

Policy and Resources Committee

Date: **Monday, 25 March 2019**

Time: **10 am**

Venue: **Edwards Room, County Hall, Norwich**

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

Membership

Mr A Proctor (Chairman)

Mr B Borrett
Ms E Corlett
Mr S Dark
Mrs M Dewsbury
Mr T FitzPatrick
Mr A Jamieson

Mr S Morpew
Mr G Plant
Mr D Roper
Mr E Seward
Mr B Stone
Mr M Wilby

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

Tim Shaw on 01603 222948
or email committees@norfolk.gov.uk

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Agenda

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

2. Minutes

To agree the minutes from the meeting held on 28 January 2019

(Page 6)

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

15 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 or 01603 223055) by **5pm on Wednesday 20 March 2019**. For guidance on submitting public question please view the

Constitution at Appendix 10.

6. Local Member Issues

Fifteen minutes for local members 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 or 01603 223230) by **5pm on Wednesday 20 March 2019**. For guidance on submitting public question please view the Constitution at Appendix 10.

Section A – Items for Discussion and Decision/Action

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Report by Executive Director of Finance and Commercial Services | (Page 22) |
| 8 | Delivering Financial Savings 2018-19
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| 9 | Performance and Risk Monitoring | |
| 9A | Corporately Significant Vital Signs Performance Management Report
Report by Executive Director of Strategy and Governance | (Page 66) |
| 9B | Risk Management Report
Report by Executive Director of Finance and Commercial Services | (Page 88) |
| 10 | Procurement Six-Monthly Update
Report by Executive Director of Finance and Commercial Services | (Page 121) |
| 11 | Progress on the Council’s Equality, Diversity & Inclusion Objectives 2017-2020
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| 12 | Living Well-Homes for Norfolk-Fakenham Extra Care Scheme
Report by Executive Director of Adult Social Services | (Page 137) |
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| 14 | Integration with the NHS and 10 Year Plan
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| 15 | Independence Matters and Limited Company Consents
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- 16 Norse Governance Proposals** (Page 204)
Report by Executive Director of Finance and Commercial Services
- 17 Cabinet Governance** (Page 207)
Report by Executive Director of Strategy and Governance
- 18 Electoral Review of Norfolk County Council** (Page 210)
Report by Executive Director of Strategy and Governance

Section B – Item for Report

20 Feedback from Members serving on Outside Bodies

To receive verbal reports (where appropriate) from Members serving on the following outside bodies:

1. LGA General Assembly
2. County Council Network
3. East of England Local Government Association.

21 Exclusion of the Public

The Committee is asked to consider excluding the public from the meeting under section 100A of the Local Government Act 1972 for consideration of the item listed below on the grounds that it involves the likely disclosure of exempt information as defined by Paragraph 3 of Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemptions outweighs the public interest in disclosing the information.

The Committee will be presented with the conclusion of the public interest test carried out by the report author and is recommended to confirm the exclusion.

22 Business case for capital contribution
Report by Executive Director of Adult Social Services

Group Meetings

Conservative	9 am	Conservative Group Room
Labour	9 am	Labour Group Room
Liberal Democrats	9 am	Liberal Democrats Group Room

Chris Walton
Head of Democratic Services
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Date Agenda Published: 15 March 2019



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Policy and Resources Committee

Minutes of the Meeting Held on 28 January 2019

2:00pm Edwards Room, County Hall, Norwich

Present:

Mr A Proctor (Chairman)

Mr B Borrett
Ms E Corlett
Mr S Dark
Mrs M Dewsbury
Mr T FitzPatrick
Mr S Morpew

Mr G Plant
Mr D Roper
Mr E Seward
Mr B Stone
Mr M Wilby

Substitute Member present:

Mr A Jamieson (sub for Mr R Oliver)

Also present:

Ms A Kemp
Mr J Mooney
Mr B Spratt

Mrs A Thomas
Mrs K Vincent

1 Apology for Absence

1.1 An apology for absence was received from Mr R Oliver.

2 Minutes

2.1 The minutes of the previous meeting held on 26 November 2018 were confirmed by the Committee and signed by the Chairman.

3 Declarations of Interest

3.1 Mr T FitzPatrick and Mr A Jamieson declared "Other Interests" in the NORSE Business Plan at item 17 on the agenda.

4 Items of Urgent Business

4.1 There were no items of urgent business.

5 **Public Question Time**

- 5.1 There was one public question from Marilyn Hoxley which can be found together with a supplementary question and the answer given in the meeting at Appendix A to these minutes.

6 **Local Member Issues**

- 6.1 There was one local Member question from Ms A Kemp which can be found together with a supplementary question and the answer given in the meeting at Appendix B to these minutes.

Section A – Items for Discussion and Decision/Action

7 **Finance Monitoring Report Period 8 November 2018**

- 7.1 The annexed report (7) by the by the Executive Director of Finance and Commercial Services was received.
- 7.2 The Committee received a report by the Executive Director of Finance and Commercial Services that summarised the Period 8 (30 November 2018) forecast financial outturn position for 2018-19, to assist Members to maintain an overview of the overall financial position of the Council.
- 7.3 The Committee noted that Norfolk continued to experience high and increasing levels of need across Children's Services, particularly in relation to children with special educational needs and children at risk of harm. Changes in the assumptions behind the reporting of the DSG High Needs block net deficit (that had previously been set against LMS balances) meant that the total forecast deficit on the DSG High Needs block at 31 March 2019 was now £13.601m.
- 7.4 Members drew attention to the finance general underspend and the flexible use of capital receipts (from the sale of land at Hethel Engineering Centre to Hethel Innovation Ltd) to support transformation costs. In reply to questions, the Executive Director of Finance and Commercial Services said that it was intended that £2m of the capital receipts would be allocated to the Children's Services Demand Management and Prevention Strategy to help meet pressures within that department. The Executive Director of Children's Services added that a business model for the Demand Management and Prevention Strategy (originally developed by East Sussex County Council) had been successfully introduced in Hampshire and Hertfordshire.
- 7.5 In reply to questions about whether adult social services had unallocated grant monies that could be used to support people with disabilities, the Executive Director of Finance and Commercial Services said that the challenging financial climate meant that these grants had in effect already been spent and were subject to an agreement reached with the NHS.

7.6 The Committee RESOLVED:

1. To note a period 8 forecast general fund revenue underspend of £0.035m (period 6 overspend £4.496m) noting also that Chief Officers will take measures throughout the year to reduce or eliminate potential over-spends;
2. To note the forecast General Balances at 31 March 2019 of £19.536m, before taking into account any over/under spends;
3. To note the revised expenditure and funding of the current and future 2018-22 capital programme as set out in Appendix 2 of the report.

The Committee also RESOLVED (with 2 recorded abstentions):

4. To approve additional current year capital funding for 1) Norfolk Community Learning Services ICT Transformation Project (£0.420m) and 2) Schools ICT refresh programme 2018-22 £0.360m, in advance of schools contributions, as set out in capital Appendix 2 section 3 of the report;
5. TO RECOMMEND TO COUNTY COUNCIL the flexible use of £2m capital receipts to fund the Children's Services Demand Management & Prevention Strategy in 2018- 19, as set out in Appendix 2 section 4 of the report.

8 Delivering Financial Savings 2018-19

8.1 The annexed report (8) by the Executive Director of Finance and Commercial Services was received.

8.2 The Committee received a report by the Executive Director of Finance and Commercial Services that provided details of the forecast year-end position in respect of the delivery of the 2018-19 savings agreed by the County Council at its budget meeting 12 February 2018.

8.3 The Committee RESOLVED to:

- a. Note that officers are taking action to ensure that savings are delivered and that shortfalls in savings are met through alternative savings or underspends;
- b. Note the total projected shortfall of £5.459m in 2018-19, which amounts to 18% of total savings;
- c. Note the budgeted value of 2018-19 savings projects rated as RED of £3.142m, of which £0.893m are forecast to be delivered;
- d. Note the budgeted value of 2018-19 savings projects rated as AMBER of £12.145m, of which £8.715m are forecast to be delivered;
- e. Note the budgeted value of GREEN and BLUE rated projects of £14.712m, where are forecast to deliver £14.932m.
- f. Agree the forecast changes to assumptions and rescheduling of savings totalling £5.900m in 2019-20, £1.550m in 2020-21 and £2.500m in 2021-22, which have been reflected in budget planning.

9 **Strategic and Financial Planning 2019-20 to 2021-22 and Revenue Budget 2019-20.**

- 9.1 The annexed report (9) by the by the Executive Director of Finance and Commercial Services was received. The Committee also received by way of a supplementary agenda the unconfirmed draft Service Committee minutes (Appendix G to the main report) and (to be found on the Committee pages website) the equality and rural impact assessment report (Appendix H (ii) to the main report).
- 9.2 The Committee received a report by the Executive Director of Finance and Commercial Services that set out the overall direction of travel for strategic and financial planning for 2019-20 to 2021-22 and provided the detailed financial information to support the Committee's proposed Revenue Budget and Council Tax recommendations.
- 9.3 **It was moved by Mr Morphew, seconded by Mr Roper:**
- “That the Adult Social Care Business Risk Reserve (£2m for 2019/20) be used to fund the overspend in the adult minimum income guarantee for the forthcoming year.”**
- 9.4 In the ensuing discussion those Members who were in support of the motion said that to go ahead with the removal of the adult minimum income guarantee would create additional financial hardship for people who already had a low standard of living / limited ability to boost their income from other sources. A delay in implementing the change would gave these people the extra time that they needed to adjust their spending for the year ahead and prevent benefit dependency. It was suggested that any change in the guarantee should be made after the publication of the long-awaited social care green paper.
- 9.5 Other Members said that the Adult Social Care Committee had already carefully considered the implications of not going ahead with the change in the adult minimum income guarantee. The Council should not look to use its reserves to delay the introduction of changes in policy that had budgetary implications for other council services. Without making the reduction in the adult minimum income guarantee the Council would be unable to adequately plan its budget and to properly address issues that were driving long-term demand for other Council services. The change in the adult minimum income guarantee, while regrettable, had become necessary to bring Norfolk in line with national government policy and the position taken elsewhere in the country.
- 9.6 **On being put to the vote the motion on the table was LOST (by four votes in favour and 9 votes against).**
- 9.7 The Leader and Deputy Leader commended the officers for their hard work in compiling a very comprehensive budget report that was rooted in strong financial management. The Leader said that he regularly pursued opportunities to promote Norfolk and represent its interests to Government.

- 9.8 In reply to questions, the Executive Director of Finance and Commercial Services said that the budget was based on an increase in general council tax of 2.99% and no increase in the Adult Social Care precept from the 2018-19 level. Funding relating to adult social care services in recent years had predominately been on a one-off basis. Whilst the Council had aimed to align one-off funding to one off expenditure, such as invest to save proposals, this was not always possible. The additional demand for SEND places had placed additional pressure on the High Needs block spend in the dedicated schools grant and that this matter was reported regularly to Children's Services Committee.
- 9.9 In reply to further questions, it was pointed out that the Council's projected overall budget gap position was highly sensitive to assumptions made about the levels of Government funding from 2020-21 onwards. There was a risk in relation to the Comprehensive Spending Review and the Fair Funding Review that a failure by the Government to provide adequate resources to fund local authorities could lead to a requirement for further service reductions, particularly where the Fair Funding Review results in a redistribution between authority types or geographical areas.
- 9.10 In response to a member question about the level of increase in council tax that would be required to close the forecast £70m budget gap, the Executive Director of Finance and Commercial Services advised that this would result in a double digit increase of around 10% in council tax each year, significantly above the referendum threshold. It was confirmed that the additional council tax required to raise £70m would be approximately 8% in both 2020-21 and 2021-22, which would be the increase over and above the existing council tax assumptions.

9.11 **RESOLVED**

That the Policy and Resources Committee:

- 1. Note the specific recommendations for budgets and savings proposals relating to Policy and Resources Committee's own budgets as set out in Appendix F of the report and detailed in Appendix C of the report.**
- 2. Note the statements regarding the robustness of budget estimates, assumptions and risks relating to the 2019-20 budget, set out in section 6 of the report, and the separate report on the Robustness of Estimates elsewhere on the agenda.**
- 3. Note the feedback from Service Committees, the findings of public consultation, and the further changes required to deliver a balanced budget as set out in this report (in particular paragraph 5.7 and Table 7 of the report).**
- 4. Note the findings of equality and rural assessments, linked at Appendix H(ii) to this report, and in doing so, note the Council's duty under the Equality Act 2010 to have due regard to the need to:**
 - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;**
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and**

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
5. Note that the Council has responded to the consultation on the Provisional Settlement, and delegate authority to the Leader of the Council to approve responses on behalf of the Council to the two further consultations in respect of the Review of Relative Needs and Resources, and the Business Rate Retention Scheme, as referred to in paragraph 4.4 of the report.
 6. Note the pressures on the High Needs Block of the Dedicated Schools Grant and that these will give rise to a requirement for significant savings in future years if the issues are not adequately addressed by Government as set out in section 13 of the report.

9.12 **RESOLVED (by 9 votes to 4 votes)**

That Policy and Resources Committee RECOMMEND to COUNTY COUNCIL:

- a. An overall County Council Net Revenue Budget of £409.073m for 2019-20, including budget increases of £116.081m and budget decreases of -£95.807m as set out in Table 8 of this report, and the actions required to deliver the proposed savings.
- b. The budget proposals set out for 2020-21 to 2021-22, including authorising Chief Officers to take the action required to deliver budget savings for 2020- 21 to 2021-22 as appropriate.
- c. With regard to the future years, that further plans to meet the remaining budget shortfalls in the period 2020-21 to 2021-22 are developed and brought back to Members during 2019-20.
- d. To note the advice of the Section 151 Officer, at paragraph 10.11, on the financial impact of an increase in council tax, as set out in section 6 of the report and section 10 of the report, and confirm the assumptions that:
 - I. The Council's 2019-20 budget will include a general council tax increase of 2.99% with no (0.00%) increase in the Adult Social Care precept, an overall increase of 2.99% (shown at Appendix D of the report) based on the current discretions offered by Government and as recommended by the Executive Director of Finance and Commercial Services.
 - II. The Council's budget planning in future years will include council tax increases 1.99%, as set out in the Medium Term Financial Strategy (MTFS Table 5 of the report). These council tax assumptions have regard to the level of referendum threshold expected to be set for the year, and take into account the Government's assumptions in the Local Government Finance Settlement that Local Authorities will raise the maximum council tax available to them. The final level of council tax for future years is subject to Member decisions annually.
 - III. No future increases in the Adult Social Care precept in 2020-21 onwards are assumed based on current Government policy but that these will be subject to Member decisions annually

within and informed by any parameters defined by the Government.

- IV. That if the referendum threshold were increased in 2020-21 and/or 2021-22 to above 1.99%, or any further discretion were offered to increase the Adult Social Care precept (or similar), then it is likely that the Section 151 Officer would recommend the Council take advantage of this flexibility in view of the Council's overall financial position.**
- e. That the Executive Director of Finance and Commercial Services be authorised to transfer from the County Fund to the Salaries and General Accounts all sums necessary in respect of revenue and capital expenditure provided in the 2019-20 Budget, to make payments, to raise and repay loans, and to invest funds.**
- f. To agree the Medium Term Financial Strategy 2019-22 as set out in Appendix I of the report, including the two policy objectives to be achieved:**
 - I. Revenue: To identify further funding or savings for 2020-21 and 2021-22 to produce a balanced budget in all years 2019-22 in accordance with the timetable set out in the Revenue Budget report (Appendix E to the report).**
 - II. Capital: To provide a framework for identifying and prioritising capital requirements and proposals to ensure that all capital investment is targeted at meeting the Council's priorities.**
- g. The mitigating actions proposed in the equality and rural impact assessments (Appendix H(i) to the report).**

10. Capital Strategy and Programme 2019-20

- 10.1 The annexed report (10) by the Executive Director of Finance and Commercial Services was received.
- 10.2 The Committee received a report by the Executive Director of Finance and Commercial Services that presented the proposed capital strategy and programme for 2019-20 including information on the funding available to support the programme.
- 10.3 Some Members drew attention to the planned refurbishment of the remaining areas of county hall. They questioned whether all the proposed expenditure on the building and the resurfacing of car parks and access roads on the county hall site was justified in the current financial climate. Other Members said that this work was essential to prevent structural deterioration, provide for asbestos and major plant replacement and to add to the lifespan of the building, prevent car park flooding and enable the release of other buildings.
- 10.4 Some Members also drew attention to the ending of the Norwich Highway Agreement between the County Council and City Council to jointly oversee the operation of the highways function within the city boundary and asked for the cost implications of the changes in responsibility for highway work in the city to be kept under review by the County Council at a corporate member level.

10.5 **RESOLVED**

That Policy and Resources Committee note:

1. The capital grant settlements summarised in Section 4 of the report;
2. The estimated capital receipts to be generated, subject to market conditions, over the next three years to support schemes not funded from other sources, as set out in Table 5 of the report.

That Policy and Resources Committee agree (with four abstentions):

3. The Capital Strategy at Appendix A to the report as a framework for the prioritisation and continued development of the Council's capital programme;
4. The proposed 2019-22+ capital programme of £548.592m.

That Policy and Resources Committee RECOMMEND TO COUNTY COUNCIL:

5. The programme for approval, including the new and extended capital schemes outlined in Appendix D to the report;
6. The Council's Flexible Use of Capital Receipts Strategy for 2019-20 to 2021-22 as set out in Section 5 of the report.

11 **County Council Budget 2019-20 to 2021-22: Statement on the Adequacy of Provisions and Reserves 2019-22**

11.1 The annexed report (11) by the Executive Director of Finance and Commercial Services was received.

11.2 The Committee received a report by the Executive Director of Finance and Commercial Services that detailed the County Council's reserves and provisions, including an assessment of their purpose and expected usage during 2019-22. The report included an assessment of the Council's financial risks that should be taken into consideration in agreeing the minimum level of General Balances held by the Council.

11.3 **RESOLVED TO RECOMMEND (with two abstentions):**

That County Council:

- a. Note the planned reduction in non-schools earmarked and general reserves of 42.4% over three years, from £85.180m (March 2018) to £49.044m (March 2022) (paragraph 5.2 of the report);
- b. Note the policy on reserves and provisions in Appendix C of the report;
- c. Agree, based on current planning assumptions and risk forecasts set out in Appendix B of the report:
 - i. for 2019-20, a minimum level of General Balances of

d. the treasury management prudential indicators detailed in Appendix 5 to the report.

14 Developing a whole-Council business plan

- 14.1 The annexed report (14) by the Executive Director of Strategy and Governance was received.
- 14.2 The Committee received a report by the Executive Director of Strategy and Governance that proposed the development of a Norfolk County Council business plan for the period 2019-2025, to be developed between January and April 2019.
- 14.3 In reply to questions, it was confirmed that the business plan would focus on the “big ticket items” behind the Council’s ambition, approach and plans to grow the economy and improve social mobility in Norfolk, rather than on the Council’s day to day service activities which would continue to be included in departmental and team plans.

14.3 RESOLVED

That Policy and Resources Committee:

- 1. Agree to the development of a 6-year Norfolk County Council business plan, in line with the principles and proposals set out in the report.**
- 2. Agree the timetable for completing the Norfolk County Council business plan as set out in paragraph 4 of the report.**

15 Brexit Implications for the County Council

- 15.1 The annexed report (15) by the Executive Director of Community and Environmental Services was received.
- 15.2 The Committee was updated on changes in government guidance since the publication of the report for EU citizens to apply to continue to live, work and study in the UK after Brexit under the EU settlement scheme without having to incur a fee.

15.3 RESOLVED

That Policy and Resources Committee:

- 1. Note the work in hand to understand Brexit’s impact on the Council’s workforce and that of its supply chain, as well as schools with significant EU communities.**
- 2. Note the Council’s efforts to shape future funding to benefit Norfolk plans to make the case to Government for more funding for local business advice related to Brexit.**
- 3. Ask for a further progress report at the next meeting.**

16 **Liquidlogic Project Update**

16.1 The annexed report (16) by the Executive Director of Adult Social Services was received.

16.2 Members spoke about the good progress that continued to be made with the Liquidlogic project in Adult Social Services, Children's Services and Finance.

16.3 **RESOLVED**

That Policy and Resources Committee note the good progress in delivering the new Social Care System for Adult Social Services, Children's and Finance and ask for no further progress reports to be presented to this Committee.

17 **NORSE Business Plan**

17.1 The annexed report (17) by the Executive Director of Finance and Commercial Services was received.

17.2 The Managing Director of the Norse Group Ltd outlined the aspirations of Norse Group Ltd for the financial year 2019-20 including plans for on-going growth in the business and the benefits the company would continue to bring to the Norfolk economy.

17.3 Mrs K Vincent, Chair of the Norse Shareholders Committee, said that the shareholder committee had considered the growth strategy for the company to be both ambitious and achievable. She said that the shareholder committee had discussed a potential change in the brand name (within the umbrella of Norse Group Ltd) for Norfolk Property Services to Norse Consulting (subject to further discussion). The shareholder committee had also considered a proposal for the appointment of non-executive directors at Norse Group Ltd which would be reported to the next meeting of Policy and Resources Committee.

17.4 **RESOLVED**

That Policy and Resources Committee:

- 1. Approve the Norse Group Business plan for 2019/20.**
- 2. Note that the business plan reflects the aspirations of the shareholders.**
- 3. Note that a further report on a proposal for the appointment of non-executive directors of Norse Group Ltd will be reported to the next meeting of Policy and Resources Committee.**

18 **Limited Company Consents**

18.1 The annexed report (18) by the Executive Director of Finance and Commercial Services was received.

- 18.2 The Committee **RESOLVED TO RECOMMEND TO COUNCIL:**
1. **The change of directors to companies as detailed in Appendix A to the report.**
 2. **The formation of a new subsidiary company of NPS Property Consultants Limited to be called Medway Growth Limited as detailed in Appendix B to the report.**
- 19 **Health, Safety and Well-being mid-year report 2018/19**
- 19.1 The annexed report (19) by the Executive Director of Strategy and Governance was received.
- 19.2 The Committee received a report by the Executive Director of Strategy and Governance that summarised the County Council's key priorities to ensure that the Council had in place a robust management system to ensure the health and safety of Council employees and others affected by Council business undertaking; including anyone who the Council provided services to (either directly or through a 3rd party) such as school pupils, commissioned services clients, contractors and Members.
- 19.3 It was noted that at the mid-year point progress with key improvements was slow, however a refresh of the figures in January had indicated an increase in pace.
- 19.4 Members stressed the importance of encouraging more managers to undertake mental health first aid training. It was confirmed that feedback from those who had undergone the training reported feeling more able to have good quality conversations with staff regarding mental health.
- 19.5 **RESOLVED**
- That the Policy and Resources Committee:**
1. **Note overall performance position at the midyear Point;**
 2. **Endorse the commitments made by Executive Directors to further improve the position by the end of March 2019.**
- 20 **Determination of Admission Arrangements 2020/21**
- 20.1 The annexed report (20) by the Executive Director of Children's Services was received.
- 20.2 The Executive Director of Children's Services explained the changes in admission arrangements for 2020/21 that were consulted upon, considered by Children's Services Committee on 22 January 2019 and recommended to this meeting of Policy and Resources Committee for approval.
- 20.3 **RESOLVED**
- That the Policy and Resources Committee:**

1. Approve the co-ordination schemes and timetables including in-year coordination for 2020/21.
2. Agree the admission arrangements for Community and VC schools.
3. Agree to the revised priority for Looked After Children, to include children adopted from abroad within the over-subscription rules for Community and VC schools.
4. Approve the introduction of the Fair Access Protocol.

21 **Notifications of Exemptions Under Contract Standing Orders**

- 21.1 The annexed report (21) by the Executive Director of Finance and Commercial Services was received.

RESOLVED

That as required by paragraph 9.12 of the Council's Contract Standing Orders, Policy and Resources Committee note the exemptions that have been granted under paragraph 9.11 of Contract Standing Orders by the Head of Procurement and Head of Law in consultation with the Chairman of Policy and Resources Committee that are over £250,000.

Section B – Items for Report

22 **Feedback from Members serving on Outside Bodies**

- 22.1 The Chairman briefly updated the Committee on the local government financing issues that were on the agenda for a recent meeting of the East of England LGA which he had been unable to attend.

Appendix A

Public Question from Marilyn Hoxley:

“Re: Decision by the Adult Social Care Committee on 14/1/19 to vote in favour of the change of charging policy.

The Care Act 2014 places on the Local Authority a duty to promote physical, mental and emotional well-being, social and economic well-being and personal dignity and helping people with disabilities to connect with their local communities.

95% of respondents to Norfolk County Council's consultation on the

proposal to change the adult care charging policy objected to the proposals. Many stated that this would cause financial hardship - the respondents were service users or parents/carers like myself. In my daughter's case I hold a finance Lasting Power of Attorney as she has a severe learning disability and does not have capacity to comprehend such matters. In her case as a tenant in supported living she will have little money left over per week once she has contributed this vastly increased amount to her care and has paid for all her utilities and food and necessary outgoings. How can Norfolk County Council fulfil this duty under The Care Act 2014 when it is making a decision to leave the most vulnerable members of our society in financial hardship?"

Answer by Executive Director of Social Services:

"The proposals do not change the way that the Council works with people with care needs. Wellbeing is a part of the care assessment and is considered along with other outcomes within the Care Act. The process of one to one review and examination of the wide range of community options would allow individual well-being to be considered, which is within the criteria of the Care Act.

The proposals are in line with the government's guidelines on charging and the minimum income guarantee proposed is based on the level that the government sets, which considers relevant legislation including the Care Act.

However, we recognise that these changes will have an impact on people's finances. Following the consultation and the responses received we are now working on how the changes will be implemented.

The proposal also looks to increase support, primarily for working age adults with disabilities and mental health needs, to access employment and other opportunities. As well as improved benefits and debt management support, which was a priority for many people responding to the consultation."

Supplementary Question by Marilyn Hoxley:

"When will the changes be implemented and does the County Council operate a similar scheme of benefits for the disabled to that available to County Council employees?"

Answer given Executive Director of Social Services:

"The changes will be phased in over two years. The method used to bring about the changes has yet to be finalised and will be made public shortly. "

Additional Answer by Executive Director of Finance and Commercial Services:

"The Director of Public Health may be aware of a scheme of support for those with disabilities. An answer will be provided to the next meeting of the

Committee. “

Appendix B

Question from Alexandra Kemp:

Value for Money in Large Contracts

“To what extent has Norfolk County Council made savings in this financial year, through Contract Compliance Audits and the robust monitoring of Framework Contracts, particularly of high value Framework Contracts without detailed underlying contracts, in order to achieve maximum value for money for the Norfolk taxpayer from contracts with the private sector, including major contracts affecting King’s Lynn?”

Answer:

“The Council does not have framework contracts without detailed underlying contracts. Framework contracts (and term contracts) set out in considerable detail the terms and conditions of contract and the rates that apply. Officers must then specify accurately the work that is required for a particular project and agree terms of reference for that work, the price for which is determined using the rates in the framework.

To assist officers in this task, training has recently been provided to relevant CES staff on making best use of consultants. Officers found this valuable and the training is now being rolled out to other directorates. Training on contract management has also been provided to CES staff; again this is now being rolled out to other directorates.

Internal audit has a rolling programme of audit of major contracts, and any significant adverse findings are reported to the Audit Committee in the usual way.

It is not possible to attribute a monetary value to these activities, which are part of normal good governance.”

Supplementary Question by Alexandra Kemp:

“How would the Council’s 6-year Business Plan ensure proper infrastructure was in place for the relocation of businesses to King’s Lynn, make the most of the town’s cultural assets and support development of the Nar Ouse Enterprise Zone (NOEZ) with regard to 1. the West Winch Bypass 2. the Locate Norfolk website which underplayed Lynn and should include St George’s Guildhall and the international King’s Lynn Festival. 3. A commitment to the future vision of St George’s Guildhall as supported by the Shakespeare Guildhall Trust as a regional, national and international centre for artistic and cultural opportunity for all?”

Answer:

“The County Council was working with the Borough Council of King’s Lynn and West Norfolk on the need for infrastructure in King’s Lynn and West Norfolk. The content of the Locate Norfolk website would be checked to ensure that there was as much detail about events and activities in King’s Lynn as there was for elsewhere in the county.”

The meeting concluded at 12.12 pm

Chairman

Policy and Resources Committee

Item No 7

Report title:	Finance monitoring report P10: January 2019
Date of meeting:	25 March 2019
Responsible Chief Officer:	Executive Director of Finance and Commercial Services
Strategic impact The Annexes to this report summarise the Period 10 (31 January 2019) forecast financial outturn position for 2018-19, to assist members to maintain an overview of the overall financial position of the Council.	

Executive summary

This report gives a summary of the forecast position for the 2018-19 Revenue and Capital Budgets, General Balances, and related financial information.

Members are asked to:

- **note the period 10 forecast general fund revenue underspend of £0.021m (p8 underspend £0.035m) noting also that Chief Officers will take measures throughout the year to reduce or eliminate potential over-spends;**
- **note the forecast General Balances at 31 March 2019 of £19.536m, before taking into account any over/under spends;**
- **note the revised expenditure and funding of the current and future 2018-22 capital programme;**
- **approve additional current year capital funding of £0.231m for Changing Places facilities within seven Multifunction Centres as set out in Appendix 2 paragraph 3.1.**

1. Introduction

1.1 On 12 February 2018, the County Council agreed a net revenue budget of £388.799m. At the end of each month, officers prepare financial forecasts for each service including forecast expenditure and the planned impact on earmarked reserves.

2. Evidence

2.1 Three appendices are attached to this report:

Appendix 1 summarises the forecast revenue outturn position, including:

- Forecast over and under spends
- Changes to the approved budget
- Payments and debt performance

Annex 2 to Appendix 1 summarises forecasts relating to services covered by this Committee

Appendix 2 summarises the forecast capital outturn position, and includes

- Changes to the capital programme
- Future years capital programmes
- Capital programme funding
- Income from property sales

3. Financial Implications

3.1 As stated above, the forecast revenue outturn for 2018-19 is an **underspend of £0.021m** (p8 underspend £0.035m). There remain significant budget pressures in Children's Services, due to forecasts in relation to costs associated with looked after children, children with a high level of need, and SEN high needs block cost pressures. Forecast overspends in these areas are offset by underspends in other areas - mainly Finance General.

3.2 The forecast assumes savings as reported separately to this Committee.

3.2 The Council's capital programme contains schemes approved by County Council on 12 February 2018, other capital funding secured and schemes re-profiled since budget setting.

4. Issues, risks and innovation

Risk implications - monitoring

4.1 The Council's Corporate Risk Register provides a full description of corporate risks, including corporate level financial risks, mitigating actions and the progress made in managing the level of risk.

4.2 Risk management reports which include the corporate risk register are presented regularly to this Committee. A majority of risks, if not managed, could have significant financial consequences. The risks addressed include finance specific risks, for example of failing to generate income or to realise savings.

4.3 Chief Officers have responsibility for managing their budgets within the amounts approved by County Council. Chief Officers will take measures throughout the year to reduce or eliminate potential over-spends.

5. Background

5.1 Having set a revenue and capital budget at the start of the financial year, the Council needs to ensure service delivery within allocated and available resources, which in turn underpins the financial stability of the Council. Consequently, there is a requirement to regularly monitor progress so that corrective action can be taken when required.

5.2 The monthly forecasts in this report are based on detailed cost centre level data supplied by responsible budget officers after the end of each financial period. Moderation by chief officers is completed approximately 18-20 days after each month end.

Officer Contact

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

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

Appendix 1: 2018-19 Revenue Finance Monitoring Report Month 10

Report by the Executive Director of Finance and Commercial Services

1 Introduction

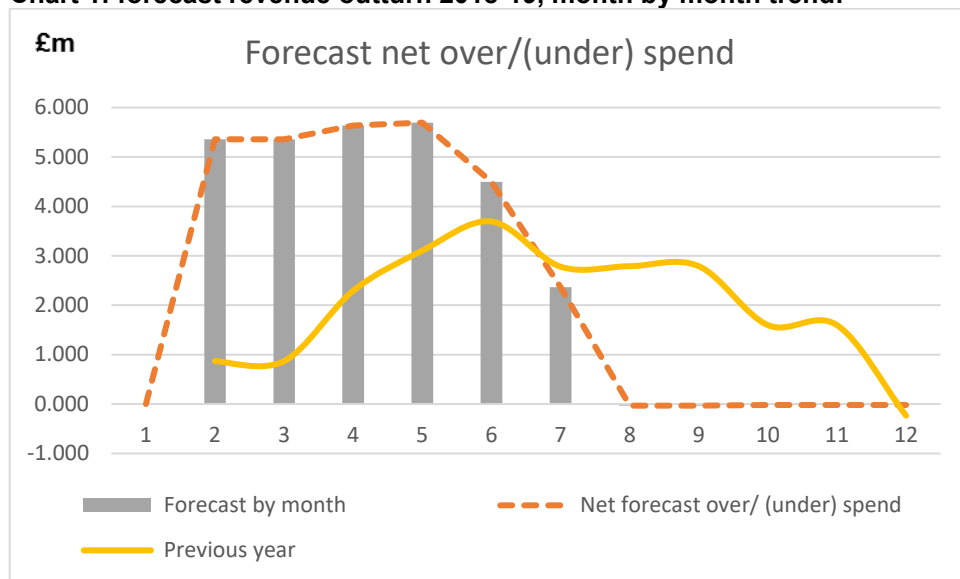
1.1 This report gives details of:

- the latest monitoring position for the 2018-19 Revenue Budget
- forecast General Balances and Reserves at 31 March 2019 and
- other key information relating to the overall financial position of the Council.

2 Revenue outturn – forecast over/underspends

2.1 At the end of January 2019 (month 10) an **underspend of £0.021m** (p8 underspend £0.035m) is forecast on a net budget of £388.799m.

Chart 1: forecast revenue outturn 2018-19, month by month trend:



2.2 Chief Officers have responsibility for managing their budgets within the amounts approved by County Council. They have been charged with reviewing all of their cost centres to ensure that, where an overspend is identified, action is taken to ensure that a balanced budget is achieved for the year.

2.3 Details of all projected under and over spends for each service are shown in detail in Revenue Annex 1 to this report, and are summarised by service in the following table:

Table 1: 2018-19 projected forecast (under)/over spends by service

Service	Revised Budget	Projected net (under)/ over spend	%	RAG
	£m	£m		
Adult Social Services	253.283	0	0.0%	G
Children's Services	187.653	12.786	6.8%	R
Community and Environmental Services	160.600	-0.581	-0.4%	G
Strategy and Governance	8.484	-0.012	-0.1%	G
Finance and Commercial Services	25.390	-0.058	-0.2%	G
Finance General	-246.611	-12.156	4.9%	G
Totals	388.799	-0.021	0.0%	G

Notes:

- 1) the RAG ratings are subjective and take into account both the relative (%) and absolute (£m) impact of forecast overspends.

2.4 **Children's Services:** Norfolk is continuing to experience high and increasing levels of need across the service and, in particular, in relation to children with special educational needs and children at risk of harm.

2.5 The Directorate continues to be focused on an ambitious plan to implement transformational change; including a new Children's Advice and Duty Service at the 'front door' to Children's Services, improved foster carer recruitment, new therapeutic support service for families at the edge of care as well as other improvements throughout the service.

2.6 There continues to be an increase in the complexity of the children and young people's needs (reflecting national trends), resulting in care and support costs continuing to increase and new placements regularly costing more than those ceasing for children leaving care, moving to alternative provision or returning home.

2.7 Significant areas of financial pressure continue to remain within Social Work. These are primarily driven by spend on placements (Children Looked After, Staying Put and Leaving Care) and staffing costs. Within Education Services the pressures are primarily transport and assessment of special educational needs.

2.8 The in-year DSG High needs block deficit net deficit is £5.977m. Finance monitoring reports earlier in the year assumed that these would be covered by a loan from LMS balances if available, or a call on the general fund. It is now assumed that the negative balance will be carried forward. Together with the £8.087m deficit brought forward (previously notionally set against LMS balances) the total forecast deficit at 31 March 2019 is £14.064m.

- 2.9 The Council has received confirmation from the Secretary of State that a disapplication request, to transfer an additional £4.580m from the Schools Block in 2019-20 over and above 0.5% transfer already agreed by the Forum, has been approved.
- 2.10 Further details can be found in Revenue Annex 1 to this report, and in the finance monitoring report to the 12 March 2019 Children's Services Committee.
- 2.11 **Adult Social Services:** The forecast position as at Period 10 is a balanced budget. This takes into account additional Winter funding which is being used to manage variations from plan this financial year. As in previous months, pressures arise from Purchase of Care costs, in particular residential care for older people and vulnerable younger adults, mitigated to a large extent by increased Purchase of Care income linked to residential placements, lower than expected staffing costs and other management and finance underspends. Further details can be found in Revenue Annex 1 to this report, and in the finance monitoring report to the 4 March 2019 Adult Social Care Committee.
- 2.12 **CES:** There has been a reduction in the overall CES forecast underspend in periods 9 and 10 due across a number of services which report to the Communities Committee, resulting in a net CES forecast underspend of £0.6m.
- 2.13 **Finance General:** Forecast underspend £12.1m. The finance general underspend includes the flexible use of £2m capital receipts to support transformation costs subject to the successful completion of the sale of land and property to Hethel Innovation Ltd within the current financial year, and maximum use of the Business Risk Reserve. During the period the forecast underspend has increased by £1.1m due to an adjustment to likely interest payable costs and lower than anticipated costs of redundancy.
- 2.14 **Savings targets:** The key savings targets required for the delivery of a balanced 2018-19 budget are covered in a separate report to this Policy and Resources Committee.

3 Agreed budget, changes and variations

- 3.1 The 2018-19 budget was agreed by Council on 12 February 2018 and is summarised by service in the Council's Budget Book 2018-22 (page 20) as follows:

Table 2: 2018-19 original and revised net budget by service

Service	Approved net base budget	Revised budget P8	Revised budget P9	Revised budget P10
	£m	£m	£m	£m
Adult Social Services	252.466	252.746	252.746	253.283
Children's Services	185.948	185.948	185.948	187.653
Community and Environmental Services	155.267	155.208	155.208	160.600
Strategy and Governance	8.449	8.484	8.484	8.484
Finance and Commercial Services	24.383	24.127	24.128	25.390
Finance General	-237.714	-237.714	-237.715	-246.611
Total	388.799	388.799	388.799	388.799

Note: this table may contain rounding differences.

- 3.2 During period 9 there were only minor reallocation of budgets between departments.
- 3.3 In period 10 there have been large capital accounting adjustments for depreciation and asset revaluation. These have been against non-controllable budgets and do not affect service department's ability to spend.
- 3.4 Overall, the Council's net budget for 2018-19 remains unchanged:

4 General balances and reserves

General balances

- 4.1 On 12 February 2018 Council agreed the recommendation from the Executive Director of Finance and Commercial Services for a minimum level of General Balances of £19.301m through 2018-19. The balance at 1 April 2018 was £19.536m. The forecast for 31 March 2019 is unchanged at £19.536m, before any over or underspends.

