

People and Communities Select Committee

Date: 17 July 2020
Time: 10am
Venue: MS Teams (virtual meeting)

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Members of the Committee and other attendees: **DO NOT** follow the public link, you will be sent a separate link to join the meeting.

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

Membership:

Cllr S Gurney (Chairman)
Cllr F Eagle (Vice-Chairman)

Cllr T Adams	Cllr C Rumsby
Cllr D Bills	Cllr T Smith
Cllr P Carpenter	Cllr M Smith-Clare
Cllr E Connolly	Cllr F Whymark
Cllr D Harrison	Cllr S Young
Cllr B 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

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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 13 March 2020

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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) by **5pm Tuesday 14 July 2020**

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

6 Local Member Issues/Questions

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Tuesday 14 July 2020**

7 People and Communities Select Committee response to Covid-19 Page **13**

Report by the Executive Director for Adult Social Care, Executive Director for Children's Services and Director of Public Health

8 Special Educational Needs (SEND): Post Ofsted/CQC Inspection Improvement Planning Page **23**

Report by the Executive Director for Children's Services

Tom McCabe
Head of Paid Service
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 9 July 2020



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**People and Communities Select Committee
Minutes of the Meeting Held on 13 March 2020 at 10am
In the Edwards Room, County Hall**

Present:

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

Cllr Tim Adams
Cllr David Bills
Cllr Penny Carpenter
Cllr Ed Connolly
Cllr David Harrison
Cllr Brenda Jones

Cllr Chrissie Rumsby
Cllr Thomas Smith
Cllr Mike Smith-Clare
Cllr Fran Whymark
Cllr Sheila Young

Also Present:

Debbie Bartlett	Director of Strategy & Transformation, Adult Social Services
Chris Butwright	Head of Public Health Performance & Delivery
Suzanne Meredith	Deputy Director of Public Health (Healthcare Services)
Mick Sanders	Programme Manager, Integrated Care, Adult Social Services
Louise Smith	Director of Public Health
James Wilson	Director of Quality and Transformation, Children's Services

1a. Introduction

- 1a.1 The appendix of the report at item 11, "Care Quality and the Market Position Task and Finish Group", had been updated. The updated appendix was tabled at the meeting; see appendix A of these minutes to see the tabled information.

1b. Apologies for Absence

- 1b.1 There were no apologies.

2. Minutes of last meeting

- 2.1 The Minutes of the meeting held on 31 January 2020 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

- 3.1 No interests were declared.

4. Items received as urgent business

- 4.1 Verbal update from the Director of Public Health on Coronavirus/Covid-19:
- The outbreak had been declared a global pandemic by the World Health Organisation. In response the UK Government had increased the risk in the UK from moderate to high

- The advice and actions required to be taken by individuals had changed in line with this; people experiencing respiratory symptoms, such as a cough or raised temperature, were asked to self-isolate for 7 days, people over 70 were asked not to go on cruises and schools were being asked not to go on foreign holidays
- People continued to be advised to wash their hands when entering a new building, when arriving back at home, before and after eating, to avoid touching their face, and to follow the “catch it, bin it, kill it” advice
- People were being advised to think ahead to what they would do if they were required to be at home for 7 days, including managing day to day activities and support for vulnerable friends, family or neighbours
- Advice was available on self-isolation on the NHS website
- It was advised that if people were unwell with a cough or cold and were able to self-care that they should not contact health services. If people were concerned that their symptoms were worsening, they should look on the NHS 111 website or call 111 or call 999 in a medical emergency. There was a move from community to acute and hospital-based testing.

4.2 The following points were discussed and noted:

- The Vice-Chairman noted the importance of being aware of the risk posed by shared items, such as communal pens or drinks containers
- Public Health England would inform the Director of Public health about significant cases where actions were required related to distributing information to the community and public action. She would no longer be notified of individual cases.

5. Public Questions

5.1 No public questions were received

6. Member Questions and Issues

6.1 No Member questions were received

7. Children’s Services Transformation

7.1 The Select Committee received the report providing an overview of the Children’s Services Transformation programme and heard an introduction to the report by the Director of Quality and Transformation, Children’s Services:

- Funding had been received to get ahead of demand and reduce impact on capacity in Children’s Services
- A track record of impact was being seen; positive feedback had been received from Ofsted during their visit in Autumn 2019 on transformation of the front door
- Work with the children in care team was ongoing to develop more creative care packages which were more cost effective, with more family care where possible and an enhanced fostering scheme was now in place; the work was resulting in fewer children in residential care
- The project was on track to achieve around £3m savings in 2019-20

7.2 The following points were discussed and noted

- The number of children in care fluctuated, however, the trend had reduced

- overall due to earlier intervention, so this was likely to be a sustained trend
- Triggers of children coming into care had been reviewed and identified that the toxic trio (substance misuse, domestic abuse and mental ill health) were key factors and that some cases required more intensive intervention; specialist practitioners had been put in place alongside social workers and ways to free up social workers to work more with families such as technology advances
 - External evaluators commented that the approach was ambitious and sustainable
 - A Member felt reducing resources could make it challenging to achieve the outcomes in the approach and asked how Officers would achieve the changes to the placement mix; tools were being introduced to help practitioners understand placements available for each child and new schemes across the County
 - Cllr Penny Carpenter congratulated children's services for the improvements which had been made to the front door
 - the reducing number of social care assessments at paragraph 1.5 of the report was queried as it did not correlate with the figures on p27 of the report; the Director of Quality and Transformation, Children's Services **agreed** to circulate to the Committee more detail on how this data was represented
 - A Member shared feedback that some teams were working at a caseload of over 20. Officers confirmed that the period of October to December 2019 had been particularly busy and had affected staff caseloads; a review of cases had been carried out to identify which could be referred on to Early Help teams. In some areas, teams held higher caseloads. Use of technology and remote working would support staff to have more time to work with families
 - Some Members shared concerns about the culture among social work teams that staff should work long hours which they felt needed addressing
 - Officers confirmed that when children were taken into care, wherever possible, they were placed where they could continue going to their current school however it was dependent on the individual case
 - A Member asked about child exploitation and the vulnerable adolescent project; a report on this was due to come to committee at a future meeting.
 - The Director of Quality and Transformation, Children's Services, **agreed** to find the technical definition of a 'missing episode and circulate to Committee
 - Some foster carers had had trouble booking onto mandatory training courses because they were full or issues related to use of technology; the Director of Quality and Transformation, Children's Services, **agreed** to look into this
 - Statistical data showing that families needing the most help were receiving it quickly was requested; the Director of Quality and Transformation, Children's Services, **agreed** to circulate a briefing to members on this
 - Officers clarified that there were more social workers than a few years ago, however, some teams still had vacancies to fill; despite the increase in staff, demand in some communities was high. Early intervention work would be expanded in the next phase of the work including looking at putting more funding into schools to support children with additional needs
 - Cllr Mike Smith-Clare raised concerns about the music funding deficit and asked for assurance that it would not have a detriment on children in Norfolk with Special Educational Needs and Disabilities (SEND). He asked for a Members' briefing on outdoor learning and the possible loss of Holt Hall and Whitlingham Adventure Centre and that the strategy would consider the impact this would have on vulnerable young people, and a report to a future meeting on changes which would affect vulnerable young people; the Chairman **asked**

