences of local people can inform how services are delivered. This particularly includes people from underrepresented groups.

	Title of proposal	Description
		The Healthwatch grant provided by the County Council is above the statutory minimum. This proposal means reducing the Healthwatch grant to the statutory minimum. Note that the statutory minimum amount of funding has been reduced by Government this year, and so there is a real-time reduction for Healthwatch of around £220k.
10.	Using Public Health Grant funding to support the delivery of Public Health activity throughout the Authority	We are currently looking for opportunities throughout the Authority that contribute to delivery of Public Health outcomes.
11.	Norfolk Community Learning Services – remodelling the staff structure, including staffing reduction	This involves a detailed review of the staffing structure for Norfolk Community Learning Services so that resources can be better targeted to delivery of outcomes. It is anticipated that we can reduce overall numbers without any significant impact on service delivery.
12.	Providing a joined up Library and Children's Centre Services	This will seek opportunities to align activity and buildings across Children's Centres and libraries - discussions with Children's Services are underway on this. This is a model already in place in other councils.
13.	Registrars Service – external income	Increase our income by expanding the range and variety of services we charge for

## Who is affected?

7. The proposals will affect residents, visitors and businesses in Norfolk, including people with protected characteristics and in rural areas, and our staff:

<b>People of all ages</b>	<b>YES</b>
<b>Disability</b> (all disabilities and long-term health conditions, including but not limited to people with, for example, reduced mobility; Blind and visually impaired people; Deaf and hearing impaired people; people with mental health issues; people on the Autism spectrum; people with learning difficulties and people with dementia).	<b>YES</b>
<b>Gender reassignment</b> (e.g. people who identify as transgender)	<b>YES</b>
<b>Marriage/civil partnerships</b>	<b>YES</b>
<b>Pregnancy &amp; Maternity</b>	<b>YES</b>
<b>Race</b> (different ethnic groups, including Gypsies and Travellers)	<b>YES</b>
<b>Religion/belief</b> (different faiths, including people with no religion or belief)	<b>YES</b>
<b>Sex</b> (i.e. men/women/intersex)	<b>YES</b>
<b>Sexual orientation</b> (e.g. lesbian, gay and bisexual people)	<b>YES</b>

## Potential impact

8. The proposal to reduce the Healthwatch grant may have a disproportionate and detrimental impact on people with protected characteristics, because Healthwatch particularly works with these groups. More information about this is set out on page 10.
9. The proposal to remodel the staff structure of Norfolk Community Learning Services may have a detrimental impact on some parents of young children aged 0-3 years old. This is because the proposal will see the deletion of 2.166 full time equivalent posts, which currently provide a childcare service for adult learners. More information about this is set out on page 7.
10. The other 11 proposals are unlikely to have a detrimental impact on people with protected characteristics or in rural areas. The reasons for this are provided below:

	Title of proposal	Impact
1.	Capitalisation of activities to release a revenue saving	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because there is no change to service standards, quality or delivery.
2.	Changing back office processes and efficiency	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because there is no change to service standards, quality or delivery.
3.	Vacancy management and streamlined management arrangements – museums and historic environment	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because the deletion of these posts will not lead to changes to service standards, quality or delivery. Staff with protected characteristics will not be disproportionately affected compared to other staff.
4.	Vacancy management – customer services	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because any posts affected are already vacant, and the deletion of these posts will not lead to changes to service standards, quality or delivery.  There is a risk that customer waiting times could increase slightly, but calls relating to vulnerable adults and children will continue to be prioritised.
5.	Income generation – Norfolk Museums Service	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because there is no change to service standards, quality or delivery.
6.	Income generation – Norfolk Records Office	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because there is no change to service standards, quality or delivery.
7.	Income generation – Norfolk Community	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected

	<b>Title of proposal</b>	<b>Impact</b>
	Learning Services	<p>characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• There is no change to service standards, quality or delivery.</li> <li>• The proposal will create an opportunity to consider whether accessibility of the existing premises for disabled people can be enhanced.</li> </ul>
8.	Income generation – Library and Information Service	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because there is no change to service standards, quality or delivery.
9.	Using Public Health Grant funding to support the delivery of Public Health activity throughout the Authority	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because there is no change to service standards, quality or delivery.
10.	Norfolk Community Learning Services – remodelling the staff structure, including staffing reduction	<p>The proposal to remodel the staff structure of Norfolk Community Learning Services may have a detrimental impact on some parents of very young children, 0-3 years old. This is because the proposal will see the deletion of 2.166 full time equivalent posts, which currently provide a childcare service for adult learners.</p> <p>This should not have a major impact on adult learners with children over three years of age, because these learners will be able to access free provision in the immediate area (all three to four year olds in Norfolk can get free early education or childcare – as well as some two year olds).</p> <p>However, learners with children under three will not have the same entitlement. However, where courses include skills and qualifications such as functional skills, learners will be able to access Discretionary Learner Support Funding to pay for childcare. There is also the option that when learning takes place at locations such as children's centres, the centre will be asked to contribute in kind to the provision of childcare.</p> <p>The Council's customer services staff will be able to advise learners of their entitlement to free childcare provision and where it can be accessed in Norfolk.</p> <p>It is possible that the greatest impact may be on parents of 0-3 year olds in rural areas, as they may have the least access to alternative provision, and have to travel further to find a suitable replacement. Some of these parents may not be able to find a suitable alternative, or may not be able to afford it.</p> <p>It should be noted that a survey of other local authorities has shown that few local authorities provide childcare</p>



	Title of proposal	Impact
		<p>(crèche or similar) facilities, for financial reasons, and NCLS is one of the last remaining providers to do so.</p> <p>Other than the issues highlighted above, the deletion of these posts will not lead to changes to service standards, quality or delivery. It could improve service quality, by creating a more efficient model.</p> <p>There is no reason to expect that staff with protected characteristics would be disproportionately represented in any redundancy or redeployment figures. Current HR monitoring data confirms that the profile of redundancies remains in line with the overall workforce profile of the organisation.</p>
11.	Providing a joined up Library and Children's Centre Services	<p>There is no evidence to indicate that this proposal would have any significant detrimental impact on people with protected characteristics or in rural areas. This is because there is no change to service standards, quality or delivery.</p> <p>One possible issue to take into account however is that if operations in rural centres are closed and consolidated into market towns, this may transfer the cost for travel etc. onto the user. This also assumes that users have the 'technical' ability to travel to access a site i.e. people have a car or access to a bus route. This may not always be the case for people in rural areas, particularly disabled or older people. This could have an unintended consequence of preventing people accessing services. To address this, it will be important to fully risk assess access planning of potential sites, and conduct cost impact assessments on users.</p> <p>Another issue to take into account is that the proposal mentions that people will be able to access more services 'on-line'. It will be important to take into account that many people in rural areas do not have good broadband access, may not be ICT literate or may require a minimum level of web accessibility in order to access ICT (e.g. for disabled users). Also, people on low incomes may lack the necessary hardware and software at home to connect to online services. This issue of digital inclusion is being considered by the Council's new Digital Innovations Committee.</p> <p>The proposal may result in children's centre and library services being provided in the same or community buildings. Any options to relocate services to different buildings, or to share buildings between libraries and children's centres would need to take into account the accessibility of these buildings for disabled people, and access to public transport and disabled parking. Where there may be greater constraints on space, it will be</p>

	<b>Title of proposal</b>	<b>Impact</b>
		<p>important to ensure that there is still sufficient space for disabled children, adults and staff to easily access all areas (for instance, when using motorised wheelchairs), and appropriate accessible toilet/changing facilities. It will also be important to ensure that consideration is given to managing noise levels – to address the needs of people who are hearing impaired or deaf.</p> <p>Looking ahead, the proposal to locate children centres and libraries into one location is likely to have a positive impact on community cohesion, and could present long term opportunities to promote equality. For example, Norfolk libraries are highly regarded by diverse communities, and have a great deal of expertise in promoting accessibility and inclusion. Children's centre staff have expertise in specialised areas, such as being ambitious for disabled young people to help them develop their full potential. Locating both teams in one building will create opportunities for pooling this wealth of ideas, knowledge and expertise, to benefit all communities.</p> <p>It is possible to confirm that overall, there are now more front-line staff in libraries available to assist service users than in 2016/2017.</p> <p>It should be noted that last year, Communities Committee requested that an additional equality impact assessment be carried out on the budget proposal relating to Library services, to ensure that every possible opportunity was being taken to minimise impact on service users. This assessment did not identify any new issues that had not previously been considered.</p>
12.	Registrars Service – external income	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because there is no change to service standards, quality or delivery.

<b>Title of proposal:</b>	<b>Reduction in Healthwatch grant</b>
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## Potential impact

11. There is evidence that the proposal to reduce the Healthwatch Grant could have a disproportionate and detrimental impact on people with protected characteristics.
12. This is because the Healthwatch grant is used to fund work to make sure that the views and experiences of local people can inform how health and social care services are delivered. This particularly includes people from underrepresented groups – such as Black, Asian and minority ethnic people, migrant workers, people with mental health issues, people on the Autism spectrum, people with other disabilities, older people, and people with long term health conditions such as cardiovascular disease - many of whom live in rural areas.
13. It should be noted that underrepresented groups in health and social care may be particularly vulnerable to marginalisation because of the nuanced characteristics surrounding their circumstances. For example, Healthwatch would/could be advocating for a group of young women with breast cancer who are trying to look after their families with little support provided in terms of appropriateness of appointment times, childcare arrangements, access etc. Similarly, as is currently the case, Healthwatch is working with a range of families who have children with very special needs in relation to the autistic spectrum.
14. This highly nuanced work by Healthwatch regularly leads to improvements in social and healthcare services for people with protected characteristics. For example, recommendations in Healthwatch's Looked After Children Report led to changes in service delivery and commissioning at a national, regional and local level. There is a clear risk that this would be lost if the proposal goes ahead.
15. If the proposal goes ahead, Healthwatch's capacity to undertake this work will be significantly reduced. This means it will have less resources to engage with people from these groups. It will still be able to work with these groups, but not to the extent that it currently does. In particular, Healthwatch would no longer be able to be represented on a range of different bodies or attend meetings.
16. To mitigate this impact, the Council could offer assistance to Healthwatch to help determine how best to continue to engage with underrepresented groups to ensure that their views inform health and social care services, in line with reduced funding. Where possible, the Council will also highlight alternative sources of funding or opportunities that may be available to Healthwatch.

## Accessibility considerations

17. Accessibility is a priority for Norfolk County Council. Norfolk has a higher than average number of disabled and older residents compared to other areas of the UK, and a growing number of disabled young people.
18. Proposals relating to business process re-engineering will take full opportunity to build accessibility considerations into service planning and design.

19. Proposals relating to contract review will also take full opportunity to build accessibility considerations into service design.

## Human rights implications

20. Public authorities in the UK are required to act compatibly with the Human Rights Act 1998. There are no human rights issues arising from the proposals.

## Recommended actions

	Action	Lead	Date
1.	If the proposal to reduce Healthwatch grant goes ahead, offer assistance to Healthwatch to help prioritise activity in line with the areas of highest need for people with protected characteristics, and highlight alternative sources of funding or opportunities that may be available to Healthwatch.	Assistant Director, Community, Information and Learning	From 1 April 2018
2.	If the proposal to remodel the staff structure of Norfolk Community Learning Services goes ahead, support learners who currently use the childcare service to access alternative provision, including ensuring staff are trained to be able to inform them of their entitlement to alternatives.	Assistant Director, Community, Information and Learning	From 1 April 2018
3.	If the proposal to provide a joined up Library and Children's Centre service goes ahead, at an appropriate stage when the review has taken place, equality/rural impact assessments to be carried out, to identify any potential impacts on service users. This to include a risk assessment of access planning of potential sites, and a cost impact assessment on users.  If any detrimental impacts are identified, they should be reported to Children's Services/Communities Committee as appropriate, along with any proposed mitigating actions that could be carried out, for consideration before a final decision is made.	Acting Assistant Director (Early Help and Prevention)	From 1 April 2018
4.	HR Shared Service to continue to monitor whether staff with protected characteristics are disproportionately represented in redundancy or redeployment figures, and if so, take appropriate action.	Senior HR Consultant (Workforce Insight))	From 1 April 2018

## Evidence used to inform this assessment

- Norfolk budget proposals 2018/19 – consultation documents and background papers: <https://norfolk.citizenspace.com/consultation/budget2018/>
- Equality Act 2010
- Public Sector Equality Duty

- Business intelligence and management data, as quoted in this report.
- Relevant service specific Codes of Practice and national guidance

## Further information

For further information about this equality impact assessment please contact Jo Richardson, Equality & Diversity Manager, Email [jo.richardson@norfolk.gov.uk](mailto:jo.richardson@norfolk.gov.uk)



If you need this document in large print, audio, Braille, alternative format or in a different language please contact Jo Richardson on 0344 800 8020.

### <sup>1</sup> Prohibited conduct:

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have, or because they associate with someone who has a protected characteristic.

Indirect discrimination occurs when a condition, rule, policy or practice in your organisation that applies to everyone disadvantages people who share a protected characteristic.

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

2 The protected characteristics are:

**Age** – e.g. a person belonging to a particular age or a range of ages (for example 18 to 30 year olds).

**Disability** - a person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

**Gender reassignment** - the process of transitioning from one gender to another.

**Marriage and civil partnership**

**Pregnancy and maternity**

**Race** - refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

**Religion and belief** - has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism).

**Sex** - a man or a woman.

**Sexual orientation** - whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

3 The Act specifies that having due regard to the need to advance equality of opportunity might mean:

- 
- Removing or minimizing disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;
  - Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of others;
  - Encouraging people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.

4 Having due regard to the need to foster good relations between people and communities involves having due regard, in particular, to the need to (a) tackle prejudice, and (b) promote understanding.

Budget change forecasts for 2018-22 Communities	
Reference	
	<b>OPENING BUDGET</b>
	<b>ADDITIONAL COSTS</b>
	<b>Inflationary</b>
	Basic Inflation - Pay (1% for 18-22)
	Basic Inflation - Prices
	<b>Brought forward from 2017-20 budget round</b>
	<b>Legislative Requirements</b>
	Reduced Public Health expenditure
	<b>Changes from 2018-22 budget round</b>
	<b>Legislative Requirements</b>
	Business Rates Revaluation
	<b>SAVINGS</b>
	<b>Brought forward from 2017-20 budget round</b>
CMM022	Libraries self-service - introduce technology (Open Plus) to enable libraries to open with self-service machines
CMM023	Fire and Rescue Service - sharing headquarters and control room at Police HQ and capitalisation of activities to release a revenue saving
CMM036	Registration service income generation - develop business opportunities within the service to generate additional income
CMM039	One-off saving through re-setting budgets for leased equipment
CMM040	Capitalisation of library books 16-17 resulting in a One off saving
	<b>Changes to 2017-20 budget round</b>
CMM022	Libraries and Information Service - re-model of service and income generation
	<b>New 2018-22 savings</b>
	<b>A - Local Service strategy</b>
CMM042	Providing a joined up Library and Children's Centre Services
	<b>D - Smarter information and advice</b>
	<b>F - Digital Norfolk</b>
	<b>G - Commercialisation</b>
CMM043	Income generation – Norfolk Museums Service
CMM044	Income generation – Norfolk Records Office
CMM045	Income generation – Norfolk Community Learning Services
CMM046	Income generation – Library and Information Service
CMM047	Registrars Service – external income
CMM048	Changing back office processes and efficiency
CMM049	Vacancy management and streamlined management arrangements – museums and historic environment
CMM050	Vacancy management – customer services
CMM051	Norfolk Community Learning Services – remodelling the staff structure, including staffing reduction
	<b>H - Other</b>
CMM052	Capitalisation of activities to release a revenue saving
CMM053	Reduction in Healthwatch grant





## Appendix 5

2018-19	2019-20	2020-21	2021-22
£m	£m	£m	£m
<b>48.811</b>	<b>47.228</b>	<b>46.924</b>	<b>45.129</b>
1.111	0.902	0.920	0.920
0.118	0.033	0.032	0.032
-1.031	-1.031		
0.214			
<b>0.412</b>	<b>-0.096</b>	<b>0.952</b>	<b>0.952</b>
-0.622			
-0.490			
-0.080			
0.090			
1.000			
<b>-0.102</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
0.235	-0.235		
<b>0.235</b>	<b>-0.235</b>	<b>0.000</b>	<b>0.000</b>
		-0.500	
-0.070		-0.400	
-0.030			
		-0.125	
	-0.020	-0.111	
-0.120	-0.100	-0.150	
-0.043			
-0.120			
-0.120	-0.030		
-0.150	-0.050		
-0.030			
-0.189			

-1.000			
	-1.000	-1.461	-1.000
<b>-1.872</b>	<b>-1.200</b>	<b>-2.747</b>	<b>-1.000</b>
<b>-1.739</b>	<b>-1.435</b>	<b>-2.747</b>	<b>-1.000</b>
1.031	1.031		
<b>1.031</b>	<b>1.031</b>	<b>0.000</b>	<b>0.000</b>
0.164	0.197		
-0.028			
0.140			
0.180			
0.065			
0.010			
0.079			
-0.341			
-0.222			
0.020			
0.007			
-1.106			
-0.003			
-0.539			
0.070			
0.205			
0.013			
<b>-1.287</b>	<b>0.197</b>	<b>0.000</b>	<b>0.000</b>
<b>47.228</b>	<b>46.924</b>	<b>45.129</b>	<b>45.081</b>

## 2018-19 to 2021-22 Capital Budget Proposals

Service area	2018/ 19	2019/ 20	2020/ 21	Narrative
Gypsy and Roma Traveller service – site Improvements	0.100			
Museums access improvements	0.050			To develop new entrance for immediate use for wedding parties at the Castle. This would address some accessibility issues and would support the generation of income.
<b>Fire</b>				
Purchase new ICT equipment rather than lease	0.480			
Property Maintenance	1.053	0.493	0.493	
Whitegates Relocation	0.357			
Mobile Data Terminal replacement	0.250			
Scottow Live Training upgrades	0.470			
Retained Alter replacement	0.140			
Hydrant/ Asset management system	0.100			
Red Fleet replacement	1.000	1.250	2.000	
Critical Equipment replacements			0.150	Existing programme covering 18/19 and 19/20
North Earlham Prince's Trust	0.035			
<b>Total Fire requirement</b>	<b>3.505</b>	<b>1.743</b>	<b>2.643</b>	
<b>Total Committee Capital</b>	<b>4.655</b>	<b>1.743</b>	<b>2.643</b>	

## Draft budget saving proposal Public Health 2018/19

Note:- Budget savings made within PH ring fenced grant funding. Re-allocation of PH funds subject to grant conditions as detailed by DoH allocation.