Reserves 2018-19 – opening balances

- 4.2 The use of reserves anticipated at the time of budget setting was based on reserves balances anticipated in January 2018. Actual balances at the end of March 2018 were higher than planned, mainly as a result of grants being carried forward, and reserves use being deferred.
- 4.3 The 2018-19 budget was approved on the basis of a forecast reduction in earmarked reserves (including schools) from £73.3m to £63.8m during 2018-19, a net use of £9.4m. The following table sets out the latest forecast balances for each service.

Table 3: Reserves budgets and forecast reserves and provisions

Reserves and provisions by service	Budget book forecast balances 1 April 2018	Actual balances 1 April 2018	Increase in opening balances after budget setting	Budget book forecast March 2019	Latest P10 forecast March 2019
	£m	£m	£m		£m
Adult Social Services	17.316	33.675	16.359	10.906	31.575
Children's Services (inc schools, excl LMS)	5.133	7.955	2.822	4.241	6.461
Community and Environmental Services	31.943	36.504	4.561	29.566	33.828
Strategy and Governance	2.021	2.517	0.496	1.993	1.509
Finance & Commercial Services	2.266	3.353	1.087	1.841	2.129
Finance General	14.592	16.532	1.940	15.288	14.245
Reserves and provisions	73.271	100.536	27.265	63.835	89.747

- 4.4 Forecast reserves at 31 March 2019 are over £25m in excess of budget book assumptions, due primarily to the increases in reserves brought forward after budget setting including a significant element of Improved Better Care Fund grant brought forward to fund committed projects. The forecast in Finance General reserves assumes full use of the general business risk reserve to support Children's Services budget pressures.

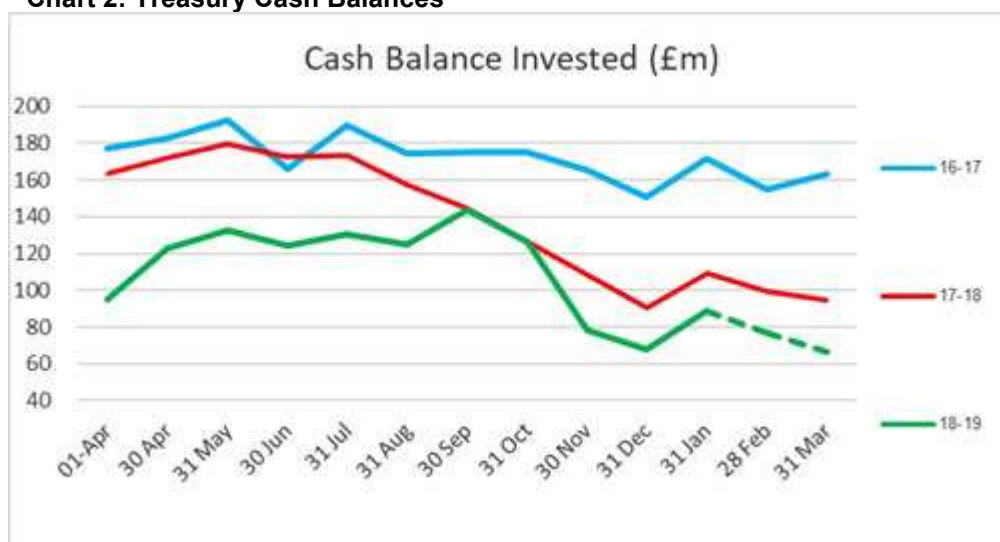
4.5 Provisions included in the table above

The table above include provisions of £30m comprising £11.0m insurance provision, £12.3m landfill provision (not cash backed), £6.5m provision for bad debts, and a small number of payroll related provisions.

5 Treasury management summary

- 5.1 The corporate treasury management function ensures the efficient management of all the authority's cash balances.
- 5.2 The graph below shows the level of cash balances over the last three years, and includes a forecast dashed green line to March 2019 based on projected cash receipts and expenditure at 31 January 2019.

Chart 2: Treasury Cash Balances

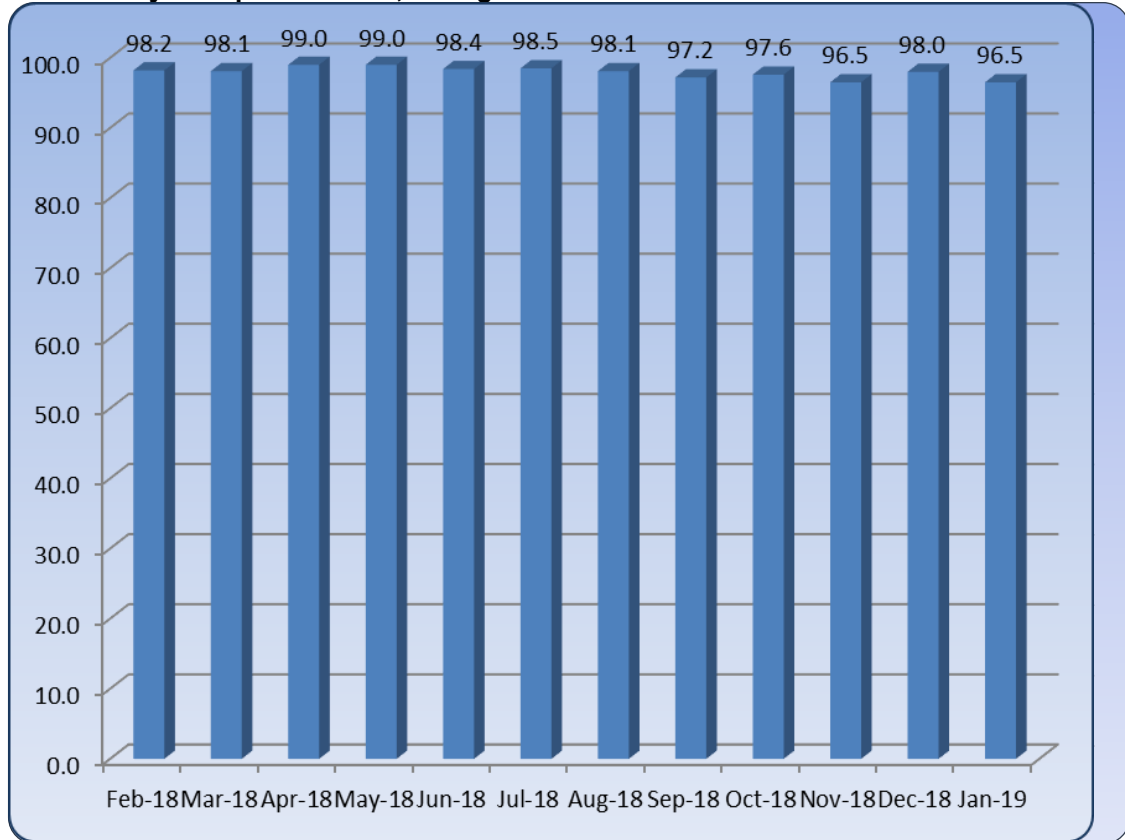


- 5.3 The balances shown above include £40m PWLB (Public Works Loan Board) debt taken at the end of March 2017 (blue line) and £20 towards the end of 2017-18 (red line). Borrowing of £60m was undertaken in the first 10 months of 2018-19 which is reflected in the graph. The projections reflect the annual pattern of known income streams.
- 5.4 The impact of the Pension Fund pre-payment approved at the September 2018 meeting of this Committee is reflected in the reduced November balance.
- 5.5 Given the reducing levels of projected cash balances and the current historically low interest rates, the Executive Director of Finance and Commercial Services is actively considered borrowing options. An additional £10m tranche of PWLB borrowing has been taken in February 2019 and a further tranche of £10m is assumed in the forecast.
- 5.6 New borrowing will be applied to the funding of previous capital expenditure, effectively replacing cash balances which have been used on a temporary basis to avoid the cost of 'carrying' debt in the short term. The Council continues to use cash balances for this purpose and will continue to balance the long-term advantages of locking into favourable interest rates against the costs of additional debt.

6 Payment performance

6.1 This chart shows the percentage of invoices that were paid by the authority within 30 days of such invoices being received. Some 420,000 invoices are paid annually. Over 96% were paid on time in December and January. The percentage has not dropped below 96% in the last 12 months.

Chart 3: Payment performance, rolling 12 months



*Note: The figures include an allowance for disputes/exclusions.

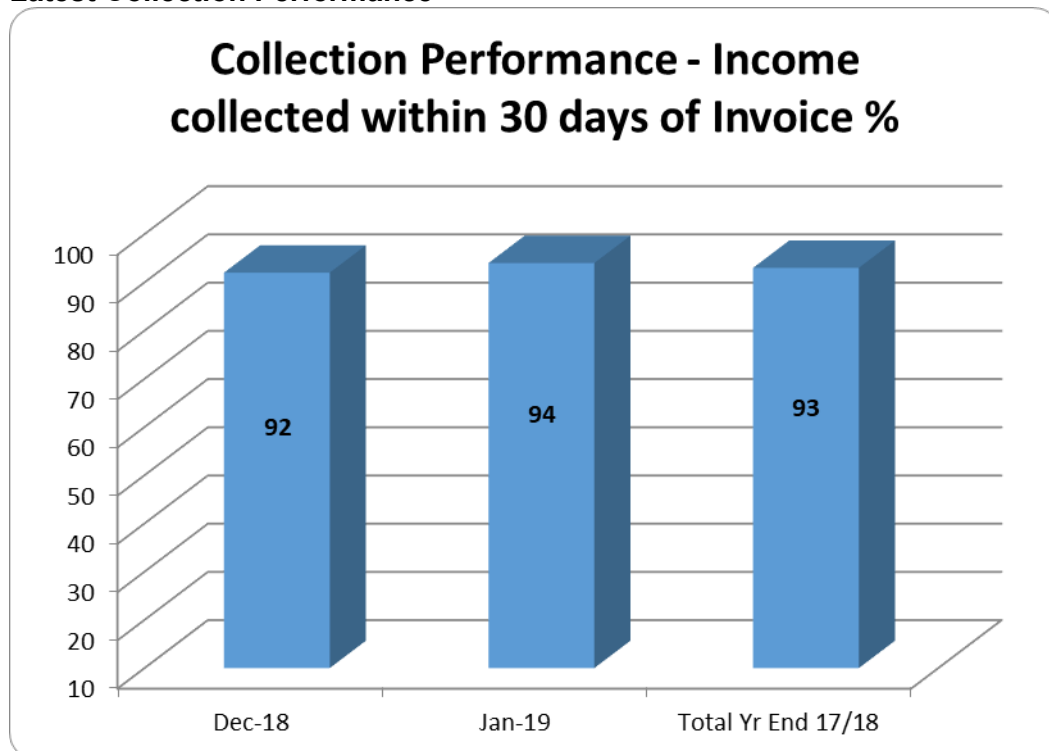
7 Debt recovery

7.1 **Introduction:** Each year the County Council raises over 150,000 invoices for statutory and non-statutory services totalling over £960m. In 2017-18 93% of all invoiced income was collected within 30 days of issuing an invoice, and 97% was collected within 180 days.

Debt collection performance measures

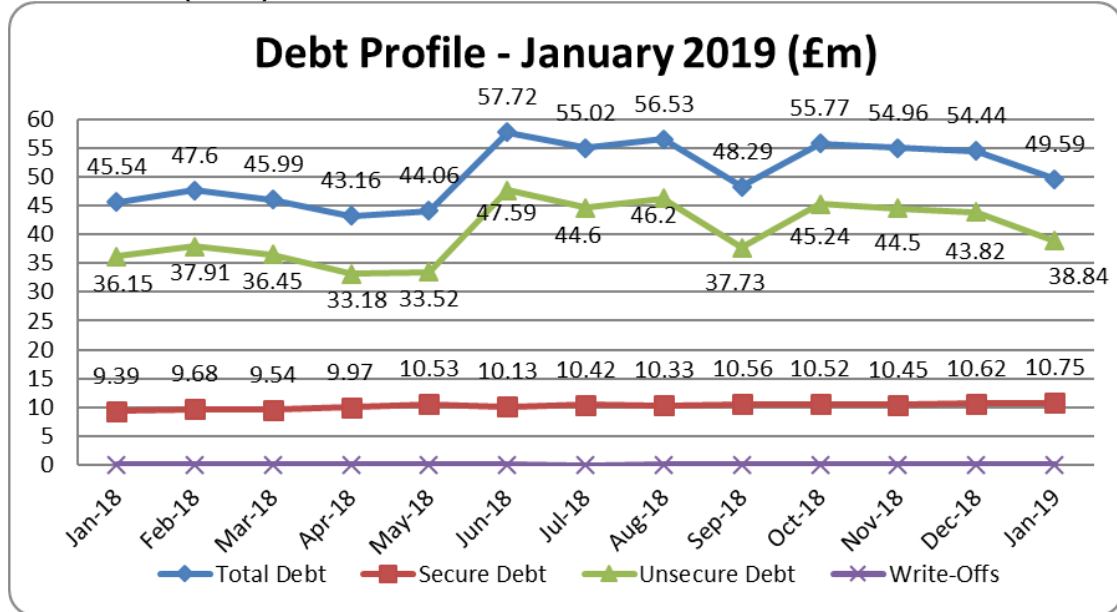
7.2 The proportion of invoiced income collected within 30 days for invoices raised in the previous month – measured by value – was 95% in November 2018.

Latest Collection Performance



7.3 The value of outstanding debt is continuously monitored, and recovery procedures are in place to ensure that action is taken to recover all money due to Norfolk County Council. The level of debt is shown in the following graph:

Debt Profile (Total)



The largest area of unsecure debt relates to charges for social care. Of the £38.8m unsecure debt at the end of January, £8.3m is under 30 days and £16.0m is debt with the CCG's, the majority of which is for shared care, Better Care Pooled Fund, continuing care and free nursing care.

Secured debts amount to £10.7m at the end of January 2019. Within this total £3.2m relates to estate finalisation where the client has died, and the estate is in the hands of the executors.

- 7.4 **Debt write-offs:** In accordance with Financial Regulation and Financial Procedures, the Policy & Resources Committee is required to approve the write-off of debts over £10,000. The Executive Director of Finance and Commercial Services approves the write off of all debts up to £10,000.
- 7.5 Before writing off any debt all appropriate credit control procedures are followed. Where economically practical the County Council's legal position is protected by court proceedings being issued and judgment being entered. For a variety of reasons, such as being unable to locate the debtor, it is sometimes not appropriate to commence legal action.
- 7.6 Service departments are responsible for funding their debt write offs. Once the debt is written off the amount of the write off is reflected a) in the service department's budget through the reversal of the income or b) where a service has set up a bad debt provision, use of that provision.
- 7.7 For the period 1 April 2018 to 31 January 2019, 313 debts less than £10,000 were approved to be written off following approval from the Executive Director of Finance and Commercial Services. These debts totalled £211,508.27. Since the 2017-18 outturn report, no debts over £10,000 have been written off.

Revenue Annex 1

Forecast revenue outturn

Projected revenue outturn by service

Table A1a: projected revenue over and (under) spends by service

Service	Revised Budget	Net total over / (under) spend	Over / (under) spend as %	Forecast net spend
	£m	£m		
Adult Social Services	253.283	0	0.0%	253.283
Children's Services	187.653	12.786	6.8%	200.439
Community and Environmental Services	160.600	-0.581	-0.4%	160.019
Strategy and Governance	8.484	-0.012	-0.1%	8.472
Finance and Commercial Services	25.390	-0.058	-0.2%	25.332
Finance General	-246.611	-12.156	4.9%	-258.767
Forecast outturn this period	388.799	-0.021	0.0%	388.778
Totals previous report	388.799	-0.035	0.0%	388.765

Reconciliation between current and previously reported underspend

Table A1b: monthly reconciliation of over / (under) spends

	£m
Forecast overspend brought forward	-0.035
Movements December 2018 & January 2019	
Adult Social Services	-
Children's Services	1.446
Community and Environmental Services	-0.246
Strategy and Governance	0.027
Finance and Commercial Services	0.031
Finance General	-1.244
Forecast over/(under) spend P10	-0.021

Corporate resources spend as a proportion of "front line" net expenditure

Table A1c: Corporate resources spend as a proportion of front line spend

Service	Budget £m	Forecast £m
Total "front line" services	601.536	613.741
Total corporate resources	33.874	33.804
Corporate resources as %age	5.6%	5.5%
Corporate resources as ratio	1/18	1/18

Revenue Annex 1 continued

The net underspend is a result of a range of underlying forecast over and underspends which are listed below.

Revenue budget outturn by service – detail

	Projected over spend	Projected under spend	Changes this period
	£m	£m	£m
Adult Social Services			
Business Development		-0.150	0.139
Commissioned Services	0.544		-0.406
Early Help & Prevention		-0.124	-0.507
Services to Users (net)	1.326		-0.229
Management, Finance & HR		-1.596	1.003
Forecast over / (under) spend	1.870	-1.870	0
	0		
Children's Services	Projected over spend	Projected under spend	Changes this period
	£m	£m	£m
Social Work	10.973		1.552
Early Help & Prevention		-0.707	-0.537
Performance & Challenge	0.361		0.024
Education	4.662		0.522
Resources (including capital charges)	0.041		-0.015
Use of reserves and balances		-0.544	-0.100
Schools capital funded by borrowing		-2.000	-
Dedicated schools grant			
High Needs Block	9.215		0.432
Schools Block		-0.664	-0.062
Early Years Block		-2.574	0.093
Net deficit to be carried forward		-5.977	-0.463
Forecast over / (under) spend	25.252	-12.466	1.446
	12.786		

Community and Environmental Services	Projected over spend	Projected under spend	Changes this period
	£m	£m	£m
Communities Committee			
Community, Information and Learning		-0.032	-0.032
Culture and Heritage		-0.001	-0.068
Director of Public Health		-0.078	-0.032
Fire Service	0.490		-0.106
EDT Committee			
Business Support and development		-0.130	

Residual Waste		-0.400	
Recycling and Closed landfill sites		-0.320	
Business and Property Committee			
Client Property Management – see Finance & CS			-0.006
Economic Development		-0.110	-0.002
Forecast over / (under) spend	0.490	-1.071	-0.246
		-0.581	

Strategy, Finance and Finance General	Projected over spend	Projected under spend	Changes this period
	£m	£m	£m
Strategy and Governance			
Intelligence & Analytics		-0.005	0.009
Communications	0.048		-0.029
Human Resources		-	0.001
Democratic Services	0.041		0.041
MDs office		-0.096	0.005
Forecast over / (under) spend	0.089	-0.101	0.027
		-0.012	
Finance and Commercial Services			
Client Property Management (B&P Committee)		-0.016	-0.022
Procurement		-0.064	-0.005
IMT		-	0.056
Print & Phone Recharges	0.022		0.002
Forecast over / (under) spend	0.022	-0.080	0.031
		-0.058	
Finance General (see Revenue Annex 2 for further details)			
Section 31 Business rates cap compensation		-0.433	
Section 31 Business grant reconciling payments		-1.216	
Additional Local Services Support Grant - free travel		-0.162	
Satellite offices cost of lease surrender	0.536		
Member's allowances		-0.031	
Audit fees		-0.033	0.008
ESPO dividend		-0.150	-0.150
Land drainage levy		-0.016	
Interest on balances		-0.694	-0.502
Capitalisation of costs currently in revenue budgets		-1.500	
Capital receipts	0.200		0.200
Use of capital receipts to support transformation costs		-2.000	
Savings relating to pension fund pre-payment		-0.400	
Lower than anticipated costs of redundancy / use of organisational review reserves		-1.800	-0.800
Use of Business Risk Reserve		-4.457	
Forecast over / (under) spend	0.736	-12.892	-1.244
		-12.156	

Revenue Annex 2: Policy and Resources budget summary

1 Introduction

The Policy and Resources Committee is responsible for the oversight of the budgets listed in the table below, which also summarises the latest forecast outturn position.

2018 / 19	Current Budget	Forecast	Over / (Under) spend
	£m	£m	£m
Strategy and Governance			
Intelligence & Analytics	0.819	0.814	-0.005
Communications	0.785	0.833	0.048
Strategy & Delivery Unit	0.595	0.595	0.000
Norfolk Futures	0.500	0.500	0.000
Human Resources	3.312	3.312	0.000
Democratic Services	2.772	2.813	0.041
Elections	0.338	0.338	0.000
Nplaw	-0.656	-0.656	0.000
MD's Office	0.336	0.240	-0.096
Shared Services Contribution	-0.356	-0.356	0.000
Print Service Recharges	0.037	0.037	0.000
	8.482	8.470	-0.012
Finance and Commercial Services (note 1)			
Finance	6.100	6.100	-
Procurement	1.142	1.078	-0.064
Print and phone recharges	0.052	0.074	0.022
	7.294	7.252	-0.042
Finance General			
As listed in Revenue Annex 1			-12.156
Total P&R Committee			-12.210

Note 1: this table excludes Corporate Property budgets (Business and Property Committee) and IMT budgets (Digital Innovation and Efficiency committee)

Note 2: this table may contain rounding differences.

2 Finance General over and underspends

Explanations for the Finance General forecasts are as follows:

Section 31 Business rates cap compensation (forecast underspend £0.433m)

This forecast underspend relates to additional 2018-19 business rates compensation grant income associated with measures announced at Autumn and Budget Statements.

Section 31 Business grant reconciling payments following close of 2017-18 accounts (forecast underspend £1.216m)

This forecast underspend relates to a reconciling payment for 2017-18 business rates compensation grant income. The amount has been confirmed following the audit of NNDR3 business rates returns submitted in 2018-19.

Additional Local Services Support Grant - free travel (forecast underspend £0.162m)

This forecast underspend relates to additional unringfenced Local Services Support Grant relating to extended rights to free home to school transport.

Satellite offices costs of lease surrender (forecast overspend £0.536m)

A property strategy with the aim of reducing the number of Council offices and therefore running costs will result in staff being moved into County Hall.

Member's allowances (forecast underspend £0.031m)

Early estimate of underspend in member's allowances budget based on expenditure to date.

Audit fees (forecast underspend £0.033m)

Confirmation of reduction in external audit fees following Public Sector Audit Appointments Ltd (PSAA) appointment of Ernst Young as Norfolk County Council's external auditor.

ESPO dividend (forecast underspend £0.150m)

NCC's share of Eastern Shires Purchasing Organisation surplus confirmed.

Land drainage levy (forecast underspend £0.016m)

Environment Agency precept greater than expected.

Interest on balances (forecast underspend £0.694m)

The 2018-19 interest payable/receivable budget was prepared on the basis of a number of assumptions including cash flows, interest rates and the extent of actual borrowing. The cost and timing of borrowing has resulted in a forecast underspend.

Capitalisation of costs currently in revenue budgets (forecast underspend £1.500m)

During work being done in preparation for the 2019-20 capital programme, an opportunity to capitalise an additional £1.5m of work related to highways previously funded from revenue budgets.

Capital receipts (forecast overspend £0.200m)

The Council's budget assumes sufficient capital receipts available to repay PWLB debt. The exact timing of capital receipts is hard to predict even for agreed sales, and there is a risk that not all will be completed during the financial year.

Use of capital receipts to support transformation costs (forecast underspend £2.000m)

On 25 September 2017 Policy and Resources Committee considered a report entitled Demand Management & Prevention Strategy: Children's Services. This resulted in the allocation of a one-off investment of £12-£15m into children's services over the four years 2018-22. It is proposed that subject to the achievement of property sales in 2018-19, £2m of capital receipts will be allocated to fund transformation through the "flexible use of capital receipts" in accordance with the policy approved by County Council on 12 February 2018.

Savings relating to pension fund pre-payment (forecast underspend £0.400m)

At the September meeting of this Committee, members agreed that the Council could make a pre-payment of contributions to the Norfolk Pension Fund, which is forecast to generate savings of approximately £1.2m over 18 months.

Lower than anticipated costs of redundancy (forecast underspend £1.800m)

Based on the latest projections, officer forecasts for 2018-19 suggest that spend on redundancy costs will be lower than anticipated at the time of budget setting.

Forecast use of Business Risk Reserve (forecast underspend £4.457m)

A general business risk reserve was created in 2017-18 to provide flexibility with managing service budget risks and to mitigate the level of savings to be found in future years. The reserve stands at £4.457m. Due to the pressures on Children's Services budgets full use of this reserve is anticipated in 2018-19.

Norfolk County Council

Appendix 2: 2018-19 Capital Finance Monitoring Report

Report by the Executive Director of Finance and Commercial Services

1 Capital Programme 2018-19

- 1.1 On 20 February 2018, the County Council agreed a 2018-19 capital programme of £238.098m with a further £190.812m allocated to future years', giving a total of £428.910m.
- 1.2 Additional re-profiling from 2017-18 resulted in an overall capital programme at 1 April 2018 of £309m plus £164m of new grant funded highways schemes. Further in-year adjustments have resulted in the latest capital programme shown below:

Table 1: Capital Programme budget

	2018-19 budget	Future years
	£m	£m
New schemes approved February 2018, funded from borrowing	114.976	122.411
Previously approved schemes brought forward	123.122	68.401
Totals in 2018-22 Budget Book (total £428.910m)	238.098	190.812
Deduct new externally funded highways schemes (see 1.2 above)	-79.118	-85.329
Schemes re-profiled after budget setting	31.884	4.086
Other Adjustments, including additional grants	8.360	
Capital Programme Outturn excl new highways (£308.794m)	199.224	109.569
Statutory accounting adjustment	-1.496	
Highways grant funded schemes, assumed to be added to programme as grant funding confirmed £164.447m	79.118	85.329
Revised opening capital programme (total £471.744)	276.846	194.898
Re-profiling since start of year	-90.596	90.596
Other movements – including addition of highways schemes	43.809	20.399
Capital programme budgets before newly approved schemes	230.059	305.893
New schemes approved County Council 11 February 2019		254.488
Capital programme budgets including newly approved schemes (total £790.440)	230.059	560.381

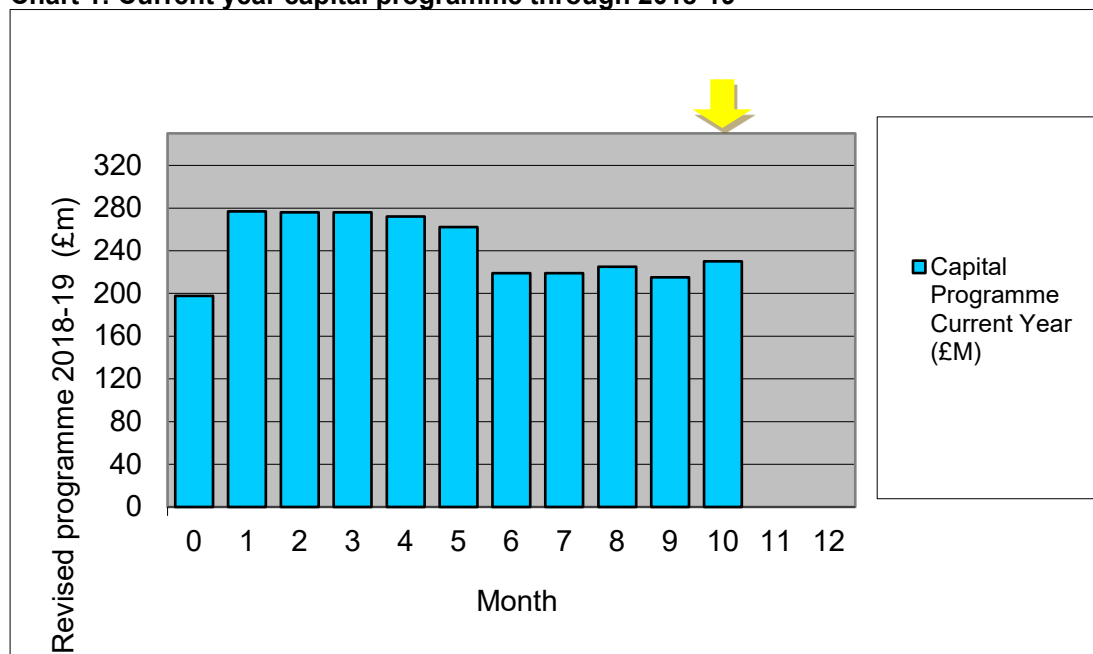
Note: this table and the tables below contain rounding differences

The “future years” column above includes new schemes approved as part of the 2019-22 capital strategy and programme.

Changes to the Capital Programme

- 1.3 The following chart shows changes to the 2018-19 capital programme through the year.

Chart 1: Current year capital programme through 2018-19



- 1.4 Month "0" shows the 2017-18 outturn future capital programme excluding new grant funded highways schemes, which are added in month 1. The arrow shows the latest position showing the net effect of re-profiling of spend between years, and additional current year funding.
- 1.5 The current year's capital budget for each service is set out in the table below:

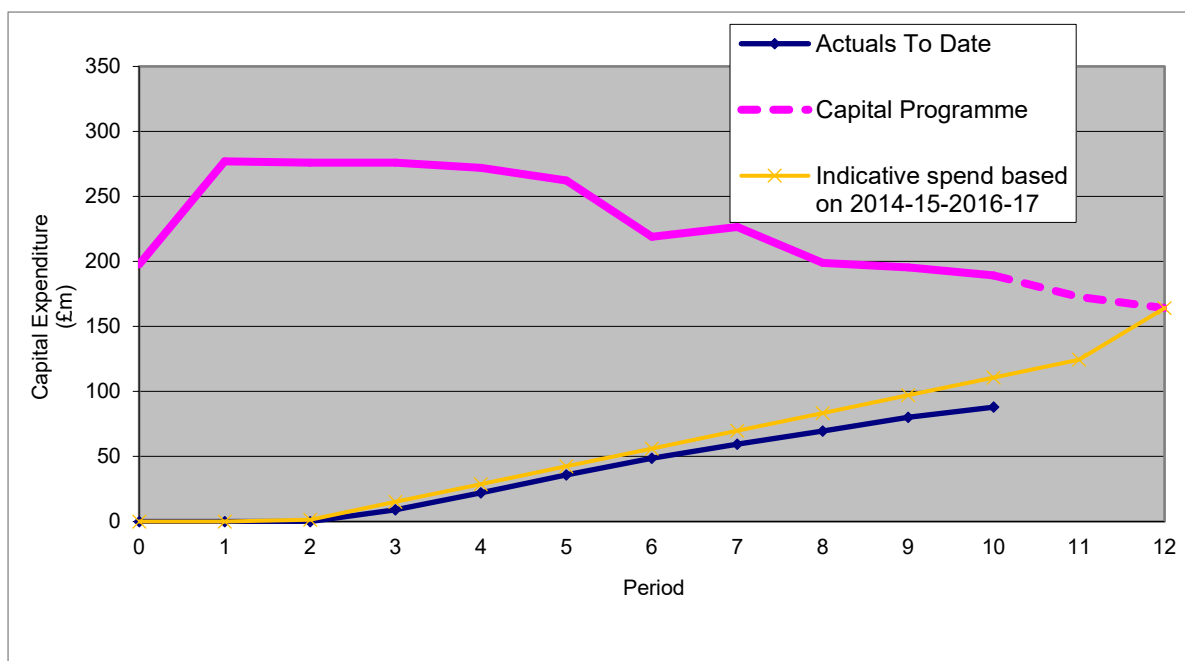
Table 2: Service capital budgets and movements 2018-19

Service	Revised opening programme £m	Previously reported programme £m	Reprofiling since last report £m	Other Changes since last report £m	2018-19 Current Capital Budget £m
Children's Services	87.764	51.846	-0.655	0.472	51.664
Adult Social Care	13.196	16.026	-0.607	0.017	15.436
Community & Environmental Services	120.175	111.227	-7.653	12.530	116.103
Strategy and Governance					
Finance & Comm Servs	55.710	45.974	0.101	0.780	46.856
Total	276.845	225.074	-8.814	13.799	230.059
				4.985	

Note 1: this table may contain rounding differences

1.6 The trends within the current year's capital programme can be shown as follows.

Chart 1: capital programme indicative trends and progress



1.7 The chart shows actual expenditure (blue line) exceeded year end accruals at the start of period 2, with spend averaging approximately £10m per month since then. The pink and yellow lines show the projected budget movements and spend respectively. The current year's budget is expected to decrease as projects are re-profiled into future years towards the financial year end.

1.8 The revised programme for future years (2019-20 to 2021-22) is as follows:

Table 3: Capital programme 2019-22

Service	Outturn future capital programme £m	Previously reported future programme £m	Reprofilng since last report £m	Other Changes since last report £m	Newly approved schemes (County Council Feb 2019) £m	2018+ Future Capital Budget £m
Children's Services	45.424	101.521	0.655	1.902	115.730	219.808
Adult Social Care	7.284	15.008	0.607	0.000	29.000	44.615
Community & Environmental Services	37.213	145.366	7.653	1.071	68.971	223.062
Finance & Comm Servs	19.648	32.210	-0.101	0.000	40.787	72.895
Total	109.569	294.106	8.814	2.973	254.488	560.380
				11.787		

Note: this table may contain rounding differences

Financing the capital programme

1.9 Funding for the capital programme comes primarily from grants and contributions provided by central government. These are augmented by capital receipts, developer contributions, prudential borrowing, and contributions from revenue budgets and reserves.

1.10 The table below identifies the funding of the capital programme:

Table 4: Financing of the capital programme

Funding stream	2018-19 Programme	Future Years Forecast
	£m	£m
Prudential Borrowing	103.793	355.487
Use of Capital Receipts		
Revenue & Reserves	4.097	0.015
<i>Grants and Contributions:</i>		
DfE	27.654	78.910
DfT	55.858	87.029
DoH	8.174	4.124
DCLG	0.063	0.296
DCMS	0.699	3.580
Developer Contributions	19.008	14.882
Other Local Authorities	3.545	3.580
Local Enterprise Partnership	3.842	
Community Infrastructure Levy	0.599	1.921
National Lottery	0.075	9.921
Other	2.653	0.634
Total capital programme	230.059	560.379

Note: this table may contain rounding differences

1.11 Significant funding from capital receipts is anticipated over the life of the programme, which as and when realised will be used either to re-pay debt as it falls due, or to reduce the call on future prudential borrowing. For the purposes of the table above, it is assumed that all capital receipts will be applied directly to the re-payment of debt. Only capital receipts in excess of this will then be used to reduce the Council's future borrowing requirement.

1.12 The most significant sources of funding continue to be the major government capital grants for transport and schools, and the authority's prudential borrowing.

1.13 Developer contributions are funding held in relation to planning applications. Section 106 (Town and Country Planning Act 1990) contributions are held in relation to specific projects: primarily schools, with smaller amounts for libraries and highways. The majority of highways developer contributions are a result of section 278 agreements (Highways Act 1980).

2 Capital Receipts

- 2.1 The Council's property portfolio has latent value and the estate needs to be challenged rigorously to ensure assets are only held where necessary so that capital release or liability reduction is maximised. This in turn will reduce revenue costs of the operational property portfolio.
- 2.2 The capital programme, approved in February 2018, demonstrated how asset sales can be a) used to reduce the borrowing requirement of the Council's capital programme in that year, (b) held to offset against future capital borrowing requirements or (c) used to repay existing borrowing. It included a table of potential property sales

Table 6a: Capital programme property disposal schedule estimates £m

Property sales potential	2018-19	2019-20	2020-21
	£m	£m	£m
General	3.517	0.017	0.740
Farms	0.946	1.885	1.460
Major development sites	3.650	3.600	
	8.113	5.502	2.200

Following recent re-valuations after the original estimates were prepared, the forecast receipt from the major development sites has increased. However the first sales are not expected to be realised until 2019-20 and are no longer included in the forecast current year receipts.

- 2.3 The revised schedule for current year disposals is broken down by chance/stage of sale within the year, as follows:

Table 6b: Disposals expected within year £m

	Potential receipt £m
Receipts secured	2.485
Sold subject to contract – receipts expected 2018-19	0.031
Anticipated receipts 2018-19	2.516
Sold subject to contract – net receipts expected 2019-20	1.254
Maximum potential receipts 2018-19	3.770

In addition to the anticipated receipts from the disposal of property above, an additional receipt is anticipated from the sale of part of the Hethel Engineering Centre site to Hethel Innovation Limited.

3 Additions to the capital programme – to be approved

3.1 Changing places facilities within multifunction centres

The Local Service Strategy is an agreed corporate priority within the Norfolk Futures strategy, with the creation of multifunction centres being an agreed focus area of the local service strategy.

This bid will if approved, result in the creation of Changing Places rooms within seven multifunction centres around the County, with the first site planned to open in Attleborough in May 2019. Works will include adaptations within council properties to create accessible areas including, for example, fully accessible toilet facilities.

The works will support adults with learning or physical disabilities or medical needs to engage with services within their community by mitigating barriers to accessing services within a locality.

Over 2019-20 and 2020-21 seven sites will be developed with an estimated average cost of £0.033m per site, resulting in a total capital bid over two years of £0.231m.