Cllr Smith-Clare to email her and **agreed** that an item would be added to the forward plan

- Concerns were raised about understaffing and resilience of children's mental health services; Officers reported that investments were being made in specialist services and early intervention including mentoring and training schemes with primary care workers to support children with mental health at an earlier stage
- Officers were asked what was being done to ensure social work staff were resilient and healthy; as part of the transformation approach, children's services awards and personal thankyou's to staff had been introduced, and the wellbeing offer had been re-energised.
- The No Wrong Front Door could not be rolled out any earlier than reported; the submission to the Department for Education, if successful, would trigger release of funding for the work. Recruitment of leaders, capital and cultural work would need to be carried out before final rollout
- the Director of Quality and Transformation, Children's Services, **agreed** to circulate information to Members on provision which would be available for children receiving free school meals if schools were closed due to Coronavirus/Covid-19

7.3 The Select Committee **NOTED** the contents of the report and **PROVIDED** comments to steer the direction of the work

8. Review of NCH&C and NCC Section 75 Agreement for Community Services

8.1.1 The Committee received the report setting out details of the review of the Section 75 contract with Norfolk Community Health and Care (NCH&C), and the proposed new three plus two-year Section 75 contract with NCH&C.

8.1.2 The Select Committee heard a presentation by the Director of Strategy & Transformation, Adult Social Services:

- Primary care structure across Norfolk and Waveney was changing to primary care networks based around groups of GP practices. There was now a single Clinical Commissioning Group (CCG) for Norfolk and Waveney in place from April 2020. Local delivery groups reported into the Norfolk and Waveney CCG
- Strengthening the social care voice, more robust governance, and joining up of back room processes were important features of the revised agreement

8.2 The following points were discussed and noted

- A Member asked if there was consistency across Norfolk in Social Prescribing; the Director of Strategy & Transformation, Adult Social Services, replied that work was being done to analyse progress with the roll out of social prescribing in Norfolk and **agreed** to circulate work done so far. Consistency was a challenge as the social prescribing model was built on what had already been available locally
- There were differences in the complaints' procedures and performance measures at Norfolk County Council and NCH&C. Monthly meetings were being held to see how this could be overcome
- The Programme Manager, Integrated Care, Adult Social Services, clarified that integration was of senior managers only
- There had been a decline in the number of district nurses; it was suggested that to mitigate this there should be mutually agreed minimum staffing levels in

place across services

- Work would be carried out with organisations to ensure they better understood the Memorandum of Understanding
- The importance of integrating data across organisations was discussed; the Programme Manager, Integrated Care, Adult Social Services, reported that there was ongoing national work seeking to develop a shared care record across all health and social care services. Concurrently a working group of NCH&C and NCC was examining ways to share care information better between the two organisations.
- Officers agreed that SCIE (Social Care Institute for Excellence) outcomes were difficult to measure using questionnaires and that was the reason why in-depth interviews with service users had been used to gauge progress against them. The Programme Manager, Integrated Care, Adult Social Services, **agreed** to send evidence from interviews based on SCIE outcomes to the Select Committee

8.3 The Select Committee **CONSIDERED** and **DISCUSSED** the recommendations contained in Section 4 of Appendix 1 of the report, including the proposal to enter into a new long-term contractual arrangement with Norfolk Community Health and Care

9. Developing an Engagement Strategy for Adult Social Care

9.1 The Select Committee received the report setting out the strategy being developed which aimed to set out a clear framework for engagement, encompassing co-production, involvement, consultation and informing, and to set some principles by which the department could be held to account.

9.2 The following points were discussed and noted

- It was felt work was needed to engage the trust of the disabled and autistic communities.
- It was felt that work was needed on outreach work to promote support available to people after diagnoses; the Chairman noted that professionals giving diagnoses should be giving advice on support available as part of the diagnosis
- A discussion was held on ensuring that the language used in the strategy was accessible for community groups involved in the work, particularly the term “co-production”, and the idea of including a definition next to the term was discussed

9.3 The Select Committee **COMMENTED** on the approach and principles set out in the paper

10. Carers Charter Working Group

10.1 The Select Committee received the report setting out revised terms of reference for the Working Group so that it would become a working group of the Select Committee and be able to continue with its work.

10.2 Cllr Rumsby congratulated the Working Group for their work and thanked Cllr Julie Brociek-Coulton, Members’ Carers Champion, for her work on the Group. The Chairman also thanked Cllr Brociek-Coulton, noting that she had a range of knowledge in this area of work

- 10.3 The Select Committee **RECOMMENDED** to Cabinet that the Carers Charter Task and Finish Group be made a working group of the People and Communities Select Committee for the purpose of overseeing the pledges made within the Charter and promoting the principles of the Charter across Norfolk, as set out in Appendix A of the report.

11. Care Quality and the Market Position Task and Finish Group

- 11.1 The Committee considered the report and revised terms of reference tabled at the meeting for the task and finish group proposed by Cllr Tim Adams at the meeting of 29 January 2020 to carry out a deep dive into the care market to understand how the care quality and market position in Norfolk can be improved. See appendix A of these minutes for the revised terms of reference, as discussed at paragraph 1a of the minutes.
- 11.2 The following points were discussed and noted:
- The Chairman put herself forward as Chairman of the Task and Finish Group and nominations for Members of group were put forward from the Select Committee
 - The Chairman **agreed** to circulate dates of the first meeting to the Task and Finish Group Members
 - A discussion was held about coordinating visits for the working group and it was agreed that this would be discussed at the first meeting
 - The Chairman **asked** the Committee Officer to find out whether substitutes on working groups were required to be named or whether they could be un-named
- 11.3 The Select Committee
- a) **REVIEWED** the proposed terms of reference for the Task and Finish Group
 - b) **AGREED** the final version of the terms of reference under which the Task and Finish Group will operate, tabled at the meeting (at appendix A of these minutes)
 - c) **AGREED** to appoint:
 - Cllr Shelagh Gurney as **Chairman** of the task and finish group
 - The following **Members** to the task and finish group:
 - Cllr Sheila Young (Conservative)
 - Cllr Fran Whymark (Conservative)
 - Cllr Brenda Jones (Labour)
 - Cllr Mike Smith-Clare (Labour)
 - Cllr Tim Adams (Liberal Democrats)

12. Development of Public Health Vision and Long-Term Plan 2021-25

- 12.1 The Select Committee received the report detailing the Public Health Vision and Long-Term Plan which set out ambitions for transforming the population health outcomes of Norfolk and heard a presentation by xxx:
- There had been a move towards focussing on the wider determinants of health in the past years
 - The top 4 priorities were broad to allow a starting point to move forward from
 - Use of data would allow effective targeting of support
- 12.2 The following points were discussed and noted