	2018/19 £m
Delete vacant posts	0.167
Reduce payment for PH library services	0.007
PH communications to be reviewed	0.035
New working arrangements with CCGs on infection control	0.050
End agreements funding analysts in partner organisations	0.017
End Nalmafene budget	0.225
Review use of recovery grants	0.200
End funding of health improvement post for South Norfolk	0.011
End contract enhancement	0.020
Review funding of prevention projects	0.020
Re-allocation of PH ring fenced reserves	0.248
<b>Total savings PH grant core budget</b>	<b>1.000</b>

## Draft funding reallocation proposal Public Health 2018/19.

Note:- Re-allocation of PH funds subject to grant conditions as detailed by DoH allocation.

	2018/19 £m
<b>CES</b>	
Health & Wellbeing related information	0.035
Voluntary Sector Infrastructure grants	0.172
Citizen advice Bureau	0.191
Healthwatch	0.100
Resilience Planning	0.100
Beacon Domestic Abuse	0.082
<b>Adult Services</b>	
Information Advice & Guidance	0.070
<b>Children's Services</b>	
Family Nurse Partnership	0.205
To be allocated	0.045
<b>Total</b>	<b>1.000</b>



## Your views on the future of our children's centre services and libraries

### Overview

Norfolk County Council plays a huge part in people's lives – ensuring children and young people have the best start in life, protecting vulnerable people, maintaining a safe road system and helping to create a thriving economy. We'll continue to spend over a billion pounds every year providing public services that you, your family and friends use every day.

Norfolk is facing some big challenges though. Our population is growing, people are generally living longer and the type of services that people need is changing. And as you know, the cost of living is going up. As things become more expensive we also have higher costs, and the amount of money we have coming in isn't keeping up. At the same time the money that central government gives us has fallen by £189 million since 2011 and will fall to zero by 2021.

Even though we are proposing to increase council tax next year, the amount of money we hope to raise wouldn't be enough to balance our budget. This means we have to make some difficult decisions about how we spend your money.

Since 2011 we have saved £334 million. However, we now need to save a further £125 million by 2021. So we are looking again at the services we provide, how they work together, whether they are reaching the people who need them and where they are provided from. Our aim is to create services that meet the needs of residents living in different parts of Norfolk, rather than have a one-size fits all offer.

We are proposing to locate our services together in the same buildings wherever we can, to provide one-stop access to the County Council. In some places we might base more of our services in the same buildings as other organisations, such as district councils, health services and voluntary groups.

## Why we are consulting

As part of this work we are looking at the future of our children's centre services. We want your views on:

- our proposal to review how children's centre services are provided in each area of Norfolk
- our proposal to focus children's centre services on the families that need them most
- our proposal for more of our children's centre services and libraries to share buildings.

Together we think these proposals would save us £5.5 million over the next three years.

We will feed back the findings from our consultation to our county councillors as part of the evidence they will use to help them come to a decision about our proposals.

Your views will help us to decide the future of our children's centre services and libraries.

We are consulting through:

- Our online consultation – visit [www.norfolk.gov.uk/budget](http://www.norfolk.gov.uk/budget) to complete this consultation online.
- This paper copy of our consultation.

We are consulting from 6 November 2017 to 2 January 2018. Please note that if we receive any consultation responses after this date we cannot guarantee that we will be able to take them into account.

We will feed back the findings from our consultation to our county councillors as part of the evidence they will use to help them come to a decision about our proposals.

**If you need a copy of this consultation document in a different format please email [haveyoursay@norfolk.gov.uk](mailto:haveyoursay@norfolk.gov.uk), call 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.**

## Background information

Children's centres offer all families with children under five a range of services, information and support in their local community. They also help some children aged 5-8 with the transition to school.

The support offered by each children's centre is based on the needs of the local community, but most offer advice about pregnancy, parenting support, play sessions, information about children's health, training courses for adults, as well as support finding specialist groups and services.

Some children's centre services are available to all families, such as play and stay sessions, and information, advice and guidance about parenting and other topics such as health services, training and jobs. Children's centres send information to all families registered with them about activities and services on offer locally, and this can include information about activities being run by other organisations, such as local charities and community groups.

Children's centres also provide some services which are for specific groups, for example sessions for new parents / carers or activities for children with disabilities. Children's centre staff plan these activities to help the families that they are working with at the time. So these activities are different depending on where you live and they change over time as the needs of families change.

Children's centre staff also work directly with families on a one-to-one basis. This might involve meeting with families in the children's centre or home visits. One-to-one sessions tend to be offered to families that need the most support. Sometimes this one-to-one support is used to coordinate the work of different organisations who are all supporting the same family, for example children's centres, social care teams and health visitors.

We have 53 children's centres, supporting families across the whole of Norfolk. Children's centre services are provided from a range of different buildings and locations:

- **In some areas all services are based in one children's centre building.** Whilst some of these children's centres are in purpose built venues, others are on school sites and some are in buildings they share with other organisations. Most of the children's centres in urban areas have a dedicated building, because there are lots of families living near to each other and so lots of people regularly going to activities at the children's centre building.
- **In other areas of Norfolk, children's centres have a base that they use to run activities, but they also offer services in village halls and community buildings.** This approach is used to provide services to families living in some of Norfolk's market towns and their surrounding villages.
- **In some areas there is no children's centre building, instead services are offered in different community buildings, such as village halls and community buildings.** This approach is used in urban and rural areas. It works well for rural communities, where families are more spread out in different villages and there isn't one obvious place to have a children's centre building that all families could easily get to.

Having the service move around helps these families to attend activities and get support. In total we have 37 children's centre buildings. The size of the buildings and how they are used varies considerably.

Over 93% of all children aged 0-5 are currently registered with their local children's centre, which is over 41,000 children and over 33,000 families across Norfolk. We know that some families regularly go to their children's centre and use lots of our services, and that other families don't use children's centre services at all. Typically, three quarters of the children who are registered with their local children's centre use our services on at least three different occasions.

We have developed three proposals that we would like your views on. Together we think these proposals would save us £5.5 million over the next three years - £2 million in 2018/19, £3 million in 2019/20 and £0.5 million in 2020/21.

## **Our proposals**

### **Proposal one – review how children's centre services are provided in each area of Norfolk**

We are proposing review whether children's centre services are being provided in the most appropriate way in each area of Norfolk, or whether in some areas we should change the way they are provided.

We know that the needs of families across Norfolk vary considerably. We want to look at whether we can improve how children's centre services are provided, so that families get the right support, at the right time and in the right way.

### **Why do we want to review children's centre services now?**

The review we want to do isn't just about helping the County Council save money, there are a number of other reasons we want to look at what children's centre services we offer and how they are provided:

- Since children's centres were established over a decade ago the needs of families have changed and the way that many parents / carers want to get support is different. Technology now plays a much bigger part in our lives. Parents / carers increasingly go online, open up an app or ask their peers for information and advice via WhatsApp, rather than go to a children's centre building. Our services need to adapt to how parents / carers want to get support.



- We know that some of the families who need the most support prefer to be supported at home, because they don't feel comfortable or confident enough to go to a children's centre building. We also know that some families prefer one-to-one sessions with a member of staff, rather than group activities. So we need to look at whether we have the right balance of activities taking place in dedicated children's centre buildings and one-to-one support for families.
- Over the last decade Norfolk has also changed. We've had new housing developments, some areas have had lots of money invested in them and families have moved around. As a result the demand for children's centre services has changed across Norfolk and we need to assess whether our buildings are in the right places and if they are all still required.
- There is also a shortage of pre-school, nursery and school places in some areas of Norfolk. So if families with young children could be better supported at home, in community buildings or online, then we could look at whether some children's centre buildings could be used to help families with childcare and their children's education.
- Our children's centres developed in quite an organic way, as funding became available and different opportunities arose. It therefore makes sense to look again at the services they are providing, the way they are supporting families and the buildings they are operating from to see whether we need to change anything.
- We have contracts with 12 other organisations to run our children's centres on our behalf, at a cost of approximately £10 million per year. All of the current contracts for running our children's centres end in March 2019, which means we have an opportunity to review what services our children's centres provide and how they operate.

### **What would our review look at?**

To review how children's centre services are provided in each area of Norfolk we would have to consider a wide range of factors. We are proposing to look at:

- The number of people using each children's centre service
- The number of people going to each children's centre building
- The needs of the families in different areas of Norfolk, including the level of deprivation
- Whether there are opportunities for children's centres to share buildings with other services or organisations – see proposal 3 for more information
- How people get to children's centre services and the transport options available
- The leasing arrangements for children's centre buildings.

Our review would produce recommendations for each area of Norfolk, including whether an area needs a dedicated children's centre building, if the children's centre could share a building with another organisation or if services would be better provided in community buildings. It would also make recommendations about the types of services needed and different ways of supporting families across Norfolk and in each area.

It is too early to say how children's centre services could change in different areas of Norfolk or what this would mean for each individual children's centre building. Much more detailed work would need to be done to understand this. We would consult on any significant changes to how buildings are used, where services are delivered from and changes to the services on offer.

### **Proposal two – focusing children's centre services on the families that need them most**

Children's centres provide a wide range of services. Some of these services are available to all families, such as play and stay sessions, and others are for families who need more support, for example families who are struggling with unemployment, substance misuse, domestic abuse, mental or physical health problems. The organisations who run our children's centres each carry out a detailed analysis to identify vulnerable families.

The Sure Start Children's Centre Statutory Guidance (2013) makes it clear that the service should be focused on helping families who need extra support:

"The core purpose of Children's Centres is to improve outcomes for young children and their families, with a "particular focus on families in greatest need of support" in order to reduce inequalities in: child development and school readiness; parenting aspirations, self-esteem and parenting skills; and child and family health and life chances".

In 2015 we proposed to focus more of the work of our children's centres on supporting the families that need them most. We consulted people on what they thought of our proposal. We received 291 responses about this proposal, of which 198 people (68.0%) agreed with the proposal and 61 people (21.0 %) disagreed. 32 (11.0%), neither agreed nor disagreed with the proposal. Here is a summary of what people told us:

- Of those who expressed support for this proposal, two thirds did not give a reason for their support. Of those explaining their support, the largest number agreed that services should be better targeted. However a significant number that agreed with the proposal also argued that services should remain universal, providing a broad range of services. A smaller number of people stated that services need to change and needed to provide value for money.
- Of those who expressed opposition to the proposal, the majority stated that Children's Centres provided a universal, preventative service that should be protected and not cut. Some respondents argued that a more targeted approach would miss people that require support, who would then require more expensive services in the long run.

The County Council decided to go ahead with this proposal in February 2016. Since then we have worked with the organisations who run our children's centres to make some changes. Children's centre staff now work more closely with social care teams. The families they are both working with now receive more coordinated support. We've also seen that more of the activities which are available to all families are now being run by voluntary and community groups, instead of by children's centre staff. This has meant the staff can focus their time on the work with the families that need the most support. The changes we have made have saved us approximately £2.5 million.

Over the past 18 months we had a big push to encourage all families with young children to register with their children's centre. This has been very successful and it means that children's centre staff now come into contact with more families and so have a greater chance of identifying all the families that need extra support. This has also helped children's centres to build better connections with their local communities and we've seen parental satisfaction go up.

We are now proposing to look at what we can do to further improve children's centre services for the families that need them most. We want to look at ways of improving the plans we put in place to support families and how we share information between different organisations about the families we're working with.

In order to improve support to the vulnerable families and save money, we would need to look again at the services available to all families. This might mean that children's centres need to reduce how much they spend on services available to all families or change how they provide them, for example we want to increase the amount of support available for parents / carers online.

We would make sure that children's centre staff continue to work with health visitors, social care teams and others so that each family gets appropriate information, guidance and support.

### **What would proposals one and two mean for the people who use children's centre services?**

We think that the impact of our proposals would be:

- Families that are most in need of support would receive better support that is coordinated between children's centre staff, health visitors and social care teams.
- It might mean that families have to go to different buildings to get children's centres services. For example we might have fewer dedicated children's centres and there might be more services provided in community buildings.
- It might mean that parents / carers have to pay for some of the activities run by children's centres that are currently offered to all families for free, or that some services would have to stop.

- We would need to work with the organisations that run our children's centres to strike the difficult balance between offering services that all families can use and working with families who need extra support. It is important that there are services which all families can use. One reason for this is that we know that the families who are most in need of support are more likely to accept help if it feels like all families are getting some kind of support and if there is no stigma attached to getting help.

We want to know what you think of these proposals, and we are also talking with the organisations that run our children's centres to discuss them. Your views will help county councillors to set our budget, help us to decide whether we should make any changes to our existing contracts with the organisations that run our children's centres, and help us decide what we should include in the new contracts for our children's centre services for 2019/20 onwards. Your views will help us understand what impact our proposals would have on the people who use our services and whether any groups of people would be disproportionately affected.

### **Proposal three – closer working between children's centre services and libraries**

Norfolk has 47 libraries and eight mobile libraries. Our libraries welcome 3.4 million visitors a year, over 10 million online visitors and in 2016-17 our customers borrowed more than 4.9 million books, e-books, DVDs and other materials.

People of all ages use libraries and the service offers a wide range of activities and facilities, including free computer access and help to get online, community learning, literacy activities for children and adults, activities to support health and wellbeing and to reduce social isolation, baby and toddler rhymetimes, book groups, code clubs, work clubs, space for hire and online access to a wealth of knowledge and information.

We currently spend £8.5 million on libraries each year. 21% of the total population of the county have used a library in the last 12 months. 33% of children aged 0-5 in the county used a library in the same period.

We have previously asked people about the future of our library service:

- In 2013 we asked people what they thought of a proposal to make better use of our library buildings by sharing premises with other organisations.
- In 2015 we carried out some research about the future of the library service with library users, lapsed-users and people who do not use the library service.

The findings from this work told us that people are broadly supportive of libraries sharing buildings with other organisations.

People also broadly agree that libraries are a good place to provide a variety of support for families, such as parenting classes and family learning, and that it is good to encourage children to use the library service from a young age. We have used the findings from this work to develop this proposal, and to help us understand the impact it would have.

Many of our children's centres and libraries are located close to each other and they serve the same communities. The children's centres and libraries in Gorleston, Acle and Loddon are already located in the same building. We are proposing that more of our children's centres and libraries could share buildings in future. Because of the financial pressures we are facing we think that having these services located in their own buildings in communities across Norfolk is no longer sustainable.

We want it to be easy for residents to be able to get to and use our services. If more of our children's centres and libraries were to share buildings in future it would mean that these services could continue to be available across Norfolk and people would still be able to get to these services near to where they live. We think this is better than having to consider no longer providing some services in some communities, and for residents to have to travel further to get to our services.

We also know that reading with young children plays a vital role in their development. We believe that having more children's centres and libraries in the same building would encourage families to read more and help more children to be ready for school, which ultimately would improve their life chances.

Last year more than a third of books borrowed from Norfolk's libraries are taken out by children. In a national survey it was found that 1 in 3 children have no books in their home, 22% reported that they received no encouragement to read at home, and 90% of children who only read in class are either below average or average readers. The number of books in the home has as great an impact on a child's school attainment as parental education levels. Furthermore, a child aged 3-5 years who is taken to the library monthly is on average 2.5 months ahead in development terms than one who doesn't visit a library.