Capital Annex 1 - changes to capital programme since last P&R Committee

Changes to capital programme since last P&R report			18-19	18-19	19-20+	19-20+	
Service	Project	Funding Type	Change (£m)	REPROFILE	Change (£m)	REPROFILE	Reason
Adult Social Care	ICES Equipment budget	NCC Borrowing		-0.125		0.125	Reprofiled to account for current forecast
	Winterborne Project	DoH - Funding		-0.050		0.050	Reprofiled to account for current forecast
	IT Equipment	DoH - Funding		0.007		-0.007	Grant moved to cover in year expenditure
	Social Care Information Centre	NCC Borrowing		-0.439		0.439	Reprofiled to account for current forecast
	Social Care Information Centre	Revenue and reserves	0.017				
Total Adult Social Care			0.017	-0.607	0.000	0.607	
Children's Services							
	Developer contributions	S106	0.564	0.512	-	0.512	£0.564m S106 received -£0.512 reprofiled back to 18/19 for allocation in year
	EFA - SEN funding	DfE Grant			1.902	-	Additional Grant received
	ICT - Refresh	External Funding	- 0.122			-	Refresh Refunds for EC5400 which has completed
	ECAPAA - School based project	Revenue and Reserves	0.184			-	Revenue contributions from Schools
	ECAPAA - School based project	External Funding	- 0.090			-	Refunds to schools on Academy conversions
	ECAPFM - Devolved Formula Capital	Dfe Grant	- 0.039			-	Refunds to schools on Academy conversions
	ECAPDV	Revenue and Reserves	- 0.025			-	Refunds to schools on Academy conversions
	Smithdon High Reception/Roofing	Various		- 0.482		0.482	Reprofiled as waiting for permissions from Kings Lynn Borough Council
	Healthy Pupils Grant	DfE Grant		- 0.430		0.430	Reprofiled for allocation to schools in new year
	Whittingham Outdoor Centre	NCC Borrowing		- 0.150		0.150	Project should complete in 19/20
	Poringland Ph 3	DfE Grant		- 0.025		0.025	Project not started yet
	EY Norwich - Opportunity Area	Revenue and Reserves		- 0.015		0.015	Outstanding orders that won't be received until next financial year
	Drayton Mobile Replacement	DfE Grant		- 0.025		0.025	Works to be carried out in Summer 19
	Temp classroom movements	DfE Grant		- 0.040		0.040	Pot for urgent works wont be needed until next financial year
Total Children's services			0.472	-0.655	1.902	0.655	
Libraries	Gaywood Improvements	NCC Borrowing		-0.041		0.041	
	Various small adjustments	External		- 0.003		0.003	
	Various small adjustments	S106 Funding	0.000	- 0.017		0.017	
Museums	WREN improvement works	External	0.210				New project
	Castle Keep Delivery Phase	NCC Borrowing		-1.950		1.950	
	Castle Keep Delivery Phase	External		-0.650	1.071	0.650	
Ec Development	Great Yarmouth Energy park	NCC Borrowing		-2.750		2.750	Reprofiled to current expenditure forecast
	Gypsy, Roma & Travellers	External	0.002				Funding for Swaffham Splashes
Fire	Various projects	NCC Borrowing		-1.866		1.866	Reprofiled to current expenditure forecast
		External		-0.377		0.377	Reprofiled to current expenditure forecast
	Misc	NCC Borrowing	0.416				Prior year funding adj to account for over accrual in 17/18
	Additional Capitalisation	NCC Borrowing	1.500				Additional capitalisation as agreed in pd 6 P&R
	Unallocated funding	DfT Block	14.977				In year budget adjustments as per forecast
	Misc projects	DfT Other	1.856				In year budget adjustments as per forecast
	Misc projects	LEP Funding	-9.100				In year budget adjustments as per forecast
	Misc projects	Revenue/Reserves	1.113				In year budget adjustments as per forecast
	Misc projects	Internal	1.557				In year budget adjustments as per forecast
Total CES			12.530	-7.653	1.071	7.653	

County Farms							
Finance - ICT	NCLS ICT Transformation Project	NCC Borrowing	0.420				NCC Borrowing agreed at Jan 2019 P&R
	Schools Refresh	NCC Borrowing	0.360				
County Farms	Hindringham Building Conversion	NCC Borrowing		0.101	-	0.101	Funding moved to cover expenditure in year
Finance	Capital Loans Facility	NCC Borrowing	5.000				Consolidation of loan facilities to subsidiaries
Finance	Norse Energy Loan	NCC Borrowing	-5.000				in line with approved capital programme.
Total Finance			0.780	0.101	0.000	-0.101	
Total			13.799	-8.814	2.973	8.814	

Policy and Resources Committee

Item No 8

Report title:	Delivering Financial Savings 2018-19
Date of meeting:	25 March 2019
Responsible Chief Officer:	Simon George – Executive Director of Finance and Commercial Services
Strategic impact	
This report provides details of the forecast year-end position in respect of the delivery of the 2018-19 savings agreed by the County Council at its budget meeting 12 February 2018.	

Executive summary

County Council agreed savings of £29.999m for the year as part of the 2018-19 budget setting process. This report provides Members with details of the forecast outturn position in delivering these savings.

The report particularly comments on the exceptions to successful delivery which have been rated RED or AMBER.

Members are recommended to consider:

- a) requesting officers continue to take action to ensure that savings are delivered and that shortfalls in savings are met through alternative savings or underspends.
- b) the total projected shortfall of £4.435m in 2018-19, which amounts to 15% of total savings;
- c) the budgeted value of 2018-19 savings projects rated as RED of £0.642m which are all forecast not to be delivered;
- d) the budgeted value of 2018-19 savings projects rated as AMBER of £14.645m, of which £10.051m are forecast to be delivered;
- e) the budgeted value of GREEN and BLUE rated projects of £14.712m, where £15.513m of savings are forecast to be delivered.
- f) the forecast changes to assumptions and rescheduling of savings totalling £5.900m in 2019-20, £1.550m in 2020-21 and £2.500m in 2021-22, which have been reflected in budget planning.

1. Savings overview

1.1. The County Council, as part of setting its budget for 2018-19, agreed net savings of £29.999m. A summary of the total savings, including the savings identified for subsequent years of the Medium Term Financial Strategy agreed

as part of the 2018-19 budget process, is provided in this report. Full details of savings can be found in the [2018-19 Budget Book](#).¹

2. RAG ratings

2.1. The definition of RAG rating levels used during the year is set out in the table below.

Table 1: RAG ratings

Level	Descriptor
Red	Significant concern that the saving may not be delivered, or there may be a large variance in the saving (50% and above).
Amber	Some concern that the saving may not be delivered or there may be a variance in the saving (up to 50%).
Green	Confident that the saving will be delivered (100% forecast).
Blue	Saving already delivered and reversal of previous year savings.

2.2. The information in this report is informed by monitoring reports to Service Committees. The decision to rate a project as RED is based on the criteria shown above, which ensures that a common standard across all Service Committees is maintained in the monitoring for Policy and Resources.

2.3. As at Period 10 monitoring, the RAG status and forecast savings delivery is anticipated as shown in the table. This is a significant improvement of £1.024m from the Period 8 position in the previous report to this Committee, reflecting increased savings delivery forecast in Adult Social Care.

Table 2: 2018-19 savings by RAG status

RAG Status	Budgeted value of savings 2018-19	Percentage of total savings value	Previous forecast savings 2018-19 (Period 8)	Savings Outturn Forecast 2018-19 (Period 10)	Change in savings position	Savings shortfall 2018-19
	(a)	(b)	(c)	(d)	(c)-(d)	(a)-(d)
	£m	%	£m	£m	£m	£m
Red	-0.642	2%	-0.893	0.000	-0.893	-0.642
Amber	-14.645	49%	-8.715	-10.051	1.336	-4.594
Green / Blue	-14.712	49%	-14.932	-15.513	0.581	0.801
Total	-29.999	100%	-24.540	-25.564	1.024	-4.435

¹ <https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/budget-and-council-tax/budget-book-2018-22.pdf?la=en>

2.4. Two savings projects have been rated as RED, representing a budgeted total savings value of £0.642m. These savings are forecast not to be delivered as set out in Table 2. This represents a shortfall of £0.642m (2.1% of total budgeted savings), which relates to RED rated projects.

2.5. Four savings projects have been rated as AMBER, representing a budgeted total savings value of £14.645m. £10.051m of these savings are forecast to be delivered. This represents a shortfall of £4.594m (15.3% of total budgeted savings), which relates to AMBER rated projects.

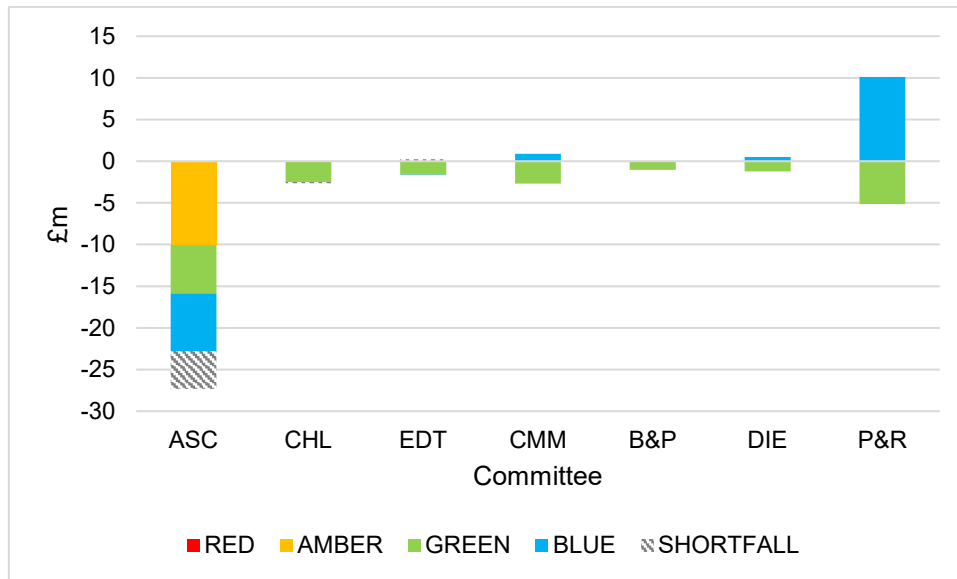
2.6. Three savings rated as GREEN are now forecast to deliver £0.801m more than originally planned in 2018-19.

2.7. This results in a **total shortfall of £4.435m** forecast at year end.

Table 3: Committee analysis of 2018-19 savings forecast and RAG status

RAG status	Adults	Children's Services	EDT	Communities	Business and Property	Digital Innovation and Efficiency	Policy and Resources	Total
	£m	£m	£m	£m	£m	£m	£m	£m
Red	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Amber	-10.051	0.000	0.000	0.000	0.000	0.000	0.000	-10.051
Green / Blue	-12.726	-2.499	-1.660	-1.803	-1.051	-0.726	4.952	-15.513
Total	-22.777	-2.499	-1.660	-1.803	-1.051	-0.726	4.952	-25.564
Savings (shortfall) / over delivery	-4.513	-0.142	0.220	0.000	0.000	0.000	0.000	-4.435
Total	-27.290	-2.641	-1.440	-1.803	-1.051	-0.726	4.952	-29.999

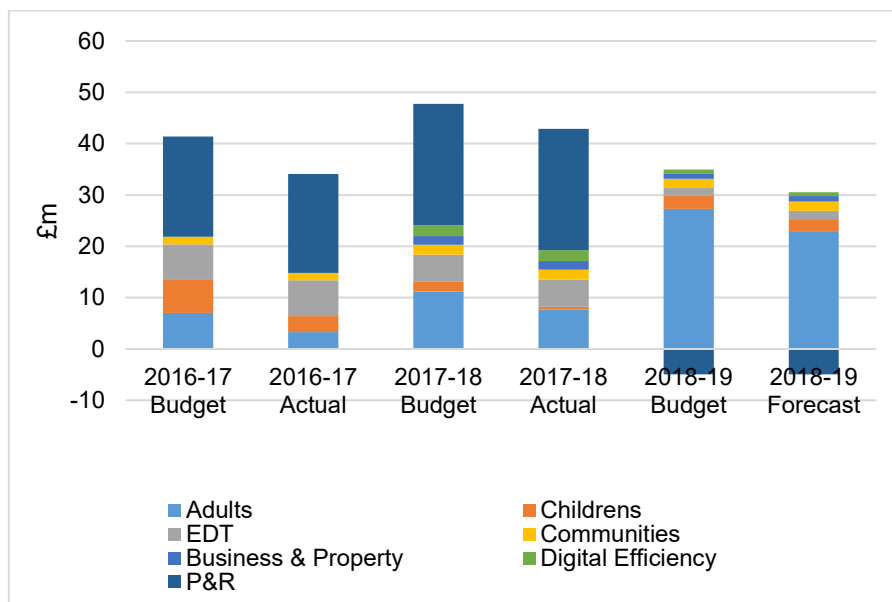
Figure 1: Committee analysis of 2018-19 savings forecast and RAG status



3. Delivery of savings

3.1. The graph below shows the delivery of savings against budget by Committee, with comparative data for 2016-17 and 2017-18.

Figure 2: Savings targets and actual / forecast delivery by Committee



3.2. The 2018-19 budget monitoring report elsewhere on this agenda sets out details of the forecast overall outturn position for the year. Actions have been taken during the year within Service budgets to find offsetting savings to mitigate delay to the achievement of savings described in this report. The non-

delivery of savings in previous years, and a detailed review of the deliverability of planned savings, was taken into account during the preparation of the 2018-19 Budget, with the result that a number of savings were removed or delayed at budget-setting as shown in the 2018-19 Budget report to County Council. There remains a need for both Service Committees and Executive Directors to maintain the focus on the effective delivery of both the previous years' agreed savings and future planned savings in order to minimise risks to the Council's overall financial position and support the delivery of the 2018-19 Budget.

3.3. Wider actions that are being taken within each Committee to deliver savings are reported to Policy and Resources Committee through the year.

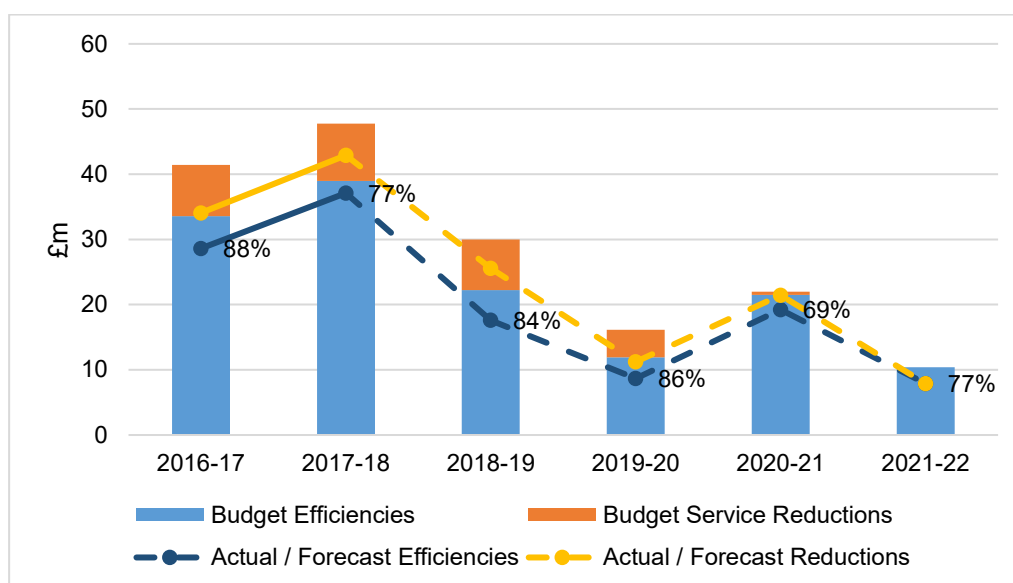
3.4. Planned savings for 2018-19 have been analysed to provide the split between back office savings and those with an impact on front line services as shown in the table below.

Table 4: Forecast delivery of savings by type

	2018-19	2019-20	2020-21	2021-22	2018-22 Total
	£m	£m	£m	£m	£m
Efficiency savings and increasing income	-6.445	0.028	-9.223	-7.900	-23.540
Efficiency savings – providing statutory services differently	-11.133	-8.700	-10.000	0.000	-29.833
Reducing service standards and ceasing services	-7.986	-2.535	-2.200	0.000	-12.721
Forecast savings delivery	-25.564	-11.207	-21.423	-7.900	-66.094
(Shortfall) / over delivery	-4.435	-4.950	-0.550	-2.500	-12.435
Total planned savings	-29.999	-16.157	-21.973	-10.400	-78.529

3.5. The graph shows the share of savings delivered from support services compared to the front line, with comparative information since 2015-16. In 2018-19, 74% of savings are budgeted to be achieved through efficiencies.

Figure 3: Savings – support services compared to front line



4. Commentary on savings rated RED

4.1. Two savings have been rated as RED in respect of 2018-19, representing a savings shortfall of £0.642m within RED rated projects. Commentary on the RED rated savings is provided below.

Adults

- Saving ASC008 Promoting Independence – Housing with Care – shortfall £0.500m: The department has developed a business case and revenue model as part of the work of its newly formed Older People Housing Board. This paper was presented at the October Committee meeting. Through work between internal officers, consultants and external partners, such as the district and borough councils, we will develop new units within Norfolk. This will provide older people in Norfolk a more independent alternative to residential care. The variance in savings delivery is the direct result of the time it takes to develop and build these new units.

Children's

- Saving CHL042 Reduction in legal expenses – shortfall £0.142m: There is a shortfall on this saving due to a significant increase in the number of proceedings that have commenced in this financial year compared to 2017-18 and due to the complexity of the case work. However, the service can report that the aims of this saving have been achieved: the management focus on ensuring that legal resource is not used for elements of case preparation that could have been carried out more efficiently by other teams has been effective, and has resulted in costs

being avoided and prevented a further increase in the saving shortfall if this action had not been taken.

5. Commentary on savings rated AMBER

5.1. Four savings have been rated as AMBER in respect of 2018-19, representing a savings shortfall of £4.594m within AMBER rated projects. Commentary on the AMBER rated savings is provided below.

Adults

- Saving ASC006/ASC011/ASC015 Promoting Independence for Younger Adults – shortfall £2.718m: The department has a structured programme of work to focus on our service offer for people with a Learning Disability (LD), which is held to account by an LD Steering Group and LD Partnership Board. This underpins the work required to implement the LD Strategy. The variance in savings delivery is the direct result of the time it takes to support and promote a person's independence when they have previously been receiving a different type or level of care services. Many of the people who access our services, may well have been in receipt of these services for a significant period. With people who are currently not receiving adult services, but may be supported by Children's or Education services, we are working with our colleagues in Children's Services to develop a new Preparing for Adult Life service.
- Saving ASC006/ASC011/ASC015 Promoting Independence for Older Adults – shortfall £0.566m: The department is reformulating its social work offer, starting with its Community Care teams, by implementing a roll-out of the Living Well: 3 Conversations model of social work. The initial Community Innovation sites have seen promising results in terms of outcomes for people and delaying the need for formal care. The variance in savings delivery is the direct result of the time it takes to fully imbed this model and begin to realise the full benefits of the new ways of working.
- Saving ASC013 Radical review of daycare services – shortfall £1.173m: As part of the LD strategy, the department will have a revised Day Services offer for people with a Learning Disability. The focus will be on community participation, targeted support (with a skills and employment focus) and locality hubs for those with complex needs. Five providers are running twelve month pilots to help reshape the offer. The variance in savings delivery is the direct result of the time it takes to evolve these services and support and enable existing people accessing the services. Part of the saving also relates to our contract with Independence Matters. We have now seen some successes in the joint work that has been worked on over the last six months.

- Saving ASC034 Prevent carer breakdown by better targeted respite – shortfall £0.137m: Whilst we continue to review and enhance our support towards Carers, including the development of a Carers’ charter, we have presently been unable to recruit to a new key operational carers post that will be the lead in the development of our social care practice. The arrangements for driving forward this area of change are being considered as a result of the recruitment slippage, including a review of the grading for this post by HR Reward. The commissioned support provided by Carers Matters for unpaid carers are working in a preventative model with carers that promotes independence and ensures early support and advice for carers. Workshops with unpaid carers have been held in three sessions across the county as part of the work underway to shape the respite offer for unpaid carers going forward.

6. Commentary on overachieved savings

6.1. Three savings are currently forecast to overachieve by £0.801m in 2018-19.

Saving EDT055 Change the construction and demolition waste concession at all recycling centres – overachievement of £0.220m: As part of setting the 2018-19 budget for the Recycling Centre service we expected to be able to deliver a £0.280m saving by changing the charges for DIY construction and demolition waste (and potentially more, once in operation and we could fully assess the impact). Based on the current information available, we expect the reduction to be in the region of £0.500m. This overachieved saving is anticipated to be required to mitigate spending pressures in other areas of CES budgets in 2018-19. Further details about the wider financial position for waste budgets are set out in the Financial Monitoring report elsewhere on the agenda.

Saving ASC007 Promoting Independence - Reablement – overachievement of £0.250m: With our push towards prevention, our expansion of home based reablement and our development of new Accommodation Based Reablement is yielding positive results. As a result, both savings targets are being overachieved in 2018-19.

Saving ASC039 Accommodation based reablement – overachievement of £0.331m: With our push towards prevention, our expansion of home based reablement and our development of new Accommodation Based Reablement is yielding positive results. As a result, both savings targets are being overachieved in 2018-19.

7. 2019-20 to 2021-22 savings

7.1. Budget setting in 2018-19 saw the approval of £16.157m savings for 2019-20, £21.973m for 2020-21 and £10.400m savings for 2021-22. The assumptions

relating to these and earlier savings have been reviewed as part of the 2019-20 budget process with the result that budget planning work has identified net adjustments totalling **£5.900m for 2019-20, £1.550m for 2020-21 and £2.500m for 2021-22.**

The following savings are therefore subject to changed assumptions and rescheduling, which is reflected in budget planning and included in the budget reports elsewhere on the agenda.

- Property savings (£1.500m 2019-20, £1.000m 2020-21, £0.500m 2021-22) – **shortfall** in future year Property savings and income targets. A detailed assessment is being undertaken of the obligations and opportunities within current budget plans.
- CHL041 (£1.700m 2019-20) – **delay** to part of the £3.000m saving from redesign of the Early Childhood and Family Services to 2020-21.
- CHL044 (£1.000m 2019-20, £2.000m 2020-21, £2.000m 2021-22) – **consolidation** of Looked After Children savings. Children’s Services LAC savings have been reviewed in budget planning for 2019-20, with these LAC savings now to be fully delivered through the Norfolk Futures Safer Children and Resilient Families Programme.
- P&R098 (£0.750m 2019-20) – **delay** of the Norse dividend saving to 2020-21 to reflect the likely timing of dividend income.

7.2. A number of historic Policy and Resources Committee savings which have previously been delivered through one-off measures (totalling £0.950 in 2019-20 and £1.000m in 2020-21) have been reversed as part of the 2019-20 budget process to ensure that future budgets are robust and deliverable.

8. Summary

8.1. The forecast outturn savings position for planned savings shows shortfalls of £4.513m in Adult Social Care and £0.142m in Children’s Services. This is partially offset by the over delivery of £0.220m in Environment, Development and Transport. Service Committees continuing to maintain a strong focus on the delivery of savings will be critical to supporting the achievement of the Council’s budget plans for future years.

Background Papers

Budget Book 2018-19 <https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/budget-and-council-tax/budget-book-2018-22.pdf?la=en>

Norfolk County Council Revenue and Capital Budget 2018-22 (Item 4, County Council 12 February 2018)

T:\Committee Team\Committees\Policy and Resources Committee\Agendas\Agendas and reports for 2019\march\8 190325 PR Savings Report v2 FINAL 190314.docx

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/592/Committee/2/SelectedTab/Documents/Default.aspx>

Norfolk County Council Revenue and Capital Budget 2019-20 to 2021-22 (Item 5, County Council, 11 February 2019)

<https://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/128/ctl/ViewMeetingPublic/mid/496/Meeting/1450/Committee/2/SelectedTab/Documents/Default.aspx>

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APPENDIX 1

Planned savings 2018-22 and 2018-19 forecast

Ref	Description	2018-19	2019-20	2020-21	2021-22	2018-19 Forecast
		£m	£m	£m	£m	£m
COM040/ ASC003	Transport savings including reducing provision and reducing any subsidy paid by the Council	-0.700	-1.000			-0.700
ASC006 /ASC011 /ASC015	Promoting Independence for Younger Adults - Customer Pathway	-5.630	-5.307	-5.000		-3.378
ASC006 /ASC011 /ASC015	Promoting Independence for Older Adults - Customer Pathway	-1.632	-3.393	-5.000		-1.434
ASC006 /ASC011 /ASC015	Promoting Independence for Younger Adults - Customer Pathway - savings required from reversal of one-off funding in 2017-18	-1.164				-0.698
ASC006 /ASC011 /ASC015	Promoting Independence for Older Adults - Customer Pathway - savings required from reversal of one-off funding in 2017-18	-3.033				-2.665
ASC007	Promoting Independence - Reablement	-0.500				-0.750
ASC008	Promoting Independence - Housing with Care	-0.500	-0.500			0.000
ASC009	Promoting Independence - Integrated Community Equipment Service	-0.250				-0.250
ASC013	Radical review of daycare services	-2.500				-1.327
ASC016- 019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-3.400				-3.400
ASC020	Remodel contracts for support to mental health recovery	-0.275				-0.275
ASC029	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-0.230				-0.230
ASC032	Review charging policy to align to actual disability related expenses	-0.400				-0.400

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Ref	Description	2018-19	2019-20	2020-21	2021-22	2018-19 Forecast
		£m	£m	£m	£m	£m
ASC033	Accommodation based reablement	-0.550				-0.881
ASC034	Prevent carer breakdown by better targeted respite	-0.686				-0.549
ASC035	Investment and development of Assistive Technology approaches		-0.300	-0.500	-0.700	0.000
ASC036	Maximising potential through digital solutions	-0.049	-0.951	-2.000	-3.000	-0.049
ASC037	Strengthened contract management function	-0.300	-0.300	-0.200	-0.200	-0.300
ASC038	Procurement of current capacity through NorseCare at market value		-0.600	-1.000		0.000
ASC039	Capitalisation of equipment spend	-2.300				-2.300
ASC040	Reduction in funding for invest to save	-0.191				-0.191
ASC041	One-off underspends in 2017-18 to be used to part fund 2018-19 growth pressures on a one-off basis	-3.000	3.000			-3.000
Adults Total		-27.290	-9.351	-13.700	-3.900	-22.777
CHL013	Update our budget for retirement costs for teachers	-0.100				-0.100
CHL026	Keep all children's centres open and focus their work on supporting the families that need them most	-0.309				-0.309
CHL041	Remodel the children's centre service offer	-2.000	-3.000			-2.000
CHL042	Reduction in legal expenses	-0.142	-0.142			0.000
CHL043	Reduce the reliance on agency social workers through the improved permanent recruitment and retention		-0.200			0.000
CHL044	Reduced Looked After Children's costs through implementation of the Demand Management and Prevention Strategy transformation programme		-1.000	-2.000	-2.000	0.000
CHL045	Increased income received for Early Years training	-0.090				-0.090

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Ref	Description	2018-19	2019-20	2020-21	2021-22	2018-19 Forecast
		£m	£m	£m	£m	£m
Children's Total		-2.641	-4.342	-2.000	-2.000	-2.499
EDT027	Environment service - Redesign the environment service so that it operates at 75% of current budget and increases use of volunteers and interns	-0.200				-0.200
EDT028	Intelligent transport systems	-0.085				-0.085
EDT032	Waste Strategy - focussed on waste reduction and minimisation				-1.850	0.000
EDT040	Waste – efficiency savings through robust management of costs through open-book accounting	0.030				0.030
EDT045	One off saving - Further capitalisation of highways maintenance activities in 2016-17	1.500				1.500
EDT049	Succession of milder winters justifies a reduction in the winter maintenance budget	-0.400				-0.400
EDT050	Improved management of on-street car parking		-0.150	-0.350		0.000
EDT051	Re-profiling the public transport budget	-0.250				-0.250
EDT054	Reducing spend on non-safety critical highway maintenance	-0.200				-0.200
EDT055	Change the construction and demolition waste concession at all recycling centres	-0.280				-0.500
EDT056	Reduce waste reduction activity	-0.150				-0.150
EDT057	Further roll-out of street lighting LEDs	-0.160	-0.160			-0.160
EDT059	Changing back office processes and efficiency	-0.085				-0.085
EDT060	Capitalisation of activities to release a revenue saving	-1.065				-1.065
CMM049	Vacancy management and streamlined management arrangements – museums and historic environment	-0.095				-0.095
Environment, Development and Transport Total		-1.440	-0.310	-0.350	-1.850	-1.660

APPENDIX 1

Ref	Description	2018-19	2019-20	2020-21	2021-22	2018-19 Forecast
		£m	£m	£m	£m	£m
CMM022	Libraries and Information Service - re-model of service and income generation	-0.387	-0.235			-0.387
CMM023	Fire and Rescue Service - sharing headquarters and control room at Police HQ and capitalisation of activities to release a revenue saving	-0.490				-0.490
CMM036	Registration Service income generation - develop business opportunities within the service to generate additional income.	-0.080				-0.080
CMM039	One-off saving through re-setting budgets for leased equipment	0.090				0.090
CMM040	Capitalisation of library books 16-17	1.000				1.000
CMM042	Providing a joined up Library and Children's Centre Services			-0.500		0.000
CMM043	Income generation – Norfolk Museums Service	-0.070		-0.400		-0.070
CMM044	Income generation – Norfolk Records Office	-0.030				-0.030
CMM045	Income generation – Norfolk Community Learning Services			-0.125		0.000
CMM046	Income generation – Library and Information Service		-0.020	-0.111		0.000
CMM047	Registrars Service – external income	-0.120	-0.100	-0.150		-0.120
CMM048	Changing back office processes and efficiency	-0.043				-0.043
CMM049	Vacancy management and streamlined management arrangements – museums and historic environment	-0.025				-0.025
CMM050	Vacancy management – customer services	-0.120	-0.030			-0.120
CMM051	Norfolk Community Learning Services – remodelling the staff structure, including staffing reduction	-0.150	-0.050			-0.150
CMM052	Capitalisation of activities to release a revenue saving	-0.030				-0.030

APPENDIX 1

Ref	Description	2018-19	2019-20	2020-21	2021-22	2018-19 Forecast
		£m	£m	£m	£m	£m
CMM053	Reduction in Healthwatch grant	-0.189				-0.189
EDT058	Vacancy management and streamlined management arrangements	-0.159				-0.159
CMM054	Using Public Health Grant funding to support the delivery of Public Health activity throughout the Authority	-1.000		-1.500	-1.500	-1.000
Communities Total		-1.803	-0.435	-2.786	-1.500	-1.803
EDT020	Economic development match funding - Cease providing match funding to Hethel Innovation for European funding bids and seek alternative match funding opportunities.	-0.051				-0.051
P&R027 /P&R058 /P&R060	Property savings 2017-20 Budget	-0.400	-1.000	-0.650	-0.650	-0.400
B&P001	Property – return from property development company – Repton Property Developments Ltd		-0.500	-1.000	-0.500	0.000
B&P002	Property – further centralisation of existing property budgets	-0.400	-0.400	-0.400		-0.400
B&P003	Property – seeking opportunities to reduce fees paid to NPS	-0.100	-0.100			-0.100
B&P004	Property – reducing facilities management costs	-0.075	-0.075			-0.075
B&P005	Economic Development - Closer/joint working with New Anglia Local Enterprise Partnership	-0.025				-0.025
Business and Property Total		-1.051	-2.075	-2.050	-1.150	-1.051
EDT048	Use of Better Broadband Reserves	0.500				0.500
P&R050/ P&R062/ P&R063/ P&R064	2017-20 budget round savings relating to IMT (Finance and Commercial Services)	-1.226				-1.226
P&R082	Release ICT lease budget no longer required		-0.059			0.000

APPENDIX 1

Ref	Description	2018-19	2019-20	2020-21	2021-22	2018-19 Forecast
		£m	£m	£m	£m	£m
DIE001	IMT – various savings within IMT including: · Exit from the HPE contract · Restructuring and headcount reduction (management and technical support costs) · Income generation, particularly services for schools		-0.941	-0.700		0.000
Digital Innovation and Efficiency Total		-0.726	-1.000	-0.700	0.000	-0.726
P&R050 /P&R062 /P&R063 /P&R064	2017-20 budget round savings relating to Procurement (FCS)	-0.063				-0.063
P&R051	Raising revenue by an increased ESPO dividend	-0.100				-0.100
P&R052	Cutting costs through efficiencies: work across Teams to deliver reductions in cost and headcount over two years	-0.500				-0.500
P&R066	Second Homes income	-0.722				-0.722
P&R076	Insurance Fund contribution	1.350				1.350
P&R077	Implementation of Minimum Revenue Provision policy	0.136	0.290			0.136
P&R078	Remove use of capital receipts in 17-18 to fund MRP	4.000				4.000
P&R081	Remove one-off use of reserves to be identified in June 2017	5.813				5.813
P&R083	Nplaw services - external income	-0.100	-0.100	-0.150		-0.100
P&R084	Internal Audit - income generation	-0.010				-0.010
P&R085	Finance service - income generation	-0.050				-0.050
P&R086	Coroners relocation to County Hall		-0.042	-0.050		0.000
P&R087	Reduce the budget for the Equality and Diversity Team which is spent on supporting community events	-0.025				-0.025
P&R088	Coroners mortuary facilities	-0.025	-0.025			-0.025
P&R090	Finance Exchequer Services savings	-0.300	-0.060			-0.300

APPENDIX 1

Ref	Description	2018-19	2019-20	2020-21	2021-22	2018-19 Forecast
		£m	£m	£m	£m	£m
P&R091	Procurement - capitalisation	-0.050				-0.050
P&R092	Finance service - vacancy review	-0.100				-0.100
P&R093	Use of general capital receipts in 18-19 to fund MRP	-2.000	2.000			-2.000
P&R094	Use of airport deferred capital receipts in 18-19 to fund MRP	-0.840	0.840			-0.840
P&R095	Second homes council tax		-0.722			0.000
P&R096	Increased ESPO dividend	-0.200				-0.200
P&R098	Increased NORSE dividend	-0.250	-0.750			-0.250
P&R099	Managing Director's Department savings to be identified including use of one-off reserves in 2018-19	-0.574	-0.075	-0.187		-0.574
P&R100	Second Homes NIF	-0.438				-0.438
Policy and Resources Total		4.952	1.356	-0.387	0.000	4.952
Norfolk County Council Total		-29.999	-16.157	-21.973	-10.400	-25.564

Policy and Resources Committee

Item No 9a

Report title:	Corporately significant vital signs performance management report
Date of meeting:	25th March 2019
Responsible Chief Officer:	Executive Director Strategy and Governance, Fiona McDiarmid
Strategic impact Robust performance management is key to ensuring that the organisation works efficiently to develop and provide services that represent good value for money, deliver the Council's priorities, and improve outcomes for Norfolk people.	
Executive summary	
<p>This paper presents the current performance information for corporately significant vital signs. This report covers a set of corporately significant vital signs which were agreed by the committee in March 2018.</p> <p>Vital signs provide measurements of operational processes (internal) and strategic outcomes (external). Poor performance represents a risk to the organisation in terms of our ability to meet legal responsibilities, maintain financial health and meet the needs of our citizens.</p> <p>The Corporately Significant Vital Signs are:</p> <ul style="list-style-type: none">• Aligned to the four principles underpinning the Strategy• Meaningful• Measurable <p>Each vital sign has a target which has been set based on the performance required for us to work within a balanced budget and meet statutory requirements. Where the measure relates to the delivery of services benchmarking data has also been used to assess our performance against that of our statistical neighbours.</p> <p>The P&R Committee is responsible for the vital signs which have been deemed to be 'corporately significant', these focus on the more complex areas of the organisation with an emphasis on areas where improvement is required. In the current reporting period nine of the twenty-one vital signs are reporting as red, this not unexpected given the complexity of the measures.</p> <p>The dashboard in Appendix 1 contains the current performance, historical performance and trends of the monthly and quarterly corporately significant vital signs. The data reported covers the period to December/January and represents the latest validated data available for each of the vital signs.</p>	

Performance information is presented in appendices to this report as follows:

- Appendix 1 presents the dashboard of Corporately Significant Vital Signs performance indicators.
- Appendix 2 presents the individual report cards for vital signs which are reporting as Red.

Recommendation

1. Review and comment on the performance data and recommended action.

1. Introduction

- 1.1. This paper presents the latest performance information for those 'vital signs' performance indicators that have been defined as 'corporately significant', as agreed by the committee in March 2018.
- 1.2. Vital signs provide measurements of operational processes (internal) and strategic outcomes (external). Poor performance represents a risk to the organisation in terms of our ability to meet legal responsibilities, maintain financial health and meet the needs of our citizens.
- 1.3. The Corporately Significant Vital Signs are also aligned with Norfolk Futures strategy and the four principles:
 - Offering our help early to **prevent and reduce** demand for specialist services
 - **Joining up** our work so that similar activities and services are easily accessible, **done well and done once**
 - Being **business-like** and making best use of **digital technology** to ensure value for money
 - Using evidence and data to **target our work** where it can make the most difference.
- 1.4. Each vital sign has a target, these have been set based on the performance required for us to work within a balanced budget, meet statutory requirements and deliver our services effectively. Where the measure relates to the delivery of services benchmarking data has been used to assess our performance against that of our statistical neighbours.
- 1.5. This covering paper highlights key issues for Members to note with more detail provided in the report cards.

2. Performance Commentary – vital signs

- 2.1. Individual service committees consider detailed performance of services within their remit. This report analyses a subset of these vital signs to help assess progress against the council's overall strategy.
- 2.2. The P&R Committee is responsible for the vital signs which have been deemed to be 'corporately significant', these focus on the more complex areas of the organisation with an emphasis on areas where improvement is required.
- 2.3. In the current reporting period nine of the twenty-one vital signs are reporting as red, this not unexpected given the complexity of the measures.

3. Vital Signs and key actions being undertaken to address performance issues

- 3.1. Individual service committees consider detailed performance of services within their remit and the vital signs outlined here have all been reported on at the relevant committees in addition to P&R. This report analyses some specific vital signs to help assess progress against the council's overall strategy.
- 3.2. A summary of the performance areas which are currently Red rated is outlined below:
- 3.3. **Savings targets by Committee (501)**
 - 3.3.1. In the current year, 2018-19 a shortfall of £5.44m is currently forecast against budgeted savings of £29.999m. Savings of £24.56m are forecast to be delivered (82% of planned savings).
 - 3.3.2. The main areas of non-delivery relate to Children's Services and delays in the achievement of Promoting Independence savings within Adults Services, which are ultimately expected to be delivered, although not in line with the original timescales
 - 3.3.3. **Actions:** Details of the shortfall in savings and mitigating actions are set out in the separate Finance report to P&R Committee.
- 3.4. **Capital Programme tracker (502)**
 - 3.4.1. Members set a capital budget each year in the expectation that capital projects will be delivered and budgets controlled.
 - 3.4.2. Spend at the end of January is £89m, against an indicative spend based on previous year's expenditure of £110m. The lower spend against historic trends is partly a result of the NDR being completed in April 2018.
 - 3.4.3. The total expenditure for the 2018-19 capital programme is projected to be £164m (This is just under 60% of approved spend, and is based on previous year's re-profiling).
 - 3.4.4. **Actions:** Capital budgets continue to be re-profiled into future years to reflect likely project spend.
- 3.5. **Savings – support services compared to front line (504)**
 - 3.5.1. This measure demonstrates to what extent savings that achieve efficiencies in systems and processes, and better use of resources and technology have been prioritised over those which impact on front line delivery (ceasing or reducing a service) to users, partners, and members of the public.
 - 3.5.2. The percentage savings from efficiencies in 2018-19 is forecast to be 68.9%, this is slightly below the budgeted percentage (74%) and is mainly relating to efficiencies. Forecasts for subsequent year savings have been adjusted to reflect the reversal and delay of savings included in budget planning.

- 3.5.3. The non-delivery of planned efficiency savings mainly relates to delays in the achievement of savings, the savings are behind schedule but expected to be delivered.
- 3.5.4. **Actions:** Details of the shortfall in savings and mitigating actions are set out in the separate Finance report to P&R Committee.

3.6. **More People aged 18-64 live in their own homes (203)**

3.6.1. The rate of permanent admissions for younger adults continues to remain largely steady, with small fluctuations month by month. The Learning Disability Strategy is moving forward on a number of fronts designed to increase the independence of people with learning disabilities by developing more choices for housing, and more opportunities to build independent living skills – cooking, managing money, building friendships. These changes are in progress but may take some time to impact on this particular indicator. Work is underway with LD teams to shape how a Living Well: 3 conversation model of working could be implemented across the service.

