

# People and Communities Select Committee

Date: 19 July 2019

Time: 10am

Venue: Edwards Room, County Hall, Norwich

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

Membership:

Cllr Shelagh Gurney (Chairman)  
Cllr Fabian Eagle (Vice-Chairman)

Cllr Tim Adams	Cllr Chrissie Rumsby
Cllr David Bills	Cllr Thomas Smith
Cllr Penny Carpenter	Cllr Mike Smith-Clare
Cllr Ed Connolly	Cllr Fran Whymark
Cllr David Harrison	Cllr Sheila Young
Cllr Brenda Jones	

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

Hollie Adams on 01603 223029  
or email [committees@norfolk.gov.uk](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 Minutes

To agree the minutes of the meeting held on 31 May 2019

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### 3 Members to Declare any Interests

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

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

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

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

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

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

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

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

### 5 Public Question Time

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Tuesday 16 July 2019**.

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

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

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Tuesday 16 July 2019**.

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|----------|---|----------------|
| <b>7</b> | <b>Norfolk Tobacco Control Alliance Action Plan</b><br>Report by the Director of Public Health                            | <b>Page 11</b> |
| <b>8</b> | <b>No Wrong Door Model for young people with complex needs</b><br>Report by the Executive Director of Children's Services | <b>Page 19</b> |
| <b>9</b> | <b>People &amp; Communities Select Committee Workplan</b>   | <b>Page 27</b> |

## **Group Meetings**

Conservative	9:00am	Conservative Group Room, 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: 11 July 2019



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## **People and Communities Select Committee Minutes of the Meeting Held on 31 May 2019 at 10am in the Council Chamber, County Hall**

### **Present:**

Cllr Shelagh Gurney (Chairman)  
Cllr Fabian Eagle (Vice-Chairman)

Cllr Tim Adams	Cllr Chrissie Rumsby
Cllr David Bills	Cllr Thomas Smith
Cllr Penny Carpenter	Cllr Mike Smith-Clare
Cllr Ed Connolly	Cllr Fran Whymark
Cllr David Harrison	Cllr Sheila Young
Cllr Brenda Jones	

### **Officers Present:**

Helen Edwards	Chief Legal Officer (Monitoring Officer), Norfolk County Council
Sara Tough	Executive Director Children's Services, Norfolk County Council
James Bullion	Executive Director, Adult Social Services, Norfolk County Council
Sarah Jones	Assistant Director, Early Help and Prevention, Norfolk County Council
Suzanne Meredith	Deputy Director of Public Health (Healthcare Services), Norfolk County Council
Janice Dane	Assistant Director, Early Help and Prevention (Adult Social Services), Norfolk County Council
Debbie Bartlett	Assistant Director, Strategy & Transformation, Norfolk County Council
James Wilson	Business Design and Change Lead, Children's Services, Norfolk County Council
Louise Smith	Director of Public Health, Norfolk County Council

### **1. Apologies for Absence**

- 1.1 There were no apologies.
- 1.2 The chairman welcomed Members and Officers to the first meeting of the committee.

### **2. Declarations of Interest**

- 3.1 Cllr Whymark declared a non-pecuniary interest as a foster carer

### **3. Items received as urgent business**

- 3.1 There were no items of urgent business.

#### **4. Public Questions**

- 4.1 One public question was received and the answer circulated

#### **5. Member Questions**

- 5.1 Two Member questions were received and the answers circulated
- 5.2 Cllr Smith-Clare asked a supplementary question: Cllr Smith-Clare reported that with school budgets at breaking point, at Great Yarmouth North Deans High School, staffing and resources were being used to support food banks; he asked how many schools were supporting food banks as part of the school-based curriculum. The Executive Director of Adult Social Care agreed to provide a written response.

#### **6. Terms of Reference and Working Arrangements**

- 6.1 The Committee considered the report outlining sections of the Constitution relevant to the working of the People and Communities Select Committee and other Select Committees and Scrutiny Committee.
- 6.2 The following points were discussed and noted
- A discussion was held about setting up a process to call witnesses to Meetings from outside the Council to inform policy development, such as members of the public and representatives from charities, providers and businesses; the Monitoring Officer confirmed that calling witnesses was the right of the Committee and no process needed to be agreed in order to do so, however, witnesses could not be compelled to attend
  - The level of support provided to select Committees was queried; the Monitoring Officer confirmed that scrutiny would be supported in the same way as the executive; Democratic Services would provide support for the function of meetings and Departmental Officers would provide support related to reports
  - The Chairman welcomed the opportunity to continue with the ethos of engaging with user groups and fully supported the opportunity to invite people with expertise and knowledge to meetings
- 6.3 The Committee **CONSIDERED** and **AGREED** the terms of reference set out in this report, and the Constitution as attached at Appendix A of the report.

#### **7. Prevention Strategy for Adults, Children and Public Health**

- 7.1.1 The Committee received and discussed the report setting out the Joint Prevention Strategy which aimed to support the Council's ambitions and building on the council's core vision, priorities and principles
- 7.1.2 The committee heard a presentation by the Head of Public Health (see appendix A):
- The strategy focussed on building a culture of self-care and resilience
  - A further report would be brought to Committee in November 2019
  - A white paper, "prevention is better than cure", had been published at the end of 2018 promoting the prevention approach which had been shown to be cheaper, more cost effective and to give a better return on investment
  - The largest population increase in Norfolk was forecast to be in over 75s