- A Member asked if the Public Health grant would continue; Officers were waiting for confirmation but had received indication that there was likely to be an increase in the grant in 2021.
- The targeted work around smoking during pregnancy was highlighted, noting that Norfolk was one of the areas in the country with the highest levels
- It was suggested that information on how crime and the causes of crime would be addressed be included in the plan
- Following a query related to supporting healthy relationships in young people, the Head of Public Health Performance & Delivery reported that a new approach to PHSE was being brought in with a focus on relationships, body image and keeping safe
- The Head of Public Health Performance and Delivery **agreed** to provide information on Domestic Abuse Perpetrator programmes that were in place in Norfolk
- Healthy lifestyles transformation was led by a behaviour change specialist;
- Officers were asked how hidden cases of domestic abuse would be targeted and addressed through the plan
- It was noted that joint working on the approach to appropriate housing should be included
- A Member questioned whether the impact of retirees moving to Norfolk had been factored into the plan
- A Member pointed out that lifestyle choice and housing situations which impacted on health were driven by poverty in some communities, which also impacted on the ability of these individuals to make a change

- 12.3 The Select Committee **REVIEWED** the key elements of the proposed public health vision & long-term plan, **NOTED** and **COMMENTED** on:
- a. Overall aim and vision
 - b. Priorities – aligned to the County Plan

13. Forward Work Programme

- 13.1 The Committee received and discussed the forward plan for the Select Committee
- 13.2 Cllr Tim Smith requested an item was added on the outcomes of reablement
- 13.3 The Committee **AGREED** the forward plan with the addition of
- An item on the outcomes of reablement
 - A report on changes which would affect vulnerable young people related to outdoor learning and the possible loss of Holt Hall and Whitlingham Adventure Centre as raised at paragraph 7.2, bullet point 15 of these minutes

The Meeting Closed at 13.02

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

Norfolk County Council - Care Market Position Task & Finish Group**DRAFT Terms of Reference****March 2020****Purpose**

The overall purpose of this Care Market Position Task & Finish Group is to better understand the reasons behind the fragility of the adult social care market in Norfolk, the actions being taken to mitigate them and whether there is more we could do to improve the stability of the market.

Scope

In line with the direction of the People and Communities Select Committee, the Task & Finish Group will address the following:

- Carry out a deep dive, examining best practises and other initiatives and consider how the adult social care market position in Norfolk could be improved.
- How to ensure quality in the market.
- How to ensure financial viability within the market.
- How to make working in the social care sector in Norfolk more attractive

The findings and recommendations of the Group will be written up in a report to be presented back to the main Committee.

Ways of working

The working group will be supported by officers and can draw on a range of different inputs to help inform the group. This could include:

- National policy context.
- Data and evidence about the market in Norfolk
- Review of the current council support for the market
- Research on best practice elsewhere

A schedule of meetings will be arranged and held at County Hall.

Papers will be distributed in advance, ensuring the group's members have sufficient time to prepare.

Meetings will last no longer than two hours

Membership

The Task & Finish Group's membership is as follows:

- Chair – *to be decided*
- County Councillors to be agreed
- Gary Heathcote - Director of Commissioning
- Lucy Hohnen – Assistant Director, Workforce Markets and Brokerage
- Tim Weller – Head of Integrated Quality Service

Continuity of membership for the meetings will be important, however substitutes will be able to attend by arrangement with the Chairman.

Timescale

It is anticipated that there will be three meetings of the Task & Finish Group between April and July 2020.

People and Communities Select Committee

Item No. 7

Report title:	People and Communities Response to COVID-19
Date of meeting:	17 July 2020
Responsible Cabinet Member:	Cllr Bill Borrett, Adult Social Care, Public Health and Prevention Cllr John Fisher, Children's Services
Responsible Director:	James Bullion, Executive Director for Adult Social Care Sara Tough, Executive Director for Children's Services Dr Louise Smith, Director of Public Health

Introduction from Cabinet Members

COVID-19 has been an unprecedented emergency. The response to COVID-19 in Norfolk has been a huge community and partnership effort spearheaded by local government.

This report sets out how the Council has supported, and continues to support, the people of Norfolk during the COVID-19 pandemic. Delivering vital services to our communities, supporting the NHS and health system through essential communications to keep the population safe, and enhanced hospital discharge processes to free up capacity, protecting vulnerable people, supporting schools to maintain a curriculum and structure for home schooled children, and being there for vulnerable children and key workers, alongside ensuring the safety of all staff delivering this vital work.

We are still in a critical incident situation and the imperative to protect life remains front and centre. However, there is no doubt that we have also all learned to work differently and more collaboratively, and it is our intention to use this as an opportunity to effect positive change for the future.

Executive Summary

This report provides the People and Communities Select Committee with a summary of how the County Council services reporting to this committee have responded to the COVID-19 crisis. The report summarises the work that Norfolk County Council is undertaking in response to the COVID-19 pandemic. The contents of the report are based on circumstances that are changing frequently and therefore some areas may become superseded by new information on an ongoing basis.

Actions required

- a) To formally thank all staff involved in the significant effort to keep people safe and protected
- b) To acknowledge the work that has been carried out by NCC and partners during the COVID-19 pandemic
- c) To identify any priority areas for review to consider changes or additions to policies and strategies to ensure they continue to be shaped effectively in these areas and add these to the Committee's Forward Work Programme

1. Background and Purpose

- 1.1 On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China. The cause is now identified as a Coronavirus, one of the family of viruses which caused the SARS (Serious Acute Respiratory Syndrome) outbreak in 2002-2003 across the world. The virus was subsequently named COVID-19.
- 1.2 In response, the UK government announced a four-phase strategy to deal with the spread of the virus. These are:
- a) **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
 - b) **Delay:** slow the spread in this country, when the virus does take hold, lower the peak impact and push it away from the winter season either by a moderate delay strategy or a harder strategy to suppress the transmission; (We are now in that suppression phase)
 - c) **Research:** better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
 - d) **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy
- 1.3 We are currently in the Delay phase, as part of which, on 16 March 2020, the UK government announced significant changes to the social distancing and other measures asked of people, especially those with symptoms or who are more vulnerable. From 20 March, the country has been in “lockdown” with all, but essential movement allowed, with some lockdown restrictions eased during June.

2. Norfolk County Council mobilisation and response

- 2.1 In the wake of the crisis and lockdown announcements, the council rapidly redeployed its resources and took steps to minimise the risk of spread of the disease arising from its activities.
- 2.2 A three-phase approach was established, as follows:
- a) **Phase 1 – Response** – focussed on delivery in response to the crisis
 - b) **Phase 2 – Normalise** – focussed on identifying and addressing the immediate issues and challenges that have arisen from Phase 1, as well as doing the detailed thinking, planning and preparations for Recovery (Phase 3). This phase is a stepping stone, or period of guided transition, to the ‘new normal’
 - c) **Phase 3 – Recovery** – focussed on the long-term recovery and regeneration of our economy and society. It will require the need for significant collaboration and joint working
- 2.3 On 17 March 2020, staff able to do so were instructed to work from home. Our internal command and control structure of Gold and Silver was established to dovetail with multi-agency command and control under the NRF. Activities were re-prioritised to reflect the new reality. A number of commissioned services were put onto a different footing to reflect the changed circumstances – with a different operating model or a change to emergency-only provision, whilst many were stood down.