3.6.2. **Actions:**

- Development of “enablement centres” model for service users aged 18-64 to be helped to develop skills for independent living
- Development of a Preparing for Adult Life services, across adults, children’s, education and health to support transition between children’s and adults services

3.7. **Delays in transfers of care (210)**

3.7.1. Staying unnecessarily long in acute hospital can have a detrimental effect on people’s health and their experience of care. If they are not able to leave hospital to continue their recovery, older people particularly risk losing their mobility and ability to manage daily living tasks, increasing their level of care needs and impacting on their independence and quality of life. The joint focus of health and social care is to avoid unnecessary admissions to hospital and ensure a timely discharge when it is safe and in the best interests of the person needing care.

3.7.2. The October publication of figures shows Norfolk Adult Social services as still above its stretching DToC target. (6.63% against the target of 3.4%). Winter resilience has been strengthened through a range of measures including strengthened operational leadership for the three acute hospital discharges; brokering and care arranging to ensure swift processes and decision making; strengthened communication with care providers; expansion of reablement; a suite of prevention and early intervention services in communities.

3.7.3. Our tracking of November and December figures, whilst yet to be confirmed, suggests a slight improvement, principally through earlier engagement in decision making on the wards. At the time of writing, we are finalising actions with the NNUH to agree a shared approach to sign-off of delays, ensuring we are capturing the right reason and the right attribution, so that we can use the information to target improvements for people.

3.7.4. **Actions:**

- Deliver against the winter resilience plan, including the use of additional monies
- Strengthen and formalise the role of the Head of Hospital Discharge in the formal verification of numbers attributable to adult social services
- Monitor, review and act on daily, weekly and monthly intelligence

3.8. **People Killed or Seriously Injured (KSI) on Norfolk's Road (301)**

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

3.8.2. The number of people killed and seriously injured on Norfolk's roads is for October is 459. The vital sign reports data on the rolling monthly average number of killed and seriously injured.

3.8.3. Following agreement by the Committee to develop a wider strategy for road safety based on the safe system approach, the intention is to produce a dashboard in partnership with Norfolk Constabulary and Norfolk Fire and Rescue Service as an annual report which will replace the monthly vital sign. It is anticipated that this will be ready for the spring of 2019.

3.8.4. **Actions:**

- Develop new strategy informed by the member working group recommendations.
- Develop a new package of data and intelligence.

Quarterly/Termly measures

3.9. **Number of Apprenticeship starts (349)**

3.9.1. Better qualified staff are a key first rung on the ladder to our twin goals of higher value jobs and a reduction in the gap between Norfolk's and England's average earnings (weekly gross pay).

3.9.2. Data has recently been received for the period Aug 18- Oct 18 which shows a fall in apprenticeship starts from 2080 in 2017/18 to 2030 in 2018/19 a decrease of 2%. However nationally starts have increased by 15% in the same period. In terms of the age breakdown starts for 16-18-year olds (760) have fallen by 13% compared to 2% nationally, 19-24-year olds (560) are down by 8% whilst nationally starts are up by 11%. Starts in Norfolk for 25+ (710) saw an increase of 24%, nationally starts were up by 43% for this age group.

3.9.3. Part of the challenge in Norfolk is that there are not enough higher and degree level opportunities which need to be seen as progression from levels 2 and 3. Stimulating employer demand is dependent on being able to access training locally which is largely focussed on levy paying organisations of which there are not vast numbers in Norfolk.

3.9.4. **Actions:**

NCC is working in partnership on a number of strategies to increase the number of starts with a particular focus on 19-24 and 25+ levels 2 and 3, including:

- Supply Chain Development
- Celebration event
- Health and Social Care Bid to support SME's

3.10. **Rate of Looked After Children per 10,000 of the overall 0-17 population (410)**

3.10.1. In January 2019, we saw 52 children become looked after and 25 who ceased to be looked after. The numbers of LAC starts and ceases in January aren't dissimilar to those seen in the same month of 2017 and 2018, it is the cumulative effect of month on month LAC rises over Jan-Aug 2018, alongside no sustained reduction between September and December 2018, plus the usual rise in numbers in January, that has led to the current position.

3.10.2. What is more positive is that so far, we have seen some reduction in the number of Looked After Children over the first 2 weeks of February.

3.10.3. A very high percentage of our Looked After Children have up to date care plans recorded, and one locality has 100% performance. This is an area of strength across the County and alongside this there continues to be a focus on supporting practitioners to produce good quality plans that make a difference to children and young people.

3.10.4. **Actions:**

- LAC numbers are continually scrutinised through the weekly LAC tracker
- Trackers monitoring children identified for possible reunification and where SGOs are being progressed.

3.11. **Percentage of Education Health Care Plans (EHCPs) completed within the required timescales (416)**

3.11.1. The percentage EHCPs completed within the 20-week timescale still lags significantly behind the national average. The number of EHCP plans issued has increased from 501 in 2016 to 726 in 2017 (calendar year), however at the same time referral rates have increased to over 1,000 per year (previous years' average referrals were 650).

3.11.2. DfE targets for all Local Authorities is 90% and the national average had been 55%. Norfolk is therefore working to interim (55%) and stretch (90%) targets.

3.11.1. Education Health & Care Plan performance needs to be considered in a broader context, rather than simply how many assessments are carried out within the required 20-week period. EHCP assessment improvement does not take place in

isolation and a paper providing a performance update has been discussed at the March Children's Service Committee.

3.11.2. In addition to this paper a report setting out the issues and recommendations for actions has also gone to the March Committee, produced with the Strategy Innovation and Performance team which has worked closely with Children's Services over the last year to review EHCP performance; providing support and challenge.

3.11.3. **Actions** - the following actions are being taken:

- The recommendations of the report have been accepted in full and are currently being implemented, these recommendations focus on Demand and Process and include:
- Development of a 'whole system view' and conducting further analysis on the rising SEMH demand.
- Review the public facing SEN pathway information and of the local offer.
- A review of the 20-week process with delivery routines and agreement of a key set of metrics.

4. Recommendations

4.1. Committee Members are asked to: Review and comment on the performance data and recommended actions.

5. Financial Implications

5.1. Financial implications relating to each vital sign are provided in the individual report cards.

6. Issues, risks and innovation

6.1. Risks, issues and innovations arising from the corporately significant vital signs are identified in the individual report cards.

7. Officer contact

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

Officer Name: Diana Dixon

Tel No: 01603 228825

Email address: diana.dixon@norfolk.gov.uk

If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix 1

Corporately Significant Vital Signs Dashboard – March 2019

Corporately significant vital signs - March P&R																		
Ref	Monthly	Bigger or Smaller is better	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Target	Trend	Past Performance
500	{Finance} Budget monitoring – forecast vs budget at a County level	On plan	£1.6m	£0.0m	£0.0m	£0.0m	£5.36m	£5.36m	£5.63m	£5.7m	£4.5m	£2.37m	£0.04m	£0.04m	£0.02m	£0.0m	↘	
501	{Finance} Savings targets delivered - by committee	Bigger	£42.51m	£42.51m	£42.9m	£30.0m	£24.75m	£24.75m	£24.74m	£24.3m	£24.3m	£24.3m	£24.54m	£24.54m	£24.56m	£30m	↘	
502	{Finance} Capital programme tracker	Bigger	154.2%	151.3%	157.1%	59.1%	59.1%	59.1%	59.2%	59.2%	59.2%	59.2%	59.2%	59.2%	59.2%	100.0%	→	
503	{Finance} Ratio of corporate net expenditure compared to frontline net expenditure	Smaller	5.8%	6.7%	6.7%	5.8%	5.8%	5.8%	5.8%	5.5%	5.4%	-	5.4%	-	5.5%	6.0%	→	
504	{Finance} Savings - support services compared to front line	Bigger	86.7%	86.7%	86.5%	-	68.6%	68.6%	67.7%	67.1%	67.1%	67.1%	67.5%	67.5%	68.8%	74.0%	→	
202	{ASC} % of people who require no ongoing formal service after completing reablement	Bigger	68.25%	72.05%	74.57%	69.11%	69.96%	70.52%	68.22%	71.11%	68.22%	72.01%	76.32%	74.46%	71.30%	69%	↘	
203	{ASC} Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	25.90%	26.25%	24.48%	26.25%	28.40%	26.83%	26.05%	25.85%	25.46%	26.83%	25.46%	24.48%	22.92%	15.6%	↘	
204	{ASC} Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	684.9	675.1	677.4	676.9	690.1	678.4	679.8	671.8	658.2	653.9	634.2	611.7	590.09	594.3	↘	
210	{ASC} Number of days delay in transfers of care per 100,000 population (attributable to social care)	Smaller	5.00	4.73	5.40	3.69	3.30	4.63	4.78	5.66	5.24	6.63	7.06	7.25	-	3.4	↗	
301	{PH} Number of people killed and seriously injured on Norfolk's roads	Smaller	425	434	430	446	466	454	442	438	433	459	-	-	-	-	→	
317	{NFRS} On call (retained) fire station availability	Bigger	86.6%	86.1%	86.0%	86.8%	85.2%	83.3%	85.7%	82.4%	82.3%	83.8%	86.0%	85.7%	-	90%	↗	
402	{ChS} Percentage of Children Starting a Child Protection Plan who have previously been subject to a Child Protection Plan (last 2 yrs)	Smaller	8.1%	8.2%	8.2%	7.5%	7.5%	7.5%	6.8%	8.2%	8.4%	8.4%	8.5%	7.9%	7.7%	<15%	↘	
414	{ChS} Percentage of all young people in EET	Bigger	91.1%	91.0%	90.8%	90.4%	-	93.9%	92.5%	87.8%	86.0%	89.4%	92.3%	91.5%	91.1%	92%	→	
417	{ChS} Percentage of Relevant and Former Relevant Care Leavers in EET	Bigger	59.2%	58.2%	58.3%	58.4%	-	-	55.8%	54.1%	48.1%	49.4%	50.5%	56.5%	55.9%	53.6%	↗	
615	{HR} Sickness absence - percentage lost time	Smaller	3.51%	3.46%	3.34%	3.37%	3.45%	3.46%	3.44%	3.44%	3.50%	3.51%	3.86%	3.70%	3.77%	3.50%	→	

Quarterly / Termly

Ref	Quarterly / Termly	Bigger or Smaller is better	Jun 17	Sep 17	Dec 17	Mar 18	Jun 18	Sep 18	Dec 18	Target	Trend	Past Performance
331	{BBfN} % of Norfolk homes with superfast Broadband coverage	Bigger	89.0%	89.0%	90.0%	91.0%	91.0%	91.0%	92.0%	90%	↗	
349	{PE} Number of apprenticeship starts	Bigger	6,120	6,580	2,100	3,240	4660	5960		6,738	↗	
403	{ChS} Percentage of Children Starting to be looked-after who have previously been looked-after	Smaller	7%	8%	5.30%	6.70%	5.40%	4.60%	5.10%	<15%	↘	
410	{ChS} Rate of Looked-After Children per 10,000 of the overall 0-17 population	Smaller	65.7	66.2	66.5	69.7	68.8	70.3	71	63.2	↗	
411	{ChS} Increase the percentage of education establishments judged good or outstanding by Ofsted	Bigger	89%	89%	89%	89%	83%	83%	84%	>86%	→	
416	{ChS} Percentage of Education, Health & Care Plans completed within timescale	Bigger	11.0%	9.4%	14.2%	14.4%	9.9%	13.4%	10.2%	55%	↘	

Appendix 2 – Report cards

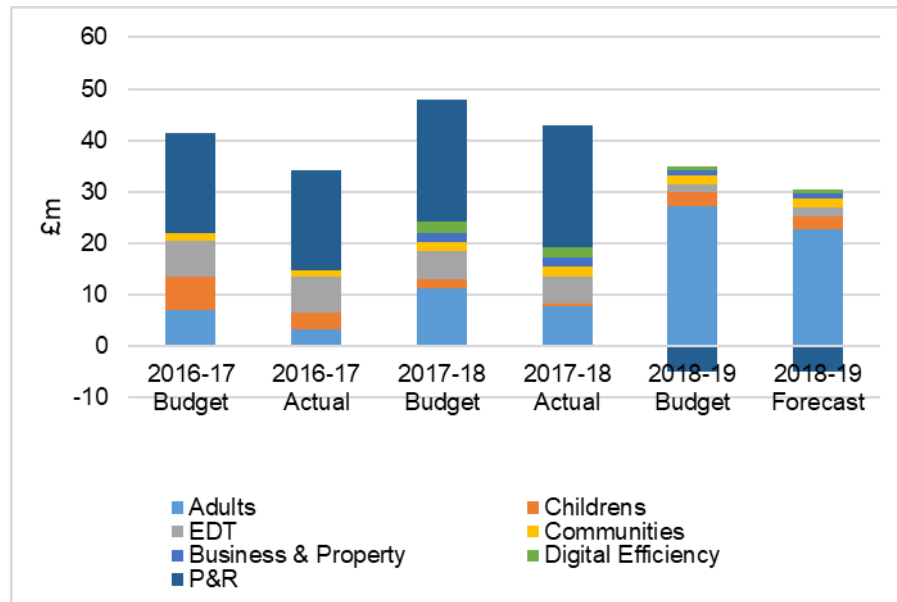
501: Savings targets delivered by committee

Why is this important?

Making savings is key to supporting delivery of a balanced outturn position and ensuring the Council maintains a robust financial position.

Performance

Budgeted Savings compared to Actual / Forecast by Committee



As at Period 10, the savings forecast for 2018-19 is £25.564m, this is 15% below budget.

What is the background to current performance?

- Historically the Council has a good record of achieving budgeted savings, delivering £223.222m of savings in the period 2011-12 to 2015-16, against budgeted savings of £244.576m (91%).
- In 2016-17, the shortfall in delivery was £7.339m, as £34.080m savings were achieved against plans of £41.419m (82%).
- In 2017-18 savings of £42.902m were delivered, a shortfall in savings of £4.872m, compared to budgeted savings of £47.774m (90%). The shortfall related to non-delivery of savings within Children's Services and Adults (in particular delays in delivering savings within the Promoting Independence work).
- In the current year, 2018-19, as at Period 10 (January), a shortfall of £4.435m is currently forecast against budgeted savings of £29.999m. Savings of £25.564m are forecast to be delivered (85% of planned savings). The main area of non-delivery relates to delays in the achievement of Promoting Independence savings, which are ultimately expected to be delivered, although not in line with the original timescales.

What will success look like?

- Planned levels of savings are achieved, supporting the Council to deliver a balanced outturn position for 2018-19.
- A robust financial position ensuring stability for the budget-setting process for future years.

Action required

- Actions to deliver individual saving plans are required in 2018-19.
- Details of the shortfall in savings is reported to P&R Committee and details of mitigating actions are set out in the separate report.

Responsible Officers

Lead: Harvey Bullen, Assistant Director – Finance

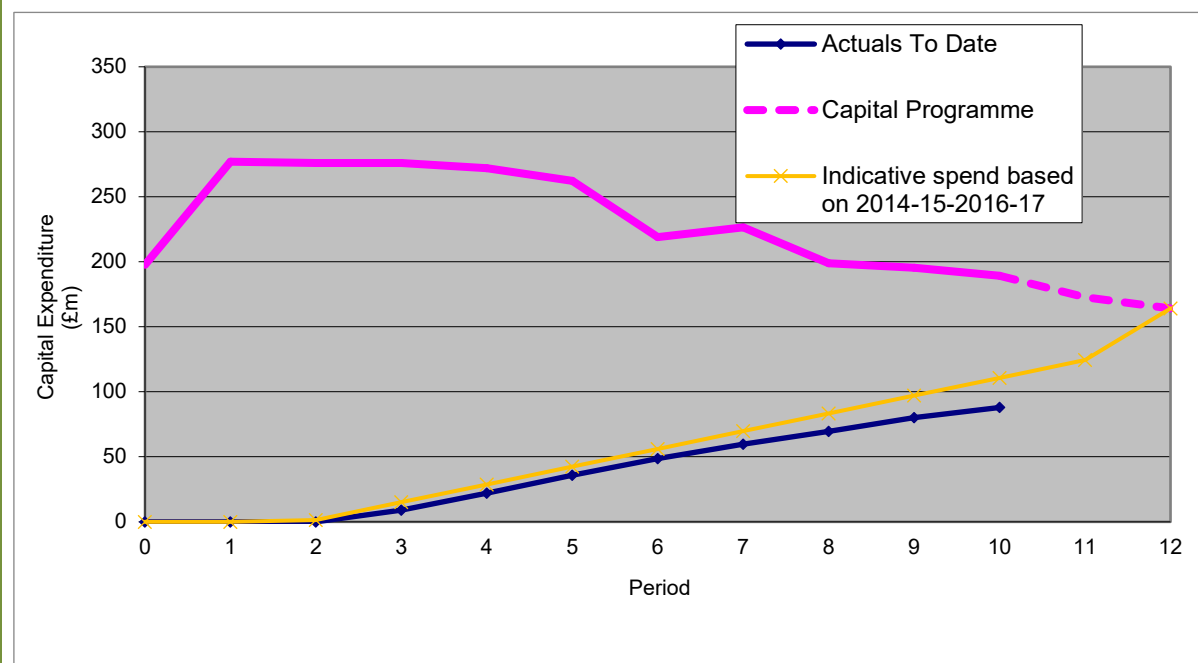
Data: Titus Adam, Financial Projects and Planning Manager

503: Capital Programme tracker

Why is this important?

Members set a capital budget each year in the expectation that capital projects will be delivered and budgets controlled.

Performance



Total expenditure on the 2018-19 capital programme is projected to be £164m (This is just under 60% of approved spend, and is based on previous year's re-profiling).

What is the background to current performance?

- Capital budgets and expenditure are as follows (£m):

Service	Original Budget yr £m	Spend to date £m
Children's	88	22.148
ASC	13	9.671
CES	120	45.630
Managing Director	0	0.000
Finance &CS	55	10.498
Total	276	87.946

- Spend at the end of P10 is £89m, against an indicative spend based on previous year's expenditure of £110m. The lower spend against historic trends is partly a result of the NDR being completed in April 2018.

What will success look like?

- Expenditure in line with indicative calculations based on budgets and historic patterns of expenditure.
- Capital projects and programmes remain within budget, and are delivered on time.

Action required

- Capital budgets continue to be re-profiled into future years to reflect likely project spend.

Responsible Officers

Lead: Harvey Bullen, Head of Budgeting and Financial Management
Data: Howard Jones, Corporate Accounting Manager

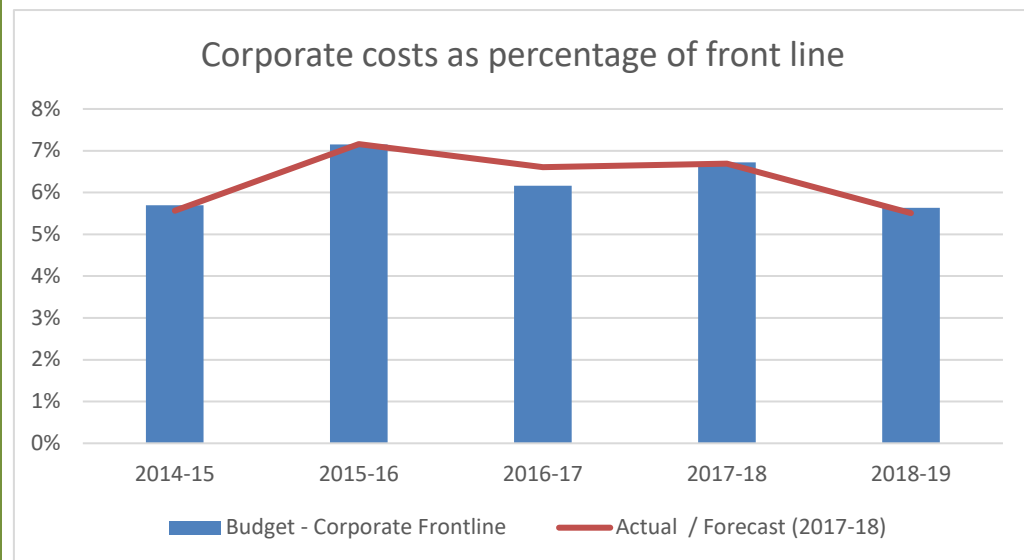
504: Savings – Support Services compared to Front Line

Why is this important?

The ratio of Corporate to Frontline net budget demonstrates the value for money of the internal organisation, and indicates how effectively the costs of running the council are being managed to maximise the resources available for service delivery.

Performance

Budgeted ratio of Corporate to Frontline compared to Actual / Forecast



At end January 2018 (P10), the forecast 2018-19 ratio is 5.5%.

What is the background to current performance?

- For this indicator, “Corporate” has been defined as those services managed within the Finance and Commercial Services, and the Managing Director department.
- The increase in the ratio in 2015-16 reflected the centralisation of Property budgets during 2015-16, which saw property costs, including building maintenance, taken out of Frontline expenditure.
- Following the allocation of depreciation revaluation charges to service budgets in 2016-17 and 2017-18 the ratio increased when compared to original budgets. However, the ratio was still lower than the 2015-16 outturn of 7.2%.
- The latest forecast ratio of Corporate to Frontline costs is 1:18, although capital adjustments which will be required for statutory accounting purposes may have a small adverse affect the final ratio for the year.

What will success look like?

- Corporate costs of Resources and Finance and Property departments minimised and delivered in line with 2018-19 budget plans.
- Corporate:Frontline ratio is maintained or improved in future years as efficiencies in support services are delivered.

Action required

- Where overspends are identified, action is taken to deliver savings plans and achieve an overall outturn position in line with 2018-19 budget.

Responsible Officers

Lead: Harvey Bullen, Head of Budgeting and Financial Management
Data: Howard Jones, Corporate Accounting Manager

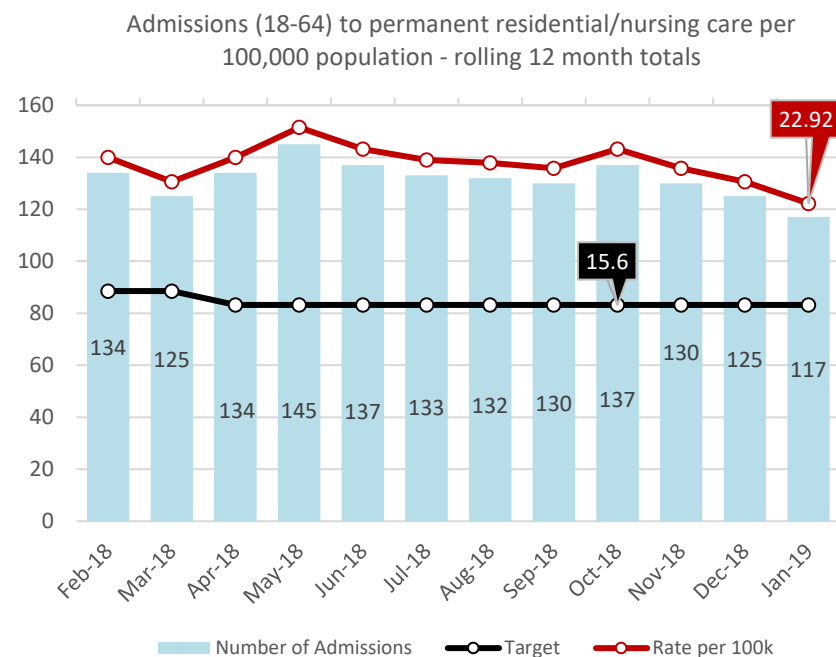
203: More people aged 18-64 live in their own homes

Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance

What is the background to current performance?



- Historic admissions to residential care for people aged 18-64 were very high in Norfolk at nearly three times the family group average
- Improvements have seen year-on-year reductions but most recently, the rate has remained largely static
- Our priority focus has been to transform services for people with learning disabilities. This should see fewer people with learning disabilities in permanent residential and nursing care, because of wider choices of accommodation
- In addition, we are shifting to an enablement approach which helps people build independent living skills – cooking, managing money, building friendships
- These changes are in flight but may take some time to show impact on this indicator
- In parallel to this work, we have recognised the need to review the options that we have available for people with physical disabilities, and see what alternatives to residential care might be possible to develop

What will success look like?

Action required

- Admissions for levels at or below the family group benchmarking average (around 13 per 100,000 population)
- Subsequent reductions in overall placements
- Availability of quality alternatives to residential care for those that need intensive long term support
- A commissioner-led approach to accommodation created with housing partners

- Development of “enablement centres” model for service users aged 18-64 to be helped to develop skills for independent living
- Development of a Preparing for Adult Life services, across adults, children’s, education and health to support transition between children’s and adults services

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work

Data: Intelligence and Analytics Service

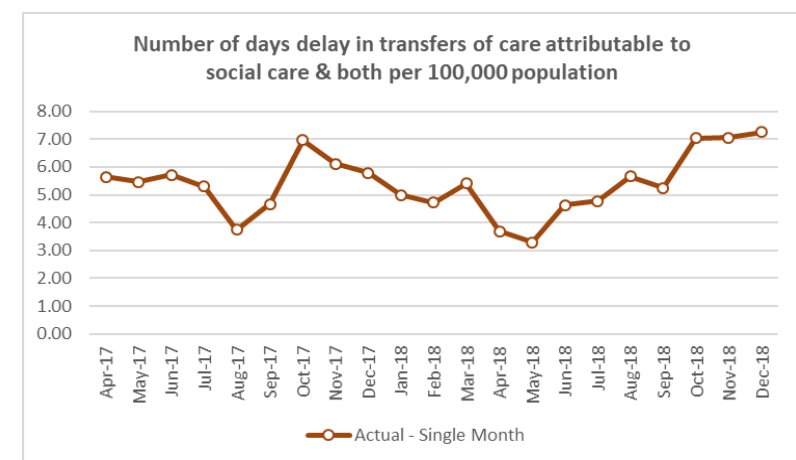
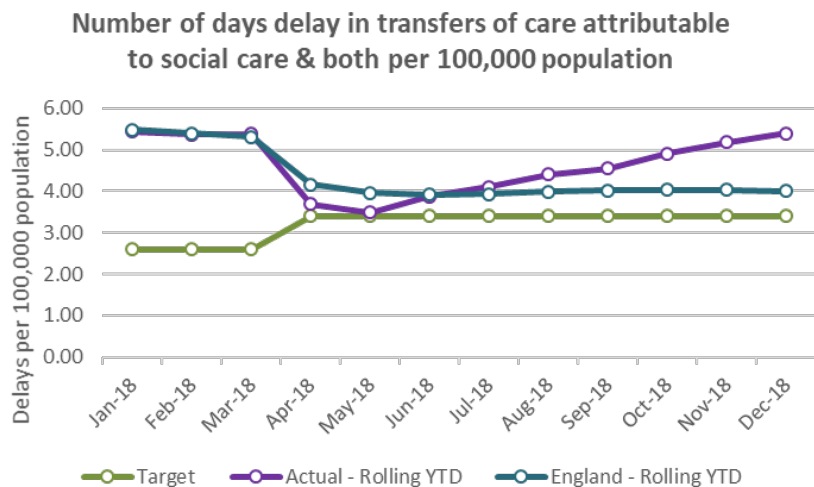
210: Delayed transfers of care

Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people’s health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available. Low levels of delayed transfers of care are critical to the overall performance of the health and social care system. This measure will be reviewed as part of Better Care Fund monitoring.

Performance

What explains current performance?



- There were 2709 total delayed days in October 2018, of which 1491 were attributable to Social Care. This is an increase from September 2018, where there were 1051 Social Care delays
- 55.0% of delays were attributable to Social Care, 41.4% were attributable to the NHS with 3.6% attributable to both NHS and Social Care.
- The main reason for Social Care delays was “Awaiting Residential Home Availability or Placement”. This accounted for 768 delayed days (42.6% of all Social Care delays).
- The proportion of Social Care delays occurring in acute care was 63.9%.
- Delays were verified for NCHC, NSFT & 2 out of 4 out of county trusts only. NNUH, JPUH and QEH delays were agreed at ward level. NNUH published data was not as expected from local tracking and reporting. QEH delays were at expected levels. JPUH submitted delays as expected.
- New guidance jointly from NHS England and the Association of Directors of Adult Social Care has confirmed the need for local authorities to verify numbers attributed to them before they are submitted to the national system.
- At the time of writing, there are steps to strengthen sign-off since there have been discrepancies between numbers agreed locally, and those submitted and published nationally.

What will success look like?

Action required

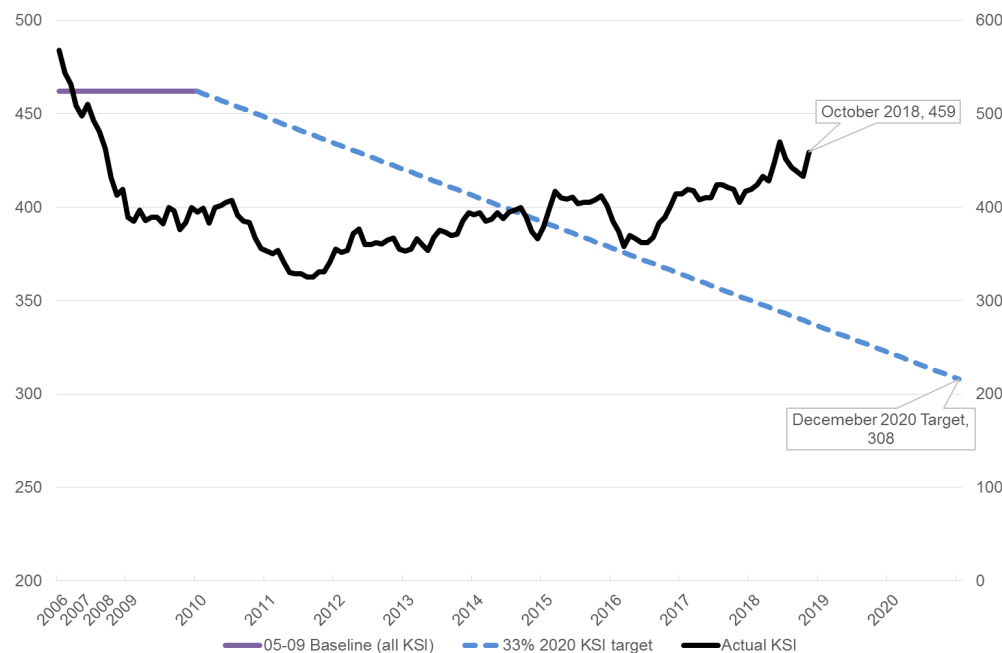
<p>Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit.</p>	<ul style="list-style-type: none"> • Deliver against the winter resilience plan, including the use of additional monies • Strengthen and formalise the role of the Head of Hospital Discharge in the formal verification of numbers attributable to adult social services • Monitor, review and act on daily, weekly and monthly intelligence
<p>Responsible Officers</p>	<p>Lead: Craig Chalmers, Director of Community Social Work and Lorraine Barrett, Director of Community Health and Social Care. Data: Intelligence & Analytics</p>

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

Why is this important?

In 2017, 30 people were killed and 391 were seriously injured in road collisions in Norfolk, representing a significant emotional and financial burden to local people and services. A target was set in 2010 to reduce Killed and Seriously Injured by a third by the end of 2020.

Performance



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

What is the background to current performance?

- Local authorities are required by statute to promote road safety, to undertake collision/casualty data analysis and devise programmes including engineering and road user education, training and publicity that will improve road safety.
- The vital sign reports the actual figure of killed and seriously injured, not performance measures for services. It is also not expressed as a rate.
- Factors which positively impact numbers include in-car safety standards, greater compliance with speed limits, and economic decline which suppresses casualty numbers by limiting access to certain modes of transport.
- The rise in the number of KSI 2011-2016 is greater than national figures: Norfolk KSIs rose 6.2% compared with 2.9% nationally (more recent figures are awaited nationally).
- Norfolk has a lower KSI rate per 100,000 people, and per billion vehicle kilometres than its statistical neighbour authority Lincolnshire, but is outperformed in both measures by other neighbours Somerset and Suffolk.
- Future performance cannot be accurately predicted due to the number of factors which influence collisions on the road.
- Changes to police accident recording methodology will mean that national 2016 data will include certain metrics that will not be directly comparable to previous years, due to data quality issues.
- Norfolk ranked 6th (out of 31 peers) for Road Safety Education within the Highways and Transport survey

What will success look like?

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

Action required

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

Responsible Officers

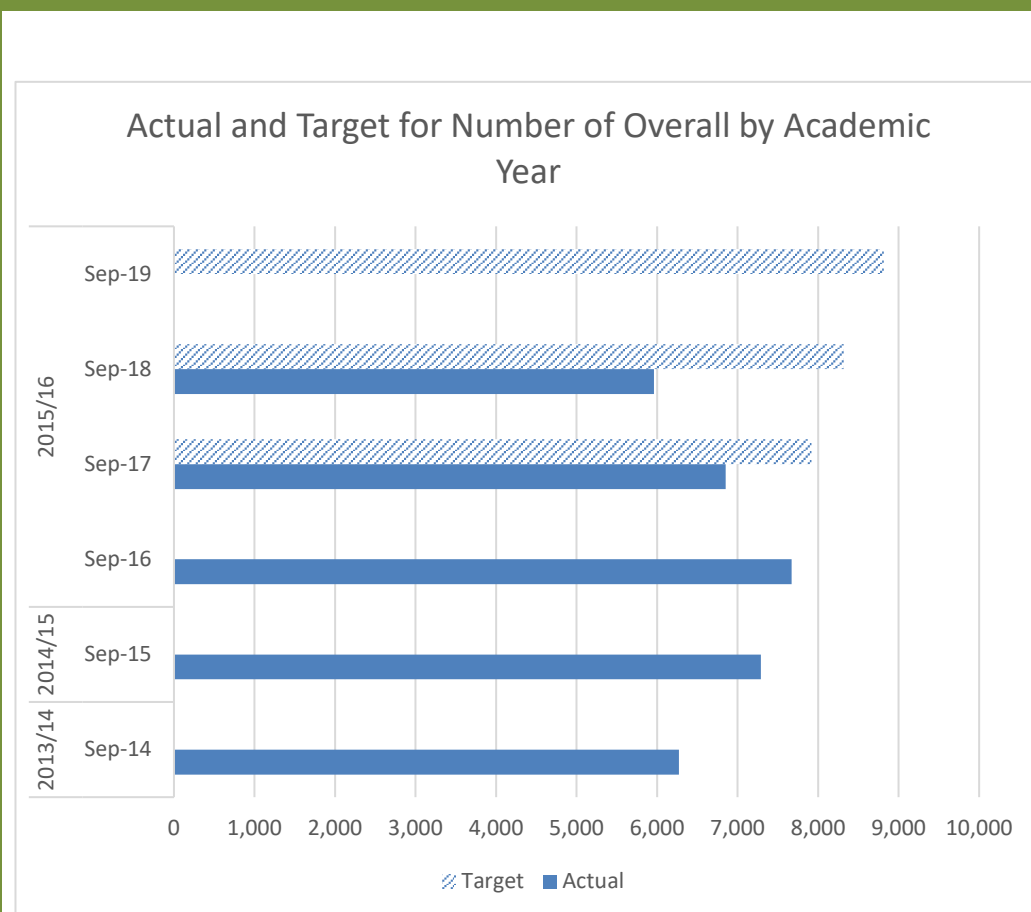
Lead: Diane Steiner (Public Health); Data: Nile Pennington, Analyst Road Casualty Reduction

349: Number of Apprenticeship starts

Why is this important?

Better qualified staff are a key first rung on the ladder to our twin goals of higher value jobs and a reduction in the gap between Norfolk's and England's average earnings (weekly gross pay). In turn, better paid jobs enable more people to get onto the housing ladder and have a better quality of life more generally. The New Anglia Local Enterprise Partnership Strategic Economic Plan (SEP) highlights the need to increase the number, level, range and quality of Apprenticeship delivery and generate 5000 additional Apprenticeships across Norfolk and Suffolk by 2019.

Performance



What is the story behind current performance?

Apprenticeship Starts	2013/14	2014/15	2015/16	2016/17	2017/18 (Aug-July)	2018/19
	Actual	Actual	Actual	Actual	Actual	Target
All starts – all levels/ages	6,270	7,290	7,670	6,850	5,960	8,816

Data has recently been received for the period Aug 18- Oct 18 which shows a fall in apprenticeship starts from 2080 in 2017/18 to 2030 in 2018/19 a decrease of 2%. However nationally starts have increased by 15% in the same period.

In terms of the age breakdown starts for 16-18-year olds (760) have fallen by 13% compared to 2% nationally, 19-24-year olds (560) are down by 8% whilst nationally starts are up by 11%. Starts in Norfolk for 25+ (710) saw an increase of 24%, nationally starts were up by 43% for this age group.

Focusing on the levels, starts at Intermediate Level (Level 2) dropped by 6% (900), nationally the fall was 2%. Advanced (Level 3) saw a drop of 6% (800) against a national increase of 13% whilst higher level apprenticeships (level 4 and above) saw an increase of 26% (330), nationally figures had almost doubled at a 99% increase.

We are aware that it appears as if the figures don't add up to the total, however, this is the way that the Government releases the data. When adding up each area, they round up to the next 10 (e.g. 61 starts would be rounded up to 70).

What will success look like	Action required
<p>Success will be measured by the overall achievement of annual target whilst maintaining quality, level and range.</p>	<p>Part of the challenge in Norfolk is that there are not enough higher and degree level opportunities which need to be seen as progression from levels 2 and 3. Stimulating employer demand is dependent on being able to access training locally which is largely focussed on levy paying organisations of which there are not vast numbers in Norfolk.</p> <p>NCC is working in partnership on a number of strategies to increase the number of starts with a particular focus on 19-24 and 25+ levels 2 and 3, including</p> <ul style="list-style-type: none"> • Supply Chain Development • Celebration event • Health and Social Care Bid to support SME's
Responsible Officers	<p>Lead: Jan Feeney</p> <p>Data: Jan Feeney 8/2/19</p>

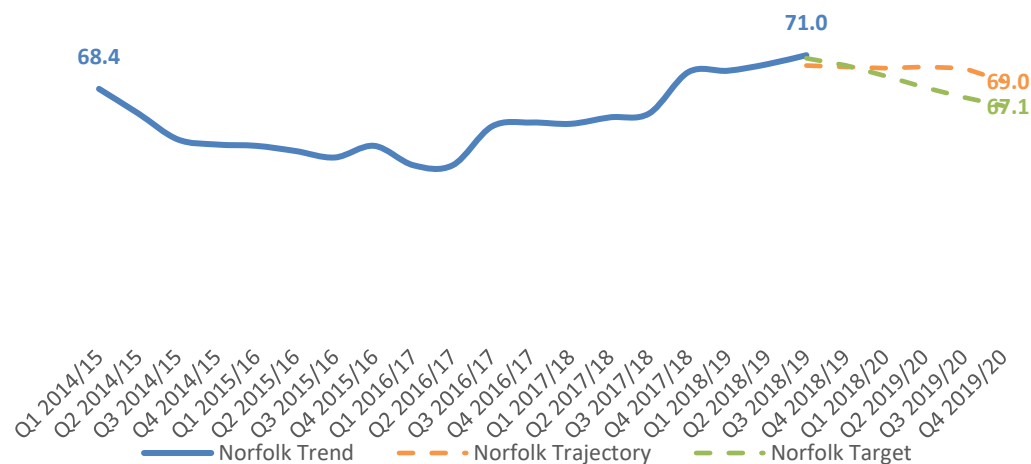
410: Rate of Looked-After Children per 10,000 of the overall 0-17 population

Why is this important?