## 7.2 The following points were discussed and noted

- The approach to targeted prevention was welcomed, and Officers were asked how barriers to health in some communities, such as housing, poverty, emissions, access to healthy eating and hunger, would be overcome. The Director of Public Health acknowledged there was not a simple solution to such barriers but working with communities and district councils were important alongside introducing schemes such as social prescribing. Engagement with GPs was an important step to access a wide proportion of the population
- Cllr Carpenter, Member Champion for Social Mobility, hoped to be involved with the work mentioned in the report; she spoke about how local businesses played an important role in helping to overcome intergenerational issues
- The difficulty in making healthy food choices during the holidays for children and families who relied on breakfast clubs and school lunches was discussed; the Director of Public Health recognised this as an issue for some families; lunch clubs were run in the School Holidays in some libraries
- The reduction in minimum income guarantee was raised as an impacting factor for people with disabilities to live a free and independent life; the Executive Director of Adult Social Care recognised that the change in way of working in adult social care towards early intervention and charging for means tested social services represented a change for some people
- A Member queried what changes would be seen “on the ground” and **requested** that in the future prevention strategy report, progress on delivery of outcomes was shown in a measurable way
- The model of co-location of night nurses and Swifts in West Norfolk was raised as an example of best practice; the Executive Director of Adult Social Care reported that Swifts and Night Owls were a core part of the investment of Adult Social Care by the NHS and co-location was an important part of the model
- The Executive Director of Children’s Services responded to a Member query that Departments worked together to ensure funds were used effectively on joint arrangements
- Signs of safety had been an important part of practice change in early intervention with training delivered across the Council, Schools and police, and due to be delivered more widely. Signs of Wellbeing was also being looked into.
- Officers were asked for an update on “Transformation of SEND (Special Educational Needs and Disabilities)”; there was a proposal to open up to 4 special schools and 750 additional mainstream school places over approximately 3 years, including alternative provision for children with Emotional, Social and Behavioural needs and building on the County’s existing residential care provision, which had a good reputation. Officers **agreed** to bring more information on development of the project
- A Member **suggested** that issues in some parts of the County related to poverty, including social, personal, monetary and educational poverty, should be addressed in the strategy. The Director of Public Health reported that the second part of the ambition was aimed at reducing the life expectancy gap for those living in the poorest circumstances by making the most intervention where there was most need
- Support for teenage parents was queried; the Director of Public Health reported that the Family Nurse Partnership provided support for young pregnant women and during the early years of parenting. This service had been shown to lead to stronger attachments and more confident parenting, better school attendance and improved child behaviour. There was also now better access to contraception through outreach services from sexual health clinics.
- The Executive Director of Adult Social Care reported that some prevention work

outlined in the plan was already underway so the impact of these measures was already available; outcomes could be set out in terms of targeted groups and the differences being made could be outlined in a future meeting. Members **requested** measurable and achievable targets to be shown in the strategy

- Benjamin court was discussed as a good example of reablement; the Chairman had visited and discussed its success; more reablement services were planned
- A Member requested more detail on mental health prevention including frontline services in Mental Health and Crisis Services; actions were underway with NSFT (Norfolk and Suffolk Foundation Trust) as part of Better Care Fund funding; the Director of Public Health **agreed** to bring further information on Prevention and Mental Health. Information on the AMP (Approved Mental Health Professional) service and support for offenders with Mental Health was **requested**
- The Executive Director of Children's Services reported that health providers and the Local Authority were working together on support for Children's Emotional Wellbeing and Mental Health; a work programme was in place as part of the STP (Sustainability and Transformation Partnership) to work with communities, reduce duplication, share information and improve multi-disciplinary working
- A Member requested an "aide memoir" of the strategy to send to divisions
- Information on the percentage of children who received free school meals would be **sent** to Cllr Connolly after the meeting
- Information on measures to tackle incidents in the home such as accidental poisonings was requested; the Director of Public Health clarified that previously reported unusually high levels of hospital admissions for accidental poisonings in Norfolk had returned to the expected level; the cause of this was unclear but it was not an ongoing trend.
- Detail about the Council's approach to exclusions and the impact of this on Young Peoples' Mental Health was **requested**; this would be included in the transformation around SEND report being brought to Committee in September
- Information was requested on long wait times for sexual health appointments in West Norfolk and HIV and other tests available by post; the Director of Public Health reported that postal testing had been very successful and reduced the numbers of people waiting for appointments. It had not delivered the forecast financial savings because of its high level of success so the data, the tests and frequency of testing was being reviewed to align with clinical practice. Work on PrEP continued nationally, and the trial had expanded, including in parts of Norfolk. The Director of Public Health **agreed** to send detail to Cllr Smith on waiting times and access to appointments in West Norfolk
- A Member suggested that it was important to communicate the "prevention is better than cure" ethos to the public. The older persons forums were suggested as an effective way of disseminating information to older people. Officers were looking at the language used to communicate to the public, engaging with public forums and visiting communities to inform plans

### 7.3 The Committee **AGREED** to

1. Support the ambitions for a Joint Prevention Strategy and principles as set out in sections six and seven.
2. Continue to support the maintenance and development of the Norfolk County Council Preventative approach as a priority, despite the financial constraints and uncertainty.
3. Receive a further report on the Joint Prevention Strategy at the Peoples and Communities Select Committee meeting on 15 November 2019.

## 8. Forward Work Plan

8.1 The Committee discussed items they would like to add to the Forward Plan

8.2 Members **REQUESTED** the following items to be added to the forward plan

- Care market update - Date TBC
- Support for Carers; to include information on infrastructure, disabled toilets and changing places - November 2019
- Integration with the NHS - November 2019
- Prevention and Mental Health to include AMP and mental health support for Offenders - Date TBC
- The Chairman would to move some items from July to a later date - TBC
- Report on improving joined up working between swifts, night owls and the NHS including examples of good practice in West Norfolk - Date TBC
- Domestic Abuse Services in Norfolk - Date TBC
- Performance of Vulnerable Children Social Impact Bond - Date TBC
- Report on Adult Education and Lifelong Learning- Date TBC
- Childhood Hunger - Date TBC
- Care Leavers' access to Effective Opportunities - Date TBC