3. Public Health Norfolk

A Public Health Response to the Pandemic

- 3.1 This unprecedented public health emergency has graphically demonstrated the value and effectiveness of a council-based public health team. From providing rapid and effective local leadership and specialist support to the council, and across the wider system, both here in Norfolk and regionally, to complimenting and supporting the work of Public Health England across the East of England region; the work of public health has been critical in Norfolk responding swiftly and robustly to COVID-19.
- 3.2 The Public Health team played the lead role in establishing the emergency planning response prior to the first cases in the UK. Work carried-out in September 2019, in which Norfolk's flu pandemic and excess death plans were tested under exercise, were reviewed in early February 2020 as the COVID-19 epidemic developed in Asia. Emergency planners, along with community NHS providers and Public Health stood up the Strategic Coordinating Group (SCG) and Tactical Coordination Group (TCG) by 12 February to support implementation of the national strategy that initially focussed on containment.
- 3.3 Taking full advantage of its unique role within the health and social care system the Public Health team have worked to provide a wide range of critical functions, including:
- a) Data modelling the likely impact of an epidemic on the population of Norfolk.
 - b) Increased health protection response with Public Health staff deployed to tackle the unprecedented demand in managing infection
 - c) Providing public health technical advice, interpreting scientific evidence and legal regulations, supporting commissioning and business continuity actions. This included advising the resilience forum and the NHS Incident Response and Infection Control Groups
 - d) Developing clear messages and advice to the general public to 'Protect Ourselves. Protect Norfolk'. The Director of Public Health is also providing regular radio interviews and press articles
 - e) Working closely with the Strategy team to provide twice weekly member briefings
 - f) Significant partnership work enabled us to procure and set up a temporary mortuary centre at Scottow, and to develop a mortality pathway, ensuring people are treated with respect and dignity in death
 - g) Developing a local outbreak control plan (www.norfolk.gov.uk/controlplan) focussing on health protection and infection control advice in places such as workplaces, specialist housing, care homes and schools. Working with Public Health England and local partners to prepare for local outbreak management.
 - h) We have also been providing officer support internally to wider council priority areas of community support, and regionally to Public Health England.

Public Health Commissioned Services

- 3.4 Public Health's commissioned services adapted quickly to provide critical services. The services introduced a number of innovations into delivery models with the following as common themes drawn from our largest clinical services – the Healthy Child Programme, Drug & Alcohol Treatment, and Sexual & Reproductive Health services:
- a) Single Point of Access – A 'Phone Up, Don't Turn Up' approach was necessary in being able to provide advice and support, and assessing individuals to determine appropriate steps to meet their needs
 - b) Digital Platforms – have proven extremely helpful alternatives to physical services, with some facilitating clinical assessment to determine a need for self-testing of infection. Digital has worked very well in facilitating new ways of holding face-to-face sessions (on a 1:1, family or group basis), such as consultations and training; with an increasing

number of courses now being developed for online delivery at both local and national levels

- c) Postal Systems – have proven beneficial in keeping to a minimum the number of people needing to visit services, as well as popular with service users. From issuing a self-testing kit, to the posting of healthcare interventions and treatments; this route of delivery is an example of funded healthcare programmes introducing practices well embedded in the independent sector.

- 3.5 Agreements were also reached on which services could be temporarily withdrawn. These were focused on lowering risk to service users and practitioners and on easing the pressure on NHS primary and hospital care, and so protecting the NHS.
- 3.6 We are now reviewing provider plans to detail how services will be delivered whilst ensuring clinical sites are safe and following government guidance. This will include looking at the beneficial approaches which will become common features of our community-based providers in the longer-term.

4. Adult Social Care

- 4.1 The department and its dedicated staff have flexibly and efficiently responded to the COVID-19 crisis. This has included the formation of leadership arrangements with Norfolk and Waveney CCG to oversee integrated health and social care services, and to mutually agree commissioning, delivery and quality arrangements.
- 4.2 The department has seen seven day per week working across all operational areas and a switch to mobile and remote call centre arrangements to enable flexible and safe working. Strengthened Emergency Duty Team arrangements were also arranged in partnership with Children's Services, to ensure urgent response arrangements across 24 hours.
- 4.3 Early in the pandemic we established arrangements to mitigate the impact of the pandemic. To date we have:
 - a) Maintained a safeguarding focus through: video conferencing to speak to providers and families; focus on scam awareness; extended weekend availability for safeguarding consultations; and development of overview arrangements with Norfolk Safeguarding Adults Board
 - b) Risk assessed about 8,000 people to ensure contingency planning is in place
 - c) Undertaken dedicated work on waiting lists and review lists to ensure prioritisation
 - d) Called around 2,100 people who receive their support as a Direct Payment
 - e) Called all individuals with learning disabilities whose services have been reduced or curtailed due to social distancing requirements to offer support and check on welfare
 - f) Redeployed staff normally employed to deliver building-based day opportunities to support individuals / their families in different ways – for example, to accompany someone with learning disabilities who needs to go for a walk for their daily exercise
 - g) Commissioned urgent respite to prevent carer breakdown for people with learning disabilities and / or autism.
- 4.4 Social work and occupational health teams, with health partners, fundamentally redesigned hospital discharge processes. Based on the [Home First principle](#), this has helped to ensure there is capacity in all three hospitals and that people do not stay longer than is absolutely necessary.
- 4.5 Responding to the Government directive to home everybody living on the streets, a Norfolk wide approach to provision of temporary housing and supported accommodation has been

established with emergency or temporary accommodation provided to 465 homeless individuals.