Norfolk has many more LAC than its statistical neighbours and we have implemented a strategy to reduce the levels of LAC. LAC rate per 10k is a key indicator in assessing the success of that investment. The LAC rate also provides an indication of the success of the wider children's system.

Performance

Rate of Looked-After Children per 10,000 of the overall 0-17 population



What is the background to current performance?

- Historically Norfolk has had a high rate of LAC, and while numbers reduced between 2014 & 2016, increases have been seen over the past two years, to their current peak in December 2018. This should be viewed in the context of increases in LAC numbers across England leading to record numbers of LAC nationally.
- While LAC numbers increased rapidly between December 2017 & February 2018, the numbers have since stabilised, especially between June & December 2018.
- Understanding and addressing our Looked After Children numbers remains a priority and a key element of our Transformation programme.

Action required

- Continue to strengthen Norfolk's Early Help offer to ensure families receive help as soon as it is required, working to enhance their strengths & overcome issues so they can remain together. This includes the development of an inhouse Family Group Conferencing Service.
- Where appropriate and desired, work with current LAC and their families to enable them to have the skills & understanding to live together again. This includes the development of a new Return Home policy and procedure.
- Where appropriate and in the best interests of the child, promote adoption and special guardianship as a means of securing permanence for children.

What will success look like?

- The rate of Looked-After Children per 10k 0-17s is in line with rates in other similar local authorities within England (around 53 as at March 2015 and recent trends have shown that LAC rates among similar authorities are rising, from around 48 in 2013).

Responsible Officers

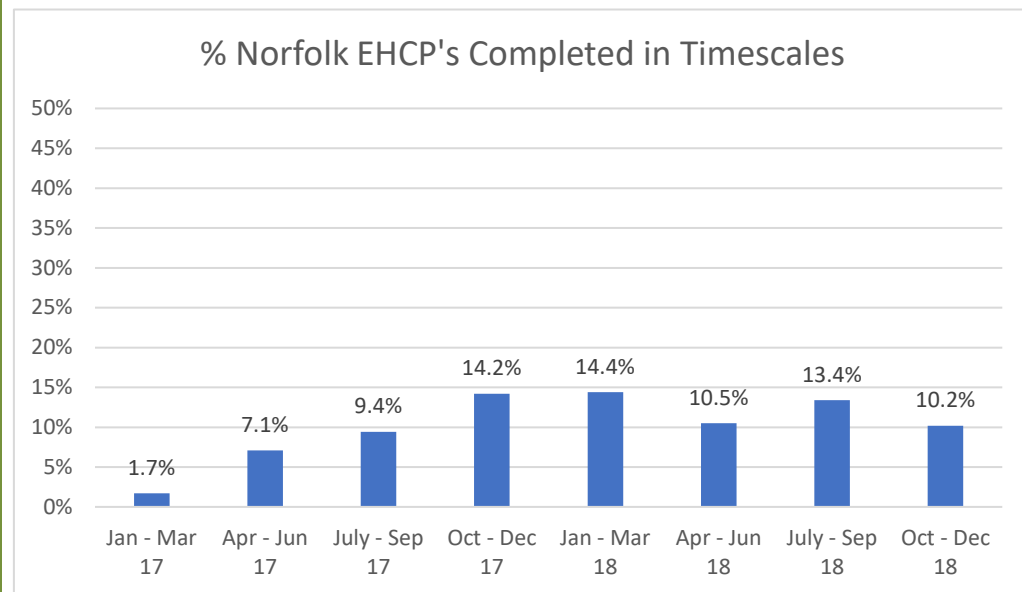
Lead: Phil Watson Data: Andy Goff

416: % of Education Health Care Plans (EHCP) completed within the required timescale

Why is this important?

Completion/conversion of the EHCP within required timescales in order to establish and secure best possible outcomes across education, health and social care.

Performance



Reported quarterly

What is the background to current performance?

- Although improved from performance in 2016 (5.8%), the %EHCPs completed within the 20 week timescale still lags significantly behind the national average.
- The number of EHCP plans issued has increased from 501 in 2016 to 726 in 2017 (calendar year)
- Referral rates have increased to over 1000 per year (previous years average referrals were 650)
- DfE targets for all LA's is 90% and the national average had been 55%. These are the interim (55%) and stretch (90%) targets for Norfolk, therefore.

What will success look like?

The percentage of EHCP completion/conversion increases, with a 90% target starting January 2019.

Action required

- Additional staffing capacity currently in place
- Ongoing changes to process to ensure reduced duplication and increased efficiency
- Professional reports provided to LA on time

Responsible Officers

Lead: Michael Bateman, Head of Education High Needs SEND Service

Data: Dom Mingaye, Data Manager & Jackie Goodson, Synergy Systems Officer, Education Achievement and Early Years Service

Policy and Resources Committee

Item No. 9b

Report title:	Risk Management Report
Date of meeting:	25th March 2019
Responsible Chief Officer:	Executive Director, Finance and Commercial Services
Strategic impact The Policy and Resources Committee's role includes owning, and setting expectations for, the Council's corporate risk management. Strong risk management is key to ensuring that the organisation continues to achieve its' strategic objectives, and continues to manage the risks to the effective and efficient delivery of the Council's priorities, and services. There are risk management controls in place within the Council as per the Accounts and Audit Regulations 2018, and the Financial Regulations (part 4.3, of part 7.7) of the Council's Constitution .	

Executive Summary

This report provides the Committee with sight of corporate risks with significant changes since the last risk management report in October 2018, and other related matters, following the latest review conducted during late February and early March 2019.

Risk management is reported in its own right but the reporting is aligned with and complements the performance and financial reporting to the Committee.

The corporate risk register was last reported to the Audit Committee (for risk management assurance) in January 2019, to show the latest developments. A reconciliation of the main changes to corporate risks since the last Policy and Resources Committee (where Risk Management was reported) in October 2018 is shown at **Appendix A**. The corporate risks appear at **Appendix B**.

Recommendations: Committee Members are asked to consider and agree:

- a. The main changes to the corporate risk register since last report (**Appendix A**), and to agree these changes including;
- b. To lower the classification of risk **RM017 – Failure to deliver the Broadland Northway within agreed budget (£205m)** from being managed at a corporate level to a service level
- c. To close risk **RM021 - Failure of Estate Management**, as recommended by the Business and Property Committee.
- d. the heat map with corporate risk index, plotting all current corporate risks (**Appendix C**)
- e. if any further action is required.

1. Proposal

- 1.1. Recommendations to Members can be found above in the Executive Summary.
- 1.2 Service Committees had oversight and provide recommendations to this Committee on the action to be taken with their corporate risks.

2. Evidence

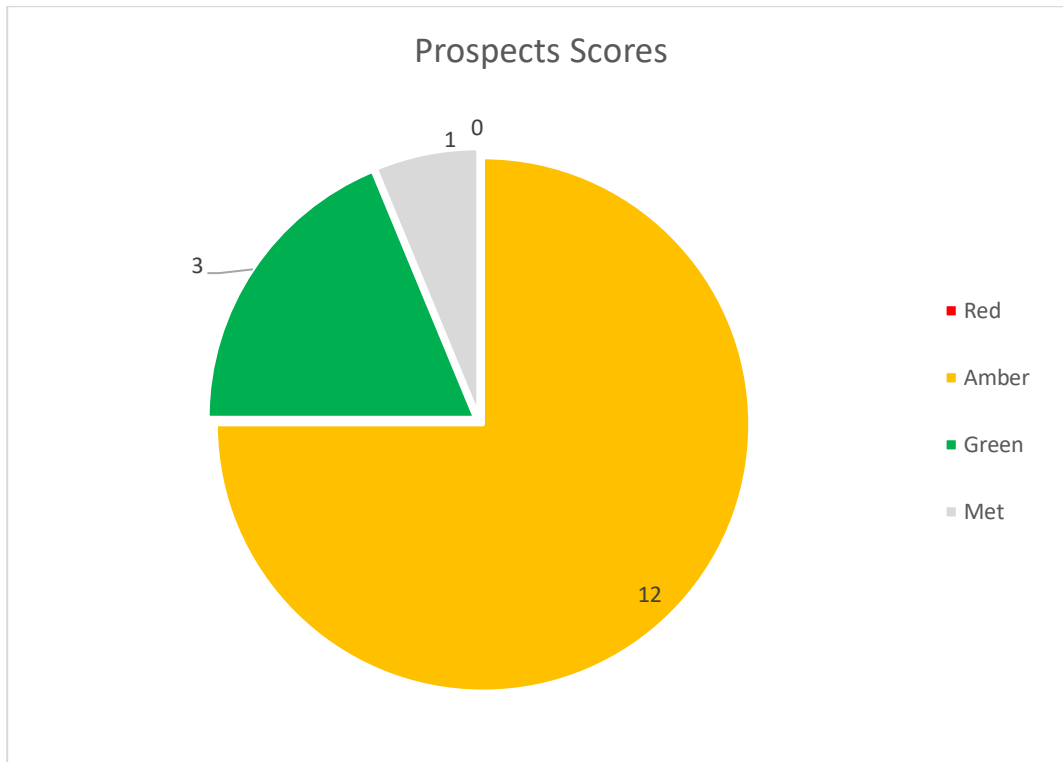
Direction

- 2.1 With the recently refreshed Norfolk County Council values, the Risk Management Function will continue to analyse what risks the Council faces in delivering the supporting strategy and vision, and develop these accordingly. This will be carried out by collaborating with the relevant business areas to understand both current and likely future risks.

Progress

- 2.2 A reconciliation to the October 2018 report is presented at **Appendix A**, detailing the significant changes to corporate risks since that report.
- 2.3 The latest corporate risk register details 16 risks in **Appendix A**. For ease of reference, the risks have been plotted on a heat map in **Appendix C**, to illustrate each risk's relative position measured by likelihood and impact for their current risk score, and to show any score changes since the last report.

Fig. 1 below reflects the percentages of risks in each prospects category.



3. Risk Management Reporting to Committees

- 3.1. Risk management has been reported separately to Financial and Performance Management at Committees, although there continue to be close links between financial, performance, and risk reporting.
- 3.2. The departmental reporting continues to be by exception, including full information for risks with a current risk score of 12 and above where the prospects of meeting the target score by the target date is reported as amber or red. Full departmental level risk registers have been reported at least once per year to their respective Committees, detailing all of the Committee's departmental level and corporate risks for consideration. A risk report has been presented to each Committee on a quarterly basis, at the same time as the Finance and Performance Reports.

4. Financial Implications

- 4.1 Financial implications are included in the details of the corporate risks within **Appendix B**.

5. Issues, risks and innovation

- 5.1 There are no further corporate risks to report in addition to those already managed on the corporate risk register. Any corporate level issues arising from Council business will continue to be addressed and reported to the Shadow Corporate Board.

6. Background

- 6.1 The review of existing risks has been completed with responsible officers.

- 6.2 Explanations for the various scores and further terminology can be found in the new Risk Management procedures available to staff on the [Risk Management iNet Page](#) under the documents, forms and guidance section.

Officer Contact

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

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If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix A – Risk Reconciliation Report

Significant* changes to risks on the corporate risk register since the last Policy and Resources Committee Risk Management report was presented in October 2018.

Changes to scoring.

RM007 - Potential risk of organisational failure due to data quality issues

This risk has reduced from a score of 15 to 8 (likelihood lowered from 3 to 2, and impact lowered from 5 to 4), reflecting significant data cleansing work this year or so in the migration to Liquid Logic for Social Care data and in preparation for a new ERP system (Financial & Procurement data in particular). We have also conducted extensive work to cleanse data in files-shares and paper documents in storage, also scanning extensively to support Liquid Logic & Oracle EBS and associated systems. DQ audits undertaken have also shown reasonable findings.

RM011 - The potential risk of failure to implement and adhere to an effective and robust performance management framework

This risk has reduced from a score of 12 to 6 (likelihood lowered from 3 to 2, and impact lowered from 4 to 3) to reflect overall progress in linking performance measures with analytics to further implement the current performance management framework.

Lowered risk classification

RM017 – Failure to deliver the Broadland Northway within agreed budget (£205m)

This risk has been lowered from being managed at a corporate level to at a service level. We have agreed the final account with the main scheme contractor. There are elements of the scheme that remain outstanding at this stage, i.e. final land costs still in negotiation and other landscaping works but we are forecasting that the project will be delivered within the £205m budget. The scheme has now been adopted into the Highway network.

Closed risk

RM021 - Failure of Estate Management

This risk has now been closed following the implementation of the mitigations of this risk.

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

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

Risk Number	RM001		Date of update	05 March 2019						
Risk Name	Infrastructure is not delivered at the required rate to support existing needs and the planned growth of Norfolk									
Risk Owner	Tom McCabe		Date entered on risk register	01 July 2015						
Risk Description										
1) Not securing sufficient funding to deliver all the required infrastructure for existing needs and planned growth leading to: • congestion, delay and unreliable journey times on the transport network • a lack of the essential facilities that create sustainable communities e.g. good public transport, walking and cycling routes, open space and green infrastructure. 2) Not meeting the funding profiles (e.g. Local Growth Fund) and losing the funding.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	3	3	9	3	2	6	Mar-19	Amber
Tasks to mitigate the risk										
1.1) Work with other county council officers and partners including district councils to compile evidence for Local Growth Fund 3 (LGF3) schemes by LEP deadline to maximise the chance of success in autumn bidding round.										
1.2) Engage with Highways England over evidence base for RIS2 programme, and Network Rail for strategic rail delivery, and work with partners on advocacy and lobbying with government.										
1.3) Review Planning Obligations Standards annually to ensure we are seeking the maximum possible contributions from developers.										
1.4) Submit business cases for Pooled Business Rates (PBR) funding, and other funding bids as they arise through the year.										
2.1) Manage and oversee development and delivery of individual Local Growth Fund allocation schemes. Undertake consultation and feasibility work to determine priorities.										
2.2) Continue to build the relationship with the LEP to reduce the risk to the county council in having to fund budget increases on schemes. Build other strategic relationships.										
2.3) Periodically review timescales for S106 funding to ensure it is spent before the end date and take action as required. Periodic reviews for transport contributions and an annual review process for library and education contributions.										
Overall risk treatment: Treat										

Progress update

1.1) Awaiting outcome of bid to LEP for A148/A1082 roundabout, To be decided at LEP Board meeting in March. Continuing to prepare for potential future funding opportunities.

1.2) Business cases to support NCC A47 priority schemes (Acle Straight and East Winch to Tilney dualling) completed. NCC led Just Dual It campaign with EDP and Norfolk Chamber. Working with MPs on event at Westminster in the autumn, although getting date from Minister is proving difficult. Working with other A47 Alliance partners on commissioning study on wider economic benefits. Continuing to work on GEML (Great Eastern Main Line; Norwich to London) and Ely Task Forces (rail). Network Rail has been commissioned to look at priority infrastructure projects at both. Local Authority partners on the GEML Task Force finalising commissioning wider economic benefits work. Continuing to support East West Rail Consortium; Eastern Section prospectus recently published.

1.3) Review of Planning Obligations Standards completed, to be agreed at EDT 8 March.

1.4) Developing schemes and projects including the following, part-funded from Pooled Business Rates:

King's Lynn Transport

Norwich Western Link

Fakenham Market Town Study

Downham Market Market Town

Study

Wroxham / Hoveton Market Town Study

Wymondham Market Town Study

Long Stratton Bypass

Bid for Major Road Network funds submitted to government for Long Stratton bypass, no decision to date. WSP commissioned to develop Regional Evidence Base, which is required to support Major Road Network and Large Local Major schemes across Norfolk, Suffolk, Essex and Southend.

Bid for Transforming Cities successful: shortlisted for funds. Bid for Tranche 1 (early delivery) schemes submitted. Continuing to work on developing the Tranche 2 programme, which needs to be submitted in the summer.

2.1) Report to be taken to the LEP Investment and Appraisal Committee for re-distribution of funds between projects to enable delivery of the LGF programme..

2.2) Maintaining good relations with partners including the LEP. Continuing to work as a key member of Transport East, the emerging Sub-National Transport Body. Have met DfT officials in respect of the Major Road Network, large local major schemes, and Transport East. Continuing to meet Highways England regularly regarding delivery of A47 RIS1 schemes.

2.3) Longwater S106 was reviewed and it was confirmed that these contributions are all still valid to contribute to the Dereham Road scheme.

Appendix B

Risk Number	RM002		Date of update	07 March 2019						
Risk Name	The potential risk of failure to manage significant reductions in local and national income streams									
Risk Owner	Simon George		Date entered on risk register	01 July 2015						
Risk Description										
This may arise from global or local economic circumstances (i.e. Brexit), government policy on public sector budgets and funding. As a result there is a risk that the Medium Term Financial Strategy savings required for 2018/19- 2021/22 are not delivered because of uncertainty as to the scale of savings resulting in significant budget overspends, unsustainable drawing on reserves, and severe emergency savings measures needing to be taken. The financial implications are set out in the Council's Budget Book, available on the Council's website.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	5	20	3	4	12	2	4	8	Mar-20	Amber
Tasks to mitigate the risk										
<p>Medium Term Financial Strategy and robust budget setting within available resources. No surprises through effective budget management for both revenue and capital. Budget owners accountable for managing within set resources. Determine and prioritise commissioning outcomes against available resources and delivery of value for money. Regular and robust monitoring and tracking of in-year budget savings by Shadow Corporate Board and members. Regular finance monitoring reports to Committees. Close monitoring of central government grant terms and conditions to ensure that these are met to receive grants. Plans to be adjusted accordingly once the most up to date data has been received.</p> <p>Overall risk treatment:Treat</p>										

Progress update

Government's 2018-19 local government finance settlement reflected in the 2019/20 budget and Medium Term Financial Strategy.

The Government announced the final 2018/19 Local Government Financial Settlement on 6 February 2018. County Council approved the 2018/19 budget and Medium Term Financial Strategy on 12 February 2018 which incorporated the final settlement.

The council's external auditors gave an unqualified audit opinion on the 2017-18 Statement of Accounts and were satisfied that the County Council had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

The recent commitment to additional funding for the NHS (<https://www.gov.uk/government/news/prime-minister-sets-out-5-year-nhs-funding-plan>) inevitably means less funding will be available for other government priorities. However, the plan sets out a commitment that the Government will ensure that adult social care doesn't impose additional pressure on the NHS. The Prime Minister has also signaled the intention to produce proposals to put social care on a more sustainable footing, and to set out budgets for social care and public health as part of the forthcoming spending review. As such the implications for the Council of the Government's various funding commitments across the public sector will not become fully clear until later in 2019.

Policy and Resources Committee on 28 January 2019 considered the latest budget position and recommended to Full Council a balanced budget for 2019/20. County Council on 11 February 2019 approved the 2019/20 budget and future medium Term Financial Strategy taking into account the Final Local Government Finance settlement for 2019/20. The risk is now minimal for 2019/20 but will need to be rolled forward for 2020/21 and future years.

Risk Number	RM003		Date of update	07 March 2019						
Risk Name	Potential reputational and financial risk to NCC caused by failure to comply with statutory and/(or) national/local codes of practice relating to information compliance and information security.									
Risk Owner	Simon George		Date entered on risk register	30 September 2011						
Risk Description										
There is a risk of failing to comply with statutory and/(or) national/local codes of practices in relation to Information Compliance. This could lead to significant reputational and financial risk for NCC. This risk is separate to RM007, which looks at the risk of not having the correct or accurate data to make key decisions.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	2	4	8	1	4	4	Mar-20	Green
Tasks to mitigate the risk										
<p>1) Implementation of SIRO (Senior Information Risk Owner) , CIO (Chief Information Officer), Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities.</p> <p>2) Ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive, secure against security breaches, and fit for purpose to enable managers to make confident and informed decisions.</p> <p>3) Ensure that all staff and managers are provided with training, skills, systems and tools to enable them to meet the statutory standards for information management.</p> <p>4) SIRO to receive assurance of compliance with statutory and/or national/local codes of practice in relation to information compliance from Information Asset Owners when reporting the Annual Governance Statement.</p> <p>5) NCC is NHS Information Governance Toolkit compliant to Level 2</p> <p>6) Embedding and enhancing Cyber Security techniques and Protocols through recommendations from the Cyber Security Audit - i.e data loss, ransomware and system outages etc.</p> <p>7) Embedding of GDPR</p> <p>Overall risk treatment: Treat</p>										
Progress update										
<p>GDPR programme of work has been implemented with all but low risk areas. Programme of work is now continuing for the low risk areas.</p> <p>Audit successfully undertaken by Internal Audit in regards to the use and implementation of Caldicott Guardians across Childrens and Adults with no significant or high outcomes. Quarterly meetings are in place to monitor the Caldicott process.</p> <p>Cyber security action plan has been developed and is currently being actioned.</p> <p>Norfolk County Council for 2018/19 is NHS IG Toolkit accredited to Level 2 by NHS Digital in lines with NHS partners within Norfolk and Waveney STP.</p> <p>All the tasks to mitigate the risk and ensure the Target Risk Score is met are now in place.</p>										

Risk Number	RM004		Date of update	07 March 2019						
Risk Name	The potential risk of failure to deliver effective and robust contract management for commissioned services.									
Risk Owner	Simon George		Date entered on risk register	01 July 2015						
Risk Description										
Ineffective contract management leads to wasted expenditure, poor quality, unanticipated supplier default or contractual or legal disputes The council spends some £600m on contracted goods and services each year.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	3	4	12	2	3	6	Mar-20	Amber
Tasks to mitigate the risk										
<p>1) Ensure that staff who have contract management as part of their job have the relevant skills and support to manage contracts effectively</p> <p>2) Pipeline of expiring contracts and procurement summary to go to Committees and departments.</p> <p>3) Appoint a Senior Commissioning Officer for Norse services and implement cross-department contract management structures</p> <p>4) Review contracts to ensure compliance with the GDPR from May 2018</p> <p>5) Rolling programme of internal audits of contract management of significant contracts</p> <p>Overall risk treatment: Treat</p>										
Progress update										
<p>1) Contractor management training being organised for Q2/3 of 2018/19; central system of checking credit alerts implemented; contract management skills matrix being developed</p> <p>2) The procurement pipeline goes to all Committees and is being tailored to each Committee to show their procurement. It is also being taken up by some departmental management teams.</p> <p>3) A Senior Commissioning Officer (Al Collier) has been appointed for Norse services and cross-department</p> <p>4) All major contracts have been reviewed, with ongoing review of all other contracts, to ensure continued compliance with the GDPR.</p> <p>5) Rolling audit programme has commenced.</p>										

Appendix B

Risk Number	RM006		Date of update		07 March 2019					
Risk Name	The potential risk of failure to deliver our services within the resources available over the next 3 years commencing 2018/19 to the end of 2020/21.									
Risk Owner	Tom McCabe		Date entered on risk register		11 September 2018					
Risk Description										
The failure to deliver agreed savings or to deliver our services within the resources available, resulting in the risk of legal challenge and overspends, requiring the need for in year spending decisions during the life of the plan, to the detriment of local communities and vulnerable service users.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
2	5	10	2	5	10	1	5	5	Mar-19	Green
Tasks to mitigate the risk										
<p>1) Clear robust framework in place which drives the delivery of the overall vision and priority outcomes. The delivery of a council-wide strategy which seeks to shift focus to early help and prevention, and to managing demand.</p> <p>2) Delivery against the strategic service and financial planning, by translating the vision and priorities into achieved, delivered targets.</p> <p>3) A robust annual process to provide evidence for Members to make decisions about spending priorities.</p> <p>4) Regular and robust in-year financial monitoring to track delivery of savings and manage in-year pressures.</p> <p>5) Sound engagement and consultation with stakeholders and the public around service delivery.</p> <p>6) A performance management and risk system which ensures resources are used to best effect, and that the Council delivers against its objectives and targets.</p> <p>Overall risk treatment: Treat</p>										
Progress update										
<p>Regular budget monitoring reports to service committees set out how the Council is delivering against the 2018/19 budgets set for each of our services.</p> <p>The Council has a robust and established process, including regular reporting to members, which is closely linked to the wider Council Strategy, in order to support the development of future year budget plans taking account of the latest available information about Government funding levels and other pressures. This process includes reviewing service budgets and taking into account financial performance and issues arising in the current financial year as detailed in the budget monitoring reports.</p>										

Appendix B

Risk Number	RM007		Date of update		07 March 2019					
Risk Name	Potential risk of organisational failure due to data quality issues.									
Risk Owner	Simon George		Date entered on risk register		01 July 2015					
Risk Description										
Failure to manage the data quality will prevent us from ensuring that data relating to key Council priorities is robust and valid. This places the Council at risk of making decisions using data that is not always as robust as it should be. This may lead to poor or ineffective commissioning, flawed decision making and increased vulnerability of clients, service users and staff. This risk is separate to RM003, which looks at the risk of failure to adhere to national and/or local statute or codes of practice relating to information compliance or information security.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	2	4	8	1	4	4	Mar-20	Amber
Tasks to mitigate the risk										
<p>1) Implementation of the Information Management Strategy, Information Governance Framework, Data Protection, Information Sharing, Freedom of Information, Records Management, Managing Information Risk, and Information Security.</p> <p>2) Information Compliance Group (ICG) has the remit to ensure the overarching Information Governance Framework is embedded within business services and NCC and elements of the IM Maturity Readiness Plan.</p> <p>3) Ensuring that all staff and managers are provided with training, skills, systems and tools to enable them to meet the statutory/NCC standards for information management.</p> <p>4) Ensuring the Mandated E-Learning Data Protection 3 year refresher data - Information sent to CLT and CLG on a monthly basis for review and action</p> <p>5) The implementation of a corporate Identity and Access Management solution</p>										

Progress update

Data Quality (DQ) audits have been undertaken by internal audit with no significant or concerning outcomes.

Manual records management project looking at retention periods of manual records held with BoxIt is providing positive results.

Moving forward all new systems being procured like Liquid Logic have more validation and integrity checks on the data/information at field level, row level and at page level thus ensuring the data/information is treated as a corporate asset inline with the NCC IM Strategy.

We have undertaken significant data cleansing work this year or so in the migration to Liquid Logic for Social Care data and in preparation for a new ERP system (Financial & Procurement data in particular). We have also conducted extensive work to cleanse data in files-shares and paper documents in storage, also scanning extensively to support Liquid Logic & Oracle EBS and associated systems. DQ audits undertaken have also shown reasonable findings.

Appendix B

Risk Number	RM010		Date of update	26 February 2019						
Risk Name	The risk of the loss of key ICT systems including: - internet connection; - telephony; - communications with cloud-provided services; or - the Windows and Solaris hosting platforms.									
Risk Owner	Simon George		Date entered on risk register	02 September 2015						
Risk Description										
Loss of core / key ICT systems, communications or utilities for a significant period - as a result of loss of power, physical failure, fire or flood, supplier failure or cyber attack - would result in a failure to deliver IT based services leading to disruption to critical service delivery, a loss of reputation, and additional costs. Overall risk treatment: Treat.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	2	3	6	1	3	3	Sep-19	Amber
Tasks to mitigate the risk										
<p>'1) Full power down completed periodically.</p> <p>6) Replace ageing Local Area Network (LAN) equipment</p> <p>8) Ensure access to services if county hall lost by reconfiguring Core Infrastructure Services (DHCP, DNS, Active directory)</p> <p>9) Implement Cloud-based business systems with resilient links for key areas</p> <p>10) Replace voice services (contact center / desk phones) with resilient cloud based services</p> <p>11) Review and Implement suitable arrangements to protect against possible cyber / ransomware attacks including</p> <ul style="list-style-type: none"> • Carry out recommendations from Cyber Security Audit • Carry out recommendations from Phishing Simulation exercise, and repeat • Retire Windows 2003 • Implement new client service security for Windows 10 build • Independent IT Health Check for PSN accreditation 										
Progress update										
<p>'1) Full power down completed periodically. New Datacentre with resilient power will be implemented by August 2019.</p> <p>6) New Local Area Network equipment has been procured and we are planning the implementation over the next month for delivery Q2 2019</p> <p>8) Access to services if County Hall was lost was tested on during the Disaster Recovery exercise migrating services to the new DR site</p> <p>9) We Implement Cloud-based business systems with resilient links for key areas as they are procured</p> <p>10) Contact services are being migrated to a cloud based system, due to be finished by Q2 2019, Telephony resilience will be improved as part of the Skype for Business project.</p> <p>11) We are working through the cyber audit actions target date for 90% completion Q1 2019</p>										

Risk Number	RM011		Date of update	07 March 2019						
Risk Name	The potential risk of failure to implement and adhere to an effective and robust performance management framework.									
Risk Owner	Fiona McDiarmid		Date entered on risk register	02 September 2015						
Risk Description										
The failure of leadership to adhere to robust corporate performance practice / guidance, resulting in organisational / service performance issues not being identified and addressed. This could have a detrimental impact on future improvement plans and overall performance and reputation of the Council.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	2	3	6	1	3	3	Jun-19	Amber
Tasks to mitigate the risk										
<p>The performance development framework was implemented in April 2018. 950 managers have been training and an ongoing programme is in place for new managers. A survey was carried out in October and results provided back to employees and the Corporate Board. Corporate vital signs for goals, and a target of at least 50% of staff having learning plans. We remain behind plan on 95% of employees reporting that they have written goals. We will restart this measure from May 2019.</p> <p>We are reporting on the following five corporate vital signs relating to performance; Sickness absence - percentage lost time. New employee retention rate Vacancy rates Agency and contract staffing spend as a percentage of pay bill Working to a target of 95% of employees having written goals to works towards.</p> <p>Overall risk treatment: Treat</p>										
Progress update										
<p>The target date is amended to June 2019 to reflect a full year of performance development and, new governance arrangements being implemented as we move to a cabinet model which will be accountable for overseeing the performance management framework of NCC. The prospect rating of amber remains unchanged reflecting that embedding performance culture takes some time across a complex organisation, and, delivering a performance management framework requires other elements around vision, strategy and plan. This risk may need reshaping in definition and mitigation when next reviewed.</p>										

Risk Number	RM013		Date of update	07 March 2019						
Risk Name	The potential risk of failure of the governance protocols for entities controlled by the Council, either their internal governance or the Council's governance as owner. The failure of entities controlled by the Council to follow relevant guidance or share the Council's ambitions.									
Risk Owner	Simon George		Date entered on risk register	02 September 2015						
Risk Description										
The failure of governance leading to controlled entities: Non Compliance with relevant laws (Companies Act or other) Incurring Significant Losses or losing asset value Taking reputational damage from service failures Being mis-aligned with the goals of the Council The financial implications are described in the Council's Annual Statement of Accounts 2017-18.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
1	4	4	1	4	4	1	4	4	Mar-20	Met
Tasks to mitigate the risk										
<p>1) All controlled entities and subsidiary companies have a system of governance which is the responsibility of their Board of Directors. The Council needs to ensure that it has given clear direction of it's policy, ambitions and expectations of the controlled entities. The NORSE Group objectives are for Business Growth and Diversification of business to spread risks. Risks need to be recorded on the Group's risk register.</p> <p>2) The NORSE board includes a Council Member and is currently chaired by the Executive Director of Communities and Environmental Services of the Council. There is a shareholder committee comprised of six Members. The shareholder committee should meet quarterly and monitor the performance of NORSE. A member of the shareholder board, the shareholder representative, should also attend the NORSE board.</p> <p>3) The Council holds control of the Group of Companies by way of its shareholding, restrictions in the NORSE articles of association and the voting rights of the Directors. The mission, vision and value statements of the individual NORSE companies should be reviewed regularly and included in the annual business plan approved by the Board. NORSE should have its own Memorandum and Articles of Association outlining its powers and procedures, as well as an overarching agreement with the Council which outlines the controls that the Council exercises over NORSE and the actions which require prior approval of the Council.</p> <p>4) To ensure that governance procedures are being discharged appropriately to Independence Matters.</p> <p>5) Approve the Outline Business Case for Repton Property Developments Ltd.</p> <p>6) Provide regular updates to the company Board and to the Business and Property Committee.</p> <p>Risk Treatment: Tolerate</p>										

Progress update

- 1) There are regular Board meetings, share holder meetings and reporting as required. For NORSE, risks are recorded on the NORSE group risk register. For Norfolk Energy Futures,
- 2) The Norse Group follows the guidance issued by the Institute of Directors for Unlisted Companies where appropriate for a wholly owned local authority company. The shareholder committee meets quarterly and monitors the performance of Norse. A member of the shareholder board, the shareholder representative, also attends the Norse board.
- 3) The Council has reviewed its framework of controls to ensure it is meeting its Teckal requirements in terms of governance and control, and a series of actions has been agreed by the Policy and Resources Committee. The Executive Director of Finance and Commercial Services is responsible for reviewing the ongoing viability of wholly owned entities and regularly reporting the performance of their activities, with a view to ensuring that the County Council's interests are being protected.
All County Council subsidiary limited company Directors have been approved by full council. The new Chairman of Norse has initiated change with one Director looking after NCS and NPS, with a view to maximising returns back to NCC.
A further strengthening of the Board is proposed with the appointment of two independent Non-Executive Directors with one vote each. As with Repton the appointments would be made through a transparent process of advertisement, interview and appointment.
- 4) The Executive Director of Finance and Commercial Services directs external governance. An external company is undertaking a review of Norse Group's financial performance, discharging the Executive Director for Finance and Commercial Services' responsibility as per the Constitution.
- 5) The Outline Business Case for Repton Property Developments Ltd has been approved.
- 6) Regular updates are being provided.

Risk Number	RM014a		Date of update		19 February 2019					
Risk Name	The increasing demand for SEND assessments coupled with the amount spent on home to school transport at significant variance to predicted best estimates									
Risk Owner	Chris Snudden		Date entered on risk register		04 November 2015					
Risk Description										
There is an increasing demand on services as our numbers of SEND are rising, this coupled with ensuring there is appropriate sufficient placement choice is having an impact on cost. Rising transport costs, the nature of the demand-led service (particularly for students with special needs) and the inability to reduce the need for transport or the distance travelled will result in a continued overspend on the home to school transport budgets and an inability to reduce costs.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	3	9	5	3	15	2	2	4	Mar-20	Amber
Tasks to mitigate the risk										
Continue to enforce education transport policy, and work with commissioners re school placements. Continually review the transport networks, to look for integration and efficiency opportunities. Work with Norse to reduce transport costs and ensure the fleet is used efficiently and effectively. Look for further, more innovative, ways to plan, procure and integrate transport.										
Overall risk treatment: Treat										
Progress update										
There remains ongoing budget pressure within the SEN transport element of the overall Transport Budget for Children's Services with a significant overspend now being forecast; latest budget monitoring for January 2019 shows a forecast of £4.1m. This has been caused by the increasing number of placements within special schools and exclusions, coupled with increased complex need resulting in requests for individual transport packages. The recent P&R Committee decision to invest £120million capital for more specialist provision will, in the medium to long term, mitigate these increases but in the short term the risk to budget has increased.										

Risk Number	RM014b		Date of update	04 March 2019						
Risk Name	The savings to be made on Adult Social Services transport are not achieved.									
Risk Owner	James Bullion		Date entered on risk register	04 November 2015						
Risk Description										
The risk that the budgeted savings of £1.7m to be delivered by 31 March 2020 will not be achieved.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	3	9	2	2	4	2	2	4	Mar-20	Green
Tasks to mitigate the risk										
<p>1) In 2017 the savings were reprofiled to future years (2018/19 and 2019/20).</p> <p>2) A corporate review of transport has taken place.</p> <p>3) Transport Guidance has been updated in line with the revised transport policy.</p> <p>4) Under the Younger Adults of the Promoting Independence Workstream, we're developing a joint approach to disability and transition from Children's to Adults.</p> <p>5) Exploring the use of an application to help with monitoring of the cost of transport. This application is currently being used by Children's Services for Children with Special Educational Needs.</p>										
Progress update										
<p>1) Adult Social Care Committee agreed on 4 September 2017 to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m) and that the difference of £2.1m in savings will be made through the purchase of care budget from changes to patterns of care. The department achieved an underspend on Transport for 2017-18 of £0.813m - in effect the early delivery of the 2018-19 savings and some of the 2019-20 savings. The forecast for Transport spend in 2018-19, as at period eight (November), is an underspend of £-0.128m.</p> <p>2) Travel Independence Training Across the Nation (Titan) training is being rolled out. We are recruiting to ASSD specific posts to enable more people to use public transport.</p> <p>3) The revised Transport Guidance and Policy was agreed by ASC Committee on 6 March 2017 and shared with staff.</p> <p>4) This is being implemented for new service users now and for existing people at the point of review. This now links with the work on assessments and reviews as part of the Promoting Independence Programme. It appears that this is being embedded in working practices, given the forecast underspend on transport</p> <p>5) This is currently being developed. We have carried out the fieldwork to understand the current transition process from Children's services to Adult services. We have taken a joint approach and carried out 50 interviews with senior stakeholders from children's services, adult services and health, as well as meeting with transition workers, team managers and other key staff from children with disability teams, looked after care teams, leaving Care teams, Adult LD, Adult mental health and adult Physical disability team.</p> <p>5b) IMT have developed the first version of a Transport application for use by Adult Social Services and Travel and Transport where you can see for each day centre where people are travelling from, whether they are travelling alone/with others and which day services other people charged to that budget code are going to. It is based on an application IMT developed for Children with Special Education Needs. The application looks useful, and provides a clearer picture of transport provision than analysing pages of reports. The department is checking the viewer application and it will be trialled with Business Support initially.</p>										

Risk Number	RM016		Date of update		05 March 2019					
Risk Name	Failure to adequately prepare for and respond to a major disruption to Norfolk County Council services.									
Risk Owner	Tom McCabe		Date entered on risk register		10 December 2015					
Risk Description										
To ensure disruption is minimised and ensure that we are able to maintain services and respond appropriately to a either a Major or Moderate disruption both within and out of core office hours (N.B. this risk will be scored differently for different departments due to different levels of preparedness).										
Original			Current			Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
2	5	10	2	5	10	2	3	6	Mar-19	Amber
Tasks to mitigate the risk					Progress update					
1) All corporately agreed critical activities must have comprehensive Business Continuity plans which are exercised. Plans to be agreed by Senior Managers.					1) 82% of critical services have plans which are up-to-date. The Resilience Team audits all plans as they are received and provides feedback to service managers where changes are required. The next audit is due in the first quarter of 2019.					
2) To develop the Professional Development Centre (PDC) Norwich, which was agreed as a key corporate Work Area Recovery (WAR) site by CLT. First stage is a planned exercise to take place with the Customer Service Centre, second step is to complete an exercise with the Resilience representatives at the PDC. Also, an exercise with the Resilience Management Board and CLT.					2) Work Area Recovery test - stage 1 to test the CSC completed and was a success. This exercise tested "loss of access to County Hall" not "loss of infrastructure at County Hall". In January power was cut to County Hall due to work required by UK Power networks and generators provided power to the datacentre to maintain ICT. Feedback for this powerdown was overwhelmingly positive. Unlike previous power downs some critical weakened services had to move and worked 24/7 from the PDC over the weekend. This worked very well. Exercise Horseshoe the Disaster Recovery and Business Continuity exercise had to be scaled back considerably. There is a lack of confidence in how systems will "behave" when transferred over to the Disaster Recovery facility and PDC (i.e. telephony) and without this confidence the risk to live services such as libraries and museums is considered too great. IMT have committed to resolving any issues as a result of the exercise, and IMT and Resilience have agreed to complete the exercise annually, building on the exercise each year to test different elements. This is a significant milestone for BC and DR, as one year ago there was no Disaster Recovery facility at all. It is important to gain reassurance that in the event of County Hall IMT failing that all IMT is functional at the PDC - including telephony.					