8.3 Information was requested on:

- Impact of minimum income guarantee; the Chairman asked that this was taken to Cabinet as a Member Question
- Social work vacancies; the Chairman asked that this was taken to Cabinet as a Member Question. The Executive Director of Adult Social Care would look into how regular Member briefings could be provided on this

The Meeting Closed at 11.40

**Cllr S Gurney, Chairman,  
People and Communities Select Committee**



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**People and Communities Select Committee  
31 May 2019**

**Item 5; Public Questions**

**Question from John Simmons:**

Schools in Great Yarmouth Borough have been hit hard by cuts, North Denes has seen a loss of -£156,227 and St. Nicholas Priory -£335,419 since 2015 and now we are seeing cuts to teaching staff and loss of provision of after school clubs which parents rely upon to be able to work. How are Norfolk County Council addressing these cuts with the Department for Education and what measures are being made by Norfolk County Council to protect staff and levels of provision to ensure equal access to education by children and parents in Norfolk?

**Response from the Chairman:**

*NCC is aware of the funding pressures schools face both nationally and locally, and through our collective work with the Department for Education and Local Government Association we continue to raise issues of education funding overall with government. We also work with headteachers and governors via the Schools Forum on these issues. As schools are independent of the local authority (Academies exclusively and Maintained Schools regarding the majority of their 'operational' decisions) we would not be made aware as a matter of routine. NCC Early Help service also works with community services to address areas of need at a local level.*

**Item 6; Local Member Issues/Questions:**

**Question from Cllr Mike Smith-Clare:**

According to reports there are now over 1000 schools in England relying on crowd funding to provide essential education supplies. In addition many are closing early on Fridays in an attempt to lessen their financial difficulties.

How many schools does this apply to in Norfolk - and what measures are in place to protect the education of children and support for colleagues locally?

**Response from the Chairman:**

*The Local Authority is not aware of any schools in Norfolk who are in this situation, however, as schools are independent of the local authority (Academies exclusively and Maintained Schools regarding the majority of their 'operational' decisions) we would not be made aware as a matter of routine. However, the issue of school funding is one that NCC is fully aware of, both nationally and locally, and through our work with headteachers and governors via the Schools Forum and through our collective work through the Local Government Association, we continue to raise issues of education funding overall with government.*

**Question from Cllr Sandra Squire:**

Once an EHCP is approved and finalised specifying the support a child should receive in school, and funding has been applied for to cover the costs of this, what are the timescales involved with the council actually providing the payment to the school for the support they provide. I have heard examples where schools are still waiting for their funding after 12 months. Does the chair consider it fair that schools are effectively having to cover costs from their budgets for services that were agreed and should be provided by this council?

**Response from the Chairman:**

*In mainstream schools: School applies for EHCP Banding. Requests are sent to SEN Finance for payment every month. There should be no delays much over a month and the funding will be back dated. Requests for exceptional circumstances funding are dealt with on a case by case basis.*

*Special Schools: all children start on the same band and will be audited and reviewed annually to ensure funding is sufficient.*

*We are unsure why a school would have waited 12 months for an allocation, if you would like to pass on the details of this school we can investigate further.*

# Report to Select Committee - People and Communities

Item No. 7

<b>Report title:</b>	<b>Norfolk Tobacco Control Alliance Action Plan</b>
<b>Date of meeting:</b>	<b>19 July 2019</b>
<b>Responsible Cabinet Member:</b>	<b>Councillor Bill Borrett (Cabinet Member for Adult Social Care, Public Health and Prevention).</b>
<b>Responsible Director:</b>	<b>Dr Louise Smith (Director of Public Health)</b>

## Introduction from Cabinet Member

The County Council are responsible for tobacco control strategy in Norfolk leading the county to reduce the demand for tobacco, to control the availability and visibility of tobacco products and reduce the number of people smoking. Our current Tobacco Control Strategy (2016-2020) was last reviewed in March 2018 and is due for renewal in 2021.

We have undertaken an in-depth self-assessment, supported by external experts, to review our systems against national standards and industry best practice. They found that we have many strengths including active support for the tobacco control agenda from Public Health, Trading Standards, the NHS and the Police, and a commitment to develop our approach further commenting that we need to do more to:

- a) Show stronger system wide leadership
- b) Engage and ensure actions are delivered by key partners especially the NHS and District Councils
- c) Increase efforts to reduce the number of young people smoking

To inform the development of the strategy and the work of the Tobacco Control Alliance we are consulting members.

## **Actions required** for the Peoples and Communities Select Committee:

1. Consider recommending to cabinet that NCC appoint a member champion.
2. Consider recommending to cabinet that NCC agree a policy declaration on Tobacco Control.
3. Propose a nominee as the lay member chair for the Tobacco Control Alliance.
4. Support the continuation of cross service strategies and delivery programmes e.g. Fire Service and Trading Standards.
5. Propose a framework of actions with district councils of what they could do to ensure compliance with smoke free legislation, extend voluntary smoke free places, training housing officers and employers in smoke free approaches.
6. Commend the work being undertaken in the NHS to go smoke free on all sites and consider recommending that NCC also seek to have completely smoke free sites, prioritise stop smoking efforts in prevention strategies and with their workforce.
7. Support the intention to continue to invest in preventing children & young people from starting to smoke and develop new approaches to maximise impact.