### **What would this proposal mean for residents and the people who use children's centre services and our libraries?**

It is too early to say what this would mean for each individual children's centre and library. Much more detailed work would need to be done to understand this. We would consult on any significant changes to how buildings are used, where services are delivered from and changes to the services on offer.

We think that the impact of our proposal would be:

- Children's centre and library services could continue to be available across Norfolk and people would still be able to get to these services near to where they live, which is important in a large rural county like Norfolk.

- Having these services located together could help to improve children's literacy and life chances, by getting young children used to visiting a library and interested in reading and learning.
- Our library service would adapt to having more families visiting, for example by having more children's books available. This has happened in the three areas where our children's centres and libraries now share buildings.
- It might mean each service would have less space to operate. This would depend on how the space is currently being used in each of our buildings, whether there is any unused space or whether in some areas we could move both services into a different building that would provide the same amount of space that each service currently has.
- There could be greater demand for parking if more people were using our buildings for a greater range of services.
- We would need to carefully plan how the services would work together so that people could relax and enjoy using both services. For example, we wouldn't want library users disrupting a play and stay session, or there being too much noise for people trying to study in the library.
- We would need to coordinate the policies and practices of the children's centres and libraries in order to keep the people using both services safe.

## **Your views on our proposals**

**1. What do you think about our proposal to review how children's centre services are provided in each area of Norfolk? What impact, if any, do you think that the proposal would have on you or your family?**

Please write your answer below:

**2. What do you think about our proposal to focus children's centre services on the families that need them most? What impact, if any, do you think that the proposal would have on you or your family?**

Please write your answer below:

**3. What do you think about our proposal for children's centres and libraries to share buildings and work more closely together? What impact, if any, do you think that the proposal would have on you or your family?**

Please write your answer below:

**4. Please select all of the descriptions that apply to you?**

I am a parent / carer of a child (or children) aged 0-5 ☐

I currently use children's centre services ☐

I currently use the library service ☐

I am a children's centre worker ☐

I work for an organisation that operates from a children's centre ☐

I work for the library service ☐

None of the above ☐



**5. If you currently use a children's centre, which one do you usually use? Please select one from the list below:**

- |   |                          |
|---|--------------------------|
| Acle (Marshes) Children's Centre                          | <input type="checkbox"/> |
| Attleborough Area Childrens Centre                        | <input type="checkbox"/> |
| Aylsham Cluster Area Children's Centre                    | <input type="checkbox"/> |
| Bowthorpe, West Earlham and Costessey Children's Centre   | <input type="checkbox"/> |
| Caister Children's Centre                                 | <input type="checkbox"/> |
| Catton Grove, Fiddlewood and Mile Cross Children's Centre | <input type="checkbox"/> |
| City and Eaton Children's Centre                          | <input type="checkbox"/> |
| Corpusty and Holt Area Children's Centre                  | <input type="checkbox"/> |
| Cromer Children's Centre                                  | <input type="checkbox"/> |
| Dereham Central Children's Centre                         | <input type="checkbox"/> |
| Dereham South Children's Centre                           | <input type="checkbox"/> |
| Diss Children's Centre                                    | <input type="checkbox"/> |
| Downham Market Childrens Centre                           | <input type="checkbox"/> |
| Drayton and Taverham Childrens Centre                     | <input type="checkbox"/> |
| Dussindale Children's Centre                              | <input type="checkbox"/> |
| Earlham Early Years Centre                                | <input type="checkbox"/> |
| East City and Framingham Earl Area Children's Centre      | <input type="checkbox"/> |
| Emneth Children's Centre                                  | <input type="checkbox"/> |
| Fakenham Gateway Children's Centre                        | <input type="checkbox"/> |
| Gorleston and Hopton Children's Centre                    | <input type="checkbox"/> |

Greenacre Children's Centre, Peggotty Road, Great Yarmouth	<input type="checkbox"/>
Harleston Area Childrens Centre	<input type="checkbox"/>
Hellesdon Childrens Centre	<input type="checkbox"/>
Hethersett Area Childrens Centre	<input type="checkbox"/>
Hoveton & Broadland Area Children's Centre	<input type="checkbox"/>
Hunstanton Childrens Centre	<input type="checkbox"/>
Litcham Children's Centre	<input type="checkbox"/>
Loddon Area Childrens Centre	<input type="checkbox"/>
Long Stratton Area Childrens Centre	<input type="checkbox"/>
Methwold Children's Centre	<input type="checkbox"/>
Mundesley Children's Centre	<input type="checkbox"/>
Nar Children's Centre	<input type="checkbox"/>
North City Children's Centre, Angel Road Infant School	<input type="checkbox"/>
North Lynn, Gaywood North Bank and The Woottons Children's Centre	<input type="checkbox"/>
North Walsham Children's Centre	<input type="checkbox"/>
Priory Children's Centre, Great Yarmouth	<input type="checkbox"/>
Reepham Children's Centre	<input type="checkbox"/>
Seagulls Children's Centre, Gorleston	<input type="checkbox"/>
Spixworth & Sprowston Children's Centre	<input type="checkbox"/>
St Clement's Children's Centre, Terrington St Clement	<input type="checkbox"/>
Stalham and Sutton Children's Centre	<input type="checkbox"/>
Stibbard Children's Centre, Fakenham	<input type="checkbox"/>

Thetford Children's Centre, Kingsway	<input type="checkbox"/>
Thetford Drake Children's Centre, Drake Infant School & Nursery	<input type="checkbox"/>
Swaffham Children's Centre	<input type="checkbox"/>
Thorpe Hamlet and Heartsease Children's Centre	<input type="checkbox"/>
Trinity Children's Centre, Martham	<input type="checkbox"/>
Vancouver Children's Centre, King's Lynn	<input type="checkbox"/>
Village Green Children's Centre, Belton	<input type="checkbox"/>
Watton Children's Centre	<input type="checkbox"/>
Wells-next-the-sea Children's Centre	<input type="checkbox"/>
West Walton Children's Centre	<input type="checkbox"/>
Wymondham Area Children's Centre	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

## About you

### Personal information, confidentiality and data protection

We use this information to see how representative the feedback is of Norfolk's population. We also use it to see if any particular groups of people are especially affected by our proposals.

We will process any personal information we receive from you in line with the Data Protection Act 1998. This means that Norfolk County Council will hold your personal data and only use it for the purpose for which it was collected, being this consultation. Under our record management policy we will keep this information for five years.

We will also, under normal circumstances, not pass your personal data on to anyone else. However, we may be asked under access to information laws to publish or disclose some, or all, of the information you provide in response to this consultation, including any personal information. We will only do this where such disclosure will comply with such relevant information laws which include the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004.

## 6. Are you responding as...?

Please select one answer

- An individual / member of the public ☐
- A family ☐
- On behalf of a voluntary or community group ☐
- On behalf of a statutory organisation ☐
- On behalf of a business ☐
- A Norfolk County Councillor ☐
- A district or borough councillor ☐
- A town or parish councillor ☐
- A Norfolk County Council employee ☐

## 7. If you are responding on behalf of another organisation, what is the name of the organisation, group or business?

Please write your answer in the box:

## 8. Are you...?

Please select one answer

- Male ☐
- Female ☐
- Prefer to self-describe (please specify below) ☐
- Prefer not to say ☐

If you prefer to self-describe please specify here:

### 9. How old are you?

Please select one answer

- |          |                          |                   |                          |
|----------|--------------------------|-------------------|--------------------------|
| Under 18 | <input type="checkbox"/> | 55-64             | <input type="checkbox"/> |
| 18-24    | <input type="checkbox"/> | 65-74             | <input type="checkbox"/> |
| 25-34    | <input type="checkbox"/> | 75-84             | <input type="checkbox"/> |
| 35-44    | <input type="checkbox"/> | 85 or older       | <input type="checkbox"/> |
| 45-54    | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

### 10. Do you have any long-term illness, disability or health problem that limits your daily activities or the work you can do?

Please select one answer

- Yes ☐
- No ☐
- Prefer not to say ☐

### 11. How would you describe your ethnic background?

Please select one answer

- White British ☐
- White Irish ☐
- White other ☐
- Mixed ☐
- Asian or Asian British ☐
- Black or Black British ☐
- Chinese ☐
- Prefer not to say ☐

Other ethnic background - please describe below ☐

## 12. What is your first language?

Please write your answer in the box:

## 13. What is the first part of your postcode? (e.g. NR4)

Please write your answer in the box:

## How we will make our decision and report back to you

We will take a report about the findings to this consultation to our Children's Services committee on 16 January 2018. The report will feedback what people have told us about the potential impact of our proposal. The feedback will also be reported at Full Council on 12 February 2018. Our county councillors will consider the consultation responses we receive very carefully. In particular, they will take into account:

- The impact of any proposal on individuals, groups or communities and in particular on people identified as having 'protected characteristics' under the Equality Act 2010. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. As well as this equality impact assessment, councillors will consider the impact of proposals on rural areas
- The views of people and stakeholders consulted
- The evidence of need and what is proven to work effectively and well
- The financial and legal positions and any constraints at the time
- Any potential alternative options, models or ideas for making the savings.

You can fill in our online feedback form at: [www.norfolk.gov.uk/budget](http://www.norfolk.gov.uk/budget)

### You can send back a paper feedback form to:

Freepost Plus RTCL-XSTT-JZSK, Norfolk County Council, Ground floor - south wing, County Hall, Martineau Lane, Norwich NR1 2DH.

However, if you want to help the council save money please use a stamp and send to this address: Stakeholder and Consultation Team, Norfolk County Council, Ground floor - south wing, County Hall, Martineau Lane, NR1 2DH.

You may wish to keep a copy of your response to our consultation for your own records.

**Your opinions are valuable to us. Thank you for taking the time to read this document and respond.**



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

**November 2017**





# Communities Committee

Item No.

<b>Report title:</b>	<b>Risk Management</b>
<b>Date of meeting:</b>	<b>17 January 2018</b>
<b>Responsible Chief Officer:</b>	<b>Tom McCabe, Executive Director of Community and Environmental Services</b>
<b>Strategic impact</b> One of the Communities Committee's roles is to consider the management of Communities risks. Assurance on the effectiveness of risk management and the Communities departmental risk register helps the Committee undertake some of its key responsibilities. Risk Management contributes to achieving departmental objectives, and is a key part of the performance management framework.	

## Executive summary

This report provides the Committee with the Communities departmental risk register exception, as at December 2017, following the latest review conducted in December 2017. The reporting of risk is aligned with, and complements, the performance and financial reporting to the Committee.

### Recommendations:

Members are asked to consider:

- a) **The risk reported by exception from the Communities departmental risk register;**
- b) **whether the recommended mitigating actions identified in Appendix A for the risk presented are appropriate, or whether Risk Management improvement actions are required (as per Appendix C);**

## 1. Proposal

- 1.1 The Community and Environmental Services (CES) Departmental Management Team (DMT) continues to be engaged in the preparation of the Communities departmental level risk register.
- 1.2 The recommendations for Members to consider are set out above.

## 2. Evidence

- 2.1. The Communities committee risk data detailed in this report reflects those key business risks that are managed by the Community and Environmental Services Departmental Management Team, and Senior Management Teams of the services that report to the Committee including amongst others Norfolk Fire and Rescue services, Health services, Community, Information and Learning services, and Culture and Heritage Services. Key business risks materialising could potentially result in a service failing to achieve one or more of its key

objectives and/or suffer a financial loss or reputational damage. The Communities risk register is regularly reviewed and updated in accordance with the Council's Risk Management Policy and Procedures.

- 2.2. The Communities departmental risk register currently contains five risks. One of these risks is currently reported by exception as it meets the exception criteria of having a current score of 12 or more, with a prospects score of achieving the target score by the target date of amber or red. This risk can be seen in **Appendix A**.

A reconciliation of risk changes to all departmental level risks since the October 2017 Committee can be located in **Appendix B**.

- 2.3. To assist Members with considering whether the recommended actions identified in this report are appropriate, or whether another course of action is required, a list of such possible actions, suggested prompts and challenges are presented for information in **Appendix C**.

### **3. Financial Implications**

- 3.1. There are no significant financial implications arising from this Risk Management report.

### **4. Issues, risks and innovation**

- 4.1. There are no other significant issues, risks and innovations arising from this Risk Management report.

### **5. Background**

- 5.1. Background information regarding risk scoring, and definitions can be found in **Appendix D**.

### **Officer Contact**

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

**Officer name :** Adrian Thompson **Tel No. :** 01603 222784

**Email address :** [adrian.thompson@norfolk.gov.uk](mailto:adrian.thompson@norfolk.gov.uk)

**Officer name :** Thomas Osborne **Tel No. :** 01603 222780

**Email address :** [thomas.osborne@norfolk.gov.uk](mailto:thomas.osborne@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.

**Note 1:**

The prospects of meeting target scores by the target dates are a reflection of how well the risk owners consider that the mitigation tasks are controlling the risk. It is an early indication that additional resources and tasks or escalation may be required to ensure that the risk can meet the target score by the target date. The position is visually displayed for ease in the “Prospects of meeting the target score by the target date” column as follows:

- Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date.
- Amber – one or more of the mitigation tasks are falling behind and there are some concerns that the target score may not be achievable by the target date unless the shortcomings are addressed.
- Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addressed and/or new tasks introduced.

<b>Risk Number</b>	RM13974					<b>Date of update</b>		05 December 2017		
<b>Risk Name</b>	Failure to assure standards of operational competency for fires in the built environment.									
<b>Risk Owner</b>	Les Britzman					<b>Date entered on risk register</b>		13 October 2011		
<b>Risk Description</b>										
Standards of operational competency for fires in the built environment need to be maintained to avoid staff being exposed to avoidable risk of harm. Why is it important to manage this risk area? It is essential to manage the operational competency of Fire Officers operating in the built environment, and ensure that the facilities and training are in place that support the development of skills required for Fire Officers to operate as safely as possible.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	3	4	12	3	2	6	Mar-18	Amber
<b>Tasks to mitigate the risk</b>										
<p>This is a complex Risk which requires an integrated work programme to deal with elements of the risk :</p> <ul style="list-style-type: none"><li>- Workforce Development programme delivered to schedule.</li><li>- Development and delivery of Breathing Apparatus training.</li><li>- Introduction of "Live Fire" training.</li><li>- Risk file information accurate and up to date - format for all key risk premises.</li><li>- Undertake Incident Command Breathing Apparatus (ICBAO) training and associated monitoring (complete and ongoing).</li><li>- Implementation of "Lessons learned" from local and national incidents integrated into review processes (Serious Incident Review system in place and audits planned against lessons learned).</li><li>- Operational reviews and actions undertaken for all significant incidents (complete and ongoing monitoring).</li><li>- Quarterly monitoring of core skills levels. Part of Maintenance of Competence (MOC) Framework and Policy (In place and ongoing)</li><li>- PDRPro software removed and move to recording of work place performance in parrallel to MOC framework - (moved back in house). Training plans via Team Performance Meetings 1:1. Indicator 13 reviewed at strategic level which takes non competent staff "off the run".</li></ul>										
<b>Progress update</b>										
Live Fire Unit Update:										
<p>The building has been commissioned and the new format of fire training has already begun and has proved successful. Discussions are ongoing with North Norfolk District Council to discuss any potential restrictions and adaptations that may be required.</p> <p>Work is quite advanced in examining options to mitigate the impact of restrictions – these include examining the use of gas cribs and simulated smoke which would still allow quality and realistic training. Further work underway to examine Site B on Scottow for Fire behaviour Units for use when wind is unfavourable at main Site A. Funds available and planning permission feasibility to be considered with Scottow planning team.</p> <p>The Local Government Ombudsman Investigation has now concluded with no recommendations. NFRS have appointed a project manager to progress completion of the revised training delivery methodology and control measures. The project plan will now be updated and reported via NFRS Programme management.</p>										

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## **Appendix B – Risk Reconciliation Report**

Significant changes\* to the Communities departmental risk register since the last Communities Committee Risk Management report was presented in October 2017.

Since the last Communities Committee Risk Management report was presented in October 2017, there has been a change to one of the risks that is reported by exception. This is as follows;

### Closed risks

#### **RM14289 - Drug and alcohol performance deterioration**

With the contract awarded in November 2017, and a movement into the mobilisation process with the new contract provider, this risk has been closed. A new risk on the mobilisation of the new contract is to be opened, and will be managed on the Public Health risk register.

\* A significant change can be defined as any of the following;

- A new risk
- A closed risk
- A change to the risk score
- A change to the risk title, description or mitigations (where significantly altered).

## Risk management discussions and actions

Reflecting good risk management practice, there are some helpful prompts that can help scrutinise risk, and guide future actions. These are set out below.

### Suggested prompts for risk management improvement discussion

In reviewing the risks that have met the exception reporting criteria and so included in this report, there are a number of risk management improvement questions that can be worked through to aid the discussion, as below:

1. Why are we not meeting our target risk score?
2. What is the impact of not meeting our target risk score?
3. What progress with risk mitigation is predicted?
4. How can progress with risk mitigation be improved?
5. When will progress be back on track?
6. What can we learn for the future?