Tasks to mitigate the risk	Progress update
<p>3) Embedding Business Continuity - Ensure there is a programme of work to embed BC into the organisation. This includes awareness raising initiatives and training for support staff and resilience representatives. Training also includes the BC e-learning package which needs to be reviewed, relaunched, and the uptake monitored. Departments must ensure staff attend training and complete exercises/tests.</p>	<p>3) The Business Continuity for managers course is now over subscribed despite more dates being added to the training programme. Training and exercising is being completed across the organisation but a full programme of training and exercising needs to be developed. All plans must be exercised once per year. The percentage is increasing gradually. Currently the percentage is 50%. A TCG/Silver course is being developed for NCC staff.</p>
<p>4) Implement the Business Continuity Framework</p>	<p>4) Every quarter the Resilience Management Board receive an update of where NCC are in implementing the BC Framework, there are no red items. This has been developed further by communicating the position of the departments using the assurance framework and those sections marked as red/amber (where applicable) should be linked to departmental risk registers. These reports have now been completed, with departments receiving a report listing departmental strengths and weaknesses in relation to Resilience.</p>
<p>5) Gain assurance that ICT could be recovered in line with timescales detailed within the BIAs.</p> <p>Overall Risk Treatment: Treat</p>	<p>5) Full ICT data from the Business Impact Analysis has been provided to IMT and we are awaiting their comments and feedback. Resilience have met with IMT about this twice recently, and they are still awaiting feedback. The aspiration is that what the Business has documented within the BIAs should be used to help shape IMT infrastructure projects and the DR development. This issue has been outstanding for sometime, the importance of this is recognised by IMT and Resilience but the work has not progressed.</p> <p>There are several new technologies being introduced such as the new telephony system, whilst they offer numerous benefits, Resilience have requested a briefing on any additional risks the new technologies may bring. For example for outlying buildings without generators, a loss of power may cause a complete loss of communications. Further work is required on this task.</p>

Risk Number	RM022		Date of update	06 March 2019						
Risk Name	Potential changes in laws, regulations, government policy or funding arising from the UK leaving the European Union, which may impact on Council objectives, financial resilience and affected staff ('Brexit').									
Risk Owner	Tom McCabe		Date entered on risk register	26 July 2016						
Risk Description										
<p>There are important implications to the Council in four main areas: 1) The Council's EU funded programmes supporting the local economy. 2) The legal base – there are many EU laws that affect the day job of local councils. 3) Council services dependent on a migrant workforce – for example nationally, 7% of existing adult social care staff come from other EU nations 4) Place-based impact – there will be real and varied impacts and opportunities in our local economy. There is a risk that initially, implications for Norfolk County Council of the UK leaving the EU are not known or understood, causing uncertainty in Council business, planning, and service delivery. Uncertainty on both performance delivery and designation of the Council as Managing Authority following the EU referendum result could lead to an inability to draw down the funding required to manage the programme and have a significant reputation impact on the Council leading to an inability to submit payment claims to the EU. Cause: The EU Referendum held in June 2016, with the UK as a whole voting to leave the EU.</p>										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12	3	3	9	2	3	6	Mar-19	Amber
Tasks to mitigate the risk										
<p>1) Norfolk County Council should continue to monitor Brexit developments and developing responses to the four areas in which the council will be affected (EU funding, legal issues, workforce issues, place-based impact).</p> <p>2) We are members of the LGA Brexit Sounding Board and local authority officer network to keep abreast of local government thinking and influencing of post Brexit policy. We have jointly commissioned work with the LEP and Suffolk County Council to understand the business impact of Brexit within the New Anglia area.</p> <p>3) We have agreed the principals and framework for regional investment post Brexit to ensure the level of current funding is protected, including asking for funds to be devolved locally, so that the economic benefit of the funding is secured.</p> <p>4) Human Resources to support managers and staff who may be affected by this issue.</p> <p>5) Regular meetings are taking place with the Ministry for Housing, Communities and Local Government and the Department for Business, Energy and Industrial Strategy (BEIS) regarding a managed exit from EU funded programmes to ensure NCC's liabilities are met.</p> <p>6) Understand the risks and implications of Brexit to service delivery, wider community and business continuity.</p> <p>Overall risk treatment: Tolerate</p>										

Progress update

1) Brexit Silver Group Meetings are being held to understand how departments are preparing for Brexit, to minimise disruption to their services post 29th March, and feed any info. from the Norfolk Resilience Forum back to NCC and vice versa. In addition, with the Risk Management Officer we are developing a specific and more detailed corporate Brexit risk register to manage risks arising from leaving the European Union that are within our control

2) The NCC website now offers information for businesses and individuals

<https://www.norfolk.gov.uk/what-we-do-and-how-we-work/preparing-for-brexit>

2) The Treasury Guarantee provides assurance that funding is assured in the event of a deal for projects committed by 31 December 2020 (rather than 19 March 2019 as had been anticipated). Payment mechanisms to manage this remain to be explored. The European Commission has issued a notice around a no deal Brexit proposing a draft regulation that would allow the UK to continue participating in EU programmes in 2019. The UK Government is currently analysing this proposal and its implications, however there is a risk that project partners may not be able to continue working with their counterparts in other member states. Similarly, UK organisations may also not be able to continue applying to ETC programmes after the UK leaves the EU. If so, the government will provide full details on what to do to individual project partners.

We are in close contact with MHCLG (as the lead for ETC programmes) as this progresses.

3) The Green Paper regarding the Shared Prosperity Fund has still not yet been published and is not expected for some time until the Brexit situation has been clarified: We continue to work with New Anglia and other relevant partners and will in due course prepare a joint response and report the proposals and our response to members when it has been published. NCC is represented on the LGA national Brexit Sounding Board by Vince Muspratt.

4) The Internal Project Board is aware of NCC liabilities; nplaw have drafted a Deed of Guarantee seeking written assurance from Ministry of Housing, Communities & Local Government that they will meet our liabilities in order to close the Programme. The Ministry for Housing, Communities and Local Government have raised the issue with Ministers, as is our MA status after we leave the EU. This will now fall under the detailed work around payment mechanisms following the confirmation of extended programme completion. The renewed Treasury Guarantee supports this approach.

5) We have raised the issue of Trading Standards (their ability to act as a National Body certified by the EU, charging for highway services) with the LGA to play into their negotiations with DExEU.

6) A task force has been set up, asking each Directorate to provide a summary of the risk posed to them and their service provision by Brexit.

Appendix B

Risk Number	RM023		Date of update		04 March 2019					
Risk Name	Failure to respond to changes to demography, funding, and government policy, with particular regard to Adults Services.									
Risk Owner	James Bullion		Date entered on risk register		18 August 2017					
Risk Description										
Changes to demography, funding, and government policy can severely impact on the ability of Adult Social Services to support Norfolk residents. There is a risk that Adult Social Services fails to anticipate and act on changes to demography, funding and government policy. Cause: Changes to demography, funding and government policy. Event: The Council fails to plan and adapt to change effectively for the future. Effect: Outcomes for Norfolk citizens may worsen.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5	5	25	4	5	20	2	4	8	Mar-20	Amber
Tasks to mitigate the risk										
<p>1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future.</p> <p>2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care.</p> <p>3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.</p> <p>4) Judicious use of one-off winter funding, as announced by Government.</p> <p>5) Close tracking of government policies, demography trends and forecasts.</p> <p>6) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services.</p>										

Progress update

- 1) Demand and demography modelling continues to be refined through the cost and demand model. Five main themes for transformation: Services for people with a learning disability; maximising digital technology; embedding strengths-based social work through Living Well; 3 conversations; health and social care integration and housing for vulnerable people.
- 2) Sector based plans for providers which model expected need and demand associated with demographic and social change
- 3a) Strengthened investment in prevention, through additional reablement, social prescribing, local initiatives for reducing social isolation and loneliness
- 3b) Workforce – continued recruitment campaign to sustain levels of front line social workers and occupational therapy staff.
- 3c) Better Care Fund targeted towards supporting people to stay independent, promoting and enabling closer integration and collaboration across health and social care.
- 4) Close joint working with NHS, through the STP, to shape and influence future integration of health and social care
- 5) We are still awaiting the Green Paper on Social Care; will now review the NHS 10-year Plan and establish how this will impact on the direction of travel for health and social care
- 6) Collaboration with children's services to develop a preparing for adult life service to strengthen transition experience for young people, and to improve service and budget planning.

Risk Number	RM024		Date of update		08 March 2019					
Risk Name	Failure to construct and deliver the Great Yarmouth 3rd River Crossing (3RC) within agreed budget (£121m), and to agreed timescales (construction completed early 2023)									
Risk Owner	Tom McCabe		Date entered on risk register		05 December 2017					
Risk Description										
There is a risk that the 3RC project will not be delivered within budget and to the agreed timescales. Cause: delays during statutory processes, or procurement put timescales at risk and/or contractor prices increase project costs. Event: The 3RC is completed at a later date and/or greater cost than the agreed budget, placing additional pressure on the NCC contribution. Effect: Failure to construct and deliver the 3RC within budget would result in the shortfall having to be met from other sources. This would impact on other NCC programmes.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	3	4	12	2	3	6	Jan-23	Amber
Tasks to mitigate the risk										
<p>The project was agreed by Full Council (December 2016) as a key priority infrastructure project to be delivered as soon as possible. Since then, March 2017, an outline business case has been submitted to DfT setting out project costs of £120m and a start of work in October 2020. 80% of this project cost has been confirmed by DfT, but this will be a fixed contribution with NCC taking any risk of increased costs. Mitigation measures are:</p> <ol style="list-style-type: none"> 1) Project Board and associated governance to be further developed to ensure clear focus on monitoring cost and programme at monthly meetings. 2) NCC project team to include specialist cost and commercial resource (bought in to the project) to provide scrutiny throughout the scheme development and procurement processes. This will include independent audits and contract/legal advice on key contract risks as necessary. 3) Programme to be developed that shows sufficient details to enable overall timescales to be regularly monitored, challenged and corrected as necessary by the board. 4) Project controls and client team to be developed to ensure systems in place to deliver the project and to develop details to be prepared for any contractual issues to be robustly handled and monitored. 5) All opportunities to be explored through board meetings to reduce risk and programme duration. <p>Overall risk treatment: Treat, with a focus on maintaining or reducing project costs and timescales.</p>										

Progress update

The outline business case was submitted on 30 March 2017, and DfT confirmed approval of this following the autumn statement in November 2017. There is a risk that the scheme development could see changes to the scheme, and therefore to the agreed business case, and any changes will need to be addressed/agreed with DfT. Progress against actions are:

1) Project board in place. Gateway review highlighted a need to assess and amend board attendance and this has been implemented. Progress update report provided to Audit Committee on 31 July 2018. A gateway review was completed to coincide with the award of contract decision making - the findings have been reported to the project board (there are no significant concerns identified that undermine the project delivery). Internal audit on governance ongoing during Feb 19.

2) Specialist cost and commercial consultants have been appointed and will continue to review project costs. The first element of work for the cost consultant was to review project forecasts. They will continue to assess on a quarterly basis, reporting to the board and supporting the work of the commercial team which is now operational.

No issues highlighted to date and budget is considered sufficient - this work was used to update the business case submitted to and accepted by DfT.

A further budget review is being completed following appointment of the contractor (however initial assessments based on tendered submissions provided sufficient confidence to award the contract - in accordance with delegated authority).

3) An overall project programme has been developed and will be owned and managed by the dedicated project manager. Any issues will be highlighted to the board as the project is delivered. Programme updated to fully align procurement and DCO processes. Following the award of the contract, from January 2019, the programme is now focussed on delivering the DCO.

4) Learning from the NDR and experience of the commercial specialist support has been utilised to develop contract details ahead of the formal commencement of the procurement process, which was 27 February 2018. Further work is ongoing and has fed into the procurement processes (and competitive dialogue) with the bidders. The commercial team leads were in place from the start of the contract (January 2019).

5) The project board will receive regular (monthly) updates on project risks, costs and timescales. A detailed cost review was delivered to the board ahead of the award of the contract (following the delegated authority agreed by Full Council), and took into account the contractors tender pricing and associated project risk updates.

Risk Number	RM025	Date of update	05 March 2019
Risk Name	Potential change of governance in the Fire and Rescue Service		
Risk Owner	Tom McCabe	Date entered on risk register	20 August 2018

Risk Description

A change in governance for the Fire and Rescue service has been proposed by the PCC. If this proposal was to go ahead in the future, it would create a number of issues which would lead to a less resilient service which is less able to address community risk and will impact on public safety:- 1) the service will be fully exposed to budget pressures and reductions in a way that they are not currently, and may need to make service reductions to manage these. 2) proposed changes to operations are not clearly articulated and have not been risk assessed, and could lead to inappropriate and unsafe practices being put in place. 3) a change in governance, if agreed, would take 14 months to implement and would require significant resource, which would distract resource from service operations and improvements. It would also cost around £1m, which would create an additional budget pressure. 4) there may be an impact on the morale of staff impacted by the change, and it is possible that there could be strike action.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	3	5	15	2	4	8	Mar-19	Amber

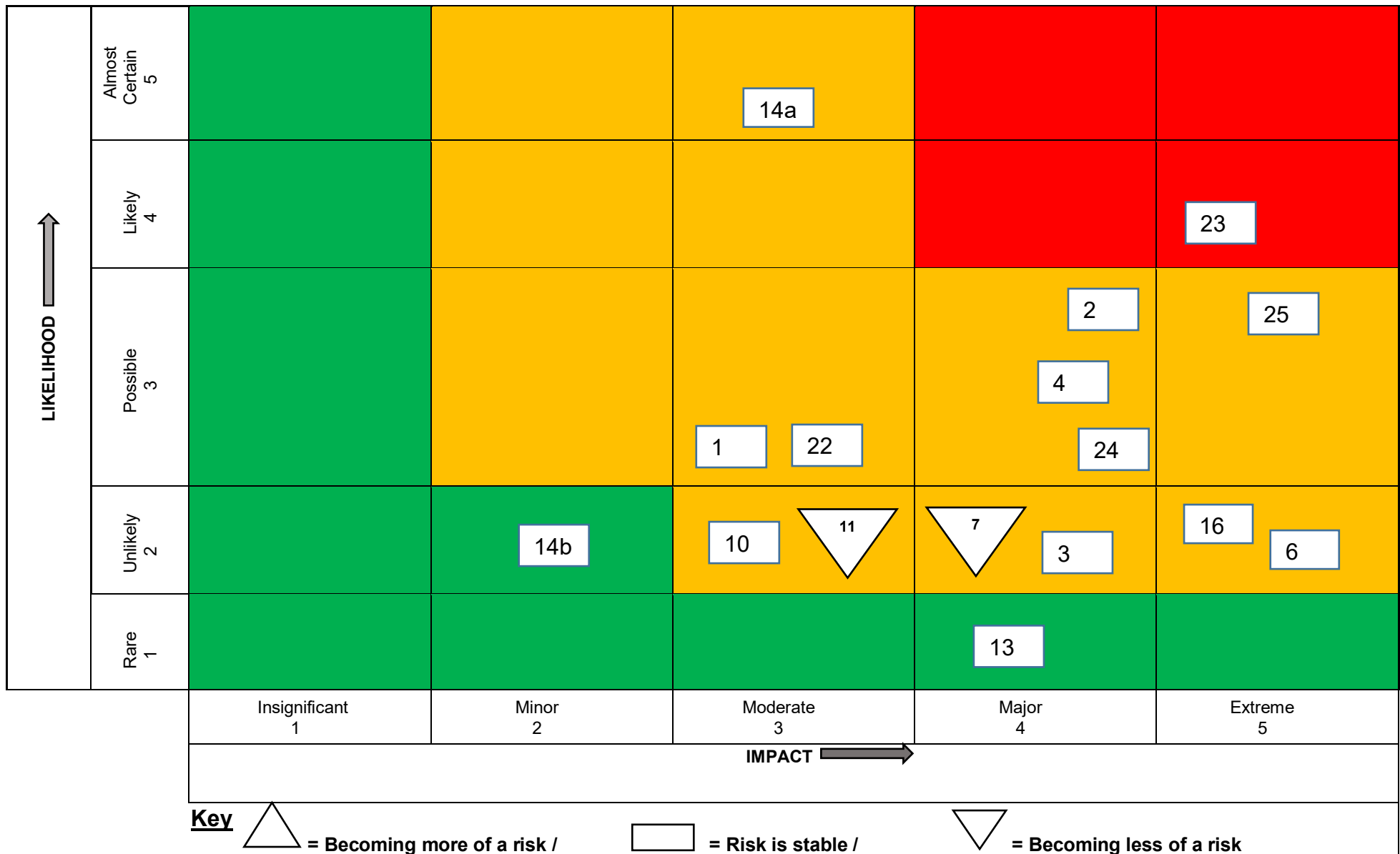
Tasks to mitigate the risk

- 1) Participate in the public consultation being carried out by the PCC until 05/09/2018 to ensure that the County Council's views and concerns can be understood, and taken into account.
- 2) Keep affected staff updated on progress as and when there are further developments.
- 3) Encourage Norfolk communities and other stakeholders to participate in the PCC's public consultation by 05/09/2018.
- 4) Re-fresh and reinvigorate collaboration with other emergency services, in particular Norfolk Constabulary.

Progress update

- 1) A special meeting of the Communities Committee took place on 29 August to consider and agree the County Council's formal response to the consultation, and the agreed formal response was submitted to the PCC 4 September 2018. The Committee also agreed to recommend that this risk is managed at corporate level. It was considered and agreed by the Policy and Resources Committee at the October meeting.
- 2) Regular messages sent to staff to keep them up to date on progress and how they can make their views known. Four staff sessions held to enable the PCC to directly explain his business case and proposals. A further four staff sessions held to enable staff to hear directly from the Chair of the Fire and Rescue Authority about the County Council's views.
- 3) Information on the County Council's views published on the Norfolk County Council website, along with information about how to respond to the PCC's public consultation. The public consultation closed on 5 September 2018. The responses have been reviewed and the PCC has decided not to submit a business case to the Home Office at this stage, but will keep the situation under review.
- 4) Refreshed arrangements for Emergency Services Collaboration Board are now in place. A Memorandum of Understanding has been signed by the PCC and the Leader of NCC and Communities Committee have approved a formal collaboration agreement between Norfolk Fire and Rescue and Norfolk Constabulary. The new Emergency Services Collaboration Board and Operational Group have both met and work is progressing to develop a shared work programme.

Corporate Strategic Risks - Heat Map



No.	Risk description	No.	Risk Description
1	Infrastructure is not delivered at the required rate to support existing needs and the planned growth of Norfolk.	11	The potential risk of failure to implement and adhere to an effective and robust performance management framework.
2	The potential risk of failure to manage significant reductions in local and national income streams.	13	The potential risk of failure of the governance protocols for entities controlled by the Council, either their internal governance or the Council's governance as owner. The failure of entities controlled by the Council to follow relevant guidance or share the Council's ambitions.
3	Potential reputational and financial risk to NCC caused by failure to comply with statutory and/(or) national/local codes of practice relating to information compliance and information security.	14a	The increasing demand for SEND assessments coupled with the amount spent on home to school transport at significant variance to predicted best estimates.
4	The potential risk of failure to deliver effective and robust contract management for commissioned services.	14b	The savings to be made on Adult Social Services transport are not achieved.
6	The potential risk of failure to deliver our services within the resources available over the next 3 years commencing 2018/19 to the end of 2020/21.	16	Failure to adequately prepare for and respond to a major disruption to Norfolk County Council services.
7	Potential risk of organisational failure due to data quality issues.	22	Potential changes in laws, regulations, government policy or funding arising from the UK leaving the European Union which may impact on Council objectives, financial resilience and affected staff ('Brexit').
10	The risk of the loss of key ICT systems including: - internet connection; - telephony; - communications with cloud-provided services; or - the Windows and Solaris hosting platforms.	23	Failure to understand and act upon changes to demography, funding, and government policy, with particular regard to Adults Services.
		24	Failure to construct and deliver the Great Yarmouth 3rd River Crossing (3RC) within agreed budget (£121m), and to agreed timescales (construction completed early 2023).
		25	Potential change of governance in the Fire and Rescue Service.

Policy & Resources Committee

Item No 10

Report title:	Procurement update
Date of meeting:	25 March 2019
Responsible Chief Officer:	Simon George – Executive Director of Finance and Commercial Services
Strategic impact The council buys goods and services worth some £700m each year. Members have asked for a regular update on procurement issues, so that they have sufficient notice about forthcoming procurements to provide strategic input and so that they are aware of current issues and any concerns.	

Executive summary

We spend some £700m each year on services and goods for Norfolk people so we need to ensure that we are managing the contracts for these services and goods well.

As an organisation we want to be good to do business with, and be efficient and business-like in the way we work. High quality contracting and procurement is a critical enabler for us to do this.

We have adopted an approach which is proactive and ensures we have coherent, upstream arrangements for the contract 'pipeline'; we have also strengthened management oversight and grip on processes, and have a programme of improvement to ensure front line managers are equipped to manage and monitor contracts effectively to maximise impact and value.

Recommendations:

The committee is invited to:

- A. Review the pipeline and comment on any contracts of particular interest or concern**
- B. Review the information about contract management and make any comments**

1. Current position

1) The majority of the council's expenditure is on buying services (and to a much lesser extent goods) from third parties. Of this expenditure, most is on services which are directly visible to the public (residential care, highway maintenance, etc). Much of the remainder is on services which support our frontline staff – such as ICT.

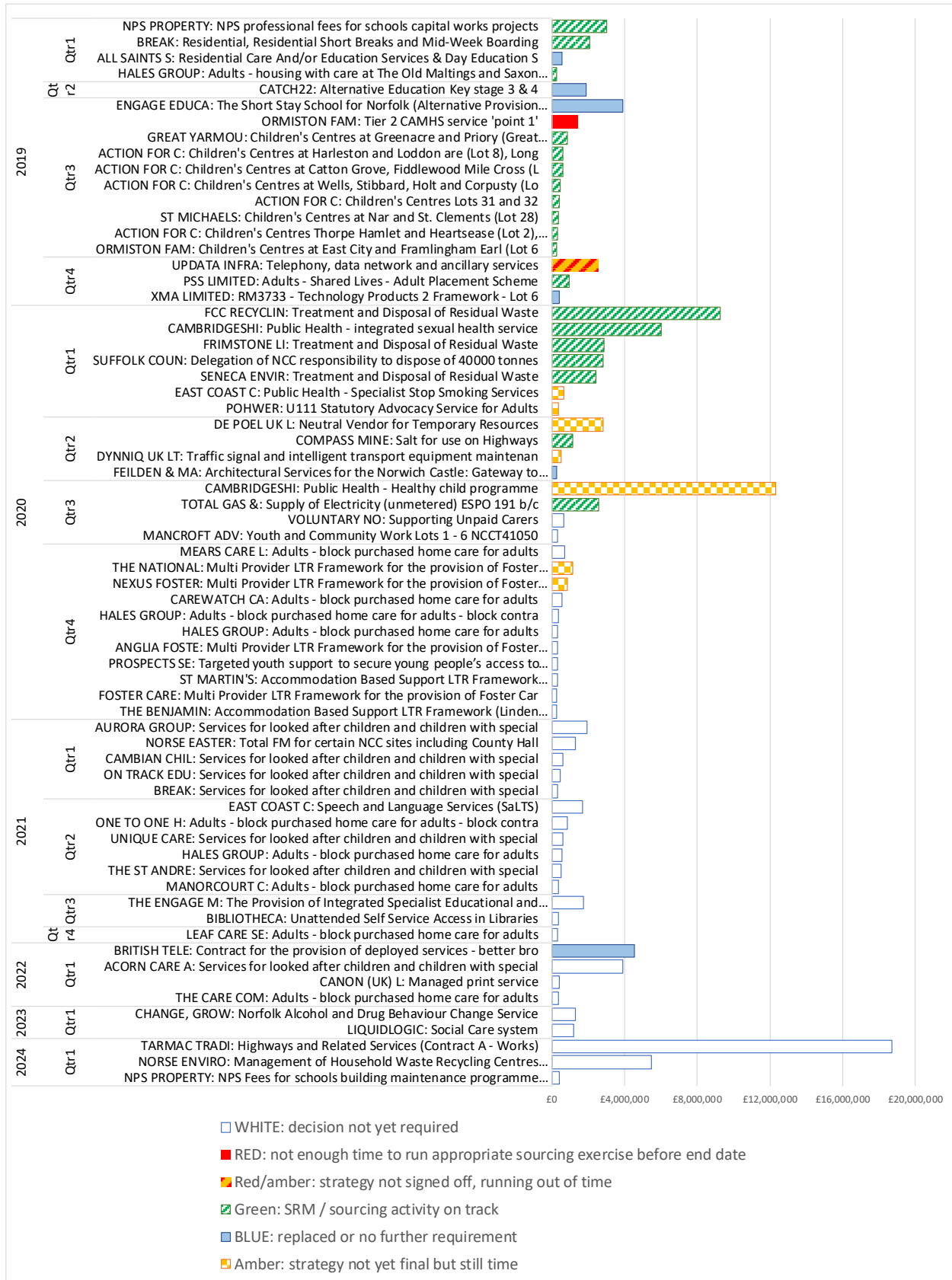
2) The effectiveness of sourcing and contract management therefore has a very direct effect on the council's performance. We are:

- a. Managing sourcing strategically, through taking a forward view of the pipeline of contracts which are due to expire (whether at the end of their term or because of a break point).
- b. Providing assurance that all significant contracts are being managed to an acceptable standard, through a standard framework and a regular audit programme for major contracts.
- c. Coordinating our approach to significant suppliers across directorates.

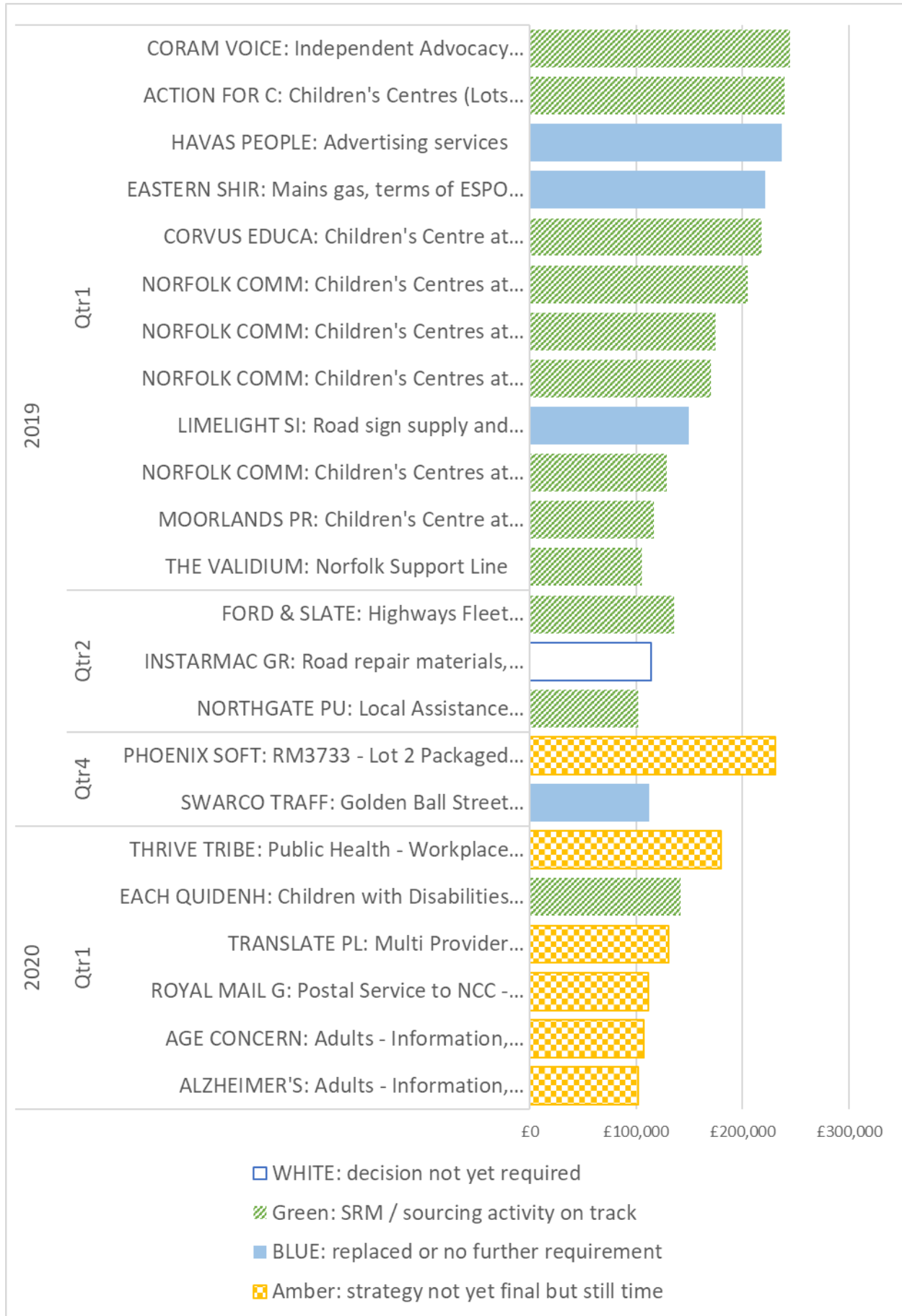
Procurement pipeline

- 3) Executive Directors receive – and the future corporate board will receive - a regular ‘contract pipeline’ report, which
 - a. provides an opportunity to review contracts well in advance of their expiry and to identify opportunities for re-negotiation, re-specification, cessation, merging activities and taking activities in-house;
 - b. enables senior managers collectively to discuss member engagement and reputational issues and to consider organisational capacity and preparedness to manage forthcoming contract renewals.
- 4) The pipeline identifies contracts by value and by the next break or expiry point. Each quarter Executive Directors review all contracts which appear on the pipeline. This enables decisions to be brought to members in a timely fashion
- 5) The pipeline comes to this committee – and will go to Cabinet - every six months to provide a forward view.
- 6) The top 400 contracts cover approximately £500m of annual expenditure, and include contracts down to around £250k per annum.
- 7) The pipeline for the current period is shown below, broken down into large contracts and medium contracts based on annual value.

PIPELINE FOR LARGE CONTRACTS



PIPELINE FOR MEDIUM CONTRACTS



8) In summary, the pipeline chart works on a RAG rating system. Most of the contracts due to expire in 2019 are coloured either blue (replacement contract already awarded, or no replacement needed) or green (plans under way and expected to be complete in time).

Some significant contracts are discussed below.

Early Years and Family Service (green)

We have worked with providers to extend current contracts for children's centre services until the end of September 2019. The new single contract for the Early Years and Family Service is due to be awarded on 8 April and go live on 1 October.

Tier 2 CAMHS (Child and Adolescent Mental Health Services) (red)

Expires 30 September 2019 – The intention is to extend the current contract to allow for full system redesign, but this is subject to an exemption to contract standing orders being approved and negotiations with the incumbent provider reaching a satisfactory conclusion. Tendering a short-term contract pending the agreement of substantive arrangements with the CCGs and other stakeholders is impractical because of the TUPE and other issues involved.

Udata (Telephony, data network and ancillary services) (red/amber)

There is a significant opportunity to deliver savings from this contract, either by extending it or by using a new contract let by Suffolk County Council. Officers will shortly determine which route to take.

Contract management

9) A template has been developed to capture good practice for contract management and form the basis for reviews with contract managers across the organisation.

10) Based on the template, the procurement team is co-ordinating contract management training for council officers who manage contracts across the organisation. This training has been well-received and will be embedded into a culture of strengthened contract management throughout the council.

11) The council's internal audit department has implemented an annual cycle of checking how well significant contracts are managed. To date findings have been mainly positive. This enables us to develop specific practice in particular areas, and also feeds into continuous improvement across the organisation.

12) Strengthened contract management of significant contracts and categories of spend has already resulted in savings across the organisation:

- a) The programme to transition our major social care contracts onto new frameworks continues. The new arrangements introduce improved contract and performance monitoring and move away from the previous system, where the criteria for selection of providers from a long list were not formalised, to a more structured approach offering improved value for money. The frameworks also enable us to set up more flexible contract arrangements under the framework umbrella in the future.
- b) More structured management of the NorseCare contract has resulted in much greater transparency around the costs of delivering the contracted services, and a shared understanding of the future vision for the establishments NorseCare runs. In the next financial year, we will reshape the contract itself to reflect the new transformation plan, to properly reflect the different elements of the finances and plans for handling them, and to include more robust contract monitoring and management systems.
- c) Adult social services is exploring the possibility of piloting further investment in contract management. If this goes ahead it will see additional contract monitoring/management posts with a clear remit of

reviewing management of contracts for that department, implementing systems to ensure consistency of approach, and developing reporting dashboards which will highlight areas of concern.

- d) As part of the Commercialisation workstream under Norfolk Futures consideration is being given to skills and behaviours required of staff in contract management roles so that the appropriate support can be developed and provided to those staff members, thus improving the quality of our contract management across the organisation.
- e) Following termination of the agreement to bring in a new source to pay system we are exploring other options to implement an electronic contract management system. This will improve data quality of contract records, and we hope to realise additional benefits around streamlining contract management processes.

2. Financial Implications

1) The financial implications of allowing contracts to run on, rather than re-tendering or re-negotiating them at the appropriate point, can be very considerable.

2) Similarly, poor contract management can lead to considerably increased costs: an estimate is that a well-managed contract costs around 7-8% less in the long run than a poorly managed one.

Officer Contact

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

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Policy and Resources Committee

Item No. 11

Report title:	Progress on the Council's Equality, Diversity & Inclusion Objectives 2017-2020
Date of meeting:	25 March 2019
Responsible Chief Officer:	Tom McCabe – Executive Director, Community and Environmental Services
Strategic impact The Council's Equality and Accessibility Objectives 2017-2020 put in place key building blocks to promote equality, diversity and inclusion across the County Council	

Executive summary

This report summarises progress on the Council's five Equality, Diversity and Inclusion Objectives 2017-2020.

Progress over the last 12 months has been good and the Council is on target to complete all objectives by 31 March 2020.

The Council has worked with the chairs of Norfolk's independent access groups to identify the key barriers to accessibility and independence in Norfolk for disabled people. The findings of this are being integrated into the detailed delivery plans such as the remodelled Attleborough Community building.

In November 2018, the Council was the first local authority in the county to fly the transgender flag, to mark the Transgender Day of Remembrance, to raise awareness of the high levels of bullying and physical violence that many young trans people and adults experience.

The Objectives are attached at Appendix 1.

Recommendations:

Members are requested to:

- 1. Confirm that the objectives remain relevant and to consider whether any changes should be made to continue to promote equality, diversity and inclusion in Norfolk.**

Background

1. Policy and Resources Committee agreed Norfolk County Council's five Equality, Diversity and Inclusion Objectives on 27 March 2017.
2. The objectives seek to put key building blocks in place, to ensure that as the Council transforms its services over the next three years, it takes every opportunity to use its budget and influence to promote equality, diversity and inclusion.

3. This particularly includes work to promote accessibility for disabled people in Norfolk, because this is essential to delivery of the Council's Promoting Independence strategy. People can only be independent if they can easily access local services and facilities by themselves without the help of others.

The legal context

4. Local authorities have a statutory duty under the Equality Act 2010 to pay 'due regard' to the following when exercising public functions:
 - Eliminate discrimination, harassment and victimisation and other prohibited conduct
 - Advance equality of opportunity
 - Foster good community relations.
5. The Act requires authorities to publish equality objectives and report annually on progress each year.
6. The Act is primary legislation and UK domestic law. The Government has stated that there will be no changes following exit from the EU.

Norfolk's diverse population

7. Norfolk is the fifth largest shire county in England, with 898,390 residents. Norfolk's diverse communities are interwoven into the county's history. Details are set out in Appendix 2.

The profile of the workforce

8. Each year the Council reports on how representative the workforce is of the wider working age population.
9. In the last three years there has been a 1% increase in younger workers (under 30). As the Council's apprenticeship offer becomes more established it is expected that this will continue to increase. There has also been a 3% increase in the proportion of men employed in the last three years showing a greater gender balance.
10. Although increases are being seen in the number of disabled and Black and Asian minority ethnic staff employed by the Council, these are incremental, and the overall proportion is still not in line with the labour market average. The picture is complex due to some under-reporting.
11. Work continues to see further improvements in these areas.

Report on progress on the equality objectives

Objective 1: Promote accessibility for disabled people in Norfolk and remove barriers to independence

12. Over the last year, Phase 1 of an evidence review has taken place with chairs of Norfolk's five county-wide independent Access Groups (led by disabled people) to compile a list of barriers in Norfolk to disabled people's independence.

13. In summary, the barriers include:

- Lack of information on public agencies' websites about the accessibility of their individual public services (making it challenging for disabled service users to know in advance before they visit a service whether they will be able to access the service, park nearby, etc)
- Lack of understanding by some public agencies of inclusive design and how to promote access for disabled people when service planning and commissioning
- Reducing stress and anxiety in public spaces and at customer service points for people who are neurodiverse (e.g. on the autism spectrum)
- Poor access to public leisure centres and private gyms
- Barriers in public transport
- Inaccessibility of national "Shared spaces" initiative
- Perceived shortage of disabled parking and inappropriate use of Blue Badges
- Digital exclusion – many disabled people cannot access public agencies' websites due to a lack of compatibility with access software or poor design
- Lack of 'changing places' toilet facilities across the county
- Clear pavements/pathways in urban centres
- Affordability and cost of living
- School premises, curriculums and information that are not accessible
- More effective enforcement of failures to make reasonable adjustments.

14. Some of these issues are not within the Council's gift to address, and others will be challenging to resolve, but the aim of the review is to be ambitious across the whole system in Norfolk to find ways to address these issues over the next 25 years – to achieve a more accessible Norfolk.

15. These findings are being embedded into the local services strategy. Further work is planned to consult on these barriers with disabled groups in Norfolk.

16. Following this, a report will be brought back to elected members and system leaders, to consider options for addressing these barriers over the short to long term. Issues not within the Council's gift to address will be reported to relevant agencies.