## **1. Background and Purpose**

- 1.1. Towards a Smoke-Free Generation: The Tobacco Control Plan for England (2017) sets out the Government's aim to create a smoke-free generation, defined as when smoking prevalence is at 5% or below. It takes a whole system approach and sets out targets for turning off the tap for young people starting smoking; reducing smoking in pregnancy; addressing high levels of smoking amongst those with mental ill health and supporting people to quit.
- 1.2. Tobacco Control incorporates a wide range of measures, from legislation and taxation to education and support for smokers to quit. Evidence shows that comprehensive tobacco control measures reduce the burden of disease, disability and death and the inequalities caused by tobacco.
- 1.3. In Norfolk we formed a Tobacco Control Alliance to improve collaboration and provide strategic leadership across health, local government, voluntary and academic sectors. The Norfolk Tobacco Control Strategy identified three strategic priorities to turn off the tap of young people recruited as smokers, assist every smoker to quit and protect families and communities from tobacco related harm, especially children. The Alliance is led by Public Health and reports to the Sustainability and Transformation Partnership Prevention Board and the Health and Well-Being Board.
- 1.4. We recently undertook a review of the working of the Alliance using an improvement model known as CLear. This is a sector led improvement model developed by Action on Smoking and Health (ASH) and supported by Public Health England. It is not an audit or an inspection regime but is used as a tool to identify strengths and opportunities for improvement and to guide the development of the Alliance. Alliance members contributed to a self-assessment process before inviting external peer review. It forms an early stage in our progress towards renewing the Norfolk Tobacco Control Strategy in 2021.
- 1.5. An action plan setting out the key deliverables arising from the CLear review has been presented for consideration to the Norfolk Tobacco Control Alliance, with further proposals for consideration by the select committee. These are set out below.

## **2. Proposals**

### **2.1. Leadership for tobacco control**

The Tobacco Control Alliance is currently chaired by a Consultant in Public Health. It is proposed that an external chair be nominated to provide a degree of independence and scrutiny to the alliance.

We propose to revise the Tobacco Control Strategy by end 2020 to be more closely aligned to the national tobacco control plan. A collaborative approach will be taken, and members are asked to comment and advise on its development.

Norfolk County Council has demonstrated leadership on tobacco control. We wish to build on this leadership role, for example through extending the smoke free environments in all Council buildings and grounds and appointing a member champion for tobacco control.

- 2.2. The Smokefree Councillor Network is a new Department of Health and Social Care initiative coordinated by ASH with the support of the LGA community well-being board. The membership is supported to champion tobacco related issues locally

and, participate in national conversations on tobacco control. Consideration should be given to nominating an elected member to join this network.

- 2.3. The Local Government Declaration on Tobacco Control provides a statement of the Council's commitment to ensure tobacco control is part of mainstream public health work and records councils' commitment to reduce the harm from tobacco in line with the World Health Organisation Framework Convention on Tobacco Control and the Tobacco Control Plan for England; to protect local health policy from the tobacco industry and to provide strong leadership on tobacco issues within the Council.

The CLear review recommended that Norfolk County Council sign the Local Government Declaration on Tobacco Control. Members are asked to consider the declaration and whether to recommend this action to Cabinet, or whether there are additional local aspects they would want to include in a locally determined declaration.

2.4. **Broadening the role of partners**

A revised strategy will aim to make explicit the Tobacco Control ambitions for Norfolk, providing clarity to partner organisations on how they can contribute to the wider tobacco control agenda. We propose to extend the role of tobacco control champions in partner organisations and build on the work with district councils on compliance and illicit tobacco.

We propose to continue to prioritise a Smokefree NHS and reducing smoking in pregnancy, providing a more directive approach to delivery of action plans, including the role of the NHS delivering a fully implemented Smokefree NHS, providing a totally smoke free environment and pathways to help patients to quit in line with the NHS Long Term Plan.

A new partnership tobacco control communications plan will be developed to provide a more coordinated approach to local and national campaigns and fostering good relations between partners.

2.5. **Young people**

Two thirds of smokers start before the age of 18. Children and young people that grow up around those who smoke, whether that is family or friends, are at an increased risk of respiratory infections, hospital admissions and are more likely to take up smoking themselves. We propose to review the two current young person's projects and build upon our successful work to challenge social norms that regard smoking in public as routine, and our work in schools and colleges, targeting women who smoke during pregnancy, and extending our partnership with social landlords.

2.6. **Reducing health inequalities**

While there is a relatively low overall smoking prevalence across the county this masks areas and groups with high smoking levels. Future strategy will target specific groups including place-based work in local communities where tobacco use is high and illicit tobacco is readily available; developing and delivering a smoke-free homes project in partnership with social landlords; and extending the creation of more smoke-free outdoor areas, following the success of the Smokefree Sidelines Project, a partnership approach with Norfolk Football Association to prevent smoking amongst spectators at junior football matches.

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

- 3.1. The proposals will strengthen the ability of the partners in the tobacco control alliance to reduce the harm caused by tobacco and the inequalities in health that result from increased smoking prevalence in more deprived communities.

Improvements will be measured over time through the public health outcomes framework and the tobacco control dashboard indicators that include smoking prevalence, smoking in routine and manual workers and smoking at the time of delivery.

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

- 4.1. The evidence on tobacco use and the harm from tobacco is well documented and summarised in the government's Tobacco Control Plan for England. The approach we are proposing is informed by the Tobacco Control Plan for England and by NICE guidance. It is further informed by our own self-assessment and the external peer review. In making its recommendations the external review team drew upon evidence of good practice from across the country and internationally.
- 4.2. Smoking remains the leading cause of health inequalities in life expectancy and healthy life expectancy. While the adult smoking rate continues to fall year on year to 14.9% across England and 13.8% in Norfolk in 2017, rates in Norfolk remain high among routine and manual workers and the unemployed, in lower social economic communities, pregnant women and in patients with mental ill health.
- 4.3. There are approximately 98,000 adult smokers in Norfolk. Information from the Action for Smoking and Health (ASH) ready reckoner (V6.9, 2018) suggests that, if the wider impacts of tobacco related harm are considered, smoking costs Norfolk £187.8 million annually of which the cost to the NHS contributes approximately £47.9 million; lost productivity £112.6 million and social care £22.8 million (of which £12.5 million is attributable to the local authority social care budget).
- 4.4. It is estimated that Norfolk Fire and Rescue Service will attend 31 smoking-related house fires with the cost to the county of around £4.4 million. Smokers in Norfolk consume about 1.1 million cigarettes each day, resulting in approximately 163 kg of waste daily. In addition, the local population of Norfolk spend £203.8 million on tobacco related products (approximately £2,050 per smoker). As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Norfolk's poorest citizens and communities.
- 4.5. In parts of Norfolk illegal tobacco sales are prolific which undermines the effectiveness of the efforts to reduce smoking as it is sold at a much cheaper price and it is available at a range of sources in the community. Illicit tobacco availability coincides with higher rates of smoking, is often part of organised criminal activity and is linked to a range of other illegal trades including child criminal exploitation. It gives children access to cheap tobacco with research showing that over half of smokers aged 14 to 17 years have been offered illicit tobacco, and that buying rates amongst these age groups are higher than amongst older smokers. Local authorities are key players in tackling the illicit trade, through trading standards departments and through their local partnerships with police, customs and health professionals. A subgroup of the Alliance is being developed to address illegal tobacco and includes colleagues from district councils, trading standards, Public Health and the voluntary sector.