In doing so, committee members are asked to consider the actions that have been identified by the risk owner and reviewer.

### Risk Management improvement – suggested actions

A standard list of suggested actions have been developed. This provides members with options for next steps where reported risk management scores or progress require follow-up and additional work.

All actions, whether from this list or not, will be followed up and reported back to the committee.

#### Suggested follow-up actions

	Action	Description
1	Approve actions	Approve recommended actions identified in the exception reporting and set a date for reporting back to the committee
2	Identify alternative/additional actions	Identify alternative/additional actions to those recommended in the exception reporting and set a date for reporting back to the committee
3	Refer to Departmental Management Team	DMT to work through the risk management issues identified at the committee meeting and develop an action plan for improvement and report back to committee
4	Refer to committee task and finish group	Member-led task and finish group to work through the risk management issues identified at the committee meeting and develop an action plan for improvement and report back to committee
5	Refer to County Leadership Team	Identify key actions for risk management improvement and refer to CLT for action
6	Refer to Policy and Resources Committee	Identify key actions for risk management improvement that have whole Council 'Corporate risk' implications and refer them to the Policy and Resources committee for action.

## Appendix D – Background Information

A **corporate risk** is one that requires:

- strong management at a corporate level, thus the County Leadership Team should direct any action to be taken.
- input or responsibility from more than one Executive Director for mitigating tasks; and if not managed appropriately, it could potentially result in the County Council failing to achieve one or more of its key objectives and/or suffer a significant financial loss or reputational damage.

A **departmental risk** is one that requires:

- strong management at a departmental level thus the Departmental Management Team should direct any action to be taken.
- appropriate management. If not managed appropriately, it could potentially result in the County Council failing to achieve one or more of its key departmental objectives and/or suffer a significant financial loss or reputational damage.

A **Service Risk** is one that requires:

- strong management at a service level, thus the Head of the Service should direct any action to be taken.
- input or responsibility from the Head of Service for mitigating tasks; if not managed appropriately, it could potentially result in the County Council failing to achieve one or more of its key service objectives and/or suffer a significant financial loss or reputational damage.

Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring.

- Original risk score – the level of risk exposure before any action is taken to reduce the risk
- Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
- Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks. This can be seen as the risk appetite.

### Risk Appetite

Risk Appetite is strategic and directly related to the achievement of the Council's objectives, including the allocation of resources. The risk appetite set by each Committee explicitly articulates the attitudes to and boundaries of risk that the Committee expects Executive Directors to take.

### Risk Tolerance

Risk Tolerance is the tactical and operational boundaries and values which enable the Council to control its risk appetite in line with the organisational strategic objectives.



# Communities Committee

Item No.....

<b>Report title:</b>	<b>Performance management</b>
<b>Date of meeting:</b>	<b>17 January 2018</b>
<b>Responsible Chief Officer:</b>	<b>Tom McCabe - Executive Director, Community and Environmental Services</b>

## **Strategic impact**

Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.

## **Executive summary**

Performance is reported on an exception basis, meaning that only those vital signs that are performing poorly, or where performance is deteriorating, are presented to committee. The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, are collected and are available if requested.

Of the 18 vital signs indicators that currently fall within the remit of this committee, 7 indicators have met the exception criteria. Of those only 6 have met the exception criteria based on new data and so will be considered in this report:

- Number of people killed and seriously injured on Norfolk's roads
- % of active children and young people library users against population
- On call (retained) fire station availability
- Successful completion of substance misuse treatment - % of adult substance misuse users (opiate, non-opiate and alcohol) that left treatment successfully and did not re-present to treatment within 6 months
- Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17
- Smoking status at time of delivery - % of women who smoke at time of delivery

## **Recommendations:**

1. **Review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required (refer to list of possible actions in Appendix 1).**

In support of this, Appendix 1 provides:

- A set of prompts for performance discussions
- Suggested options for further actions where the committee requires additional information or work to be undertaken

## **1. Introduction**

- 1.1. This performance management report is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's 18 vital signs indicators.

Measure "320 (CIL) The number of active 'My Norfolk' accounts" which was previously reported to this committee has been moved to report to the Digital Innovations and Efficiencies committee. A new measure "342 (PH) NHS Health checks received by the eligible population" has been added to those measures reported to this committee.

- 1.2. This report contains:

- A Red/Amber/Green rated dashboard overview of performance across all 18 vital signs indicators
- Report cards for those 6 vital signs that have met the exception reporting criteria.

- 1.3. The lead officers for those areas of performance that have been highlighted through the exception reporting process are available at this committee meeting to answer any specific questions Members may have about the services concerned. The report author is available to answer any questions that Members may have about the performance management framework and how it operates.

## **2. Performance dashboard**

- 2.1. The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all 18 vital signs. This then complements the exception reporting process and enables committee members to check that key performance issues are not being missed.

- 2.2. The full list of vital signs indicators was presented to committee at the 16 March 2016 meeting. Since then, the indicators have been subject to ongoing review, by the Chairman and Vice-Chairman and the Community and Environmental Services departmental management team. As anticipated, the implementation of the new performance management system has tested the suitability of some of the vital signs indicators.

The vital signs indicators are monitored during the year and are subject to review when processes are amended to improve performance, to ensure that the indicator correctly captures future performance. An annual review of all CES vital signs was undertaken through July and August to confirm the suitability of indicators, their targets and technical definitions and to ensure that all vs indicators continue to effectively monitor performance. A list of all existing and proposed vital signs indicators is available in Appendix 2.

- 2.3. The current exception reporting criteria are as below:

- Performance is off-target (Red RAG rating or variance of 5% or more)
- Performance has deteriorated for three consecutive periods (months/quarters/years)
- Performance is adversely affecting the council's ability to achieve its budget
- Performance is adversely affecting one of the council's corporate risks.
- Performance is off-target (Amber RAG rating) and has remained at an Amber RAG rating for three periods (months/quarters/years)'.

- 2.4. Communities Committee performance dashboard.

NOTES:

In most cases the RAG colours are set as: Green being equal to or better than the target; Amber being within 5% (not percentage points) worse than the target; Red being more than 5% worse than target.  
 'White' spaces denote that data will become available; 'grey' spaces denote that no data is currently expected, typically because the indicator is being finalised.  
 The target value is that which relates to the latest measure period result in order to allow comparison against the RAG colours. A target may also exist for the current and/or future periods.

Monthly	Bigger or Smaller is better	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Target
{PH} Number of people killed and seriously injured on Norfolk's roads	Smaller	402	414	415	418	415	404	406	406	419	423	417	412		354
{FBP} Income and external funding successfully achieved as a % of overall revenue budget	Bigger	30.6%	29.9%	30.3%	34.4%	35.2%	30.5%	25.1%	27.2%	31.6%	31.6%	32.2%	31.9%	32.5%	25.1%
668779 / 290260668779 / 290260668779 / 290260668779 / 2906101468833 / 2897616766311 / 291880940															
{CIL} Library Visits - physical and virtual	Bigger	7.59m	8.8m	10.0m	11.17m	12.27m	13.46m	1.08m	2.21m	3.37m	4.56m	5.77m	7.02m	8.39m	7.87m
{CIL} % of active children and young people library users against population	Bigger	34.0%	33.7%	33.4%	32.8%	32.9%	33.0%	32.7%	32.5%	32.2%	33.2%	33.0%	32.8%	32.8%	34.0%
57069 / 167941 56672 / 167941 56153 / 167941 55110 / 167941 55290 / 167941 55406 / 167941 54896 / 167941 54572 / 167941 54449 / 169296 56183 / 169296 55913 / 169296 55572 / 169296 55598 / 169296															
{CH} Norfolk Record Office Visits – physical and virtual including learning groups	Bigger	74.4k	85.5k	94.3k	106.5k	119.3k	131.7k	11.1k	22.2k	33.8k	44.5k	56.7k	69.5k	81.2k	72.3k
{CH} Museums visits – total visitors and school visits	Bigger	39.2k	23.8k	18.2k	19.4k	27.6k	31.4k	38.0k	36.5k	35.3k	43.3k	64.5k	49.0k	39.8k	34.7k
{NFRS} Performance against our Emergency Response Standards	Bigger	76.1%	76.6%	81.5%	80.6%	77.7%	78.4%	81.9%	81.0%	81.3%	80.1%	80.3%	76.4%	77.7%	80.0%
354 / 432 387 / 478 409 / 503 418 / 522 417 / 519 331 / 433 296 / 381															
{NFRS} On call (retained) fire station availability	Bigger	80.4%	82.3%	81.1%	85.3%	81.7%	81.8%	82.0%	81.8%	79.9%	79.9%	79.6%	82.7%	83.2%	90.0%
693349 / 910655102105 / 8812791318522 / 8553591588984 / 8838711355932 / 883871 70.8m / 85.5m 73.5m / 88.4m															
{PE} % of businesses that are compliant	Bigger	94.7%	96.1%	95.8%	95.9%	96.0%	95.3%	95.1%	95.5%	95.5%	94.8%	94.7%	94.9%	95.0%	95.0%
788 / 832 797 / 829 817 / 853 809 / 844 782 / 815 771 / 809 833 / 876 834 / 873 900 / 942 907 / 957 894 / 944 888 / 936 861 / 906															
{PH} Status of Norfolk Resilience Forum plans to which NCC contributes	Bigger	91.7%	91.7%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	85%
22 / 24 22 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24 23 / 24															

{CIL} Customer satisfaction (with access channels)	Bigger							98.5%	98.5%	98.6%	99.2%	84.7%	86.4%	86.2%	90.0%
{PH} Looked After Children Review Health Assessments (0-4 years) - % of Looked After Children Review Health Assessments (0-4) that were fully completed within timescales	Bigger	94.6%	94.4%	94.4%	95.2%	88.9%	100.0%	96.4%	98.1%	100.0%	93.1%	92.1%	96.8%		100%
		35 / 37	34 / 36	34 / 36	40 / 42	40 / 45	53 / 53	53 / 55	53 / 54	55 / 55	54 / 58	58 / 63	61 / 63		
{PH} Successful completion of substance misuse treatment - % of adult substance misuse users (opiate, non-opiate and alcohol) that left treatment successfully and did not re-present to treatment within 6 months	Bigger	17.2%	17.8%	17.9%	18.0%	17.8%	17.8%	17.2%	17.7%	17.8%		18.9%			22.3%
		729 / 4234	753 / 4220	747 / 4173	745 / 4135	734 / 4117	722 / 4062	695 / 4045	706 / 4000	705 / 3962		733 / 3875			
Quarterly / Termly	Bigger or Smaller is better	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Sep 17	Target
{PH} Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17	Smaller	21.9	20.3	19.8	18.8	20.0	21.3	21.3	22.4						18.4
{PH} Reducing inequity in smoking prevalence - % of 4 week quits coming from the 20% most deprived areas in Norfolk	Bigger	32.8%	31.3%	34.7%	36.0%	30.6%	33.3%	34.8%	35.5%	31.5%	45.2%	29.3%	41.3%		32%
		138 / 421	166 / 531	202 / 582	196 / 544	144 / 470	268 / 806	191 / 549	141 / 397	112 / 356	150 / 332	144 / 492	137 / 332		
{PH} Smoking status at time of delivery - % of women who smoke at time of delivery	Smaller	13.5%	13.8%	14.1%	13.4%	14.0%	13.0%	12.7%	12.1%	11.9%	12.3%	12.7%	13.3%		11.9%
		1109 / 8437	976 / 7103	959 / 6355	955 / 6335	970 / 6347	1101 / 7784	1105 / 8635	1059 / 8667	1034 / 8659	1050 / 8565	1074 / 8469	1121 / 8450		
{PH} NHS Health Checks received by the eligible population	Bigger				19.9%	22.4%	24.6%	27.3%	29.8%	31.8%	33.9%	36.2%	38.3%		38%
					52633 / 264133	59074 / 264133	64994 / 264133	72121 / 264133	78605 / 264133	83885 / 264133	89490 / 264133	95622 / 264133	101175 / 264133		
Annual (financial / academic)	Bigger or Smaller is better	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Target
{CH} Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk	Bigger										£4.07m	£5.62m	£7.0m	£7.14m	£7.52m

2.5. Notes to accompany the Communities Committee performance dashboard.

Where cells have been greyed out this indicates: that data is not available due either to the frequency of reporting or the vital sign being under development. In this case, under development can mean that the vital sign has yet to be fully defined (e.g. Individuals, communities and public service working better together) or that baseline data is being gathered (e.g. Active People participation data).

Key to services:

- CIL – Community, Information and Learning
- CH – Culture and Heritage
- FBP – Finance Business Partner
- HW – Highways
- NCLS – Norfolk Community Learning Service
- NFRS – Norfolk Fire and Rescue Service
- PE – Planning and Economy
- PH – Public Health

### **3. Report cards**

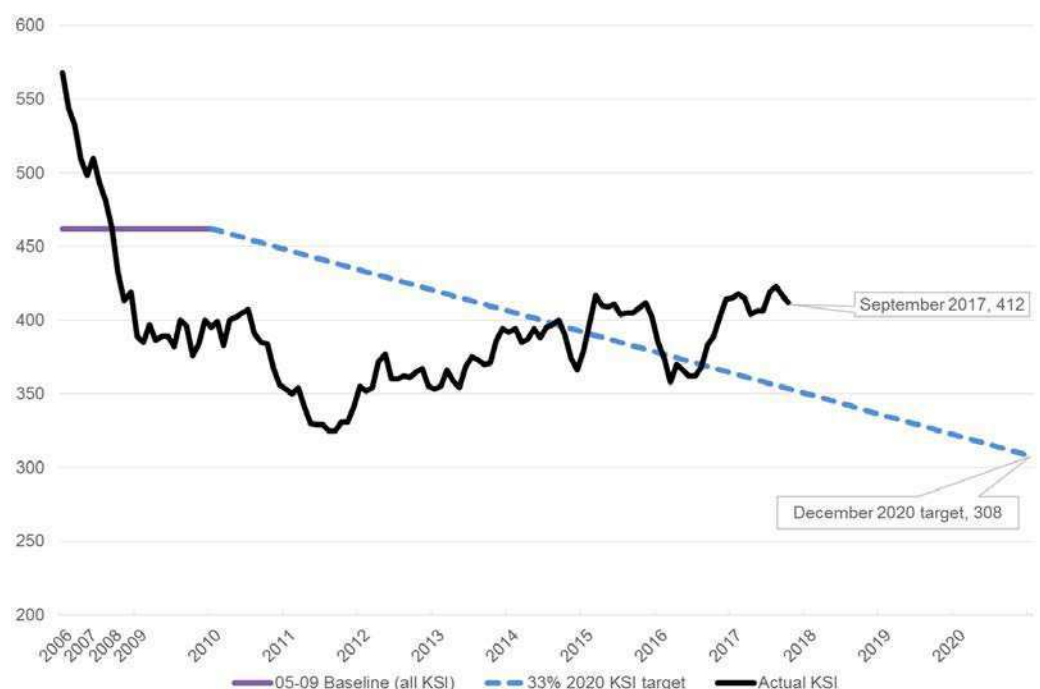
- 3.1. A report card has been produced for each vital sign. These provide a succinct overview of performance and outlines what actions are being taken to maintain or improve performance. The report card follows a standard format that is common to all committees.
- 3.2. Each vital sign has a lead officer, who is directly accountable for performance, and a data owner, who is responsible for collating and analysing the data on a monthly basis. The names and positions of these people are clearly specified on the report cards.
- 3.3. Vital signs are reported to committee on an exceptions basis. The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, are also collected and are available to view if requested.
- 3.4. Provided in Appendix 1 is a set of prompts for performance discussions that Members may wish to refer to as they review the report cards. There is also a list of suggested options for further actions where the committee requires additional information or work to be undertaken.

## People Killed or Seriously Injured (KSI) on Norfolk's Roads

### Why is this important?

In 2016, 37 people were killed and 377 were seriously injured in road collisions in Norfolk, representing a significant emotional and financial burden to local people and services.

### Performance



This graph represents the 12-month rolling figure for the number of KSI.

### What is the background to current performance?

- The period of positive performance during the latter half of 2015 and start of 2016 has been reversed, with the 12-month rolling KSI figure standing at 412 to the end of September 2017. KSI numbers are above the trend line projected forward to our 2020 target figure.
- The sharp decline in the number of KSI from early 2006 to late 2010 can be attributed to improved in-car safety standards, greater compliance with speed limits, and the 2008-2013 recession which suppressed casualty numbers by limiting access to certain modes of transport;
- The general rise in the number of KSI from early 2011 is greater than national figures. Norfolk KSIs have risen 6.2% compared with 2.9% nationally (to September 2016)
- Norfolk has a lower KSI rate per 100,000 people, and per billion vehicle kilometres than its statistical neighbour authority Lincolnshire, but is outperformed in both measures by other neighbours Somerset and Suffolk;
- Future performance cannot be accurately predicted due to the number of factors which influence collisions on the road.
- Changes to police accident recording methodology may have had an effect and this is currently being investigated.