Objective 2: Strengthen hate incident reporting

17. Over the last 12 months, work has taken place to implement Norfolk's Multi-Agency Protocol on Hate Incident Reporting. The Protocol sets a consistent standard for tackling hate incidents in Norfolk, to make it easier for residents (particularly residents with care and support needs) to report hate incidents:

- Over the last year, 275 Norfolk County Council and public agency staff have been trained to report hate incidents.
- Tackling hate incidents has been built into the Norfolk Safeguarding Adults Board Strategic Plan 2018/2021 as a strategic intention, supported by relevant actions.
- An e-learning module for staff on tackling hate incidents has been refreshed and will be published shortly.

Objective 3: Implement the final phase of the Children's Services Equality Plan 2015/16 - 2017/18 in accordance with agreed timescales

18. This Objective has now been delivered.

19. This means that the Council has now published a new accessibility strategy for schools, which draws on the experiences of over 100 disabled young people in Norfolk. The strategy is a statutory responsibility and sets the context for individual school accessibility plans. The strategy can be viewed [here](#).
20. Analysis has been completed to examine the lifelong outcomes of Black, Asian and minority ethnic (BAME) and disabled adults and children in Norfolk, to identify disparities for people from these groups, and ensure that the Council understands whether disparities in Norfolk reflect the national picture.
21. The analysis has highlighted that broadly speaking, Norfolk reflects the national picture – with a small number of differences. For example, at EYFS, KS2 and KS4, Gypsy, Roma and Traveller children in Norfolk perform above the national average in some areas, and Black children perform below.
22. Further analysis is taking place to examine whether existing strategies to address these issues are sufficient and will be reported on in due course.

Objective 4: Promoting Independence strategy reflects the needs of all

23. Over the last 12 months, a range of qualitative engagement has taken place with 94 newly-arrived BAME residents and 52 Muslim women, to ensure that the needs of these groups inform ongoing service transformation and improvement.
24. No issues were highlighted regarding access to adult care services (including support for carers). Further engagement is planned to better understand views about why proportions of adults receiving support in Norfolk within each of the broad BAME groups are much lower when compared to the national averages of those receiving support.
25. A continuing message from Norfolk’s lesbian, gay, bisexual, transgender and intersex (LGBTi) residents is the importance of service providers finding simple ways to demonstrate visible support for LGBTi people.
26. In view of this, work with Health services has taken place to better understand current provision in residential care and to train staff. In May 2018, the Council was the first local authority in the county to fly the transgender flag, to mark the Transgender Day of Remembrance. The Council is the only local authority in Norfolk to have flown the rainbow flag every year since 2009, to mark the start of each Norwich Pride.

Objective 5: Build an organisational culture that respects and values difference in Norfolk County Council

27. Policy and Resources Committee agreed a revised Equality, Diversity and Inclusion policy, that sets clear expectations for staff, contractors and service standards.
28. Over the last 12 months, a review has been undertaken across the workforce and an action plan developed to secure improvements in the areas of policy, culture, data and resources. Examples of significant progress are outlined below:
29. A new Bullying and Harassment policy, together with an updated e-learning package was launched in November 2018. A range of other HR policies including Support for People with Disabilities and Making Reasonable Adjustments, Transgender and

Supporting Employees Undergoing Gender Transition have also been reviewed and refreshed. These are currently undergoing consultation with a view to a relaunch in 2019/20.

30. A programme for reviewing other relevant HR policies is in place and it is expected that this work will also be completed during 2019/20.
31. Learning resources to support and embed the refreshed policies are currently in development. This includes a workshop on Unconscious Bias that is being piloted with a view to a wider roll out following feedback and making available a range of free 'bite size' training resources such as Scope's 'End the Awkward' on how to avoid behaving awkwardly around people with disabilities.
32. During 2018 employees were encouraged to check and update their personal data held on the HR database so that it is current and accurate. Work to review what the information is telling us and potential actions to improve workforce diversity will be undertaken this year.
33. There are opportunities through a number of other HR projects to improve and automate collection of the Council's equality data such as the project to improve the Council's recruitment service which is currently in progress. A full use will be made of such developments to support work in this area.

Financial implications

34. The objectives detailed in this report can be met within existing budgets.

Officer Contact

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

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Equality, Diversity and Inclusion Objectives 2017-2020:

Objective 1: Integrate accessibility for disabled people across core service transformation initiatives

- (a) To deliver this objective, the Council will assess and 'rate' existing levels of accessibility across services, and set realistic targets, enabling an evidence-led approach to delivering accessibility improvements. This will include publishing access statements for disabled people on our internet about our different premises and locations.
- (b) We will also undertake an annual review of the latest guidance on accessibility across priority areas, to explore innovations to achieve a more accessible Norfolk. As part of this, we will engage with disability-led access groups in Norfolk and strategic partners, to explore how Norfolk could better incorporate accessibility into service planning and design (e.g. through emerging technology or consistent design principles).

Sponsor: Executive Director for Community and Environmental Services

Objective 2: Strengthen hate incident recording and reporting protocols and better integrate these within safeguarding practice, to safeguard vulnerable people in Norfolk from hate incidents

- (a) In 2016, the Council worked with Norfolk Constabulary, district councils and health bodies to undertake an audit of the effectiveness of partnership working on hate incident reporting.
- (b) The audit highlighted opportunities for strengthening existing practice, to safeguard older and disabled people, Black, Asian and minority ethnic people, lesbian, gay bisexual and transgender people and people from minority faith groups from hate incidents.
- (c) This included revising the existing Multi-Agency Protocol on Hate Incident Reporting in Norfolk, ensuring that hate incident reporting protocols were embedded within safeguarding practice, clarifying arrangements for third party reporting, and delivering learning and development for staff on hate incident reporting.
- (d) To deliver this objective, we will implement the audit recommendations, and monitor impact after 18 months to confirm that all the recommendations have been actioned.

Sponsor: Executive Director of Adult Social Care

Objective 3: Implement the final phase of the Children's Services Equality Plan 2015/16 - 2017/18 in accordance with agreed timescales

- (a) To deliver this objective, we will develop and extend our evidence and data base to improve analysis and highlight differences in relation to outcomes for particular groups of children and young people in Norfolk, reporting annually to Children's Services Committee.
- (b) We will also implement the film we co-produced with 50 young people from diverse backgrounds in Norfolk across all staff in Children's Services (and other departments/ partnerships as appropriate) to make sure that work with young people with protected characteristics is influenced by the voice of the child.
- (c) We will develop an Accessibility Strategy for schools.
- (d) We will also hold a Children's Services equality conference for members, staff and partners, co-hosted and planned with young people, to consider key issues such as the fact that the average age of perpetrators of hate incidents in Norfolk is 15, hear best practice, inform strategy development and sustain a collective vision on equality for children and young people.

Sponsor: Executive Director for Children's Services

Objective 4: Ensure that Promoting Independence strategy reflects the needs of all

To deliver this objective we will work with service users from a diverse range of backgrounds, including those who are Black, Asian and minority ethnic, lesbian, gay, bisexual, transgender and intersex, and from minority faith groups, to ensure that our Promoting Independence strategy is inclusive.

Sponsor: Executive Director of Adult Social Care

Objective 5: Build an organisational culture that respects and values difference in Norfolk County Council

To deliver this objective we will:

- (a) Revise the Council's equality policy, to ensure that staff understand their responsibilities to respect and value difference in the county and across the workforce, and to include everyone in making Norfolk a great place to live, work and visit.
- (b) Review all HR policies to ensure they reflect and promote equality and accessibility, and inform a culture that respects and values difference.
- (c) Review the resources available to members, managers and staff to assist them to apply the policy, and improve our learning and development offer regarding a culture that respects and values difference.
- (d) Review current data on workforce diversity and consider how we might improve collection, target setting and reporting.

- (e) Review opportunities for benchmarking our progress on equality and inclusion across the workforce, such as Stonewall's equality index, and identify appropriate actions.
- (f) Develop our communication and promotional plan to support embedding the revised Equality, Diversity and Inclusion Policy.

Sponsor: Head of Human Resources

Norfolk's diverse population

1. Norfolk is the fifth largest shire county in England, with an estimated 898,390 residents. Norfolk's diverse communities are interwoven into the county's history.
2. There are similar numbers of men and women living in Norfolk – 49% and 51% respectively - which is in line with national proportions. Currently, Norfolk's population (by five year age group) is made up of slightly more males in the younger age groups, until a gender parity is reached around age 30. From this point onwards, there are slightly more females in each age group, becoming more apparent for those aged 80 and over.
3. At present there is no official estimate of the transgender population. However, a Home Office-funded study in 2009 suggested that the number of people living in the UK with some degree of gender variance was (at the time) between 300,000 to 500,000. Although the numbers appear small, it is important to recognise that evidence shows that transgender people may be particularly vulnerable to bullying, discriminatory treatment and harassment.
4. Disabled people make up a considerable proportion of the Norfolk population, higher than the regional or national average, and the number of disabled young people is increasing.
5. Over 20% of residents have a disability or limiting long-term illness. There is a link between age and disability, and it is well documented that there are more people in Norfolk over 65+ years of age (around 24%) compared with the region (19%) and country (18%) as a whole. The proportion of Norfolk's population aged 65 and over is projected to increase by around 18% over the next ten years.
6. The majority of Norfolk's population is White British (92.9%), with an estimated 7% from a Black, Asian or minority ethnic (BAME) background.
7. Some of Norfolk's Black African, Black Caribbean and Indian communities can trace back their roots in the county for over four hundred years. The first Black Mayor in England was from Norfolk and elected in Thetford in 1904.
8. There are around 9,300 BAME young people aged 17 years or under in Norfolk. Around 130 languages are spoken as a first language other than English by Norfolk school children.
9. Over the last five years, the Council has worked with nearly 100 young people from different diverse backgrounds in Norfolk (disabled, BAME, LGBT, and young people from different faiths) to identify and track inequalities facing young people in Norfolk today. Young people are optimistic about the direction of travel on equality in Norfolk, but have emphasised how critical it is for local authorities to continue to promote understanding and address bullying in all its forms.
10. Minority faiths in Norfolk represent just under 2% of the population. There are many minority faiths and multi-faith initiatives in Norfolk, which includes several mosques and

Islamic centres, Jewish communities, a Sikh temple and numerous Buddhist groups. The Ihsan Mosque in Norwich was the first mosque in the country to be established by British converts to Islam.

11. It is estimated that around 6% of the population is lesbian, gay or bisexual. There is a growing recognition of issues affecting people who identify as Intersex (people who are born with a physical sex anatomy that doesn't fit medical norms for female or male bodies).

Policy and Resources Committee

Item No. 12

Report title:	Living Well – Homes for Norfolk: Fakenham extra care scheme
Date of meeting:	Monday 25 March 2019
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

Norfolk County Council (NCC) is committed to a vision of supporting people to be independent, resilient and well. The Adult Social Care (ASC) Promoting Independence strategy identified a requirement for a range of housing options to help people maintain their independence. Having appropriate supported housing available in the right locations, at the right time and with the right characteristics will go a long way to fulfil our vision of keeping people independent.

Extra care housing, which provides an independent living option for older people, is less expensive than residential care and is identified as an effective way of supporting people to remain independent in their local communities. Increasing provision of extra care housing to match future demand will deliver circa £4m gross revenue saving per year.

A new extra care site in Fakenham is part of a programme of work to meet this demand. With construction set to begin in Spring/ Summer 2019, it would also be the first scheme of the programme and would be able to be used to send an important signal to the market that Norfolk is committed to fulfilling its ambitious plans and is open for business.

Executive summary

This report summarises the business case for approving £212,500 capital funding from the Living Well Homes for Norfolk Capital Programme to Housing 21 to support the development and secure nomination rights in a new 66 unit Living Well Homes (extra care housing) for older people, in Fakenham, North Norfolk.

In October 2018, committee approval was given to establish a dedicated programme *Living Well Homes for Norfolk* to facilitate the development of extra care housing in Norfolk. The creation of extra care units across the county will provide many older people with an alternative housing option that recognises their growing care needs and allow them to continue living independently in their local communities.

Extra care housing has been identified as a way of reducing unnecessary residential care admissions. Evidence has demonstrated that a significant proportion of residential care admissions in Norfolk are for people with relatively low care needs, suggesting that alternatives to residential care would have been appropriate. The current provision of extra care housing in the county is low. Demand analysis has shown that Norfolk requires 2,842 extra care units by 2028. North Norfolk has unmet need for 486 units of extra care by 2028. The 66 units at Fakenham will contribute to this demand. The contribution towards the scheme is being split evenly with North Norfolk District Council (NNDC).

Recommendations:

To approve £212,500 of capital contribution funding from the Living Well Homes for Norfolk Capital Programme to Housing 21 to support the development and secure nomination rights in a new 66 unit Living Well Home (extra care housing) for older people in Fakenham, North Norfolk

1. Proposal

- 1.1. To approve £212,500 of capital contribution funding from the Living Well Homes for Norfolk Capital Programme to Housing 21 to support the development and secure nomination rights in the development of a new 66 unit Living Well Home (extra care housing) for older people in Fakenham, North Norfolk.
- 1.2. The scheme is a new 66-unit extra care facility in Fakenham, North Norfolk. This is made up of 39 two-bed flats and 27 one-bed flats on a 2.32 acre site. All homes are to be affordable and accessible. The scheme will be run and managed by Housing 21, as a registered provider.

Unit numbers	One-bed	Two-bed	Total
Number of affordable rent units (NCC nominations)	14	1	15
Number of affordable rent units (NNDC nominations)	13	2	15
Number of shared ownership	0	36	36
Total number of units at the site			66

- 1.3. Thirty of these units will be affordable rent and NCC will secure nomination rights for fifteen of these units, in a joint agreement with North Norfolk District Council to split the gap funding (£425k) of the affordable rental units. This equates to a capital contribution of £14,170 for each affordable unit that NCC has nomination rights for.
- 1.4. Securing nomination rights to the scheme will ensure delivery of revenue savings to adult social care, as detailed in the confidential appendix.
- 1.5. The scheme will provide new housing options for older people, whose current home may no longer be suitable or who are increasingly frail or have growing care needs. The priority for tenancies will be given to residents of the local district.
- 1.6. The scheme is an ideal location for extra care, as it is located next to the Fakenham Medical Centre, which is a large health hub which includes GPs, community teams and a small operating theatre.
- 1.7. The scheme has been awarded planning permission and construction is scheduled to begin Spring/ Summer 2019.

2. Evidence

- 2.1. Norfolk County Council (NCC) has a programme of work to support extra care housing developments with capital contributions in exchange for nomination rights. Some of these schemes are not financially viable for the market to provide but they allow vulnerable people to live independently for longer and they reduce need for placements in residential care homes.
- 2.2. Based on the demand data, there is an estimated total requirement for 486 extra care housing units in North Norfolk. Of these, 194 units should be for affordable rent and 292 should be for sale (either shared ownership or outright sale).
- 2.3. Housing 21 have provided a range of information about the scheme which has been assessed and validated against the criteria set out by the programme, including design standards (including accessibility), communal space, location, assistive technology provision and commitment to the planned and unplanned care model. The outcome of these assessments is that the programme

recommends the scheme as meeting the criteria for a Living Well Homes for Norfolk capital contribution.

- 2.4. NNDC have granted the development full planning permission and have agreed the proposed rents for the affordable rental units and service charges that Housing 21 propose to apply to all units. The levels of rent and service charges will be reviewed by the provider each year.
- 2.5. There will be a fifty-year Nomination Agreement between NCC and Housing 21 which will give NCC the right to nominate older people with eligible care needs as potential tenants for the 15 affordable rent units.
- 2.6. Potential tenants for affordable rent and potential purchases for sale units will be identified by adult operational teams, approximately nine months before completion. This will allow units to have an element of customisation where possible and to minimise the risk of there being empty units on completion.

3. Financial implications

- 3.1. Housing 21 have provided information on the total costs of developing the scheme and the level of grant funding provided from Homes England. The level of grant funding from Homes England on its own is not enough to deliver the scheme. Accounting for the funding from Homes England, Housing 21 have set out a need for additional gap funding of £425k to deliver the scheme.
- 3.2. NNDC agreed at their Full Council meeting in September 2018 to draw down the maximum provision of £425k, acknowledging that this could be shared funding with NCC. Since the Living Well Homes for Norfolk programme was approved in October 2018, £425k has been agreed to be split evenly with NNDC. This has allowed NCC to secure nomination rights for 15 of the affordable units.
- 3.3. The financial information provided has been reviewed and it is considered that the request for funding of £212,500 is appropriate and proportionate to the overall costs of the scheme. It means a capital contribution of £14,170 per unit which falls within the acceptable scope of the financial modelling. The details of which are shown within Confidential Appendix as this information is commercially sensitive.
- 3.4. The provision of funding of up to a maximum of £212,500 funding to Housing 21 for the Fakenham Extra Care scheme is a one-off requirement and there is no ongoing requirement to provide any further capital funding to this scheme. The legal agreement states that NCC has no liability for any increases in developing costs or reductions in funding from other sources, nor is NCC liable for any costs should construction not commence.
 - 3.4.1. Subject to approval being give, the financial profile is set out below which will be supported by a legal agreement between NCC and Housing 21 that will provide a mechanism for a payment to be made in two stages.

Payment 1 (50%) “Golden brick”	Usually approximately 8 months into construction and verified by a surveyor’s report.	£106,250
Payment 2 (50%) Completion	Usually 18/24 months and paid upon receipt of a Practical Completion Certificate.	£106,250
Total capital contribution		£212,500

- 3.5. This is an invest to save scheme. This scheme enables a shift from the high care cost environments and it is expected to deliver on-going revenue benefits.
- 3.6. Repayment on capital borrowing will mean revenue savings from each scheme are diluted by repayments until borrowing is repaid. However, even during the repayment period, revenue savings are still achieved
- 3.7. There are no revenue cost implications.

4. Issues, risks and innovation

- 4.1. This proposal would see NCC making a capital contribution for the purposes of the recipient social housing activity rather than specifying services to be provided to NCC, and so the proposal does not necessitate the application of EU and domestic procurement law.
- 4.2. There is no infringement of state aid rules, as the provision of social housing comes within the exemption relating to services relating to general economic interest (i.e. it is a service which the market does not provide and is in the general interest).
- 4.3. As set out in 3.4 the capital contribution from NCC is capped and NCC is not liable for increases in costs.
- 4.4. A risk to the project is that the units of extra care are not occupied. Part of the Living Well Homes for Norfolk programme is to develop a change management piece and work with operational teams to promote and actively engage the public in promotional and marketing activity.

5. Background

This report references the proposal and business case for accelerating the development of extra care housing in Norfolk that was agreed by Adult Social Services Committee (ASSC) on 8 October 2018. ASSC agreed the principles of the programme, which are contained [here](#), (page 60). The Policy and Resources Committee in October 2018 approved a decision that NCC funds capital investment up to £29m over the life of the programme.

The Living Well Homes for Norfolk Strategy and Position Statement can be found here (www.norfolk.gov.uk/livingwellhomes)

Officer Contact

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

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

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Policy and Resources Committee

Item No. 13

Report title:	Norfolk County Council's Carers' Charter – next steps
Date of meeting:	25 March 2019
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services
Strategic impact Nationally, the picture shows that three in every five people will become a carer at some point in their life and one in five carers gives up work to care. The number of unpaid carers has risen by 16.5% over the last fifteen years, outstripping general population growth (6.2%). It is anticipated that by 2037 the figure for carers will have grown to nine million. In Norfolk, there are an estimated 99,419 unpaid adult carers who look after a family member or friend (Carers UK, 2015). Caring affects people from all walks of life, at all ages, living in the smallest village or the larger towns and cities.	
Summary Norfolk County Council's Carers' Charter has been warmly received as a clear statement of leadership on the importance of respecting the rights of carers and supporting them in their informal caring roles. This paper sets out the next steps around promoting the Charter and engaging with other key employers and public sector partners to pledge actions and sign the Charter; it also sets out progress against specific service-level actions to take forward the Norfolk County Council pledges in the Charter.	
Recommendations: a) Agree to promote the Charter and gain commitment and signatories b) Ask the Charter Task and Finish Group to re-convene to review progress in late June early July	

1. Background

1.1 Norfolk County Council Carers' Charter was supported and agreed by Full Council at the meeting in October 2018. The Charter was developed by carers, for carers, through a Task and Finish Group comprising carers and councillors, and with an independent chair William Armstrong.

The Charter – appended to this report – has a particular focus on three areas:

- Employers and carers
- Young carers
- Carers in the community, including respite for carers and how they are supported to continue to engage in community activities

It was formally launched on National Carers Rights Day – 30 November 2018.

Full Council asked for the approach to implementing the Charter to be considered by Policy and Resources Committee.

2. Taking the Charter forward

- 2.1 The Charter has been warmly welcomed by carer representatives as evidence of the priority the Council affords the work of the 100,000 informal carers in the county, and the value of the work they do.

There are now two aspects of implementation to take forward:

- a) A campaign to gain new signatories and pledges for actions from partner organisations across the public, voluntary and private sector in Norfolk
- b) Addressing specific NCC service issues identified in the Charter – these cover Adults, Children’s Services and Human Resources

3. Raising awareness

- 3.1 The Task and Finish Group valued the leadership role of Norfolk County Council in developing the Charter and wanted to see the Council use its influence to encourage other organisations to sign-up and take action to support carers.
- 3.2 A campaign is about to be launched to promote the Charter to major employers, other district councils, NHS partners and key voluntary sector partners. They will be invited to formally adopt the Charter and to pledge a set of actions.

This ambition to position the Charter as part of the core Corporate Social Responsibility programme for companies and stakeholders will be achieved by a comprehensive awareness raising and engagement campaign that will create and sustain long term support for the Charter across Norfolk.

Awareness will be generated by undertaking a campaign that will use multimedia and digital platforms to reach out into the business community to get them to support, promote, adapt and evaluate how they use the Charter. This work could also be another phase of the Council’s successful In Good Company campaign.

This activity will be backed by local members in their areas who will be encouraged to become Charter Champions and advocate how the Charter can benefit the lives of carers. This remit could be widened to include other stakeholders like the successful Dementia Friends model across Norfolk.

This work will be backed up by an engagement campaign with materials produced to allow teams from NCC and partners to visit key events on behalf of the Charter. This will include working with the Norfolk Chamber of Commerce, New Anglia Local Enterprise Partnership, local business groups through the various other councils, libraries, and other community and council buildings.

4. Addressing specific Norfolk County Council service issues

- 4.1 The Charter incorporates commitments from Adults, Children’s Services and Human Resources to strengthen some areas of practice and policy in response to the issues raised by carers. A detailed set of actions and progress against them is set out in Appendix 2. The main issues identified by the Task and Finish Group are summarised below.
- 4.1.2 **Human Resources** – the Task and Finish Group found that the Council had a comprehensive set of policies already in place for employees which were relevant to carers. As part of the preparation for the Charter development, HR officers had already reviewed the information and brought together information for carers in one place.

It was recognised by the group that effective people managers who understood the issues facing carers and could deal sensitively and constructively with those issues were paramount.

Norfolk County Council has joined Employers for Carers (EfC). This enables the Council to be a coordinating body to give small and medium sized businesses (SMEs) as well as district councils and local health partners the opportunity to engage with EfC to gain free access to EfC specialist resources for employers. This also gives access to dedicated resources to employees.

Outstanding issues:

- Continuing the work to embed a ‘think carers’ approach as part of our performance development discussions and management programmes so that managers and employees consider holistically the needs of employees to be effective at work
- Promote the business benefit of a positive approach to valuing and supporting carers in the workplace to other public sector partners, maximising the use of the Employers for Carers membership

4.1.3 **Young carers** – the Task and Finish Group considered the strong body of evidence of the impact of caring responsibilities on young carers. Young carers are particularly at risk of poor health and wellbeing outcomes. Being a young carer can affect a young person’s health, social life and self-confidence. Many young carers struggle to juggle their education and caring which can cause pressure and stress.

A significant issue was for schools being able to identify young carers and to give them appropriate support so they can achieve their full potential. The group highlighted the work of the Norfolk Young Carers Forum, and in particular their Young Carer Friendly Schools Award.

Since the Task and Finish Group completed its work, Children’s Services has re-commissioned a young carers and families support service which will be delivered by Voluntary Norfolk from 1 April 2019.

Outstanding issues:

- Driving improvements in the quality of information collected and used by schools about young carers and young adult carers and their needs
- Promoting the take up of the Young Carer Friendly Schools Award

5. Carers in the community

5.1 This theme focused mainly on the approach from Adult Social Services to supporting carers. The group heard about the different types of support available for carers in Norfolk and particularly the preventative approach that promotes independence and offers flexibility. Carers Matters Norfolk, commissioned by Adults, was felt to give comprehensive support for carers, although there was more progress needed to work with ‘hidden carers’ who did not identify themselves as carers and therefore did not seek support.

The new model of social work – Living Well: 3 Conversations – was seen to be a positive step forward for carers and for people being cared for. The emphasis on looking at an individual’s strengths, connecting people to sources of support, and working intensively in a crisis was felt to be an opportunity to embed a ‘think carer’ approach across all staff.

Adult Social Services was challenged about the number and the effectiveness of carer assessments. There was discussion around the questions in carer assessments and the importance of only having to tell your story once to the same social worker.

Breaks for carers – planned and non-planned – was felt to be an area where significant improvements needed to be made for carers. Through a series of workshops, carers had given their experiences of respite and put forward suggestions for improvements. Central to this was the need for more flexible individual respite or breaks, and clarity about what people could expect.

Outstanding issues:

- Review and refresh of access to pre-planned breaks for carers to ensure a fair and equitable approach
- Ensuring that dedicated training and support for 400+ social care staff across Norfolk which is currently underway, encourages early engagement with carers, and avoids a fragmented approach to the cared for person and the carer

6. Next steps

- 6.1 A campaign will be launched to drive commitment and sign-up to the Norfolk Carers' Charter, with a particular focus on public sector partners in Norfolk and on employers. An online pledge pack is being developed and it is proposed to publish pledges and signatories during National Carers Week, week beginning Monday 10 June

Individual improvements, outlined in the improvement plan, continue to be addressed by relevant departments. It is proposed to re-convene the Carers Task and Finish Group in late June or early July so that carers can hold the Council to account for the pledges it made.

7. Recommendations

- 7.1 **Policy and Resources Committee is recommended to:**

- a) Agree to promote the Charter and gain commitment and signatories**
- b) Ask the Charter Task and Finish Group to re-convene to review progress**

Officer contact

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

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Norfolk Carers' Charter

A charter produced by carers and councillors working together

Carers in work

Carer friendly practices employers should put in place to help and support employees with caring roles.

Principles:

- Supporting carers is good for employers and for carers
- Carers should be helped and supported by their employer to stay in work
- The unique skills carers gain through their caring role should be recognised and valued in the workplace

Carers have a right to expect:

- Employers who adopt carer friendly practices
- A carers policy that is easy to access that helps them balance their wellbeing, work and caring
- Managers who are well trained and skilled to talk with carers about their caring roles and take suitable action to meet carers' needs
- Employers that have a positive approach that helps carers identify themselves and understand the help and support available to them

Norfolk County Council will:

- Ensure policies relating to carers are all in one place and easy for carers and their managers to find
- Develop HR staff and managers to make sure they are empowered to talk about caring with staff and make suitable changes to meet carers' needs
- Work with carers within Norfolk County Council and connect them to help and support services
- Be a model of good practice and work with other employers to encourage them to be carer friendly and become models of good practice

Young carers and young adult carers in education

Support that schools (and other places of learning including colleges, sixth forms, universities and training providers) could provide to young carers and young adult carers whose studies and involvement in school and college life might be affected by caring.

Principles:

- Young carers are children and young people first
- Schools' ambitions for young carers and young adult carers should be the same as for all students
- Schools should consider the overall health and wellbeing, not just the education needs, of young carers and young adult carers
- Schools should make sure that young carers and young adult carers have equal access to the same opportunities as other students both in and out of school

Young carers and young adult carers have a right to expect:

- Help and support from schools to succeed in their studies, take part fully in school life and reach their full potential through raising their aspirations from an early age and offering practical help and support
- Staff are well trained and skilled in identifying young carers and young adult carers and talking with them to help them access the right help and support
- A clear policy for young carers, young adult carers and their families. This policy should enable young carers and young adult carers to succeed in their education
- Information in school on what being a young carer or young adult carer means and the help and support available. This information should be easy to access and available in different formats

Norfolk County Council is committed to:

- Driving improvements in the quality of information collected and used by schools about young carers and young adult carers and their needs
- Promoting the Norfolk Young Carers' Forum 'Young Carer Friendly Tick Box Award' scheme to schools
- Working with other services to identify where young carers and young adult carers are in schools and understand how they are doing

Carers in the community

Support that Norfolk County Council can offer, or be part of, to help all carers, regardless of who they are caring for, access their local community and support services.

Principles:

- Carers are people first
- It is essential that carers have the opportunity for a life outside of caring
- Carers are, and should be recognised as, the experts in their own lives. Carers must have a voice and be helped and supported to achieve what matters to them

Carers have a right to expect:

- A dialogue with Norfolk County Council or one of our service providers that helps and supports carers to explore what they want to achieve in life and how this could happen
- Access to help and support even if they seem to be coping. Carers should not have to be at a crisis point to be heard
- Health and social care organisations, voluntary groups and communities that are carer friendly and work to link carers to support networks and services
- Clear, easy to find, jargon-free information about carers' rights and help, support and services available to them

Norfolk County Council is committed to:

- Having effective and meaningful conversations with carers about what they want to achieve and what is important to them, to meet their needs to enable them to continue caring. Ensuring there is help and support for carers so they can maintain their health and wellbeing
- Working with all our health and district council partners to help identify carers, particularly carers with disabilities and carers of a black, Asian or other minority ethnic background, who are currently less likely to access services
- Reaching out to and hearing the voices of all carers, raising the profile of carers and valuing their contribution. As part of this, making sure that we connect carers with each other and carers support groups
- Train our social care workforce in carer awareness, so they know how to identify carers and what help and support we, and others, can offer
- Making information and advice easier to access and simpler to use so carers can find out about the support available. Making sure there are a variety of ways to access any information, not just online

#thinkcarers

Norfolk County Council Carers' Charter – progress against key pledges		
Pledge	Actions and progress	Target date
HR pledges		
Ensure policies relating to carers are all in one place and easy for carers and their managers to find	<ul style="list-style-type: none"> A new dedicated section has been created on PeopleNet* called 'Support for Carers'. This provides employees and managers with information on relevant policies and guidance as well signposting them to other sources of support <p>*PeopleNet is the HR information site for NCC employees and managers.</p>	Completed
Develop HR staff and our managers to make sure they are empowered to talk about caring with staff and make suitable changes to meet carers' needs	<ul style="list-style-type: none"> A manager communication plan is in place and is providing regular updates and creating awareness and prompting action on how to support carers. This has included articles in Norfolk Manager, INet, and Friday Takeaway Implementing our new performance development framework has been a high priority over the last year Management training has been a high priority over the last year which aims to equip all managers to have 	Ongoing

	<p>thoughtful and high-quality conversations with their employees</p> <ul style="list-style-type: none"> • A briefing and Q&A session was held for HR Practitioners. • Regular information is being provided in HR newsletters 	
Work with carers within NCC and connect them to help and support services	<ul style="list-style-type: none"> • Informal lunchtime sessions have been arranged. However, individuals have taken up one to one sessions rather than meeting in a group format 	Ongoing
Be a model of good practice and work with other employers to encourage them to be carer friendly and become models of good practice	<ul style="list-style-type: none"> • NCC provides a model of good practice through the range of support available to employees • We are a member of Employers for Carers • We will share our practice with HR leaders in the region through the LGA and other networking mechanisms • We will continue to raise awareness and we will support national initiatives including Carers Rights Day and Carers Week 	Ongoing
Children's Services pledges		
Driving improvements in the quality of information collected and used by schools about young carers	<ul style="list-style-type: none"> • Education Achievement and Vulnerable Groups Access Services leading on work with schools to develop a system to collect information about the attendance, achievement and needs of young carers and young adult carers. 	September 2019 system implementation

and young adult carers and their needs		
Promoting the Norfolk Young Carers Forum "Young Carer Friendly Tick" Award scheme to schools	<ul style="list-style-type: none"> • Programme of promotion to Norfolk Schools planned for carers week 2019. Linked to NCC Education Service and multi-agency work 	Carers week 10-16 June 2019. Impact review July/August. Phase 2 from September 2019
Working with other services to identify where young carers and young adult carers are in schools and understand how they are doing	<ul style="list-style-type: none"> • Norfolk's Young Carers Multi Agency action plan steering group is chaired jointly by Health and Children's Services and reports to the Early Help and Prevention Board. The educational achievement of young carers and young adult carers is included in the 3 workstreams; identification, assessment and support • It includes the Public Health commissioned Healthy Child Programme prioritises the identification and support of young carers in Schools by the School Nursing service • Children's Services commissioned young carers and families information and support service from April 2019 includes 'influencing and enabling universal, specialist and community services, including schools, to be more young carer aware, skilled and supportive 	Review of multiagency workplan due July 2019 Quarterly and annual performance reporting and analysis from April 2019 will review progress and impact
Adult Social Services		
Having effective and meaningful conversations with carers about what they want to achieve and what is important to them, to meet	<ul style="list-style-type: none"> • Through the roll-out of Living Well approach to social work and occupational therapy, social care staff will adopt a way of working which puts greater emphasis on meaningful conversations focusing on strengths and a preventative approach 	Roll out from April to September 2019 Currently underway

<p>their needs to enable them to continue caring. Ensuring there is help and support for carers so they can maintain their health and wellbeing</p>	<ul style="list-style-type: none"> • Dedicated training and support for 400+ social care staff across Norfolk is being delivered, and this will encourage early engagement with carers, and avoid a fragmented approach to the cared for person and the carer • Embedding 'think carer' into our early help and prevention activity – social prescribing, social isolation service, community development workers 	<p>Ongoing</p>
<p>Working with all our health and district council partners to help identify carers, particularly carers with disabilities and carers of a Black, Asian or other Minority Ethnic background, who are currently less likely to access services</p>	<ul style="list-style-type: none"> • Work with partners to agree ways to achieve this and share information 	
<p>Reaching out to and hearing the voices of all carers, raising the profile of carers and valuing their contribution. As part of this, making sure that we connect carers with each other and carers support groups</p>	<ul style="list-style-type: none"> • Engagement completed about respite – a key issue for carers • Review and refresh of access to pre-planned breaks for carers to ensure a fair and equitable approach • Continuing to strengthen the reach of the commissioned Carers' Matter Norfolk service 	<p>Complete</p> <p>By September 2019</p> <p>Ongoing</p> <p>June 2019</p>

	<ul style="list-style-type: none"> • Support for Carers' Week through a specially organised carer event to raise the profile of carers, and demonstrate the value of their caring role 	
<p>Train our social care workforce in Carer Awareness, so they know how to identify carers and what help and support we, and others, can offer</p>	<ul style="list-style-type: none"> • Dedicated training and support for 400+ social care staff across Norfolk is being delivered, and this will encourage early engagement with carers, and avoid a fragmented approach to the cared for person and the carer • The creation of new one-year post of Operational Business Lead for Carers – to support social care staff to 'think carer', embed a preventative approach to supporting carers and to support social care staff to support carers to access the right support for them at the right time 	As above
<p>Making information and advice easier to access and simpler to use so carers can find out about the support available. Making sure there are a variety of ways to access any information, not just online</p>	<ul style="list-style-type: none"> • Principle source of information is Carers' Matter Norfolk website. Information is also available on the NCC website • We will review our own website information and ensure people are signposted to this specialist source of information 	Complete

Policy and Resources Committee

Item No. 14

Report title:	Integration with the NHS and 10-year Plan
Date of meeting:	25 March 2019
Responsible Chief Officer:	Executive Director of Adult Social Services
Strategic Impact Health services are key strategic partners for Norfolk County Council. Integration between health and care is about placing individuals at the centre of design and delivery of care with the aim of improving individual outcomes, satisfaction and value for money.	

Executive summary

With recent publication of the NHS long-term plan and work underway to establish an Integrated Care System for Norfolk and Waveney, it is timely to renew the Council's commitment to integrated working.

The NHS long-term plan sets out key ambitions for the service over the next 10 years. It makes a clear commitment to integrated working and improving primary and community care, with additional funding to achieve this. There is a requirement that by April 2021 CCGs will work with local councils and other stakeholders in an Integrated Care System (ICS), which will replace STPs. Norfolk and Waveney are an aspirant ICS and in the process of developing a business case for NHS England to support a move towards an ICS.

Twenty primary care networks have been established across Norfolk and Waveney that will become key delivery agents of population-based health services. A strategy for these networks is being developed for Autumn 2019, which will involve creation of a similar plan for community-based services. An outline plan will be developed by the end of March, with an implementation plan by September. This work is being led by the Primary and Community Group, currently chaired by the Executive Director of Adult Social Services.

There is a clear business case for further integration with the NHS, with the Council playing a full part in development of an ICS. This includes opportunity to improve the lives of citizens, create a more sustainable health and care system, enhance management of demand and tackle significant constraints around workforce. The report also recognises key challenges relating to financial risk and integration in the context of Norfolk having a number of NHS trusts in special measures and/or financial difficulty.

Members are asked to:

- **Welcome the NHS plan and be clear regarding the NCC response by:**
 - **Committing to continued integration with NHS partners to deliver the ambitions of an ICS. Aligning our services and relevant resources with**

emerging primary care networks and continuing leadership in STP activity e.g. Local Delivery Groups and chairing workstreams

- **Giving delegated authority to the Executive Director of Adult Social Services to renew our contractual arrangements (under a Section 75 Agreement) for the integrated management of community services with Norfolk Community Health & Care to March 2021**
- **Approving the reshaping of integrated commissioning arrangements to support a move towards an integrated care system**
- **Following the recommendations of the Mental Health Strategy and to support development of an integrated health and care model for children and adult's mental health services, which could include structural integration with the community mental health provider to create a joint service**
- **Committing to full participation in the prevention agenda across the Council.**
- **Supporting the Council's lead role in information intelligence, producing the Joint Strategic Needs Assessment, and increasing our contribution to whole-system, population based, intelligence as the basis of decision making.**

1. Introduction

- 1.1. This report provides an overview of the recently published NHS 10-year Plan and updates on work locally to move towards an integrated care system across Norfolk and Waveney.
- 1.2. It makes the case for further integration between the Council and NHS partners to deliver joined up health and care services and recommends that this is endorsed by Policy and Resources Committee.

2. Overview of the NHS 10-year Plan

- 2.1. In January the NHS long-term plan was published setting out key ambitions for the service over the next 10 years. The plan builds on the policy platform laid out in the NHS 5-year Forward View which articulated the need to integrate care to meet the needs of a changing population. New models of care outlined in the Forward View have been delivered through a programme of vanguard sites.
- 2.2. Improving care outside hospitals is a key headline commitment of the 10-year Plan and this is backed up with additional money. By 2023/24 funding for primary and community care will be at least £4.5bn higher than in 2019/20. Achieving the fundamental redesign of patient care requires CCGs to work with Local Councils, together with other key stakeholders, in an Integrated Care System, which will effectively replace Sustainability and Transformation Partnerships (STPs) throughout England from April 2021.
- 2.3. The Plan confirms that general practices will join together to form primary care networks, groups of neighbouring practices typically covering 30-50,000 people. These will need to be in place and operational from July 2019. Practices will enter network contracts which will include a single fund through which resources will flow.
- 2.4. Alongside primary care networks, the plan commits to developing fully integrated community-based healthcare. This will involve developing multidisciplinary

teams, including GPs, pharmacists, district nurses, allied health professionals, social care and voluntary sector working across primary care and hospital sites. Access to social prescribing will also be extended. Over the next five years, all parts of the country will be required to increase capacity in these teams so that crisis response services can meet times set out in NICE guidelines (2-hour rapid response and two-day reablement provision).