## **5. Alternative Options**

- 5.1. An alternative approach would be to step back from our work on tobacco control and our support for the tobacco control alliance. This may have a detrimental impact on smoking rates and the future health and well-being of the population.

## **6. Financial Implications**

- 6.1. The development of the tobacco control alliance and strategy will be delivered within the current budget allocations agreed by communities committee in November 2018. The 2019/ 20 budget for this work is £10,000.

## **7. Resource Implications**

### **7.1. Staff:**

The Tobacco Control Alliance is led by a Consultant in Public Health and supported by a Public Health Officer. Other members of the public health department contribute to tobacco control activity. There are no additional staff resource requirements associated with these proposals.

### **7.2. Property:**

There are minor property resource requirements associated with the provision of signage and cigarette bins and removal of smoking shelters on sites that become totally smoke-free.

### **7.3. IT:**

No IT resource requirements

## **8. Other Implications**

### **8.1. Legal Implications:**

No legal implications identified

### **8.2. Human Rights implications**

No human rights implications identified

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

A revised equality impact assessment will be taken as part of the review of the Tobacco Control Strategy.

### **8.4. Health and Safety implications (where appropriate)**

There are no health and safety implications associated with the proposals.

### **8.5. Sustainability implications (where appropriate)**

Proposals to address the prevalence of smoking could lead to a reduction in tobacco related waste.

### **8.6. Any other implications**

None

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

- 9.1. NA

## **10. Select Committee comments**

- 10.1. NA

## **11. Recommendation**

- 11.1. 1. Consider recommending to cabinet that NCC go smoke free on all sites and appoint a member champion.  
2. Consider recommending to cabinet that NCC agree a policy declaration on Tobacco Control.  
3. Propose a nominee as the lay member chair for the Tobacco Control Alliance.

4. Support the continuation of cross service strategies and delivery programmes e.g. Fire Service and Trading Standards.
5. Propose a framework of actions with district councils of what they could do to ensure compliance with smoke free legislation, extend voluntary smoke free places, training housing officers and employers in smoke free approaches.
6. Commend the work being undertaken in the NHS to go smoke free on all sites and consider recommending that NCC also seek to have completely smoke free sites, prioritise stop smoking efforts in prevention strategies and with their workforce.
7. Support the intention to continue to invest in preventing children & young people from starting to smoke and develop new approaches to maximise impact.

## **12. Background Papers**

- 12.1. Towards a smokefree generation: A tobacco control plan for England. July 2017 online at <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
- 12.2. The CLear Framework for tobacco control. Online at <https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment>

## **Officer Contact**

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

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## Local Government Declaration on Tobacco Control

The Local Government Declaration on Tobacco Control was developed by Newcastle City Council in 2013 and has been widely endorsed by public health organisations, the chief medical officer and the then public health minister. The declaration is a public commitment to prioritising tobacco control and reducing the harm caused by tobacco use in the local community. It is a response to the enormous and ongoing damage smoking does to our communities, a commitment to take action and a statement about a local authority's dedication to protecting their local community from the harm caused by tobacco.

The declaration is seen as a statement of intent and as a tool to support the council's work on tobacco control. It does not commit the Council to specific policies but to overarching principles. How the declaration is implemented is therefore dependent on local policy and practice. It is however framed around a commitment to:

- Reduce smoking prevalence and health inequalities;
- Develop plans with partners and local communities;
- Participate in local and regional networks;
- Support Government action at national level;
- Protect tobacco control work from the commercial and vested interests of the tobacco industry;
- Monitor the progress of tobacco control plans;
- Join the Smokefree Action Coalition.

### The declaration.

#### We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

#### As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

**We commit our Council from this date .....to:**

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

The declaration would be signed by the Leader of Council, the Head of Paid Service and the Director of Public Health.

# Report to Select Committee

Item No. 8

<b>Report title:</b>	<b>No Wrong Door Model for young people with complex needs</b>
<b>Date of meeting:</b>	<b>19 July 2019</b>
<b>Responsible Cabinet Member:</b>	<b>Cllr John Fisher – Cabinet Member for Children’s Services</b>
<b>Responsible Director:</b>	<b>Sara Tough - Executive Director for Children’s Services</b>
<b>Is this a key decision?</b>	<b>No</b>

## **Executive Summary/Introduction from Cabinet Member**

Norfolk County Council Children’s Services are considering a new transformation initiative known as ‘No Wrong Door’ which would provide an integrated service for young people, aged 12 to 25, who either are in care, edging to or on the edge of care.

The No Wrong Door Model was developed initially by North Yorkshire Council and has a strong evidence base and track record of successful outcomes for young people with complex needs. The model aligns closely with the ambitious transformation vision and programme we have already established in Norfolk and we believe it represents an opportunity to accelerate and deepen the transformation we want to achieve for the young people in Norfolk with the greatest challenges.