### What will success look like?

- A downward trend in recorded KSI casualties against increases in vehicle kilometres and population increases;
- A saving to the local economy and local services of around £1.8 million per fatal casualty prevented, and around £206,000 for every serious casualty prevented.

### Action required

- Continue with targeted local interventions and work with stakeholders
- Continue regular monitoring of sites which experience higher than expected collision numbers in order to identify remedial schemes
- Continue regular Safety appraisal of new highway improvement schemes

### Responsible Officers

Lead: Dave Stephens, Team Manager Network Management (Analysis & Safety)

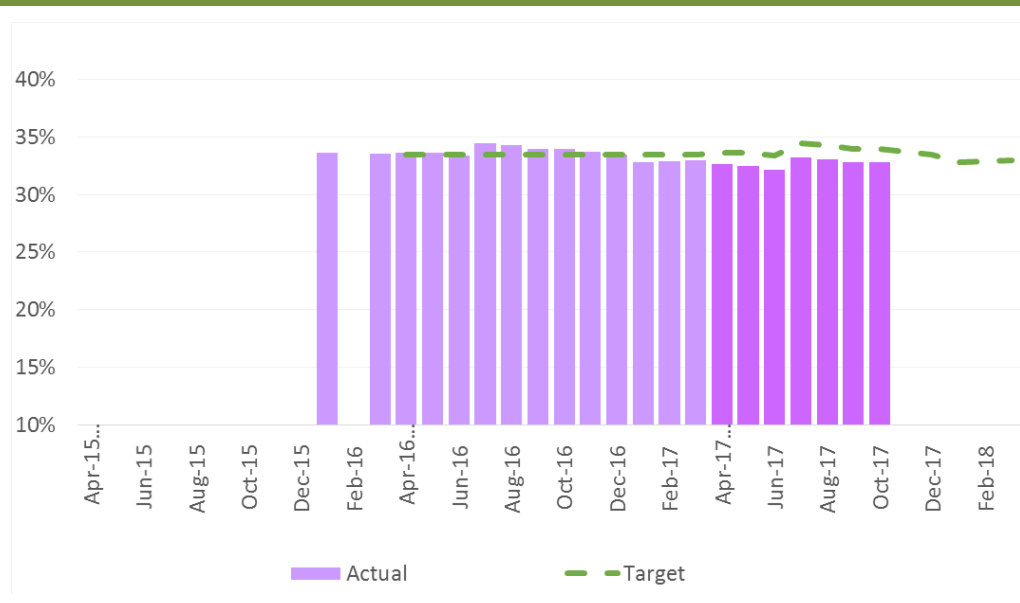
Data: Nile Pennington, Analyst Road Casualty Reduction

## % of active children and Young people users against population

### Why is this important?

To demonstrate contribution to Excellence in Education sub outcomes and improvement curve targets.

### Performance



### What is the background to current performance?

- There is significant evidence of the difference visiting the library makes in terms of the impact on early learning outcomes and developing the building blocks for literacy and reading, including evidence in National Literacy Trust, Booktrust and The Reading Agency research.
- 1,655,932 children's books were borrowed in 2016-17. This means that 36.5% of total book issues and renewals were children's titles.
- 33% of all under 18's and 32% of Under 5's in Norfolk have used their library card in 2016-17, whilst for 8 year olds this rises to 47.8%.
- There has been a population increase applied from June 2017 to reflect the publication of the ONS mid-2016 population estimates.
- There are various documents outlining the difference that reading for pleasure makes and many are referenced in this document:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/284286/reading\\_for\\_pleasure.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284286/reading_for_pleasure.pdf)

### What will success look like?

- This is a new measure which means that limited data is available at this time
- A year on year 1% increase of children and young people regularly using their library card to borrow items and to use library resources.

### Action required

- Review if any further resources or information is needed for Registrars to offer and promote library joining and use from birth.
- Annual review of partnership agreements between NLIS and Children's Centres
- Explore with Children's Services Early Help embedding promoting library membership and use into working practices for the Children's Workforce
- Continue to promote library joining and library use to Looked After Children
- Continue to promote library use to parents and families.

### Responsible Officers

Lead: Jan Holden – Head of Libraries and Information

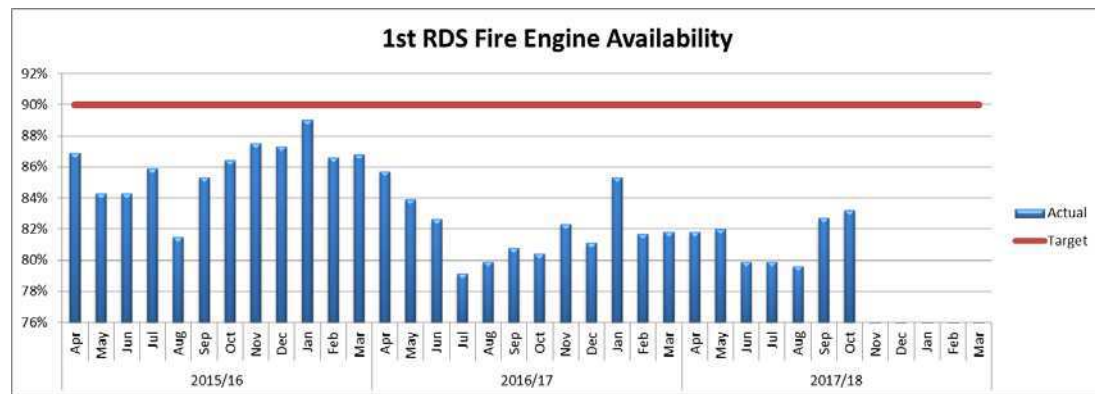
Data: Marlene Peachey – Analyst (I & A)

## On Call (Retained) Fire Station Availability

### Why is this important?

Responding quickly to an emergency can reduce the impact of the incident. To do this the service needs its response resources to be available. This measure records the combined availability of the first on call fire engine from each station. The aim is to have these available 90% of the time.

### Performance



### What is the background to current performance?

- On call (retained) firefighters are employed on a contract to provide a set number of hours “availability”. They must be located within 5 mins of their station and are paid to respond to emergencies. They often have alternative primary employment.
- Retained availability has been in decline so the service is taking action to improve this.
  - 2013/14 88%
  - 2014/15 85.4%
  - 2015/16 86.1%
  - 2016/17 82.1%
  - 2017/18 81.3% (Financial Year to Date)
- Challenges for RDS availability include recruitment and retention (finding people who are prepared to be firefighters and stay within 5 minutes of station and primary employment pressures) e.g. If Outwell station was excluded from these figures performance would be 0.8% higher (October).

### What will success look like?

- Consistent performance above the 90% target
- The first fire engine responds to an emergency when they are needed (avoiding the need to send the next closest available fire engine).
- Wholtime (full-time) firefighting resources are almost always available so they have not been included in this data.

### Action required

- Currently recruiting on call firefighters at a number of stations, a media campaign has recently been run with significant interest
- Outwell has had significant issues with recruitment following firefighter resignations. Improvements are expected as new recruits complete their training.
- At Dereham the Urban Search and Rescue Team are providing emergency response cover during the day, therefore the availability of this fire engine is excluded from the first RDS fire engine availability figures. (action from IRMP 2016-20)
- Managers regularly review the availability provided by on call firefighters to ensure they comply with their contracted arrangements and performance manage this where required.

### Responsible Officers

Lead: David Ashworth, Chief Fire Officer

Data: Mark Wilson-North, Station Manager



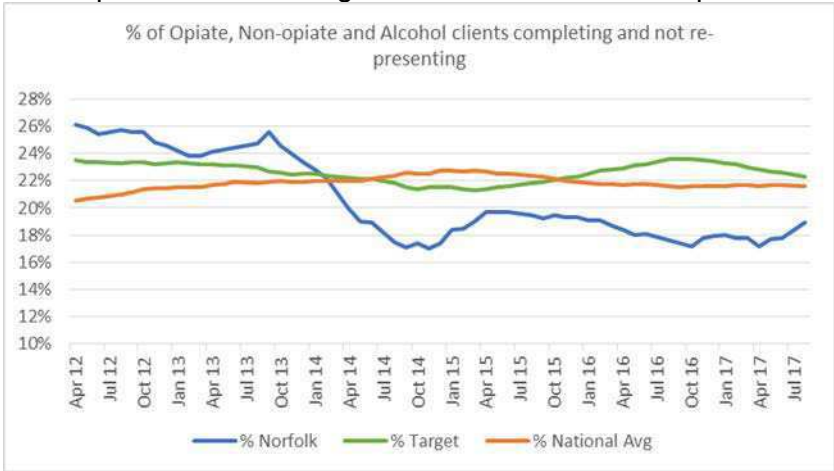
# Successful completion of substance misuse treatment

## Why is this important?

Substance misuse harms families and communities. Parental drug use is a risk factor in 29% of all serious case reviews and the annual cost of drug using parents’ children taken into care is £42.5m nationally. A typical heroin user spends around £1,400 per month on drugs, and commits crime costing their communities an average £26,074 per year. Substance misuse treatment makes communities safer by reducing offending, anti-social behaviour and the transmission of blood-borne viruses. Recovery may include improvements in an individual’s health, wellbeing, relationships, housing and quality of life, and increased engagement in training / education / employment and society in general. This national indicator reflects movement through treatment and into recovery and is used to performance manage the local drug and alcohol treatment contract. It is the number of substance misusers completing treatment and not re-presenting within six months divided by the total number in treatment in that period. Each data point requires 18 months’ worth of data, which means there is a delay between service changes and subsequent impact showing in the data.

## Performance

This report covers those that completed treatment in Mar16 – Feb17 and did not re-present by Aug17. The overall value for Norfolk is 18.9% compared to 22.3% target. The trend has moved upwards.

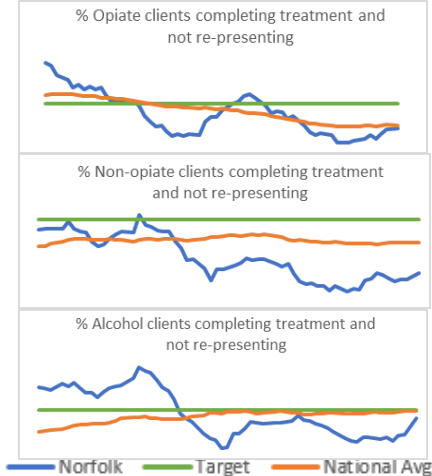


Source: National Drug Treatment Monitoring System (NDTMS)

## What is the story behind current performance?

Performance can be broken down by substances misused:

- **Opiates:** From 2,162 service users in treatment, 140 completed and did not re-present, i.e. 6.5% compared to 8.0% target.
- **Non-opiates:** From 556 service users in treatment, 162 completed and did not re-present, i.e. 29.1% compared to 43.0% target
- **Alcohol:** From 1,157 service users in treatment, 43 completed and did not re-present, i.e. 37.3% compared to 39.0% target.



Completions for opiates and alcohol are now in line with national figures. Non-opiates have shown improvement, yet remain below national levels.

## What will success look like?

More people moving on from treatment into recovery. Reduction in drug related deaths from 5.0 per thousand in 2013-15. Safer communities through crime reduction. Reduction in Looked After Children through parental substance misuse treatment. Greater participation in society. Reduced demand on health and social care.

## Action required

- An improvement plan is being implemented by the provider and performance managed through contract meetings.
- Re-procurement is now completed, with increased emphasis on recovery, while maintaining harm reduction provision.
- The mobilisation and transition to the new provider “change, grow, live” (CGL) has started, with new service to start April 2018.

## Responsible Officers

Lead: Diane Steiner – Deputy Director of Public Health

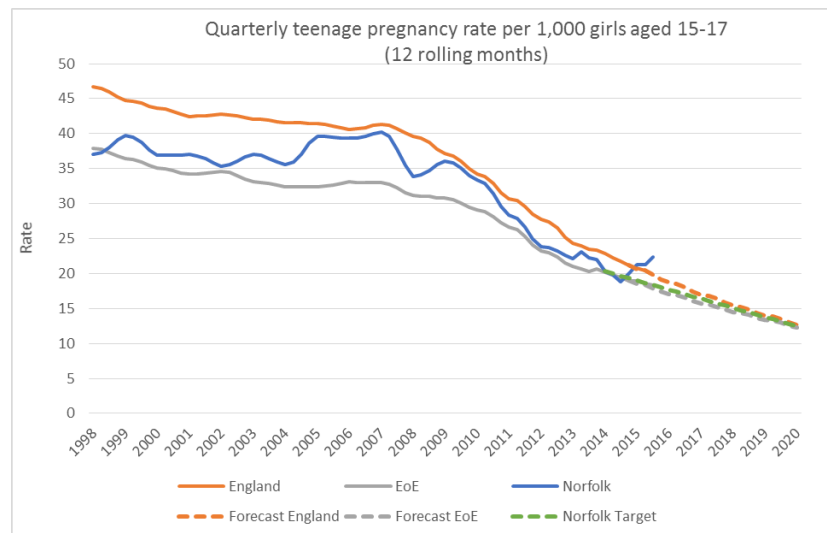
Data: Sally Hughes - Public Health Commissioning Manager

## Teenage pregnancy

### Why is this important?

Unplanned early parenthood can have devastating impacts on young parents' educational outcomes and aspirations, and on their future employment. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. Children of teenage mothers are generally at increased risk of poverty, poor educational attainment, poor housing and poor health.

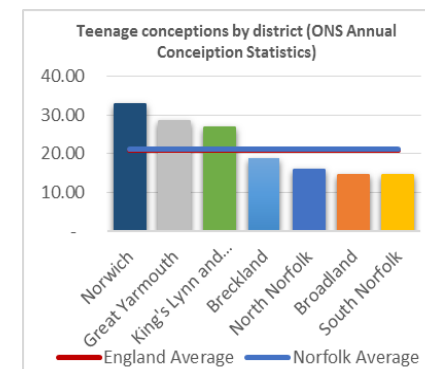
### Performance



Source: ONS Quarterly Conception to Women aged under 18, England and Wales

### What is the story behind current performance?

- Teenage pregnancies from July 2015 to June 2016 increased to 308 (rate 22.4 per 1000), from 265 pregnancies (rate 18.8 per 1000) in July 2014 to June 2015.
- This is above the target for July 2015 to June 2016 of 18.4 pregnancy rate per 1000 and above the England average of 19.8 per 1000.
- There is inequality in teenage pregnancy rates, with the most deprived areas of Norfolk having rates more than twice that of the rest.
- Norwich, Great Yarmouth and King's Lynn and West Norfolk had the highest rates in 2015 in Norfolk (Norwich has one of the highest rates in the country).
- King's Lynn and West Norfolk had the greatest increase between 2014 and 2015, from a rate of 17.8 (44 teenage pregnancies), to 26.8 (63 teenage pregnancies).



### What will success look like?

- The rate of under 18 conceptions to be below the England average by 2020.

### Action required

- Provide young people with the knowledge and skills they need to make positive, healthy lifestyle choices to improve their personal health and emotional development and experience positive relationships and good sexual health.
- Improve young people's knowledge and ensure accessibility of commissioned sexual health services including a choice of effective contraception.
- Continue to use data and information effectively to target interventions early to those most at risk of vulnerability and worse sexual health and reproductive health outcomes and support all teenage parents throughout pregnancy and beyond.
- Co-ordinate local services to address local need via Teenage Pregnancy locality groups focussing on the guiding principles of the Norfolk Teenage Pregnancy Strategy and feedback progress through the Teenage Pregnancy Sub-Group at the Sexual Health Network.

### Responsible Officers

Lead: Dr S.J. Louise Smith – Director of Public Health

Data: Sophie Crow - Public Health Officer

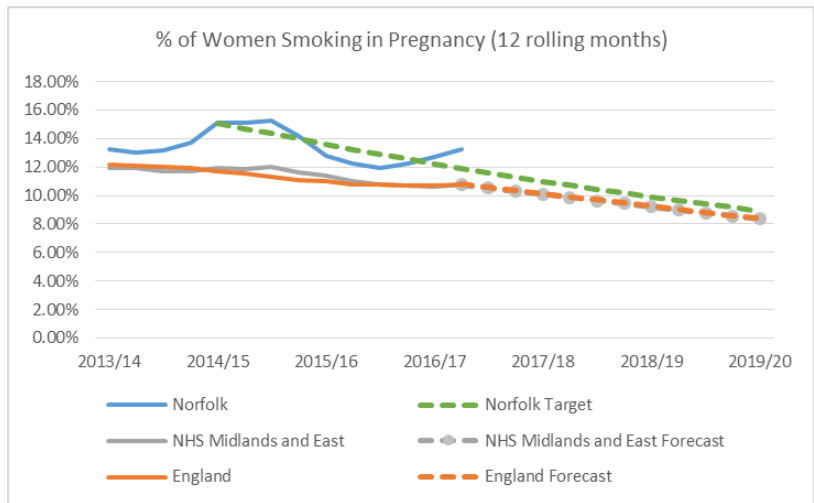
# Smoking Status at Time of Delivery / Smoking in pregnancy

## Why is this important?

Smoking in pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

Potential harms to the child include the increased chance of attention difficulties, breathing problems and poor educational attainment. Smoking in pregnancy is five times more likely in deprived areas so disproportionately impacts on deprived communities.