- 4.6 Joint working between the districts, Registered Provider sector, Adult Social Care and Public Health has ensured more effective approaches to providing accommodation and support to those with complex needs, so improving their outcomes, and reducing costs to the wider system.
- 4.7 Our Commissioning Team have been working determinedly to ensure we are supporting our provider market and their workforce to remain sustainable in providing care to vulnerable people in Norfolk. We have maintained extensive and sustained support for the care market through our Quality Assurance team utilising their expertise and advice to ensure our providers are well supported, with easy access to current guidance and advice. [We have collated and updated a comprehensive web page found here on the NCC website to support our commissioned service providers.](#)

This has included:

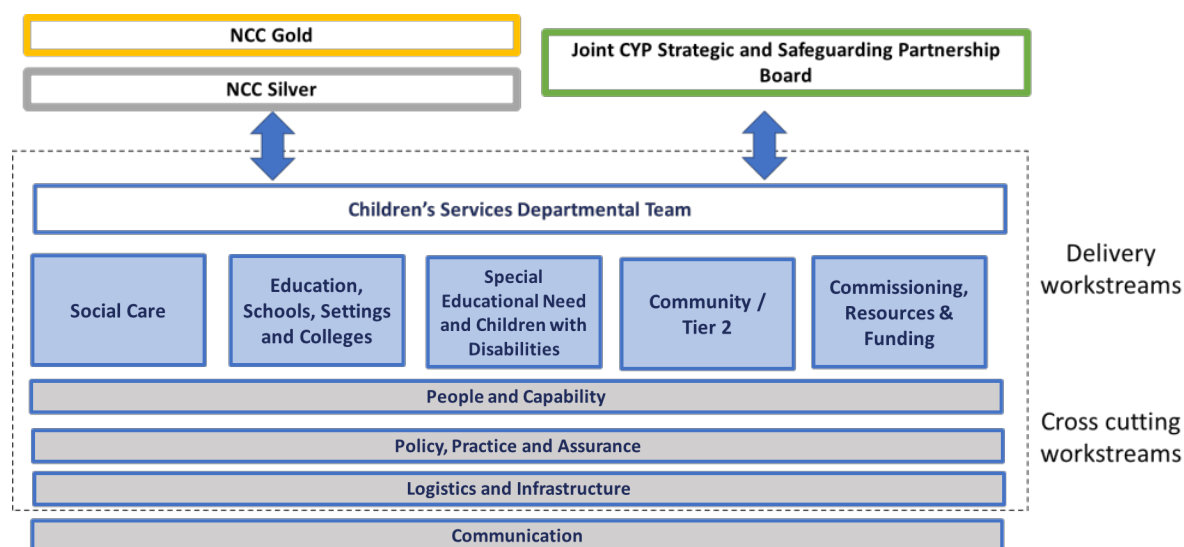
- a) Establishing a dedicated and single point of contact Provider Hub, for providers to raise questions, issues and concerns
- b) Regular and proactive phone calls with residential and domiciliary care providers to pick up and anticipate issues and challenges
- c) In collaboration with Health, writing weekly correspondence to residential, nursing and domiciliary providers to keep them updated of the steps Norfolk are taking to support them
- d) Twice weekly meetings with system partners including the CQC to address emerging issues and build a collaborative approach to assist PHE to assist care homes in their response to outbreaks
- e) Conducting virtual Quality Monitoring Reviews of care services Action Plans to ensure they're continuing to meet their improvement points
- f) Advising care homes on making admissions from acute hospitals by thinking creatively about how to accommodate people in care homes who need to be isolated. This has seen some difficult to place people be successfully discharged into care homes because of our engagement with care home managers
- g) We have been managing Personal Protective Equipment (PPE) allocations and distribution from central government sources to providers and giving support around the ongoing challenge of securing and sustaining PPE. Whilst providers are expected to source their own supplies, the Council has provided a backstop. Up to the week beginning May 18th, the Quality Assurance Team had ensured about 1,370,000 items had been provided out of emergency stocks. In a BBC survey, eight out of eight Norfolk care homes were satisfied with the Council's response to urgent PPE requirements
- h) We are working with the care market to make sure that providers have continuity of income. For those continuing to deliver care we paid a premium payment of 6% over the first 12 weeks of the pandemic to help sustain providers with the additional costs of continuing to operate at this time. The total for all payments made amounted to £3.4m.
- i) For the period from June to September, Cabinet agreed to continue to pay home support providers under the minimum/fixed income levels (with top-up for excess usage), make an additional provider support payment for July (4 week) of 6%, and offer time limited, bespoke, provider specific, transitional financial support to day care providers contingent on successfully working with the Council to agree a transformation plan that enables person centred, safe services, to be developed

- j) In addition, we know that different providers will be facing different challenges and therefore we are continuing to ask care providers to contact us via the Provider Hub to discuss any additional financial issues that they are facing
- k) We have continued collaboration to secure extra capacity in the market. In response to modelling information, commissioners have secured additional capacity in care homes and in the community – 95 block beds and an additional 550 hours a week enhanced home care. A new step-down facility has been established at Cawston Lodge, a former care home. This has required buildings and facilities management, the sourcing of equipment, recruitment and re-deployment of staff and appropriate social work leadership and oversight. Additional beds for people with complex dementia and mental health issues have been open at Carlton Court near Lowestoft. This will help support flow of people out of acute hospitals
- l) We continue to review the effectiveness of the capacity secured in response to Covid-19, to ensure it represents good value for money. Work is now underway to support the modelling work in response to any second wave and usual winter pressures. Commissioning will continue to work with the market to secure capacity needed, whether this is bed or community based
- m) We have developed a Care Home Support Plan, drawing on local resilience and business continuity plans. The plan provides a clear and purposeful programme of actions, bringing together both the extensive response we already have in place, alongside further action to strengthen the response for the future.

5. Children's Services

- 5.1 Our response to date has been rapid and far ranging and we have adjusted our services and processes to ensure we can best support children and families during this period.

Complementing the overall command, control and co-ordination structure put in place across the Council, Children's Services adopted a programme management approach putting in place a clear management structure, bringing together Partner and system representation on all delivery workstreams, which was aligned strategically via the Children and Young People's (CYP) Strategic and Safeguarding Partnership Boards which have merged together during crisis. These arrangements are outlined below:



- 5.2 Across the Children's Service's department and wider system across Norfolk a number of rapid changes were introduced. Some of these changes are outlined in the following sections.
- 5.3 Our Learning and Inclusion department rapidly re-shaped the role and function of the local education system, moving from a universal model to a focus on support for families of

keyworker staff and continued provision for vulnerable children. To achieve that, Children's Services brokered the creation of a temporary cluster model - supporting schools and settings to work together, to share resources and maintain resilience and continuity of provision. A bank of support staff was identified, including supply teachers, who are available to supplement school staffing teams where this is required. Following the Government's announcement of the wider opening for schools to selected year-group cohorts from the 1st of June we have been working across the sector to support schools to facilitate this outcome. That work has incorporated a major programme of health and safety advice and assessment, practical support, brokering a dialogue across the sector and with Government, communications, policy advice and a range of other support to school leaders to enable their decision-making.