The model provides:

- Short term placements and edge of care support (in and out of care) based around a number of residential hubs
- A range of services, support and accommodation options
- Embedded specialist roles working together (shared practice framework)
- An integrated service with a defined culture and practice model
- An integrated team that ‘sticks with’ young people on their journey

At its heart the model is about forming positive trusting relationships with young people, wrapping multi agency support around them and providing sustained and consistent support even when things go wrong.

Potentially a roll out of a Norfolk version of the No Wrong Door model could be as part of a new Department for Education (DFE) Strengthening Families and Protecting Children Programme which will allocate £84m over five years to support twenty local authorities experiencing high or rising demand for children’s social care. Norfolk County Council is one of 35 authorities eligible to submit a bid to be part of the programme and No Wrong Door is one of the initiatives which the DFE have identified for support. If we were successful with a bid into the programme our implementation of No Wrong Door would be closely supported by a team from North Yorkshire, giving us the opportunity to learn directly from their success as we implement ourselves.











This paper is provided to Committee at an early stage in the thinking and at this point we have only made an initial expression of interest to the DFE and committed to developing a

business case for the model. The final decision on whether or not to move forward will clearly be dependent on the strength of that business case.

Select Committee is asked to:

- **Comment on the outline provided of the No Wrong Door model and provide a steer on this potential approach being applied in Norfolk within the context of the overall transformation programme for Children's Services and as part of the DFE Strengthening Families and Protecting Children Programme**

<b>1.</b>	<b>Background and Purpose</b>
1.1.	The purpose of the report is to describe the No Wrong Door Model and discuss the value it could add to our transformation agenda and the outcomes we want to achieve for young people.
1.2.	It is also to brief the Committee on Norfolk's participation in the Strengthening Families and Protecting Children programme, and potential to form a working relationship with North Yorkshire as part of our implementation.
1.3.	The report outlines the potential opportunities and benefits which could come from adopting the No Wrong Door model in Norfolk. The outputs being achieved in North Yorkshire are compelling and align with our aspirations for children and young people in our care.
<b>2.</b>	<b>Proposed Model</b>
2.1.	The No Wrong Door (NWD) innovation provides an integrated service for young people, aged 12 to 25, who either are in care, edging to or on the edge of care, or have recently moved to supported or independent accommodation whilst being supported under NWD. A flexible and resilient integrated team supports the young person throughout their journey to ensure that they are not passed from service to service but instead are supported by a dedicated team that includes a clinical psychologist, police intelligence and a speech and language therapist. Some young people are placed within residential hubs, and others are supported by outreach while either in foster care or living with their families. Central to the NWD innovation is that all staff are trained in Signs of Safety, and restorative and solution-focused approaches.
2.2.	As part of the development of the model, North Yorkshire have identified a set of 'distinguishers' which define the core elements of the success of the approach. These are shown in the figure below.

	 <p>Always 'progressing to permanence' within a family or community</p>  <p>High 'stickability' of the key worker</p>  <p>'Fewer referrals, less stigma'</p>  <p>Robust training strategy same/or similar to restorative practice and therapeutic support</p>  <p>No 'heads on beds' culture</p>  <p>'No appointment' assessments</p>  <p>A 'core offer' to all young people</p>  <p>Multi-agency intelligence led approach to reduce risk</p>  <p>Close partnership working</p>  <p>Young people's aspirations drive practice</p>
2.3.	<p>The model also has a number of defined 'Non Negotiables', which are essential elements for success. These are</p> <ul style="list-style-type: none"> <li>• High Standards and Ambitions for all Young People – <i>would this be good enough for my child?</i></li> <li>• Residential Care as a short-term intervention, not a long term solution – <i>No heads on beds</i></li> <li>• A commitment to do whatever it takes to support young people within their community – <i>No out of area placements</i></li> <li>• Forward-looking and aspirational – <i>what kind of adult do we want them to be at 20, 30, 50?</i></li> <li>• A belief in young people and their right to a family, whatever shape or form it takes – <i>no young person is 'un-fosterable'</i></li> <li>• A commitment and investment in staff support, and being rigorous about holding them to account – <i>high support, high challenge</i></li> <li>• Employing an unconventional and flexible workforce, including the use of creative sessional contracts to respond quickly – <i>the right support in the right place at the right time</i></li> <li>• Bring young people into No Wrong Door quickly but move them on slowly – <i>No move until it's the right move</i></li> </ul>
2.4.	<p>By developing a model with these component parts and these quality and cultural elements North Yorkshire have achieved really positive impacts. For young people they have achieved family-based care and avoided the need for costly out of area placements. Negative outcomes such as offending and hospital admission have also reduced significantly. Alongside this, North Yorkshire have also dramatically reduced the overall expenditure on care placements allowing them to manage reducing budgets without cutting services. We want to achieve this level of success for young people in Norfolk and so the business case for a Norfolk implementation of No Wrong Door would be predicated on replicating these impacts in Norfolk</p>
3	<p><b>Alignment with the Norfolk Transformation Programme</b></p>
3.1	<p>Our existing Vital Signs for Children Strategy has a striking read-across to the practice values underpinning the No Wrong Door model and so implementation of NWD would not represent any change of direction – it will just be a way to hasten and deepen the implementation of our vision for this cohort of particularly high-</p>