## Performance



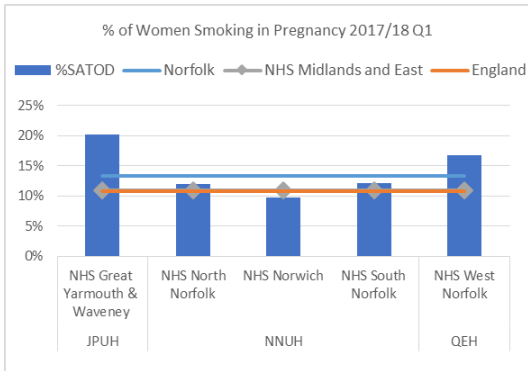
Source: NHS Digital quarterly data (at CCG level, Norfolk value estimated).

## What is the story behind current performance?

The rate of women smoking in pregnancy in Norfolk is 13.3% for June 2017 against the target of 11.9%. This is a higher rate to the same period last year of 12.2%.

From July 2016 to June 2017, in Norfolk, approximately 1,121 mothers were smoking during pregnancy out of 8,491 maternities.

There is inequality in smoking in pregnancy. The highest rates of smoking in pregnancy in Norfolk are in the Great Yarmouth CCG and West Norfolk CCG areas.



Source: NHS Digital.

From April 2017 the definition of the proportion of pregnant women known to be smokers at the time of delivery changed to exclude those with an unknown smoking status from the number of maternities (denominator). All values and targets have been changed retrospectively.

## What will success look like?

- For Norfolk as a whole, a 10% reduction year on year through to 2020 (baseline 2014/15). That is equivalent to a rate of 8.9%.
- The gap in smoking in pregnancy between mothers from more deprived areas of Norfolk and the rest of Norfolk is halved by 2020.

## Action required

Continued action on:

- Carbon monoxide monitoring of all pregnant women at booking and referral to Norfolk stop smoking service, based on an opt-out system.
- Training and awareness for midwives and other health professionals.
- Partnership work to develop a good referral pathway.
- Shared accountability by partners.
- Continued collaborative working for the Smoking in Pregnancy group Tobacco Control Alliance group and the STP SiP workstream.

## Responsible Officers

Lead: Diane Steiner – Deputy Director of Public Health      Data: Angela Fletton - Public Health Commissioning Manager.

## 4. Exceptions (additional explanation) and other updates

- 4.1. • Number of people killed and seriously injured on Norfolk's roads  
(Sept 17 is Red 412 against a target of 354 – Aug 17 was 417)

This monitoring figure has been investigated and recommendations for review made, the considerations of which are included in the Casualty reduction partnership action plan progress update. It is worth noting that Norfolk ranked 6th (out of 31 peers) for Road Safety Education within the Highways and Transport survey  
(<https://www.norfolk.gov.uk/news/2017/11/norfolk-ranks-seventh-amongst-peers-in-national-highways-and-transport-survey>).

A review of performance year to date identifies that April 2017 figures demonstrate fewer casualties recorded with a difference of 'Actual against Target' percentage of 88.5% and July 2017 was the worst at 84.12%. Last year's best was May 2016 at 102.81% and last year's worst was Jan 2017 at 86.8%. 2016/17 average was 94.06% and 2017/18 to date the average is 86.15%.

- 4.2. • % of active children and Young people users against population  
(Oct 17 is Amber 32.8% against a target of 34 % - Sept 17 was 32.8%)

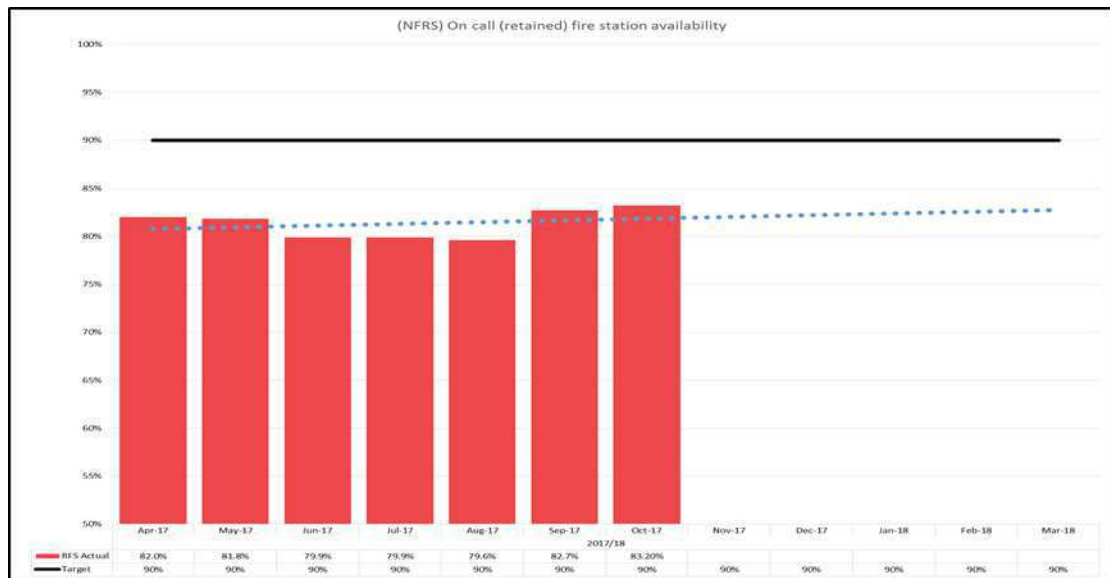
This year is the first year that we have been able to profile the target against the previous year which may mean that the target may be slightly over estimated. In an attempt to reverse this downward trend an SSRS report has now been set up within the dashboard to show the retention of new members during the 12 months following the SRC. This will be taken forward to enable marketing etc. to be targeted at those who do not continue to use the library service.

A review of performance year to date identifies that April 2017 is the best performing month with a difference of 'Actual against Target' percentage of 97.15% and June 2017 was the worst at 96.22%. Last year's best was July 2016 at 102.82% and last year's worst was January 2017 at 97.96%. 2016/17 average performance was 100.31% and 2017/18 to date performance is an average of 96.57%.



- 4.3. • On call (retained) fire station availability  
(Oct 17 is Red 83.2% against a target of 90% - *Sept 17 was 82.7%*)

No additional explanatory text has been received. A review of performance year to date identifies that October 2017 is the best performing month at 83.2% and August 2017 was the worst at 80.98%. Last year's best was April 2016 at 85.7% and last year's worst was July 2016 at 74.9%. 2016/17 average performance was 81.7% and 2017/18 to date performance is an average of 81.3%.



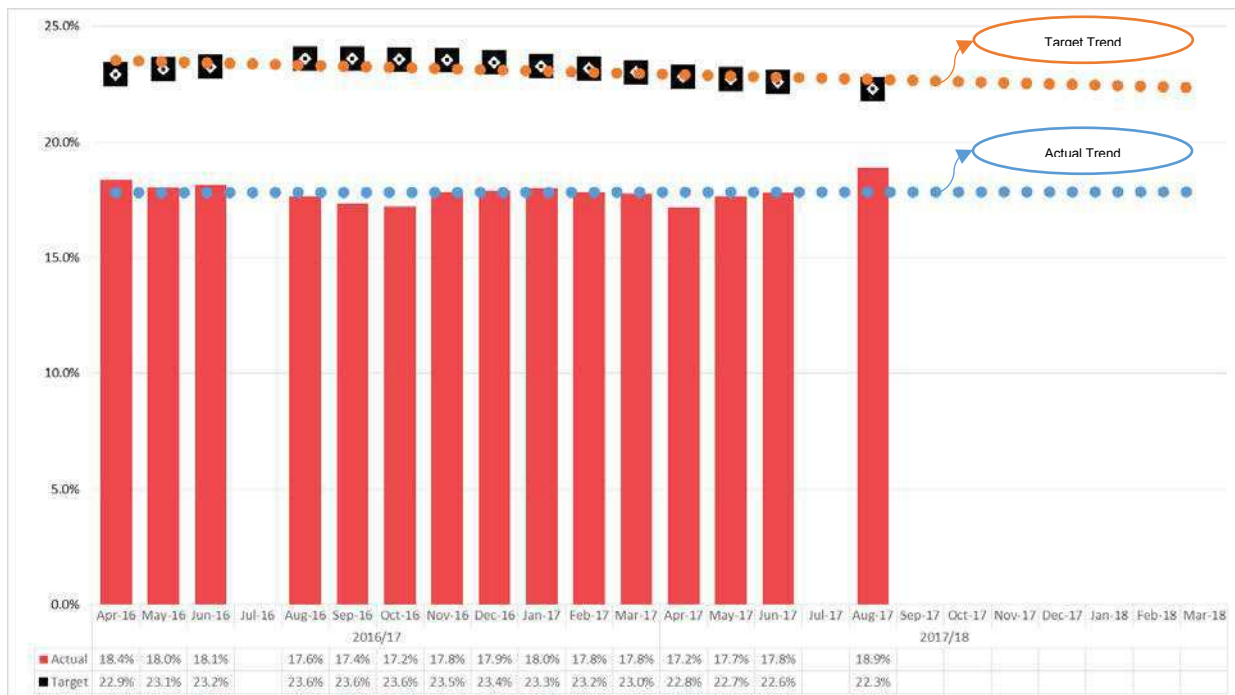
- 4.4. • Successful completion of substance misuse treatment - % of adult substance misuse users (opiate, non-opiate and alcohol) that left treatment successfully and did not re-present to treatment within 6 months  
(Aug 17 is Red 18.9% against a target of 22.3% - *Jun 17 was 17.8%*)

A Service Improvement Action Plan with the current provider started June 2016 and is still being monitored through contract meetings. Data show signs of improving performance.

A new service has been procured, with the new adult alcohol and drug behaviour change service due to begin on 1 April 2018. The new provider, CGL, is a national provider of alcohol and drug services and has significant experience of managing transitions to new services.

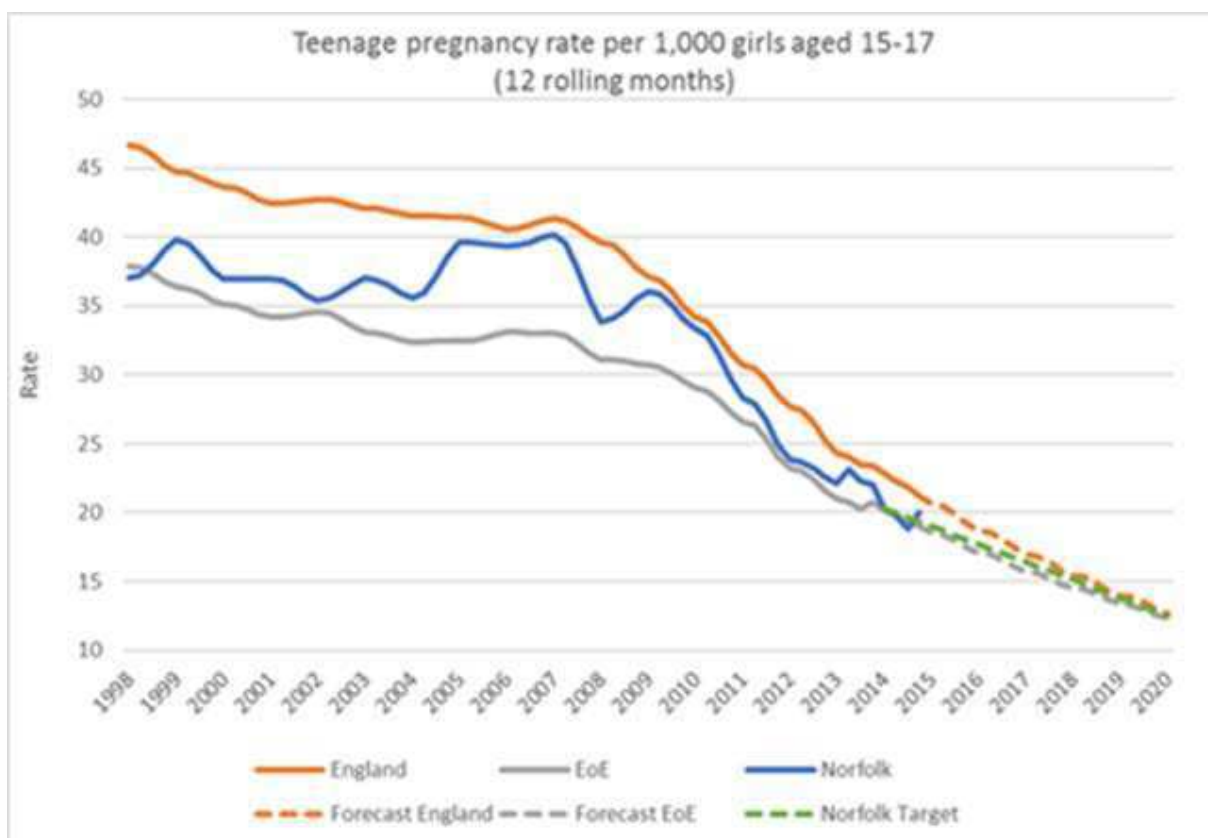
As with any transition to a new provider, performance could temporarily be affected. There is a 'probable' likelihood that performance will not improve in the six months after the start of the new contract in April 2018 (there is a six month time lag in performance data). The procurement process tested the new provider's plans to achieve a step change in performance, and there will be a clear focus on outcomes in the performance management of the new contract.





- 4.5.
- Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17 (Q1 Jun 16 is Red 22.4 against a target of 18.4 – Q4 Mar 16 was 21.3)

These are small numbers so we expect to see larger changes in the rate from year to year as there are fewer events allowing random chance to have a larger impact on the number. The rate has not changed in meaningful terms – there is very little difference in outcomes between a rate of 21 vs 19. No rising trend has yet been established (this is a one off measurement). Overall the message is one of significant improvement from historic highs:



- 4.6.
- Smoking status at time of delivery - % of women who smoke at time of delivery (Q1 Jun 17 is Red 13.3% against a target of 11.9% - Q4 Mar 17 was 12.7%)

A Smoking in Pregnancy group was formed by the Tobacco Control Alliance. This group is currently being expanded to make better links with Public Health England and NHS England.

Achieving smokefree pregnancies is a key objective of NHS driven strategies such as Better Births and the Saving Babies Lives care bundle. This means that reducing SATOD rates is a key outcome for local maternity plans. Links between Norfolk County Council as commissioners of Stop Smoking Services and the three local maternity teams are progressively getting stronger and more effective.

Work underway includes:

- Every midwife in Norfolk now has a CO monitor.
- All student midwives from UEA have Level 2 training in smoking cessation.
- The specialist smoking service, Smokefree Norfolk, are now attending team meetings within all maternity units providing updates on local clinics, training available and any new information e.g. on e-cigarettes.
- A smoking in pregnancy / postpartum pathway spanning all three acute trusts is being developed.
- Smokefree Norfolk is working with maternity services to ensure recording of smoking at time of delivery is robust.
- A pilot in JPUH, which is being led by PHE, is assessing the impact of specially designed tool for midwives to use when talking to pregnant smokers.
- Smokefree Norfolk have started involving partners in smoking cessation appointments which include a pregnant woman and are holding numerous clinics in each antenatal clinic across Norfolk.
- Media campaigns – including for use in antenatal clinics, GP surgeries and libraries – are being planned.
- A statement on e-cigarettes for pregnancy and maternity has been developed from the national smoking in pregnancy action group
- The smoking in pregnancy group continues to be very active. Public Health works closely with Heads of midwifery and CCG maternity leads.
- A deep dive is being undertaken to understand the increase in rates of women smoking at time of delivery

Work to be done:

- NCC PH to ensure that its work links with maternity action groups when they are formed (expected January 2018)
- Ensure that the opt-out system (for CO screening and referral to Stop Smoking Services) is embedded in all maternity departments.
- Ensure that all professionals involved in maternity care (e.g. GPs, Obstetricians, children centre staff, Health Visitors) have adequate knowledge and skills to intervene with pregnant smokers
- Development of methods to engage with pregnant smokers earlier in their pregnancies.

## **5. Recommendations**

5.1. Committee Members are asked to:

- Review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required (refer to list of possible actions in Appendix 1).

In support of this, Appendix 1 provides:

- A set of prompts for performance discussions
- Suggested options for further actions where the committee requires additional information or work to be undertaken

## **6. Financial Implications**

6.1. There are no significant financial implications arising from the development of the revised performance management system or the performance management report.

## **7. Issues, risks and innovation**

7.1. There are no significant issues, risks and innovations arising from the development of the revised performance management system or the performance management report.

### **Officer Contact**

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

**Performance:**      **Officer name :**      Austin Goreham      **Tel No. :**      01603 223138  
**Email address :**      austin.goreham@norfolk.gov.uk



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## Performance discussions and actions

Reflecting good performance management practice, there are some helpful prompts that can help scrutinise performance, and guide future actions. These are set out below.