- 5.4 Children's Services has supported the work of schools to enable families to access Free School Meals, and, following the launch of the new National Voucher system, played a key role in helping schools navigate the system, and reporting issues to the Department for Education (DfE). Detailed information to support schools and parents was produced by the Children's Services Learning and Inclusion service. The process for parents accessing the vouchers was complex, and the Council's Customer Service Centre has been supporting parents as required.
- 5.5 Special Schools are open for key worker and some vulnerable children, one of which has extended provision to mainstream school children with Autism Spectrum Disorder (ASD). A strategic plan was agreed with all the Special Schools and shared with the Department for Education to ensure that families and children are appropriately supported. All but one has now re-opened from the start of the summer term. The single school that has not open has provided offers to parents that have been declined due to their major medical needs and are instead offering support within the home.
- 5.6 Curriculum guidance and support for learning has been provided, helping schools to identify the best on-line learning resources and make appropriate provision for learning.
- 5.7 Regular, ongoing, communication has been held with school and college leaders and communications are sent to these leaders, and early years providers, to ensure consistent expectations and messages. We have collected data and intelligence to ensure we have an overview of the capacity of provision and can identify any need for support for settings, schools and colleges to remain open. Calls to every school are taking place to discuss the attendance of vulnerable children and will continue weekly to monitor attendance.
- 5.8 For children and their families with special education needs and disabilities, the Children's Services SEND team have agreed revised approaches to the Education Health and Care Plan process. Parents' forums have been consulted, as has the Department for Education, so that the new system is fully supported.
- 5.9 Our children's commissioning and Quality Assurance teams have also been providing additional support to early years providers to remain open for the children of key workers. This has included a similar level of coordination and support to that for mainstream schools, as well as financial, staffing and catering support.
- 5.10 Engagement with Norfolk's Further Education colleges has also been led by Children's Services, to enable appropriate educational provision for key vulnerable learners post-16. This has included ensuring high risk children are jointly assessed with Social Workers to ensure the right provision is being made. Weekly welfare checks have been put in place, for all 16-18-year olds who are not in employment, education or training, and we continue to monitor those children who are not on a school roll.

- 5.11 Children's Services has had a departmental-wide focus on vulnerable children. This has included a strategy to re-engage those after the Easter school holidays in coming back into school or having a robust plan around each child to ensure their welfare and safety.
- 5.12 Planning was put in place to ensure that there is a robust worst-case scenario plan in the event of capacity across the county becoming insufficient to provide care for early years and school-age children of key workers. This provision is sited around the three acute hospitals and extended to Norfolk's Cottage hospitals.
- 5.13 Faced with a significant reduction in safeguarding referrals, the Council launched a new campaign to facilitate better identification, reporting and protection of children during coronavirus lockdown. The See Something, Hear Something, Say Something campaign has been launched to assist with keeping children safe, as families face pressure of staying home. The county-wide campaign encourages everyone to look out for the county's children and has focused on protection from harm within the family, online exploitation, and children's and young people's mental health.
- 5.14 As an expanded part of the front door Children's Advice and Duty Service (CADS), a new dedicated phone line for children and young people was established, with a text service in collaboration with our Healthy Child Programme (HCP) provider through Chat Health. CADS staff are supporting out of hours services and the Emergency Duty Team to ensure a robust 24/7 response where additional and urgent scenarios may arise.
- 5.15 Strategically all our partnerships around children have combined to ensure safeguarding is the focus of everybody's business.
- 5.16 Critical safeguarding and family support services continue to be delivered, albeit provided in different ways. Face to face visits are still taking place for those with highest need. Child protection conferences, looked after children reviews, fostering approval panels, adoption panels, and court work and contact are all now virtual. Where appropriate we have delayed moves for children in care and those leaving our care to become care leavers.
- 5.17 The Fostering service continues to support foster carers in their home through a range of technology. Staff are in regular contact with foster families as needed and can continue to provide clinical psychology support and advice through the Foster Care Hub.
- 5.18 We remain in contact with our care leavers using many different social media platforms and technology to ensure they are safe and well, and young people have engaged well through this medium.
- 5.19 We have worked with partners to launch a new web page www.justonenorfolk.nhs.uk/mentalhealth. This is now the single place to find out how to access mental health advice and support for 0 -25-year olds in Norfolk & Waveney.
- 5.20 Support for mental health has continued, face to face where necessary, but also utilising online, telephone and other digital resources. Additional online cognitive behavioural therapy capacity for young people currently on waiting lists has been established and a new digital information and advice service started in May. A new 24/7 mental health response line was also established.
- 5.21 Our nine residential children's homes have remained open and fully functioning providing placements for children and young people, despite some staff absence.
- 5.22 Children's commissioners have continued to be in regular contact with providers as part of monitoring their capacity to maintain essential and critical services and at this point, and whilst the style of service delivery is changing, most are able to adapt and continue to

support children and families. Many of the services we commission have moved their support for children, young people or families onto telephone or online channels, in line with the current social distancing restrictions.

- 5.23 Children's Community and Partnership teams are working together with partner agencies reaching out to families in need of additional support before a crisis occurs at this very difficult time, and additional staffing capacity has been realigned into these teams for this specific purpose.
- 5.24 We have maintained and are building our direct engagement with children and young people to inform our communication and changes to service delivery.
- 5.25 There has been a wide range of additional guidance from government outlining changes to both social care and educational practice and process, that we have adopted and implemented. We are using all the social care flexibilities available and assessing this on a case by case basis, but no changes have been made to the overall statutory framework within which we are required to practice.
- 5.26 Going forward, some of the issues for Children's Services will be somewhat less obvious than for other areas of the Council and society, the need will be hidden from view initially and will impact over the coming months. It is no less real, and we are concerned that if we don't put a substantial operational preventative response in place now then there is the potential for need and demand to escalate rapidly over the next 6-12 months. To prepare for this we have undertaken a cross partnership needs analysis to forecast the type of needs that we believe will become increasingly prevalent over the coming month in order to reshape our preventative offer.

6. Financial Implications

- 6.1 The financial impact on the Council of responding to the coronavirus will be significant. Government has provided the Council with funding total totalling £43.674m to enable the Council to deliver its COVID-19 response across all services. Cabinet are receiving regular reports to consider the financial implications. The report to the June Cabinet meeting reported the forecast that the Council will incur cost and income pressures of £63.737m against total grant funding of £43.674m, a shortfall of £20.063m; with a high degree of uncertainty about the forecasts and they will continue to be refined as the situation develops, timescales become clearer, and further national and local responses are delivered.

7. Resource Implications

- 7.1 **Staff:** There are no current direct implications arising from this report. Across the Council, new working practices and policies have been adopted. Significant numbers of staff have been fully or partially redeployed to other or new activities to meet the needs across NCC.
- 7.2 **Property:** None.
- 7.3 **IT:** None

8. Other Implications

- 8.1. **Legal Implications:** None
- 8.2. **Human Rights implications:** None
- 8.3. **Equality Impact Assessment:** COVID-19 has impacted on every individual and family across Norfolk, particularly on people with protected characteristics. New evidence is

emerging daily about the nature and extent of this impact. In view of this, the Council is maintaining a [dynamic equality impact assessment](#).

- 8.4 This impact assessment is being used to inform decision-making during the COVID-19 crisis. It is being continually updated to inform business continuity planning. Mitigating actions are being developed wherever necessary and these are summarised in the assessment.
- 8.5 **Health and Safety implications:** We continue to put in place full and up to date advice and risk mitigation responses for all our staff in light of the pandemic. A robust process is in place to assess and consider the risks of all face to face activities before they are introduced.
- 8.6 **Any other implications:** None identified.