	needs children and young people. In particular, the focus within the NWD model on family-based care, on the vital importance of stability, on building positive relationships with young people, on strengths-based support and on doing whatever it takes to achieve the best outcomes are all explicitly stated at the heart of our vision; so the fit between NWD and our agenda is ideal.
3.2	<p>We are already making rapid transformational progress but the implementation of No Wrong Door offers an opportunity to accelerate our progress. There are also a number of existing initiatives which align seamlessly with NWD, including:</p> <ul style="list-style-type: none"> <li>• A new social work operating model with a focus on reducing hand-off points and episodic support and instead facilitating sustained relationship-based work with children, young people and families</li> <li>• A transformation of our fostering service which is already allowing us to rapidly expand the availability of fostering households which could work alongside the residential hubs in NWD</li> <li>• The creation of an Enhanced Fostering Model with specialist carers and wrap-around support which aims to provide family-based care for children with more complex needs – this could be incorporated within the overall NWD model as the follow-on to support from the hubs</li> <li>• The Valuing Care Programme and needs tool which provides a much richer picture of children and young people in care, focuses on who they are rather than risks or labels and supports a conversation about how to achieve positive outcomes (rather than just contain risks)</li> <li>• A £5m investment in new in-house semi-independent provision and a dedicated accommodation support model for care leavers with complex needs which again could be incorporated within the NWD framework</li> <li>• An exciting emerging agenda around vulnerable adolescents with the local constabulary fully committed to investment in a joint model</li> </ul>
3.3	In addition to the strong strategic alignment, we also have the infrastructure in place to support this new way of working. Norfolk is fortunate to have 9 in-house children's homes so is well placed to adopt this approach which would see the creation of a new type of residential hub underpinned by partnership working across a range of services. The service leadership are excited to develop this provision into the holistic service hubs in the NWD model.
<b>4</b>	<b>Impact of the Proposal</b>
4.1	Our current picture of care and performance shows the potential impact of NWD. Our aspiration is to safely reduce the number of children needing to be looked after (which is currently higher than statistical neighbours). In implementing NWD North Yorkshire has managed to buck national trends by demonstrating a reducing number of Looked After Children
4.2	We also want to significantly reduce the proportion of expensive out of county placements (currently 21% of our LAC cohort) which has been a keen focus of NWD in North Yorkshire. Since the launch of their programme they have only placed 2 children out of county. This is a significant achievement and an area in

	which we would like to improve as there is a strong drive locally to accommodate and care for our LAC cohort within Norfolk.
4.3	We want to achieve a form of family-based care for all children but currently 11% of our children in care live in long term residential homes. Alongside this we also want to reduce our reliance on independent fostering agencies (currently 45% of care placements) whose placements are more typically more expensive. North Yorkshire have reduced their reliance on independent fostering agencies by 85% since implementing No Wrong Door, and have also reduced the number of days that looked after children spend in residential care.
4.4	Improvements in the indicators set out above would be accompanied by financial savings not only to NCC but to partner agencies including the police and health services. Our Strategic Partnership Board, which includes representatives from all our key stakeholders, has endorsed our bid and is very supportive of the model.
<b>5</b>	<b>DfE Strengthening Families and Protecting Children Programme</b>
5.1	The Strengthening Families and Protecting Children is a new Department for Education Programme which aims to improve social work practice and decision making, support more children to remain safely at home with their families, and where appropriate, reduce the number of children entering care.
5.2	The DfE have committed to invest £84m over five years from April 2019 to support twenty local authorities experiencing high or rising demand for children's social care. NCC is one of 35 eligible authorities nationally.
5.3	Successful authorities will be awarded funding to adapt and adopt one of three approaches which have already been tested in other areas and are delivering positive results. The roll out of the new delivery will be closely supported by the local authority which has already tested the approach.
5.4	Taking into account the programme of work already being delivered through the Transformation programme in Norfolk, as well as geographic and demographic similarities, the best fit of the available models was determined to be the No Wrong Door model developed by North Yorkshire.
5.5	An Expression of Interest to participate in the programme was submitted to the DfE on 31 <sup>st</sup> May. We were notified in June that this had been approved and that Norfolk would move onto the next stage of the process which includes initial engagement and assessment in collaboration with North Yorkshire and a second application form.
<b>6</b>	<b>Evidence and Reasons for Decision</b>
6.1	<p>The NWD model aligns well with our Vital Signs strategy and we believe that the outcomes and savings being achieved in North Yorkshire could be replicated locally due to the geographic and demographic parallels between our respective areas.</p> <p>Both Yorkshire and Norfolk are large rural counties with a smaller number of urban hubs. For this reason there are similarities between our residential estates as well as a shared interest in issues including transport and access to services, education and accommodation options that can play out differently than in purely urban authorities.</p>
6.2	By using the NWD approach North Yorkshire is demonstrating saving in the

	<p>following areas of high cost to Children's Services:</p> <ul style="list-style-type: none"> <li>- A 62% decrease in the length of stay for young people in residential homes</li> <li>- An 85% reduction in their use of expensive IFA placements</li> <li>- Almost no use of Out of County placements</li> <li>- A downward trend in the size of their LAC cohort as well as the number of children becoming LAC. This is direct contrast to national trends.</li> </ul> <p>By embedding partnership working as a central component of the delivery and ensuring the hubs are flexible multi-agency locations the project is also demonstrating:</p> <ul style="list-style-type: none"> <li>- 38% reduction in arrests of eligible young people</li> <li>- 52% in charges pressed by the police</li> <li>- 68% reduction in incidences of children going missing</li> </ul>
6.3	<p>This has resulted in substantial savings to the police who have also reported a shift in the relationship they have with some young people had been known to them for many years. North Yorkshire is also reporting significant reductions in hospital admissions and visits to A&amp;E in the cohort of children who are eligible for support through NWD.</p>
6.4	<p>Similar results in Norfolk could make a significant impact on the demand for both internal and external services but importantly could increase the likelihood of positive outcomes and better futures for children in our care.</p>
<b>7</b>	<b>Alternative Options</b>
7.1	<p>The DFE Strengthening Families Programme also included opportunities to adapt and adopt the Leeds Family Valued Programme or the Hertfordshire Family Safeguarding Model. However, it was the unanimous view of the Norfolk delegation and Children's Services Leadership Team that the No Wrong Door model had the greatest alignment to our agenda and was the programme which we could have the greatest impact with.</p>
7.2	<p>Our intention at this stage is therefore to bid to participate in the programme for No Wrong Door. We cannot be sure that our bid will be successful as only 20 of 35 authorities will be able to participate, but it is suggested that even if we were not to be successful that strong consideration would still be given to implementing a Norfolk version of No Wrong Door in any case.</p>
<b>8</b>	<b>Financial Implications</b>
8.1	<p>This proposal summarises a bid for external funding to the Department of Education as part of their £84m Strengthening Families programme. As such there is no additional ask for funding. It is not yet fully clear what proportion of this national pot would be allocated to each authority and how this resource is deployed. However we could safely assume that the funding would represent several millions of new investment in Norfolk.</p> <p>At this point we are only at the initial stages of development of a proposal and so the financial implications would be developed in full as part of the creation of the business case and final bid to DFE. However it is clear from the success levels achieved in North Yorkshire that very substantial financial savings have accrued and that the scale of these would be sufficient to cover both the ongoing investment in the model and to contribute to the overall local authority savings targets.</p>
<b>9</b>	<b>Resource Implications</b>