### Suggested prompts for performance improvement discussion

In reviewing the vital signs that have met the exception reporting criteria and so included in this report, there are a number of performance improvement questions that can be worked through to aid the performance discussion, as below:

1. Why are we not meeting our target?
2. What is the impact of not meeting our target?
3. What performance is predicted?
4. How can performance be improved?
5. When will performance be back on track?
6. What can we learn for the future?

In doing so, committee members are asked to consider the actions that have been identified by the vital sign lead officer.

### Performance improvement – suggested actions

A standard list of suggested actions have been developed. This provides members with options for next steps where reported performance levels require follow-up and additional work.

All actions, whether from this list or not, will be followed up and reported back to the committee.

### Suggested follow-up actions

The suggested 'follow up actions' have been amended, following on from discussions at the Communities Committee meeting on 11 May 2016, to better reflect the roles and responsibilities in the Committee System of governance.

	Action	Description
1	Approve actions	Approve actions identified in the report card and set a date for reporting back to the committee
2	Identify alternative/additional actions	Identify alternative/additional actions to those in the report card and set a date for reporting back to the committee
3	Refer to Departmental Management Team	DMT to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
4	Refer to committee task and finish group	Member-led task and finish group to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
5	Refer to County Leadership Team	Identify key actions for performance improvement and refer to CLT for action
6	Refer to Policy and Resources Committee	Identify key actions for performance improvement that have 'whole Council' performance implications and refer them to the Policy and Resources committee for action.

## Appendix 2 – Communities Committee Vital Signs indicators

A vital sign is a key indicator from one of the Council's services which provides members, officers and the public with a clear measure to assure that the service is performing as it should and contributing to the Council's priorities. It is, therefore, focused on the results experienced by the community. It is important to choose enough vital signs to enable a good picture of performance to be deduced, but not so many that strategic discussions are distracted by detail.

There are 18 vital signs indicators for the Communities Committee, 8 of which relate to Public Health. That in bold, 1 out of a total of 18, is a vital sign indicator deemed to have a corporate significance and so will be reported at both the Communities Committee and the Policy and Resources Committee. All of the vital signs indicators will be reported to the CES Departmental Management Team.

Key to services:

- CIL – Community, Information and Learning
- CH – Culture and Heritage
- FBP – Finance Business Partner
- HW – Highways
- NCLS – Norfolk Community Learning Service
- NFRS – Norfolk Fire and Rescue Service
- PE – Planning and Economy
- PH – Public Health

Service	Vital Signs Indicators	What it measures	Why it is important	Data
PH	Road safety	Number of people killed and seriously injured on Norfolk's roads	Road casualties are a significant contributor to the levels of mortality and morbidity of Norfolk people, and the risks of involvement in KSI injuries are raised for both deprived and vulnerable groups in the Norfolk population.	Rolling twelve months.
FBP	External funding achievement	Income and external funding successfully achieved as a % of overall revenue budget	High quality organisations are successful in being able to attract and generate alternative sources of funding.	Cumulative monthly.
NCLS	Library service use	Library visits – physical and virtual	To demonstrate ongoing relevance and delivery of NCC priorities and to meet income targets.	Monthly.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
NCLS	Active use of library resources	% of active children and young people library users against population	Contributes to the sub outcome that 'all vulnerable people who live, work learn and are cared for will be safe and are more resilient and independent'.	Monthly.
CH	Norfolk Record Office use	Norfolk Records Office Visits – physical and virtual including learning groups	Ensures that NRO collection is being utilised to deliver NCC priorities.	Cumulative monthly.
CH	Museum use	Museums visits – total visitors and school visits	Demonstrates contribution to Excellence sub outcomes and improvement curve.	Cumulative monthly.
<b>NFRS</b>	<b>Response to emergencies</b>	<b>Emergency Response Standards</b>	<b>Responding quickly to an emergency can reduce the impact of the incident and save lives. We aim to get to a fire engine to 80% of 'Fires where life may be at risk' within 10 minutes and for 'Other emergencies where life may be at risk' within 13 minutes.</b>	<b>Monthly.</b>
NFRS	Response to emergencies	On call fire station viability	Responding quickly to an emergency can reduce the impact of the incident. To do this the service needs its response resources to be available. This measure records the combined availability of the first on call fire engine from each station. The aim is to have these available 90% of the time.	Monthly.
PE	Business compliance with trading standards	% of businesses that are broadly compliant with trading standards	Helps ensure that poor business practice is corrected and consumers and legitimate businesses are protected.	Monthly.
PH	Response to emergencies	Status of Norfolk Resilience Forum plans to which NCC contributes	Ensure that plans and procedures are in place to prepare, respond and recover from emergencies.	Monthly.
CIL	Customer satisfaction	Customer satisfaction with access channels	This measures the organisation's ability to respond efficiently and effectively to customer contact that are made.	Monthly.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
PH	Proportion of LAC aged 0-5yrs for whom health plan actions are complete at subsequent review	% of Looked After Children (LAC) aged 0-5yrs receiving a Review Healthcare Assessment in the last 12 months for whom all the actions due on their current Health Plan have been completed.	Looked after children have higher health needs due to their previous experiences with higher rates of mental health issues, emotional disorders such as anxiety and depression, hyperactivity and autistic spectrum disorder conditions.	Quarterly sample.
PH	Engagement and retention of adult substance misuse clients	% of adult substance misuse users that left substance misuse treatment successfully and who do not re-present to treatment within 6 months.	Poor parental mental health, exposure to domestic abuse and alcohol/drug abuse by parents strongly affect children's outcomes.	Quarterly.
PH	Teenage pregnancy	The rate of teenage pregnancies per 1,000 girls aged 15-17 years	Unplanned early parenthood can have devastating impacts on young parents' educational outcomes and aspirations, and on their future employment.	Quarterly, but significantly in arrears.
PH	Reducing inequity in smoking prevalence	% of 4 week quits coming from the 20% most deprived areas in Norfolk.	Smoking is the most important cause of preventable ill health and premature mortality in the UK.	Quarterly.
PH	Smoking Status at Time of Delivery / Smoking in pregnancy	The percentage of mothers smoking during pregnancy.	Smoking in pregnancy can cause serious pregnancy-related health problems. Smoking in pregnancy is five times more likely in deprived areas so disproportionately impacts on deprived communities.	Quarterly.
PH	NHS Health checks received by the eligible population	Cumulative percentage of eligible population aged 40-74 who received an NHS Health Check in the five year period 2013/14 - 2017/18	To measure Norfolk's delivery against that of England's % of NHS Health Checks received by the eligible population.	Quarterly.
CH	Leverage of arts funding	Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk	Supports a diverse range of arts and cultural activity and events using minimal NCC direct investment.	Annually.

One of the vital signs indicators listed above also appear on the EDT Committee list:

- 'Income and external funding successfully achieved as a % of overall revenue budget'

# Communities Committee

Item No.....

<b>Report title:</b>	<b>Regulation of Investigatory Powers Act 2000</b>
<b>Date of meeting:</b>	<b>17 January 2018</b>
<b>Responsible Chief Officer:</b>	<b>Victoria McNeill, Chief Legal Officer and Tom McCabe, Executive Director, Community and Environmental Services</b>
<b>Strategic impact</b> Since 2010 Cabinet and subsequently Communities Committee have received an annual report of the Council's use of RIPA and approved the Council's Policy and Guidance annually. This is the report for 2016/17.	

## Executive summary

This report details the use of RIPA by the Council for 2016/17 and summarises changes to the Council's Policy and Guidance.

### Recommendations:

1. Committee notes the use of RIPA by the Council for 2016 and 2017; and
2. Committee approves the revised Policy and Guidance document for RIPA.

## Proposals

### 1. Committee notes the use of RIPA by the Council for 2016 and 2017

- 1.1 A report setting out the RIPA authorisations obtained by the Council during 2016 and 2017 is attached at Appendix A.
- 1.2.1 The report gives the date, general purpose or reason for which authority was granted together with the grade of senior manager that granted the authority. It is not possible to give further details as this may breach confidentiality legislation, offend the sub-judice rules, interfere with the proper investigation of potential offenders, or disclose other operational information which could hinder past, current or future activities, investigatory techniques or investigations.

In summary, the total number of authorisations granted in this period were as follows:-

- Surveillance: 2
- Covert human intelligence source: 0 (see definition in paragraph 1.7 of the attached policy and guidance)

- Acquisition of communications data (Telecoms): 2

1.2.2 It can be seen from the information in Appendix A that, across the whole of the Council, the only activities covered by RIPA were authorised in relation to trading standards investigations.

## **2. Committee approves the revised Policy and Guidance document for RIPA**

2.1.1 The Council's revised Policy and Guidance is attached at appendix B.

2.2 The Policy and Guidance has been altered to take into account the minor revisions suggested by the Office of Surveillance Commissioners following its inspection of the Authority in October 2016. In particular, the section on test purchasing, online covert activity and social networking sites has been updated and repositioned within the main body of the document, rather than as an appendix. Appendix A has been updated to reflect changes to the Senior Responsible Officer and other authorising officers. The Appendices referring to forms have been removed and all forms will be available on the intranet. A few other minor alterations have also been made to reflect changes to relevant personnel. A reference has been added to the Investigatory Powers Act 2016.

## **3. Evidence**

3.1 The RIPA Orders and revised Codes of Practice set out expectations for local authorities in relation to the oversight of RIPA authorisations for Directed Surveillance and CHIS and for the acquisition of communications data. The recommendations set out in this report meet the requirements of the Orders and revised Codes of Practice. There are, therefore, no other reasonably viable options to the recommendations above.

## **4. Financial Implications**

4.1 There are no financial implications.

## **5. Issues, risks and innovation**

5.1 **Legal Implications:** The RIPA and associated regulations and orders set out the expectations for local authorities in relation to covert surveillance.

5.2 **Human Rights:** RIPA was enacted to ensure that, in conducting surveillance, public authorities have regard to the Human Rights Act 1998 and to Article 8 of the European Convention on Human Rights (the ECHR) – the right to a private and family life.

5.3 **Equality:** RIPA requires the authority's decision makers to take into account a person's human rights including any potential discrimination. Monitoring of the use of RIPA in relation to individuals could be considered for the future but is not considered necessary at this stage.

- 5.4 **Risks:** The RIPA Orders and revised Codes of Practice set out expectations for local authorities in relation to the oversight of RIPA authorisations and this report sets out how the authority can comply with these expectations. As such the risk associated with the actions set out in this report are low.

## 6. Background

- 6.1 A report by the Head of Law and Monitoring Officer and the Director of Environment Transport and Development was prepared for the Cabinet meeting on 13 September 2010. This report set out the background to the Regulation of Investigatory Powers Act 2000 (RIPA) and the Council's use of RIPA. At that meeting Cabinet agreed to receive an annual report of the Council's use of RIPA and to approve the Council's Policy and Guidance annually. Further reports were prepared for the Cabinet/Committee meetings on 5 May 2011, 11 June 2012, 7 October 2013, 19 November 2014 and 11 November 2015.

### Officer Contact

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

**Officer Name:** Victoria McNeill

**Tel No:** 01603 223415

**Email address:** victoria.mcneill@norfolk.gov.uk



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## Appendix A

### RIPA AUTHORISATIONS 2016 - 17

NO.	DATE	NATURE OF AUTHORISATION	REASON FOR AUTHORISATION	GRADE OF AUTHORISING OFFICER	DEPT.
1.	08.03.16	Communications Data	Unfair trading practices	Assistant Director (David Collinson)	CES
2.	17.10.16	Directed Surveillance	Underage sale of tobacco	Section Manager (John Peddle)	CES
3.	22.06.17	Directed Surveillance	Underage sale of alcohol and tobacco	Section Manager (Shaun Norris)	CES
4.	31.08.17	Communications Data	Unfair trading practices	Planning Services Manager (Nick Johnson)	CES



# Communities Committee

Item No.

<b>Report title:</b>	<b>Finance monitoring</b>
<b>Date of meeting:</b>	<b>17 January 2018</b>
<b>Responsible Chief Officer:</b>	<b>Tom McCabe – Executive Director, Community and Environmental Services</b>
<b>Strategic impact</b> This report provides the Committee with information on the budget position for services reporting to Communities Committee for 2017-18. It provides information on the revenue budget including any forecast over or underspends and any identified budget risks. It also provides an update on the forecast use of reserves and the details of the capital programme.	

## Executive summary

The services reporting to this Committee are mainly delivered by Community and Environmental Services, but also includes elements of services provide through the Managing Directors office.

The 2017-18 net revenue budget for this committee is £49.481m and this report reflects the forecast out-turn as at period 8, November 2017. The report also highlights the current risks being managed by the department.

The total capital programme relating to this committee is £14.638m, with £4.810m currently profiled to be spent in 2017-18. Details of the capital programme are shown in section 3 of this report.

The balance of Communities Committee reserves as of 1 April 2017 was £9.874m and the forecast balance for March 2018 is £6.108m

### Recommendations:

#### Members are recommended to note:

- a) **The Forecast out-turn position for the Communities Committee revenue budget and note the current budget risks being managed by the department.**
- b) **The Capital programme for this Committee.**
- c) **The current planned use of the reserves and the forecast balance of reserves as at the end of March 2018.**

## 1. Proposal

- 1.1. Members have a key role in overseeing the financial position for the services under the direction of this committee, including reviewing the revenue and capital position and reserves held by the service. Although budget are set and monitored on an annual basis it is important that the ongoing position is understood and the previous year's position are considered.

- 1.2. This report reflects the budgets and forecast out-turn position at the end of Period 8 November 2017.

## 2. Evidence

- 2.1. The services reporting to this Committee are mainly delivered by Community and Environmental Services, but also includes elements of services provided through the Managing Directors office.
- 2.2. The 2017-18 NET revenue budget for this committee is £49.481m. We are currently forecasting a balanced budget.

<b>Table 1: Communities NET revenue budget 2017-18</b>				
	2017-18 Budget	Actuals YTD	Forecast Out-turn	Forecast Variance
	£m	£m	£m	£m
Community and Consultation	0.210	0.133	0.210	0.000
Community, Information and Learning	13.807	7.258	13.807	0.000
Culture and Heritage	4.581	2.807	4.581	0.000
Director of Public Health	0.241	(3.836)	0.241	0.000
Equality and Diversity	0.200	0.010	0.200	0.000
Fire Service	28.808	17.412	28.808	0.000
Trading Standards	1.805	1.048	1.805	0.000
Registrars	(0.172)	(0.031)	(0.172)	0.000
<b>Total for Committee</b>	<b>49.481</b>	<b>24.801</b>	<b>49.481</b>	<b>0.000</b>

- 2.3. Table 1 above reflects the services net revenue budget and therefore the actuals to date are affected by patterns of income and expenditure.

<b>Table 2 – Gross Budgets</b>					
	Current year budget	Actuals Year to Date		Prior Year Budget	Prior Year Actuals to period 8
	£m	£m		£m	£m
Expenditure	113.831	74.309		114.010	77.955
Income	(64.350)	(49.508)		(66.421)	(52.134)
<b>Net</b>	<b>49.481</b>	<b>24.801</b>		<b>47.589</b>	<b>25.821</b>

- 2.4. The forecast out-turn presented is based on the work that RBOs undertake on a monthly basis, supported by the finance teams to predict their budgets year end position. RBO's review and actively manage their budgets throughout the year and there are a number of risks that are being monitored and managed by the services but at this stage of the year we are expecting a balanced position.

- 2.5. 

<b>Culture and Heritage – Museum service</b>	The Museum budget is based on significant income budgets totalling £5.099m, (£2.632m – Grants and £2.467m admissions, sales and receipts). The services has a strong track record
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	of managing these budgets successfully, however the admissions, sales and receipts budgets can be volatile and are subject to a number of external factors. These budgets are monitored closely throughout the year. To date the service has achieved £2.055m, 83% of the budget.
Fire Service	<p>Following the successful recruitment of a number of full time fire fighters we are currently over establishment and also have additional associated training costs. It is expected that some of these costs will be met from turnover within the year reducing this pressure.</p> <p>The service is also reviewing the cost implications of the training requirements for water rescue.</p>

2.6. Additional details of the revenue budget are shown on appendix A

### 3. Capital budget

3.1. The overall capital budget for the services reporting to this committee is £14.914m, with £4.810m currently being profiled to be delivered in 2017-18.

Table 3: Communities Capital programme						
	2017-18 Budget £m	2018-19 Budget £m	2019- 20+ Budget £m	Total Programme £m	Forecast 2017-18 £m	Actuals to period 8
<b>Norfolk Fire and Rescue Service</b>	1.352	3.772	0.200	5.324	1.352	1.222
<b>Culture and Heritage – Museums</b>	1.095	2.143	0.750	3.988	1.095	0.327
<b>Community Information and Learning</b>						
Customer Services Strategy	0.605			0.605	0.605	0.363
E-Commerce Digital Development	0.173			0.173	0.173	
Single employee portal	0.320			0.320	0.320	
Libraries	1.266	1.963	1.000	4.229	1.266	0.515
<b>Committee total</b>	<b>4.810</b>	<b>7.878</b>	<b>1.950</b>	<b>14.638</b>	<b>4.810</b>	<b>2.427</b>

### 4. Reserves 2017-18

4.1. The reserves relating to this committee are generally held for special purposes or to fund expenditure that has been delayed, and in many cases relate to external grants and contributions. They can be held for a specific purpose, for example where money is set aside to replace equipment or undertake repairs on

a rolling cycle, which help smooth the impact of funding.