9. Actions required

- 9.1.
- a) To formally thank all staff involved in the significant effort to keep people safe and protected
 - b) To acknowledge the work that has been carried out by NCC and partners during the COVID-19 pandemic
 - c) To identify any priority areas for review to consider changes or additions to policies and strategies to ensure they continue to be shaped effectively in these areas and add these to the Committee's Forward Work Programme

10. Background Papers

- 10.1 Reports considered by Cabinet 11 May 2020 – titled '[NCC Response to COVID-19](#)' and '[COVID-19 financial implications for Norfolk County Council](#)'

Officer Contact

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

Officer name: Hannah Shah

Tel No.: 01603 223165

Email address: Hannah.shah@norfolk.gov.uk



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People and Communities Select Committee

Item No. 8

Report title:	Special Educational Needs (SEND): Post Ofsted/CQC Inspection Improvement Planning
Date of meeting:	17 July 2020
Responsible Cabinet Member:	Cllr John Fisher(Cabinet Member for Children's Services)
Responsible Director:	Sara Tough (Executive Director Children's Services)

Introduction from Cabinet Member

Over the past 18 months there has been a focus on improvements for Special Educational Needs & Disability (SEND) provision and services. This improvement activity has been via the SEND & AP Transformation Programme, with the council's £120million investment for new provision, and our Area SEND Strategy co-produced with our partners/stakeholders.

Earlier this year Norfolk was inspected within the joint CQC/Ofsted Area SEND inspection framework and, in line with our own self-evaluation, CQC/Ofsted confirmed that there were areas of weakness that required a 'Written Statement of Action' to be put in place. Recently the Local Government Ombudsman (LGO) published the outcome of a complaint and these findings related closely to the themes of our Area SEND Strategy/Transformation Programme and the themes within the CQC/Ofsted Inspection Report.

This report to the Select Committee sets out how Children's Services are leading the response to the inspection report and how this relates to our existing strategies and the LGO findings. The report will also set this in the context of the response to SEND within COVID 19. It is not surprising that both Ofsted and the LGO are continuing to report the need for improvement within SEND given that we are currently less than half-way through our 5 year improvement journey; I am confident, however, that improvements are accelerating and the rate of issues being logged will begin to reduce.

Executive Summary

On 8th June the outcome of the CQC/Ofsted Joint Area SEND Inspection report was published. The report stated that '*Leaders, councillors and senior executives have brought much-needed capacity at senior leadership level, most notably in the creation of strategic teams and jointly commissioned posts*', however, due to the identification of three areas of significant weakness there is a requirement to produce a 'Written Statement of Action' within 70 working days and for a re-inspection of that action plan to take place approximately 18 months afterwards.

This report provides Members with an overview of the inspection report and sets out how Children's Services are leading the response to the Written Statement of Action, together with Adult Social Services, the Clinical Commissioning Group, Norfolk's parent/carers groups and a range of partners.

This report also sets out the response to the CQC/Ofsted inspection report in the context of our existing SEND strategy and transformation programme, COVID 19 and a recent published report by the Local Government Ombudsman regarding an individual child's SEND provision.

This report is intended to reassure Members that the core elements of the current SEND Strategy and £120 million Transformation Programme remain relevant; we are confident that we can use the outcome of the CQC/Ofsted inspection as further motivation to embed improvements to SEND support and provision across the county.

Actions required

- 1. To note the progress made during June, since the CQC/Ofsted report was published, ahead of the September deadline for the co-produced Written Statement of Action**
- 2. To agree to receive a further report, in the autumn, on feedback from Ofsted and the Department for Education regarding Norfolk's Written Statement of Action**
- 3. To agree to receive subsequent reports, starting in the autumn, on a range of performance measures to assist with decision making regarding any policy changes needed over time as part of the SEND Transformation Programme**

1. Background and Purpose

- 1.1 Provision and services for children and young people, age 0-25, with Special Educational Needs (SEND) has been the subject of significant reporting to various council committees in recent years.
- 1.2 Most recently reporting to Members has been in relation to the council's £120 million investment to transform SEND provision across the county, with the building of 3 new special schools and more specialist resources bases within mainstream schools. Members have also received updates on the Area SEND Strategy that was co-produced with partners and stakeholders and officially launched in the summer of 2019.
- 1.3 On 8th June 2020 the outcome of the CQC/Ofsted Joint Area SEND Inspection report was published. The report stated that '*Leaders, councillors and senior executives have brought much-needed capacity at senior leadership level, most notably in the creation of strategic teams and jointly commissioned posts*', however, due to the identification of three areas of significant weakness there is a requirement to produce a 'Written Statement of Action' within 70 working days

and for a re-inspection of that action plan to take place approximately 18 months afterwards.

- 1.4 This report also sets out the response to the CQC/Ofsted inspection report in the context of our existing SEND Strategy and Transformation Programme, COVID 19, and a recently published report by the Local Government Ombudsman regarding an individual child's SEND provision.

2. Proposals

- 2.1 The SEND reforms set out by government within the Children & Families Act 2014 are monitored by government through a CQC/Ofsted Joint Area SEND Inspection framework. The emphasis on 'joint' and 'area' is important because, unlike other inspections, the SEND inspection is focussed on the 'area' of Norfolk and not NCC / Children's Services alone.

- 2.2 CQC/Ofsted carried out their inspection during the week of 2nd to 6th March 2020. The link to the full inspection report/letter is provided in the background papers section of this report. The inspection report notes that:

'On their arrival two years ago, the executive director of children's services and accountable officer for the clinical commissioning groups (CCGs) faced chronic and wide-ranging inadequacies in universal systems and services. They have refused to adopt quick fixes, as they recognised that this will not resolve the crisis facing them. They have worked systematically to create a far-reaching, ambitious, well-planned and securely financed transformation plan to address the weaknesses in provision. However, this plan is very new in its implementation.

Councillors and senior executives have supported the transformation plans. There is a significant investment for the large-scale building of specialist provision across the length and breadth of Norfolk to become an imminent reality.

Leaders, councillors and senior executives have brought much-needed capacity at senior leadership level, most notably in the creation of strategic teams and jointly commissioned posts. These teams are starting to address the weaknesses.'