9.1	<b>Staff:</b>
	<p>Until we know whether we are successful in having secured funding and the extent of this funding it is not possible to establish fully what the impact on staff resources is likely to be in respect of project delivery. However, what we do know is that the model involves the creation of new, flexible and creative multi-disciplinary teams and substantial workforce development change and that getting the right people with the right mindset will be essential to success. We also know that staff in North Yorkshire have embraced the model and enjoy working in this way because of the impact they can see they are having on the lives of young people.</p> <p>Over the summer if our expression of interest is well received then it is likely that a number of staff including senior leaders and employees within our residential homes would be involved in working with North Yorkshire County Council to establish how the programme could work in Norfolk, what adaptations would need to be made to facilitate delivery in Norfolk and what elements of the existing model would already provide a strong match. Staff from the Transformation Team would also be available to support this work.</p>
9.2	<b>Property:</b>
	<p>The proposed model works by transforming existing residential estate into flexible hubs underpinned by partnership working across a range of services. This allows these services to build better relationships and shift the focus of this engagement towards positive outcomes and positive futures.</p> <p>Norfolk is fortunate to have 9 in-house children's homes so is well placed to adopt this approach.</p> <p>If we are successful then the development of the local model would include those officers responsible for Norfolk's Sufficiency Strategy to ensure it does not have an adverse impact on the number of placement available to accommodate the LAC cohort.</p>
9.3	<b>IT:</b>
	At this stage in the bidding process this is not yet known. Data sharing continues to be a goal for organisations supporting vulnerable children.
<b>10</b>	<b>Other Implications</b>
10.1	<b>Legal Implications:</b>
	Currently none
10.2	<b>Human Rights implications</b>
	Currently none
10.3	<b>Equality Impact Assessment (EqIA) (this <u>must</u> be included)</b>
	This will be completed if we are successful in securing funding and project development commences. Currently we are not aware of any issues
10.4	<b>Health and Safety implications (where appropriate)</b>
	Currently none
10.5	<b>Sustainability implications (where appropriate)</b>
	Currently none
10.6	<b>Any other implications</b>
	n/a

<b>11</b>	<b>Risk Implications/Assessment</b>
11.1	The primary risk associated with the programme is that there will be insufficient scope to adapt and adopt the model which has been designed by North Yorkshire. Although there are many beneficial features it's important that NCC has the flexibility to design a programme that enhances and improves our current offer. Following the submission of an Expression of Interest there will be a period of dialogue between eligible local authorities, DfE and the authority which has piloted the model. For us, this will be an opportunity to further explore the level of commitment and partnership available from North Yorkshire as well as the understanding how we can shape their successful model to fit our localities.
<b>12</b>	<b>Select Committee comments</b>
<b>13</b>	<b>Recommendation</b>
<b>14</b>	<b>Background Papers</b>

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## PEOPLE AND COMMUNITIES SELECT COMMITTEE – WORKPLAN TO JANUARY 2020

At the first meeting of the People and Communities Select Committee, a number of suggestions for future consideration by the committee were put forward. These were wide-ranging, given the breadth of the committee's remit, and it was recognised that Executive Directors and senior officers would need to work with the Chairman to construct a workable, meaningful forward plan.

It is proposed that the Select Committee operates under 4 broad themes during 2019-2020 to help group issues or reports, and enable the Committee to develop policy or recommendations which span across services. These are;

- Prevention
- Integration
- Social Mobility & Achievement,
- Quality and Safety.

Meetings will not necessarily have a single theme but will work to ensure that there is sufficient balance across the year.

Set out below is the workplan up to January 2020. At the Chairman's direction, the number of items per meeting has been kept to a maximum of three to ensure that there is adequate time for a full discussion of what are some significant areas of policy development for the Council as a whole. As additional items are proposed, the workplan will be rolled forward, ensuring a good balance across the four themes.

	July 2019	September 2019	November	January
People and Communities	Prevention; <ul style="list-style-type: none"> <li>• Tobacco control and smoking cessation</li> </ul> Social Mobility & Ambition; <ul style="list-style-type: none"> <li>• DFE: No Wrong Door</li> </ul>	Integration <ul style="list-style-type: none"> <li>• Emotional Wellbeing &amp; Mental Health Integration Model</li> <li>• Better Care over winter</li> <li>• Norfolk and Waveney Integrated Care Service (ICS) – Policy approaches</li> </ul>	Prevention; <ul style="list-style-type: none"> <li>• Support for Carers &amp; Disabled People;</li> <li>• Prevention Strategy (update)</li> </ul>	Quality & Safety <ul style="list-style-type: none"> <li>• Care market quality</li> </ul>