- 4.2. A number of the reserve balances relate to external funding where the conditions of the grant are not limited to one financial year and often are for projects where the costs fall in more than one financial year.
- 4.3. Services continue to review the use of reserves to ensure that the original reasons for holding the reserves are still valid.
- 4.4. The balance of unspent grants and reserves as at 1<sup>st</sup> April 2017 stood at £9.874m
- 4.5. Table 4 below shows the balance of reserves held and the current planned usage for 2017-18.

4.6. Table 4: Communities reserves

	Balance at 1 April 2017	Forecast balance 31 March 2018	Forecast change
	£m	£m	£m
Community Information and learning	2.508	1.282	(1.226)
Community and Consultation	0.083	0.083	0.000
Culture and Heritage	2.385	1.723	(0.662)
Public Health	2.953	1.784	(1.169)
Fire Service	1.611	0.923	(0.688)
Registrars	0.221	0.221	0.000
Trading standards	0.113	0.092	0.021
<b>Committee total</b>	<b>9.874</b>	<b>6.108</b>	<b>(3.766)</b>

## 5. Financial Implications

- 5.1. There are no decisions arising from this report and all relevant financial implications are set out in this report

## 6. Issues, risks and innovation

- 6.1. This report provides financial performance information on a wide range of services in respect of this committee.

## Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

**Officer name :** Andrew Skiggs

**Tel No. :** 01603 223144

**Email address :** Andrew.skiggs@norfolk.gov.uk



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## Appendix A

### Additional information on the Revenue Budget

Service area	Full year budget £m	Actuals to Date £m
Registrars	(0.172)	(0.031)
Community Consultation	0.210	0.133
Equality and Diversity	0.200	0.010
<b>Community, Information and learning</b>		
Norfolk Community Learning Services	0.304	(0.415)
Norfolk Library and Information Services	8.513	4.291
Customer Services	4.990	3.381
<b>Culture and Heritage</b>		
Active Norfolk (see note below)		0.218
County Archives	0.797	0.319
Culture and Heritage management	0.073	0.035
Norfolk Arts Service	0.275	0.033
Norfolk Museum Service	2.900	1.870
Historic Environment	0.448	0.335
<b>Director of Public Health</b>		
Ring Fenced Grant	(0.026)	(3.594)
Other Public health services	0.267	(0.242)
Fire Service	28.808	17.412
Trading Standards	1.853	1.048
<b>Total for Committee</b>	<b>49.481</b>	<b>24.801</b>

### Active Norfolk

Active Norfolk is funded from a number of sources and receives no core NCC funding and we account for both the income and expenditure, therefore the net budget presented is nil. Further details of the planned spend are shown in the table below.

Activity Area	Budget 2017/18	Spend period to date
Core	270,130	217,353
Coaching	82,000	59,781
Health Walks	119,840	29,062
Physical Activity	227,100	202,594
Beginner Running	36,690	26,083
Weight Management	46,830	21,565
Disability	16,980	1,793
VILLAGE GAMES	21,360	(31)
Workplace Health	72,220	40,850
Sportivate	155,000	68,722

Volunteering	1,500	6,060
School Games	55,500	34,268
Adult Education Coaching Development	31,000	1,530
Satellite Clubs	75,000	100,520
Fun and Fit	111,430	59,706
Children and Young People	70,190	40,235
Skyride Local		(4,125)
Evaluation	39,980	30,152
Mobile Me	221,250	82,480
Sporting Ambassadors	700	
Sport Relief		364
Events	24,080	18,995
Women and Girls	6,000	5,536
Access to Schools	36,480	
Pushing Ahead	128,350	118,110
Sport for Change	78,750	2,937

<b>Gross Expenditure</b>	<b>1,928,360</b>	<b>1,164,541</b>
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Government Grants	(1,125,620)	(395,786)
Receipts and Charges	(40,120)	(24,984)
Recharges - including Public Health Funding	(762,620)	(525,974)
<b>Gross income</b>	<b>(1,928,360)</b>	<b>(946,744)</b>

<b>Net Position</b>	<b>217,797</b>
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## Public Health

Public Health is funded from a ring fenced public health grant, we account for the grant income and expenditure. The planned level of activity against the ring-fenced grant is shown below.

	BUDGET
Public Health Ring Fenced Grant	(25,520)
Business & Staffing	(36,563,880)
Children & Young People Programme	16,367,200
Healthy Living	1,564,090
Sexual Health	6,912,150
Healthy Places	237,770
Health Protection	133,350
Vulnerable People	9,232,400
Intelligence & Info Management	176,400
Smoking	1,915,000
<b>Total</b>	<b>(25,520)</b>

# Communities Committee

Item No.

<b>Report title:</b>	<b>Committee Forward Plan and update on decisions taken under delegated authority</b>
<b>Date of meeting:</b>	<b>17 January 2018</b>
<b>Responsible Chief Officer:</b>	<b>Tom McCabe – Executive Director, Community and Environmental Services</b>
<b>Strategic impact</b> Providing regular information about key service issues and activities supports the Council's transparency agenda and enables Members to keep updated on services within their remit. It is important that there is transparency in decision making processes to enable Members and the public to hold the Council to account.	

## Executive summary

This report sets out the Forward Plan for Communities Committee. The Forward Plan is a key document for this committee to use to shape future meeting agendas and items for consideration, in relation to delivering communities issues in Norfolk. Each of the Council's committees has its own Forward Plan, and these are published monthly on the County Council's website. The Forward Plan for this Committee (as at 29 December) is included at Appendix A.

This report is also used to update the Committee on relevant decisions taken under delegated powers by the Executive Director (or his team), within the Terms of Reference of this Committee. There are four relevant delegated decisions to report to this meeting.

### Recommendations:

- 1. To review the Forward Plan at Appendix A and identify any additions, deletions or changes to reflect key issues and priorities the Committee wishes to consider.**
- 2. To note the delegated decision detailed in section 1.2.**

## 1. Proposal

### 1.1. Forward Plan

- 1.1.1. The Forward Plan is a key document for this committee in terms of considering and programming its future business, in relation to communities issues in Norfolk.
- 1.1.2. The current version of the Forward Plan (as at 29 December) is attached at Appendix A.
- 1.1.3. The Forward Plan is published monthly on the County Council's website to enable service users and stakeholders to understand the planning business for this Committee. As this is a key document in terms of planning for this Committee, a live working copy is also maintained to capture any changes/additions/amendments identified outside the monthly publishing schedule. Therefore, the Forward Plan attached at Appendix A may differ

slightly from the version published on the website. If any further changes are made to the programme in advance of this meeting they will be reported verbally to the Committee.

## 1.2. **Delegated decisions**

- 1.2.1. The report is also used to update on any delegated decisions within the Terms of Reference of this Committee that are reported by the Executive Director as being of public interest, financially material or contentious. There are four relevant delegated decisions to report for this meeting.

**Subject:** **Alcohol and drug behaviour change service - contract award**

**Decision:** To award the contract to Change, Grow, Live (CGL). CGL will work closely with a number of partners across Norfolk – working in mental health, community safety, children's provision, the criminal justice system, learning disability, social care, dementia, the NHS and the voluntary sector – to help those affected by substance misuse to lead rewarding lives. The new service will bring significant benefits to Norfolk residents in terms of increased quality of life and better health. There will be a greater focus on alcohol and opportunities to intervene at the earliest point to prevent problems from developing.

**Taken by:** Dr Louise Smith – Director of Public Health

**Taken on:** 6 November 2017

**Contact for further information:** Diane Steiner – Deputy Director of Public Health  
Email [diane.steiner@norfolk.gov.uk](mailto:diane.steiner@norfolk.gov.uk)  
Phone 0344 800 8020

**Subject:** **Reducing smoking prevalence in under 18s in the greater Norwich area**

**Decision:** Public Health to make a contribution of £50,000 from the existing stop smoking budget to the Norfolk Youth Advisory Boards, under a Memorandum of Understanding with a request to commission a service to reduce smoking prevalence in under 18s in the greater Norwich area.

**Taken by:** Dr Louise Smith – Director of Public Health

**Taken on:** 13 November 2017

**Contact for further information:** Angela Fletton, Public Health Commissioning Manager  
Email [angela.fletton@norfolk.gov.uk](mailto:angela.fletton@norfolk.gov.uk)  
Phone 0344 800 8020

**Subject:** **Youth Offending Team - specialist drug & alcohol workers**

**Decision:** Public Health to continue to provide £43,000 in 2017-18 to the Youth Offending Team to fund a specialist social worker.

**Taken by:** Dr Louise Smith – Director of Public Health



Taken on: 11 December 2017

Contact for further information: Sally Hughes, Public Health Commissioning Manager  
Email sally.hughes@norfolk.gov.uk  
Phone 0344 800 8020

**Subject: Norfolk Fire and Rescue Service Pension scheme support**

Decision: To appoint North Yorkshire Fire and Rescue Service as the pension support provider for the Norfolk Fire and Rescue Service Pension scheme. This includes providing support to the Norfolk Scheme Manager, Pension Board and scheme Members.

Taken by: David Ashworth, Chief Fire Officer, in consultation with the Chair of Communities Committee and the Norfolk Pensions Committee

Taken on: 11 December 2017

Contact for further information: David Ashworth, Chief Fire Officer  
Email david.ashworth@fire.norfolk.gov.uk  
Phone 0344 800 8020

## **2. Evidence**

2.1. As set out in the report and Appendix A.

## **3. Financial Implications**

3.1. There are no financial implications arising from this report.

## **4. Issues, risks and innovation**

4.1. There are no other relevant implications to be considered by Members.

## **5. Background**

5.1. N/A

### **Officer Contact**

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

**Officer name :** Sarah Rhoden

**Tel No. :** 01603 222867

**Email address :** sarah.rhoden@norfolk.gov.uk



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# Forward Plan for Communities Committee

## Appendix A

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
<b>Meeting : Wednesday 7 March 2018</b>			
Annual report of the Norfolk Armed Forces Community Covenant	None	Review progress made on the Norfolk Armed Forces Covenant Action Plan and identify areas where Communities might like to receive further information	Armed Forces Community Covenant Senior Officer (Merry Halliday)
Trading Standards Service Plan including Food & Feed Law Enforcement Plan (FFLEP) and Enforcement of Age Restricted Sales & Illegal Tobacco Plan (EARSITP)	None	To review and approve the Service Plan – including the Food and Feed Law Enforcement Plan and the Enforcement of Age Restricted Sales Plan.	Head of Trading Standards (Sophie Leney)
Tobacco Control action plan	None	To review progress on the Tobacco Control Strategy and Action Plan for Norfolk.	Public Health Commissioning Manager (Angela Fletton)
Suicide Prevention Plan		To review progress on the suicide prevention strategy	Commissioning Manager – Vulnerable People (Sally Hughes)
Norfolk Fire and Rescue - annual statement of assurance and service plan	None	To note and agree the Norfolk Fire and Rescue Service annual statement of assurance, and agree the annual service plan	Chief Fire Officer (David Ashworth)
Finance monitoring	None	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business Partner (Andrew Skiggs)
Performance management	No	Comment on performance and consider areas for further scrutiny.	Business Intelligence and Performance Analyst

# Forward Plan for Communities Committee

## Appendix A

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
			(Austin Goreham)
Risk management	No	Review and comment on the risk information and consider any areas of risk that require a more in-depth analysis	Chief Internal Auditor (Adrian Thompson)
Forward Plan and decisions taken under delegated authority	None	To review service updates on key issues and activities and identify any areas where the Committee would like to receive further information.	Head of Support & Development (Sarah Rhoden)
<b>Meeting : Monday 21 May 2018</b>			
Resilience and Emergency Planning	None	Presentation of Norfolk's resilience and emergency plans	Head of Resilience (Jan Davis)
Children and Young People Health and Wellbeing Survey 2017	None	To consider recommendations stemming from the results of the survey.	Specialist Advanced Public Health Officer (Carolyn Watts)
Finance Monitoring	None	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business Partner (Andrew Skiggs)
Forward Plan and decisions taken under delegated authority	None	To review service updates on key issues and activities and identify any areas where the Committee would like to receive further information.	Head of Support & Development (Sarah Rhoden)
<b>Meeting : Wednesday 4 July 2018</b>			
Norfolk Armed Forces Community Covenant Strategy and Action Plan	None	Review progress made on the Norfolk Armed Forces Covenant Action Plan and identify areas where Communities might like to receive further information	Armed Forces Community Covenant Senior Officer (Merry Halliday)

# Forward Plan for Communities Committee

## Appendix A

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
Update on the Business and Intellectual Property Centre	None	To receive an update on the Centre, based in Norfolk and Norwich Millennium Library, which launched in October 2017	Head of Libraries and Information (Jan Holden)
Workplace health	None	To consider progress made by the workplace health provider.	Public Health Commissioning Manager (Interim) (Angela Fletton)
Finance Monitoring	None	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business Partner (Andrew Skiggs)
Forward Plan and decisions taken under delegated authority	None	To review service updates on key issues and activities and identify any areas where the Committee would like to receive further information.	Head of Support & Development (Sarah Rhoden)
Performance management	None	Comment on performance and consider areas for further scrutiny.	Business Intelligence and Performance Analyst (Austin Goreham)
Risk management	None	Review and comment on the risk information and consider any areas of risk that require a more in-depth analysis	Chief Internal Auditor (Adrian Thompson)
<b>Meeting : Wednesday 5 September 2018</b>			
Road Safety Strategy 2018	None	To review approaches to reduce those killed and seriously injured on our roads.	Public Health Commissioning Manager (Nadia Jones)
Finance Monitoring	None	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business Partner (Andrew Skiggs)
Forward Plan and decisions	None	To review service updates on key issues	Head of Support &

# Forward Plan for Communities Committee

## Appendix A

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
taken under delegated authority		and activities and identify any areas where the Committee would like to receive further information.	Development (Sarah Rhoden)
<b>Meeting : Wednesday 10 October 2018</b>			
Annual review of the Enforcement Policy	None	To approve the Enforcement Policy and its appendices, and to agree to the ongoing review of the Policy on an annual basis.	Head of Trading Standards (Sophie Leney)
Finance Monitoring	None	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business Partner (Andrew Skiggs)
Performance management	None	Comment on performance and consider areas for further scrutiny.	Business Intelligence and Performance Analyst (Austin Goreham)
Risk management	None	Review and comment on the risk information and consider any areas of risk that require a more in-depth analysis	Chief Internal Auditor (Adrian Thompson)
Forward Plan and decisions taken under delegated authority	None	To review service updates on key issues and activities and identify any areas where the Committee would like to receive further information.	Head of Support & Development (Sarah Rhoden)
<b>Meeting : Wednesday 7 November 2018</b>			
Finance Monitoring	None	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business Partner (Andrew Skiggs)
Forward Plan and decisions taken under delegated	None	To review service updates on key issues and activities and identify any areas	Head of Support & Development (Sarah

# Forward Plan for Communities Committee

## Appendix A

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
authority		where the Committee would like to receive further information.	Rhoden)

Regular items	Frequency	Requested committee action (if known)	Lead officer
Forward Plan and decisions taken under delegated authority	Every meeting	To review service updates on key issues and activities and identify any areas where the Committee would like to receive further information.	Head of Support & Development (Sarah Rhoden)
Performance management	Four meetings each year – January, March, June/July, October	Comment on performance and consider areas for further scrutiny.	Business Intelligence and Performance Analyst (Austin Goreham)
Risk management	Four meetings each year – January, March, June/July, October	Review and comment on the risk information and consider any areas of risk that require a more in-depth analysis	Chief Internal Auditor (Adrian Thompson)
Finance Monitoring	Every meeting	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business Partner (Andrew Skiggs)
Annual report of the Norfolk Armed Forces Community Covenant	Annual Report – March each year	Review progress made on the Norfolk Armed Forces Covenant Action Plan and identify areas where Communities might like to receive further information	Senior Planning and Partnerships Officer (Merry Halliday) /
Norfolk Armed Forces Community Covenant Strategy and Action Plan	Annually – July each year	Review progress made on the Norfolk Armed Forces Covenant Action Plan and identify areas where Communities might like to receive further information	Armed Forces Community Covenant Senior Officer (Merry Halliday)

Regular items	Frequency	Requested committee action (if known)	Lead officer
Annual review of the Enforcement Policy	Next meeting October/November 2018? Also to be reviewed by the EDT Committee as policy covers Highways, planning services and Trading Standards enforcement activities.	To approve the Enforcement Policy and its appendices, and to agree to the ongoing review of the Policy on an annual basis.	Head of Trading Standards (Sophie Leney)