[CQC/Ofsted report page 3]

- 2.3 However, as with approximately 60% of local area SEND inspections, Norfolk is required to produce a Written Statement of Action due to the identification of a number of serious weaknesses. The inspection letter/report was accompanied by a separate letter setting out the need to produce the Written Statement of Action, to address the 3 identified weaknesses, within 70 working days from receipt of the final report/letter

[note: the report/letter on the Ofsted website continues to state the incorrect date of 21st May and Ofsted have confirmed to us that the 70th working day is 7th September in line with our receiving the report on 1st June]

- 2.4 The 3 serious weaknesses are in relation to:
- Education Health & Care Plans (EHCP), timescales, quality and links to effective commissioning of provision
 - Services for 18-25, both in terms of transition arrangements prior to 18 and within adulthood; again with associated links to effective commissioning of services
 - Communication and Co-production with families, with a focus on all children and young people age 0-25 who receive support at 'SEN Support' as well as those with EHCP
- [note: in Norfolk there are approximately 15,000 children and young people in the SEN Support Cohort and approximately 6,500 with EHCP]
- 2.5 Since publication of the final report on 8th June the Programme Director for SEND & AP has been co-ordinating our response to the inspection report and the creation of the Written Statement of Action; co-producing this with parent/carer groups, across the Children's and Adults Services leadership teams, with our CCG colleagues and a wide ranging group of NCC staff, other professional groups and education providers.
- 2.6 We have arranged for 3 workshops with parent/carers and professionals, throughout July, to address each of the 3 weakness areas. These workshops are providing an opportunity to debate the issues raised by Ofsted and to determine solutions to be contained within the Written Statement of Action.
- 2.7 The first of the 3 workshops was held on 1 July and during a two and a half hour 'Zoom' video conference 20 parents/carers and 20 professionals contributed to the section of the action plan on 'Communication and Co-production'. On 17 July a similar workshop with a mix of parent/carers and professionals will be held, via Zoom, to focus on 18-25 services, and on 21 July the final workshop takes place on the theme of EHCP.
- 2.8 Throughout July and August there will be an iterative process of collation of output from the workshops, drafting of the Written Statement of Action and sharing aspects of the draft action plan with key contributors to the workshops. For example, the Cabinet Member has met with the parent/carer groups separately to ensure that he is aware of their concerns and ideas for solutions; a follow up meeting will take place during the 'write-up' of the Written Statement of Action to ensure direct Member liaison.
- 2.9 We are now also starting the process of the annual refresh of the Area SEND Strategy and re-scoping the SEND & AP Transformation Programmes. Both reviews will ensure that the Written Statement of Action for Ofsted can 'stand-alone' in terms of improvement activity and governance, whilst complementing

other improvement work already underway through these related strategies and transformation programmes.

- 2.10 The scope of this activity will also address issues raised during the past year via the Local Government Ombudsman (reported previously to the Children's Services Committee) regarding support and provision linked to individual EHCP's for children and young people. This is of particular relevance at this time as the LGO has recently published a further report regarding a child where provision had not been arranged correctly. We have agreed to all the recommendations set out by the LGO and this included a commitment for regular reporting to this committee over a two year period to cover a range of performance measures. We plan to begin this sequence of reports in the autumn, on a range of performance measures, with the aim that these will assist with decision making regarding any policy changes needed over time as part of the SEND Transformation Programme.
- 2.11 All of this improvement activity for SEND is taking place in the context of COVID 19. The government published changes to the SEND regulations, within the COVID Act 2020, and these have covered two main aspects of the arrangements for Education Health & Care Plans (EHCP).
- 2.12 The first of these regulation changes is in respect of the timescales for assessments and reviews of EHCP. The focus is on taking all practicable steps to secure the necessary professional advice and reports to undertake the assessments/reviews and with related exceptions to timescales where this is not possible due to COVID, e.g. the fact that some health professionals have been redirected to COVID related work.
- 2.13 This regulation change will be reviewed by the Department for Education on 25 September 2020.
- 2.14 The second of the regulation changes is regarding the provision set out in each individual child or young person's EHCP. With the majority of children and young people having received their education remotely at home and, for those in school, the usual curriculum being suspended, the requirement has been to use 'appropriate endeavours' to secure the provision. In practical terms this means that it has been acknowledged that provision in schools is very different currently and of course at home.
- 2.15 We have surveyed all schools regarding the arrangements they have in place and have provided risk assessment guidance in line with DfE recommendations. At the beginning of July all schools had provided survey responses with confirmation that 79% of risk assessments had been

completed and that the vast majority had been carried out with the agreement of the parents/carers.

- 2.16 This regulation change is reviewed on a monthly basis by the Department for Education and they have now signalled that this change may not continue from the start of the new academic year.

3. Impact of the Proposal

- 3.1 The improvements that have started within the SEND & AP Transformation Programme and Area SEND Strategy will be further enhanced and accelerated through the response to the CQC/Ofsted SEND inspection.

- 3.2 The Written Statement of Action will address the 3 serious weaknesses that have been identified and, through 3 separate working groups and with reporting to a new Board, the governance arrangements will ensure that progress is scrutinised, supported and challenge with our partners and stakeholders. This scrutiny will be in addition to a minimum of 4 monitoring 'visit's to Norfolk to assess our progress prior to re-inspection.

- 3.3 A successful outcome to the re-inspection by CQC/Ofsted in February 2022 would signal that improvements had been achieved and sustained.

4. Financial Implications

- 4.1 Throughout the report the activity in response to the CQC/Ofsted inspection has been linked to our current, and ongoing, Area SEND Strategy and the £120 million SEND & AP Transformation Programme. The financial benefits and recovery plan for that activity have been reported to other council committees previously and will continue to be reported as part of the overarching Children's Services Transformation.

- 4.2 If any of the workshops, feeding into the creation of the Written Statement of Action, identify solutions that require resourcing these will be considered as part of the overall Children's Services Transformation Programme. For example, additional capacity for the Education High Needs SEND Service, which oversees EHCP's, has been identified and secured.

5. Resource Implications

5.1 Staff:

- 5.1.1 As outlined above in section 4 additional staffing has been provided to support the process of Education Health and Care plan assessments and reviews.

5.1.2 The conclusion of work on the Written Statement of Action, prior to the 7th September deadline, will determine if there are further resource requirements.

5.1.3 The decision taken last year to create a separate Programme Director post for SEND & AP is ensuring that the large volume of work required to respond to the Ofsted inspection is not impacting on SEND operational senior management capacity. A small SEND & AP Transformation Team is co-ordinating and leading all work in relation to Area SEND Strategy, SEND & AP Transformation Programme and Ofsted Written Statement of Action; working with a large range of partners and stakeholders to co-produce the various improvement work.

5.4 **Property:**

n/a

5.5 **IT:**

n/a

6. Other Implications

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

6.1.2 The Written Statement of Action will be in line with equality requirements as it must be agreed by both DfE and CQC/Ofsted.

7. Actions required

7.1 **To note the progress made during June, since the CQC/Ofsted report was published, ahead of the September deadline for the co-produced Written Statement of Action**

7.2 **To agree to receive a further report, in the autumn, on feedback from Ofsted and the Department for Education regarding Norfolk's Written Statement of Action**

7.3 **To agree to receive subsequent reports, starting in the autumn, on a range of performance measures to assist with decision making regarding any policy changes needed over time as part of the SEND & AP Transformation Programme**

8 Background Papers

Ofsted/CQC SEND Inspection Letter/Report

<https://reports.ofsted.gov.uk/provider/44/80418>

Officer Contact

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

Officer name: Michael Bateman, **Tel No.:** 07768 165536
Programme Director
SEND & AP

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



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