- 2.5. The 10-Year Plan reasserts a commitment to improving mental health services, both for adults and for children and young people. This begins with a ring-fenced investment fund that will mean mental health investment will be £2.3bn higher in real terms. It seeks to create a more comprehensive service system, particularly for those seeking help in a crisis, with a single point of access for adults and children and 24/7 support. There is also a strong focus on improving care for people with learning disabilities and autism.
- 2.6. The NHS long term plan also sets out new commitments for action that the NHS itself will take to improve the prevention of ill-health. The renewed NHS prevention programme includes the programmes to cut smoking, reduce obesity, limit alcohol related A&E admissions and lower air pollution. These measures are designed to contribute to the government's ambition of five years of extra healthy life expectancy by 2035.
- 2.7. In addition to preventing ill-health, the NHS long term plan takes a more concerted and systematic approach to previous plans in addressing unwarranted variations in care and reducing health inequalities. The Plan aims to ensure that action to drive down health inequalities is central to everything the NHS does.
- 2.8. There is a significant package of measures aimed at reducing pressures on A&E departments, which includes rolling out urgent treatment centres so that urgent care outside hospitals becomes more consistent. These will be GP-led facilities. The plan does not assume that moves to strengthen primary and community care will reduce demand for inpatient hospital care.
- 2.9. Further legislation may be developed and recommended by the NHS to reduce barriers to integration and improve flexibility in the way that resources can be used.

3. Norfolk & Waveney STP and Developing an Integrated Care System

- 3.1. The Norfolk and Waveney STP has conducted a system review of demand and capacity. It concluded that the STP has key challenges in:
 - A growing and ageing population
 - Primary care working to capacity, with a shrinking GP workforce
 - Acute inpatient bed capacity cannot meet demand
 - Community services cannot meet demand from acute hospitals
 - Social care and home care capacity is not keeping up with demand
 - The system has significant financial challengesThese issues cut across three STP workstreams – Acute Transformation, Urgent and Emergency Care and Primary and Community Care, so a new demand and capacity workstream is being established to take forward the recommendations.
- 3.2. Norfolk and Waveney's application for an Integrated Care System (ICS) is in development with planned submission to NHS England in April. Through our

aspiring ICS programme and Primary and Community Workstream we have been working with GP provider organisations to develop more integrated models of delivery and improve health outcomes at system, place and neighbourhood level.

3.3. At **system level** we have developed a single strategic approach for the commissioning of primary care. A mental health strategy for children and adults is also in development, which has commenced with a process of wide engagement and consultation. This emerging strategy which is being co-produced focuses on 6 key commitments:

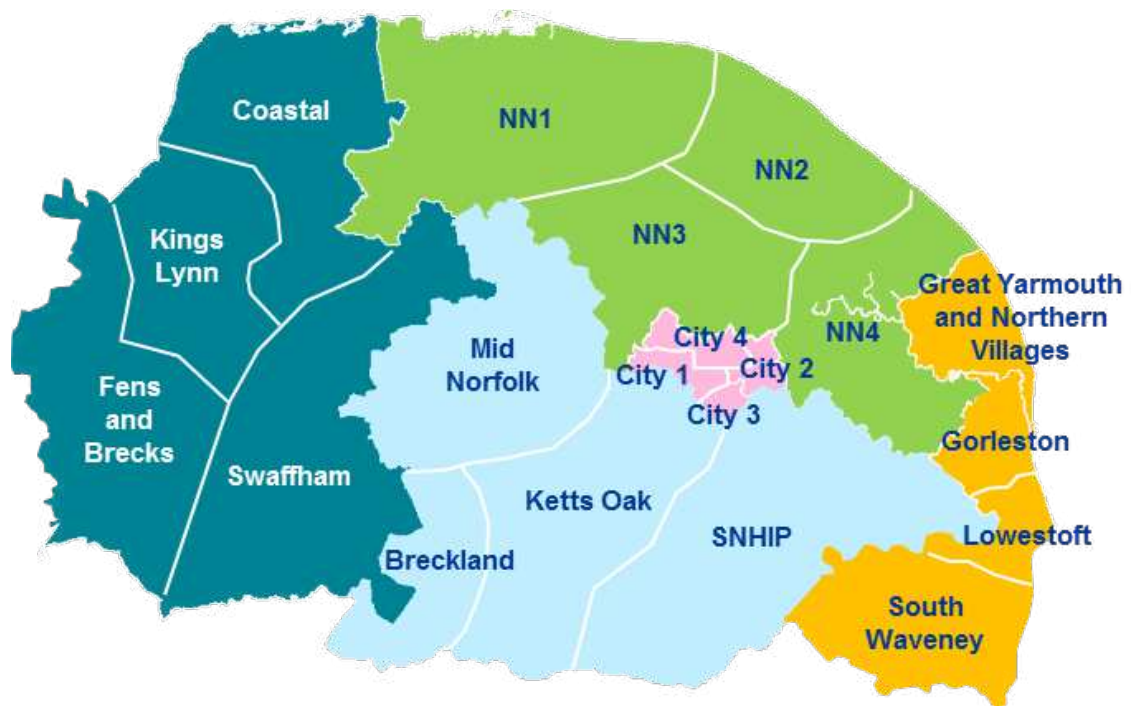
- Focus more on prevention and wellbeing
- Ensure clear routes into and through services and make these transparent to all
- Support the management of mental health issues in the primary care setting
- Provide appropriate support to those in crisis
- Ensure effective inpatient care for those who really need it
- Ensure the system is focused on working in an integrated way to care for patients.

3.4. The Executive Director of Children's Services chairs the Children's Mental Health Board for the STP.

3.5. Norfolk's CCGs are working to meet expectations around being leaner, more strategic organisations that support providers to partner with local government **and other community organisations on population health and service redesign**. A single accountable officer is being appointed for Norfolk's five CCGs, with the announcement anticipated in April, coinciding with our ICS application.

3.6. At **place level** five Local Delivery Groups, comprising a range of key partners, have been created which provide operational leadership at local level. These are at varying stages of maturity, with some now effectively delivering service changes to improve health and care, particularly with respect to developing integrated care teams. They are anticipated to be the engine rooms for delivering transformation. There is NCC attendance from Adults, Commissioning and Children's Services.

3.7. At **neighbourhood level**, 20 primary care networks have been established. This [video](#) explains more about primary care networks and the benefits they will bring to people living in Norfolk and Waveney.



3.8. STPs must formally set out their strategy for primary care networks for approval as part of the STP System Strategy by Autumn 2019. To achieve this an equivalent plan and programme for community-based services will need to be developed. This will be in the form of a 5-year community services plan. Nationally there is an expectation that community-based providers (including social care) will reconfigure their services around primary care networks and that this will be reflected in a network agreement.

3.9. The scope of community-based services in Norfolk is vast and delivered by multiple organisations and groups. It is proposed that the following are developed alongside primary care:

- Physical and mental health services delivered by NHS providers
- Social care, including OT, emergency response, preventative services and reablement
- Residential and nursing care, home care and care in supported accommodation
- Housing, leisure and wellbeing services provided by the District Councils
- Support services provided by the voluntary and community services.

3.10. This work is led by the Primary and Community Workstream which is chaired by the Executive Director of Adult Social Services. There are strong links with the Prevention Workstream, which is chaired by the Director of Public Health.

4. Business Case for further integration

4.1. The case for integration cuts across Council departments to include social care, public health prevention and mental health including Children's and Adolescent Mental Health Services.

4.2. The NCC Business Plan aims to create strong communities across Norfolk, making our county a better place for people to live. Within the plan an important element of this is working with the NHS and other partners to deliver joined up

health and care services, tackle health inequalities and help people stay fit, healthy and independent for as long as possible.

4.3. Our leadership of the Health and Wellbeing Board, and intention through that to achieve a single sustainable system across Norfolk and Waveney, squarely fits with this agenda.

4.4. The Council has put in place integrated arrangements with NHS partners over recent years and made sound progress. Adult examples include:

- An integrated management team with Norfolk Community Health & Care has operational management of our locality social work teams, allowing us to deliver more seamless and coordinated services in Norwich, North, South and West. These arrangements have enabled the development of new approaches to manage demand, such as the Norfolk Escalation Avoidance Team and discharge hubs at the acute hospitals, where we jointly prioritise and target resource
- Integrated commissioning arrangements for all adult care and support services exist with CCGs in the form of joint posts
- Integrated Children's Services including CAMHS and the Executive Director of Children's Services
- Public Health initiatives led by the Director of Public Health for the system to improve health such as NHS Health Checks, and stop smoking services.

4.5. Continuing to strengthen the Council's relationship with the NHS and playing a full part in developing and delivering an integrated care system will enable us to uphold our statutory duties and strengthening our position and influence in any developments

4.6. Key drivers include:

Funding	By working with the NHS, the Council benefits from wider funding sources and has a platform to negotiate other key spending priorities. Over £60m of adult social care funding is now held with the Better Care Fund which is jointly managed with CCGs. Future funding is dependent on integrated working - additional investment is available to support development of primary care networks, which includes a £535k funding bid from Norfolk & Waveney. CCG funding of £1.50 per head of the population is also committed and a further £4.5bn will be available nationally to support care outside hospitals.
Value for money	Working more smartly with our NHS partners reduces duplication and enables more effective targeting of services to meet the changing needs of Norfolk's population. In particular, the targeting of support for individuals with complex needs and multiple conditions can reduce pressure on both health and care services.
Managing demand and capacity	Whilst much work has been done in recent years to address capacity shortfalls, this has been largely fire-fighting, going forward through the STP and ICS intention is to take a more strategic approach to addressing issues across the whole system. An emphasis on prevention within this will reduce

	demand for longer term care services by supporting people to live longer independently.
Improving outcomes for citizens	The public tends not to notice the health and care divide. Working together helps create a more seamless and responsive service with fewer hand-offs, which leads to better outcomes for individuals. This is supported by local feedback from citizens who consistently tell us they only want to tell their story once.
Workforce	Norfolk faces significant workforce challenges across the health and care sector. Working together with the NHS and other partners will provide greater opportunities to address recruitment and retention challenges as a system and to develop creative new roles.
Meeting national targets	We are more able to reach national targets, such as DTOC, by collaboration with our partners across the system.

4.7. The challenges of further integration with the NHS are recognised and will be mitigated, not least through joint leadership including chairing key STP workstreams and joint leadership posts.

- Three NHS Trusts in Norfolk are currently in special measures. Although they are rightly focusing internally on addressing fundamental weaknesses, they continue to input into STP development and are strong partners for integrated working
- Taking into account demand and income growth across the Norfolk and Waveney system future financial sustainability is not assured
- The various organisations have very different cultures, which can impact staff working on a day to day basis
- Commissioning activity is not fully aligned

5. Recommendations

5.1. Welcome the NHS plan and be clear regarding the NCC response by:

- Committing to continued integration with NHS partners to deliver the ambitions of an ICS. Aligning our services and relevant resources with emerging primary care networks and continuing leadership in STP activity e.g. Local Delivery Groups and chairing workstreams
- Giving delegated authority to the Executive Director of Adult Social Services to renew our contractual arrangements (under a Section 75 Agreement) for the integrated management of community services with Norfolk Community Health & Care to March 2021
- Approving the reshaping of integrated commissioning arrangements to support a move towards an integrated care system
- Following the recommendations of the Mental Health Strategy and to support development of an integrated health and care model for children and adult's mental health services, which could include structural integration with the community mental health provider to create a joint service
- Committing to full participation in the prevention agenda across the Council.
- Supporting the Council's lead role in information intelligence, producing the Joint Strategic Needs Assessment, and increasing our contribution to whole-system, population based, intelligence as the basis of decision making.

6. Financial Implications

6.1. Financial sustainability of the Norfolk and Waveney System is not assured. However, working with the NHS maximises our opportunity to draw in additional funding streams, such as through the BCF.

7. Issues and risks

7.1. Risk register with mitigating actions is outlined in Appendix 1.

8. Background Papers

NHS Long Term Plan – Briefing to Health and Wellbeing Board 13 February, [Item 8](#). Update

Norfolk and Waveney Sustainability and Transformation Partnership – Update, including integrating health and care services. Paper to Health and Wellbeing Board 13 February, [Item 9](#).

Officer Contact

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

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

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Appendix 1: Key Risks

Risk	Likelihood	Severity	Mitigation
Loss of democratic accountability	Low	High	<ul style="list-style-type: none"> • Ensure that governance through democratic structures remains clear • Section 75 in place to govern and monitor structural relationships with NHS partners • Member involvement with STP/ICS development and of the Health & Wellbeing Board
Failure to deliver NCC statutory requirements	Medium	High	<ul style="list-style-type: none"> • Clarity around NCC priorities and responsibilities • Establish clear performance indicators and ensure robust monitoring • Clear guidance and support provided to NCC officers involved in developing integrated ways of working locally
Potential funding shortfall for Adult Social Care due to integration of capital and revenue budgets between the Council and NHS. NB on ASC risk register.	3	5	<ul style="list-style-type: none"> • Section 75 agreements in place to manage forward planning and joint arrangements • Partnership Boards in place • Introduction of Improved Better Care Fund • Regular monitoring and liaison with health partners on outstanding debt
Dominance of NHS culture and medicalised models of delivery	High	Medium	<ul style="list-style-type: none"> • Senior leadership creates greater visibility of local authority culture and approaches • Challenge at senior level • Organisational development to support culture change
Reputational damage arising from NHS problems with a number of Trusts in special measures and financial insecurity	Low	Low	<ul style="list-style-type: none"> • Being alert to upcoming issues • Joint communication and press activity through the STP
Loss of efficiencies by moving towards a localised approach to delivery at Primary Care Network level, rather than delivery on a countywide basis	Medium	Medium	<ul style="list-style-type: none"> • Evidence-led business approach to determining localised solutions and understanding implications of moving away from countywide delivery mechanisms.

Agenda Item: **
 Author: Jon Barber
 Joint Strategic
 Commissioning
 Committee, February
 2019



**Great Yarmouth and Waveney
 North Norfolk, South Norfolk
 Norwich, West Norfolk**
 Clinical Commissioning Groups

Subject:	Norfolk and Waveney STP Demand and Capacity Review
Presented By:	Melanie Craig, Interim Executive Lead, Norfolk and Waveney Sustainability and Transformation Partnership
Prepared By:	Jon Barber, Director of Strategy, James Paget University Hospitals NHS Foundation Trust
JSCC Sponsor:	Melanie Craig, Interim Executive Lead, Norfolk and Waveney Sustainability and Transformation Partnership
Submitted To:	Joint Strategic Commissioning Committee (JSCC), February 2019
Purpose of Paper:	For discussion
Summary:	
<p>This report provides an update on the demand and capacity review conducted by the Norfolk and Waveney Sustainability and Transformation Partnership, including the next steps for implementing the recommendations of the review.</p>	
Recommendation:	
<p>JSCC is asked to:</p> <ul style="list-style-type: none"> • Consider and comment on the report 	

Main body of report

1. The Norfolk and Waveney Sustainability and Transformation Partnership (STP) has conducted a system review of demand and capacity. The review was conducted by the Boston Consulting Group (BCG) and system partners. It concluded that the STP has key challenges, being:
 - A growing and ageing population
 - Primary care working to capacity, with a shrinking GP workforce
 - Acute inpatient bed capacity cannot meet demand
 - Community services cannot meet demand from acutes
 - Social care and home care capacity is not keeping up with demand
 - The system has significant financial challenges.
2. The review highlighted that:
 - Demand and capacity is mismatched and could result in a 500 bed deficit by 2023 in a 'do nothing' scenario.

- Current system issues cannot be addressed by any single provider. Collective interventions across the system could create a sustainable position.
 - Even given the potential solutions within the review it is estimated that there will be a shortfall of 140 beds so further capacity / new models of care will be required.
3. The final report from the review is attached at Appendix A.

Next steps

4. The demand and capacity issues highlighted by the review cut across three of our partnership's workstreams: Acute Transformation, Urgent and Emergency Care and Primary and Community Care. So we are setting-up a new Demand and Capacity workstream, with senior director level representation from across the acutes, community, social care and primary care, to take forward the recommendations from the review. These representatives will also cover the three workstreams above.
5. Whilst much work has been done in recent years to address the capacity shortfalls this has largely been fire-fighting with little strategic thinking on how we can address the issues in the longer term across the whole system. The Demand and Capacity workstream will establish a short, medium and long term plan with a significant part of its work to focus on the longer term strategy.
6. The Demand and Capacity Programme Board will be led by Jon Barber, Director of Strategy at JPUH, who will act as the programme director. The membership of the board will consist of:
- Acute representation: as a minimum, director of strategy and medical director
 - A representative from NCH&C and ECCH
 - Clinical representation from Local Delivery Groups (ideally GPs)
 - Social care representation
 - A commissioner
 - STP Chief Operating Officer.
7. Task and Finish groups will lead individual pieces of work as required and membership will be sought from appropriate organisations across the system. The links to the other workstreams will mean that those workstreams may undertake actions in relation to demand and capacity and report back to the Demand and Capacity programme as appropriate.
8. The Programme Board will consider all the recommendations within the BCG review and report back on our response to each. This will drive the work plan and strategic direction.

12 February 2019

RE: Publication of our Demand and Capacity Review report

Dear colleague

Over the past six months the Norfolk and Waveney Sustainability and Transformation Partnership (STP) has conducted a review of demand and capacity for local health and care services. I'm writing to let you know what the review found and our next steps, as well as to advise you that we are publishing the full report later today in advance of it being discussed at the Joint Strategic Commissioning Committee next week.

The review concluded that our partnership has key challenges:

- A growing and ageing population
- Primary care working to capacity, with a shrinking GP workforce
- Acute inpatient bed capacity cannot meet demand
- Community services cannot meet demand from acutes
- Social care and home care capacity is not keeping up with demand
- The system has significant financial challenges.

Whilst these challenges were not unknown to us, the review has helped to quantify them in more detail so that we understand more about the scale of the challenges facing us, the causes and some potential solutions.

For example, the review said that if we do not implement the many schemes already in the pipeline and if we do not develop more, the mismatch in demand for services and our capacity to care for those people would result in a deficit of 500 beds by 2023.

The review is also clear that the issues we face cannot be addressed by any single organisation – only collective interventions will create a sustainable position. Together with improving outcomes for patients, this is why we are focused on developing more integrated services for people before they need hospital treatment.

The report was commissioned from an external consultancy, bringing external experience and insight to our thinking. It contains suggestions for new models of care and these can add to our thinking going forwards.

The suggestions are consistent with the work our partnership has been doing over the past two years to integrate services, provide care closer to home and to develop primary care networks and teams of different professionals. The full report from the review is attached to this email for your information.

We are going to establish a Demand and Capacity workstream to take forward the findings from the review. The workstream will develop short, medium and long term plans. Whilst much work has been done in recent years to address the capacity shortfalls, we need to

think more about the longer-term and so a significant part of the group's work will be to focus on the longer term strategy.

The workstream will consider all the recommendations within the review and report back on our response to each. This will drive our work plan and strategic direction. We will keep you informed of our progress.

Kind regards

Melanie

Melanie Craig
Interim STP Executive Lead
Norfolk and Waveney Sustainability and Transformation Partnership



Norfolk and Waveney
Adult Mental Health Strategy
December 2018

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Foreword

We have reached a moment of immense significance in the development of adult mental health services across Norfolk and Waveney. As a partnership across the STP and working alongside service users, stakeholders and the public, we have produced an early and initial draft of a strategy for improving mental health. At the same time we have also reviewed Child and Adolescent Mental Health Services (CAMHS) and worked closely with our Suffolk colleagues, who have been conducting their own review of mental health services.

Listening to service users, carers, staff and other stakeholders so far, we are taking the bold, and correct step to share our initial draft with the public. We commit to listening to feedback from local people and organisations to check we are heading in the right direction and to co-design the final version for public sign off in February 2019.

This commitment to openness and co-design is entirely consistent with the need to focus on how we all have a role to play in delivering safe, effective and easily accessible care and support for mental health. It is not a finished document, nor is it the final polished or easy to read version we will have in February, but that is the point: this is about working together to make sure we get the best strategy we can.

Based on what we have heard so far, our vision is to develop and deliver 'place based' services wrapped around primary care through integrating mental and physical health in each of our localities: Great Yarmouth & Waveney, North Norfolk, Norwich, South Norfolk and West Norfolk. In addition, 6 central pillars have been identified for future work and the intention is to co-design the detailed plans that sit behind this, again with service users, stakeholders and the public. The pillars are worth highlighting, as this comes straight from what we have heard about where the current services need to be improved:

- Focus more on prevention and wellbeing
- Ensure clear routes into and through services and make these transparent to all
- Support the management of mental health issues in primary care settings
- Provide appropriate support to those in crisis
- Ensure effective in-patient care for those that really need it
- Ensure the system is focused on working in an integrated way to care for patients

As well as taking forward the work to make sure these are the pillars for our strategy, it will be important to examine how organisations work together to deliver services in the future. Key to this is taking a 'whole system' approach to improving mental health and wellbeing, working with; schools, police, housing, employers, the voluntary sector and other partners.

1 Objectives of the Mental Health review and the purpose of this document

Individuals with mental health issues look to health and social services to provide support and care at points of difficulty and vulnerability in their lives. Yet in Norfolk and Waveney today mental health services are under considerable pressure and face a significant challenge to deliver the quality of care that service users and patients require.

- The 'Breaking the Mould' event in May 2018 and the public survey conducted through the autumn of 2018 highlighted a wide range of issues with current Mental Health services from a service user perspective
- Demographic trends and the increasing public awareness of mental health issues is expected to lead to increasing demand for Mental Health services in the years to come
- Public Health data reveals a mixed quality picture with services below national benchmarks or targets on important dimensions
- Like all public services, the Norfolk & Waveney STP (sustainability and transformation partnership) operates in a constrained financial environment in which to meet current and future demand. This makes it critical to design services in the most effective way possible, to make best use of available resources to support the well-being of people of Norfolk & Waveney

This review was commissioned by the Norfolk & Waveney STP in mid-2018 to understand the views of adult service users, their families and carers, staff and volunteers; to review the performance of current services and analyse system issues; and to develop a long-term strategy to ensure sustainable delivery of high quality adult mental health services across Norfolk & Waveney and improve public well-being. A separate review is ongoing focusing on the mental health of children and adolescents across Norfolk and Waveney and future work will build on the two documents to shape an all age strategic direction for the region.

This document summarises the key findings from the broad public, stakeholder and staff engagement the analysis of relevant system data, and provides information on the six provisional strategic pillars that currently underpin the emergent adult mental health strategy across Norfolk and Waveney. These are:

1. *Focus more on prevention and wellbeing*
2. *Ensure clear routes into and through services and make these transparent to all*
3. *Support the management of mental health issues in primary care settings*
4. *Provide appropriate support to those in crisis*
5. *Ensure effective in-patient care for those that really need it*
6. *Ensure the system is focused on working in an integrated way to care for patients*

Further activities will build on the work done to date focusing on co-developing, shaping and refining this emergent strategy into tangible plans through a number of working sessions and engagement events.

2 Approach to Engagement

Service users, carers and families, health and social staff, the voluntary sector and other key organisations involved in providing support and care to the population of Norfolk and Waveney were widely engaged to understand service user and service provider experiences and views on current service provision. Their perspectives and ideas have strongly shaped this review and informed the proposed Adult Mental Health strategy that flows from it.

This broad range of opinions has been gathered through a number of different activities and events, including individual interviews, formal public engagement sessions, an online survey and practical working sessions with people from different organisations to ensure a wide and representative group of people could be engaged.

A variety of users, health & social care workers and representatives from other organisations and services helped lead the communications and engagement process to ensure fair and unbiased representation and engagement throughout. This team included service users and service user representatives in addition to individuals from the Clinical Commissioning Groups (CCGs), Primary Care, NSFT, Health watch Norfolk, Community Action Norfolk, Voluntary Norfolk, Lowestoft Rising and others.

In total 42 separate events have been facilitated from August 2018 to December 2018, of which 7 targeted users, carers & the public, 25 targeted health & social care staff and 10 targeted community & Voluntary Groups, reaching over 2500 people in total.

Engagement of service users, carers and the public

The 7 public events targeting users, carers and the public can be split into 2 categories:

User Forums: 4 stand-alone service user forums held across Norfolk & Waveney to engage service users early on, understand their perspectives and shape materials that would go on to support the launch events and further engagement with other stakeholders

Public Launch Events: 3 facilitated public launch events were held in key locations, including Lowestoft, Kings Lynn and Norwich. To ensure the public had an opportunity to attend one of these events the events were widely publicised by primary care teams, local hospitals, voluntary teams, the CCGs and through the media (including on social media). The events reached over 130 users in total and provided an excellent environment for discussion on the key mental health issues facing the system as a whole. Working sessions were facilitated which reflected on the following key questions:

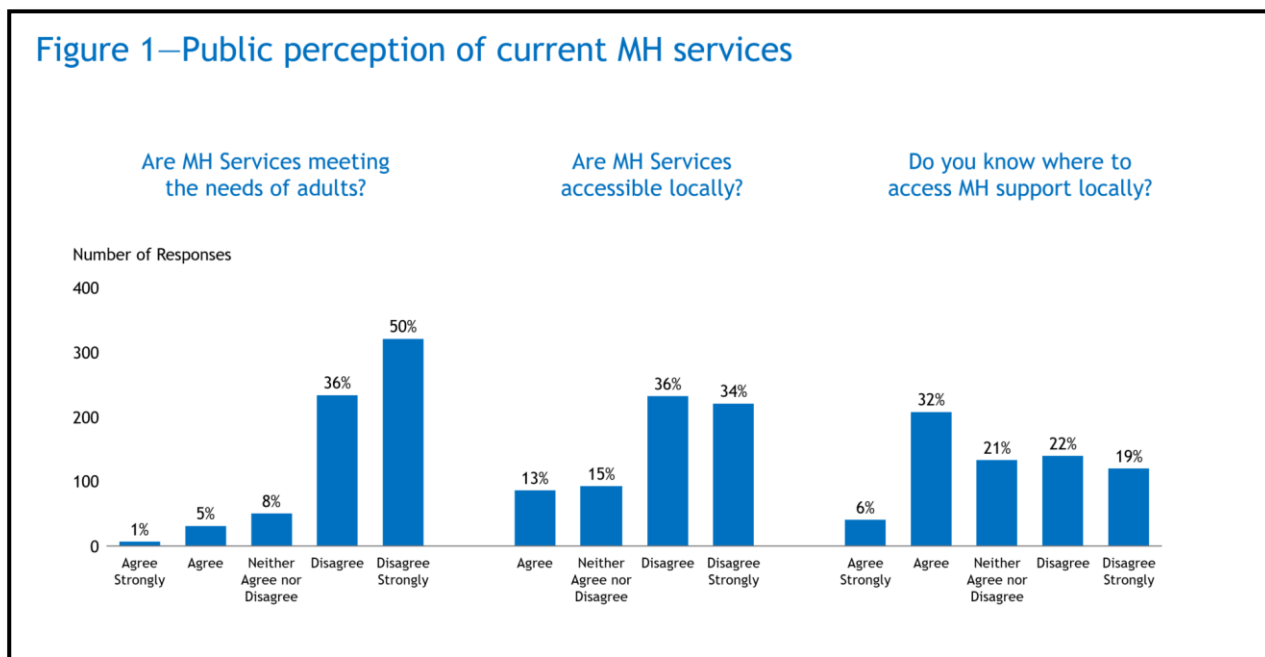
- Workshop One: Your experiences of local Mental Health support and services: What is working? What needs to change? What are the current issues or barriers?
- Workshop Two: What should future Mental Health support look like? How would changes make a difference to you?

In parallel, there have been a further 4 STP-wide public events targeted at people directly affected by dementia and 2 further dementia events targeted at professionals reaching a total of 150 people. These events were run by a separate Dementia workgroup to allow a more tailored approach to user engagement for this service.

In addition to public events, ~1000 people were engaged through an online survey. 62% of respondents were service users, carers and members of the public, providing real breadth of service user input, and the remaining 38% included health and social workers and community and voluntary sector workers.

Across the service user feedback in the survey, there was a very clear message that the people of Norfolk & Waveney are largely dissatisfied with the current provision of Mental Health services in the area. The online survey showed that:

- ~95% of respondents feel that services fail to meet the needs of the mentally ill
- ~70% of respondents feel that Mental health services are not locally accessible
- ~40% of respondents do not feel that they know how to access services



We ensured that disadvantaged groups were included throughout the review by making the survey available in Easy Read form, to allow people with learning disabilities to share their views. Additionally we engaged several advocacy forums and organisations who gave feedback on behalf of the communities and individuals they represent. The organisations involved included Opening Doors, a learning disability advocacy organisation, Bridge Plus, GYROS and ACCESS, which are advocacy and support organisations working with Black, minority ethnic (BME) and migrant communities.

Although the experience of users was highly varied, consistent themes emerged about the provision of care and services, with five main themes:

1. Services seen as complex, slow and hard to access and navigate, for example, crisis services
2. Services perceived to be poorly integrated between different organisations
3. Quality and consistency perceived to be highly varied, for example waiting times
4. Provision of care seen to be more focused on treatment than prevention
5. Service users do not feel that community support is fully utilised

Service User Experience

Complex, slow and hard to navigate

Services can feel overly complicated and difficult to move through for service user, carers and health and care professionals

“The system is too reliant on individual contacts and personal connections...if you don't have a contact, then it is very difficult to get help, particularly in a crisis”

Public Event

“People should only have to tell their story once between UCS support and formal health services”

Public Event

“GPs in Norfolk feel confused by and outside of NSFT services. GPs are the first port of call. If they don't understand our services, we are all in trouble.”

Public Survey

“Since the introduction of the Wellbeing Service more desperate and risky people fall between the gap in service”

Public Survey

Poor integration of care

Service users & families find care to be disjointed, fragmented & confusing, with a lack of cohesion and communication between services, resulting in individuals 'falling between cracks'

“There needs to be better sharing of information about individuals, including with the Voluntary sector”

Public Event

“More communication - between mental health trusts / hospitals / GPs. They should be able to access current medication requirements and mental health assessments.”

Public Survey

“Integration of wider determinants of health (housing, benefits, food etc. for those with mental health difficulties). A whole-system approach.”

Public Event

“There should be a transition pathway for children-to-adults in health and social care”

Public Event

Issues with quality and consistency

Services provide inconsistent, slow and poor quality care across Mental Healthcare services in Norfolk & Waveney

“Mental Health professionals need to provide more personalised care, co-producing each individual's care plan with them. They should also be better at involving family members in an individual's care”

Public Event

“People are being discharged from inpatients without consultation with community teams on a regular basis”

Public Survey

“Social workers lack skills. Not enough training at well-being centres”

Public Survey

“Speedier access to support. Too much medical treatment (anti-depressants) and not enough talking therapy”

Public Event

Concentration on treatment rather than prevention

There is a lack of services focusing on preventative measures, with current focus heavily weighted in downstream treatment

“A crisis never happens suddenly - it is the end result of unmanaged care over a period of time”

Public Event

“Support must start young... children peer-to-peer support”

Public Event

“Training/education to be delivered by someone with experience and not necessarily by professionals (e.g. peer to peer support)”

Public Event

“I feel that you need to be in a crisis to receive any type of health. It would be more beneficial to have a service out there which can help prevent illnesses before they reach crisis.”

Public Survey

Community care not fully utilised

Service users are signposted to secondary/formal care settings too easily, with a lack of offering of care in less formal, community support settings

“The public don't know that much about the range of services and support on offer, particularly from the Voluntary sector, for people with Mental Health conditions”

Public Survey

“There should be longer-term placements for people with serious conditions, not institutions, but community based approaches”

Public Survey

“Home treatment service/health coaching would keep people out of hospital”

Public Event

“Professionals should have more faith in the voluntary sector and in social prescribing”

Public Event

Engagement of Health, Social care and Voluntary groups

In addition to the public and service user engagement the review engaged broadly with individuals who provide services and support to individuals with mental health issues across Norfolk & Waveney. The team engaged external experts from other national and international health systems to share best practice examples from other parts of the world. Their own views and experiences and their reflections on service user feedback has helped shape the strategy and define a practical path forward to address the underlying issues. As part of the review the team conducted:

- Over 70 one-on-one interviews with individuals from different stakeholder organisations across Norfolk & Waveney relevant to adult mental health and Dementia, from within the system and outside of the system to help gain an objective view about issues being faced by mental health services and the level of care offered to service users
- A series of 35 meetings with different organisations which enabled us to share findings from prior work and engagement, develop a compelling case for change, and begin to define potential solutions
- Discussions with community support groups and voluntary organisations to identify key trends in Mental Health needs nationally, gaps in service provision and additional insights on how collaboration across the system could help to improve Mental Health services in a more holistic manner
- Received responses from ~400 health & social care workers and community & voluntary workers to the online survey.

Health and Social Care worker experience

Complex, slow and hard to navigate

Services can feel overly complicated and difficult to move through for service user, carers and health and care professionals

“Access to services and Mental Health professionals is difficult. This is true even for other health and care professionals.”

Staff Survey

“No stream-lining of care. The service is simply ineffective with people sitting on caseloads due to no direction of care and no provision of services.”

Staff Survey

“There are significant issues with fragmentation of the mental health pathways in Norfolk, with multiple providers, using different systems, and somewhat internal focus.”

Staff Survey

Poor integration of care

Service users & families find care to be disjointed, fragmented & confusing, with a lack of cohesion and communication between services, resulting in individuals ‘falling between cracks

“There is little in the way of communication from Mental Health teams to GPs - sometimes patients are being seen, but we aren’t written to & kept informed of plans.”

Staff Survey

“There is not yet sufficient joint working between NHS, social care, and third sector providers to meet the needs of the hardest to reach in society, such as those who are homeless, trapped in a cycle of criminal justice pathways, or vulnerable to drug and alcohol use”

Staff Survey

“Inconsistent / inappropriate referrals from primary care.”

Staff Survey

Issues with quality and consistency

Services provide inconsistent, slow and poor quality care across Mental Healthcare services in Norfolk & Waveney

“The staffing levels are inadequate to provide a safe level of care. Funding cuts means there is not enough money to provide care at the appropriate time its needed or to the quality it should be.”

Staff Survey

“Lack of appropriate placements for those with the diagnosis of personality disorders resulting in unhelpful prolonged hospital admissions.”

Staff Survey

“Lack of staffing which puts patients of greater risk”

Staff Survey

Concentration on treatment rather than prevention

There is a lack of services focusing on preventative measures, with current focus heavily weighted in downstream treatment

“threshold begin very high, no earlier intervention / lower level of mental health support.”

Staff Survey

“Lack of support after discharge and lack of investment in prevention.”

Staff Survey

“(Lack of) Education and preventative support in schools, colleges and with families”

Public Event

Community care not fully utilised

Service users are signposted to secondary/formal care settings too easily, with a lack of offering of care in less formal, community support settings

“Lack of third sector support outside of specialist mental health services”

Staff Survey

“Mental health / social prescribing / community charitable organisations and social services should go back to working jointly and they all should share information with GPs”

Staff Survey

“Loss of specialist teams and robust community resources”

Staff Survey

Bringing a range of different perspectives on the service user experience

This process has been led by a mixed team of individuals that include health, social, voluntary service, CCG and service user representation. This group was formed to ensure the strategy was being developed in an integrated way, taking a full system approach to the process and to the solution development. This “Task & Finish” group has met more than 20 times in recent months ensuring that the majority of stakeholder groups had an opportunity to shape the approach, review findings and input on a regular basis into the emerging findings and recommendations. This group, which included 22 individuals from 13 different organisations, has been instrumental in shaping the initial fact-finding exercise and in outlining the high level direction of travel which will be the focus of further work.

Initial work on the future direction, co-developed across cross-organisational teams

The “Task & Finish” group have identified six strategic pillars that set the direction of travel of the future strategy. Teams including service users and members of staff from key provider groups have been mobilised behind each of these pillars forming working groups and sub-groups responsible for further outlining the ambition, goals and subsequent milestones for delivery. These groups will in turn lead broader public and service user engagement to ensure these strategic pillars can adequately meet the needs of the population, iterating and refining as needed. This level of co-development continues to ensure that representative teams are taking ownership of the strategy but are being adequately supported to do so effectively. A Dementia Workstream has been initiated as a key sub-group focusing on the Dementia pathway. This is particularly advanced, having already facilitated ~100 pathway specific discussions through 22 focus group events. This level of co-development is expected to continue with several Interactive workshops being scheduled to further engage other key stakeholders.

Figure 2—Workstream Group Co-operation

 Workstream	 Attendees	 Workstream Leader Role
A	8	Director of Commissioning, Norwich CCG
B	7	Commissioner, West Norfolk CCG
C	5	GP and Chair of the Mental Health Board
D	6	Director of Operations, Norfolk and Waveney
E	7	Head of Mental Health Community and Integrated Care at West Norfolk CCG
F	6	Director of Operations, Norfolk and Waveney

3 Analysis of public health prevalence and outcome data

As in the rest of the country, Mental Health covers a wide spectrum of different types of condition, ranging from Common Mental Illness (CMI) to Severe Mental Illness (SMI), to Dementia. Prevalence and outcome profiles vary across the 5 CCG areas, for example between urban areas like Norwich and Great Yarmouth, and more rural areas. We obtained data from Public Health England, Fingertips and the Office of National Statistics (ONS), which allowed us to complete comprehensive analysis across the CCG's.

STP prevalence

Across Norfolk & Waveney, the level of Mental Illness is broadly similar to levels in other parts of the country. However there is a higher prevalence of Dementia, reflecting the older demographic in certain areas. Importantly, the level of unmet need is higher than the national CCG average, driven by high levels of unmet need relating to common mental illness (anxiety and depression). The number of people with common mental illness is expected to grow at ~1.4% year-on-year further compounding the issue. Suicide rates are slightly above the national average with a rate of 10.6 suicides vs 9.6 per 100,000 nationally. However, we understand that progress has been made in recent months in reducing that disparity

STP outcomes

Comparison of local quality and outcome measures with national benchmarks highlight a number of challenges.

The provision of care for people with common mental illness is falling below national targets. For example only 83% of patients gained access to IAPT (Improving Access to Psychological Therapies) services within 6 weeks (compared to the national average of 90% of patients), suggesting capacity challenges across both primary care and the wellness services.

At the same time, there are issues with the way that people are supported. For example, only 77% of SMI patients received blood tests in the last 12 months, indicating issues with ongoing monitoring, and prescriptions for psychosis exceeding the national average by 29%. On some dimensions Norfolk & Waveney is above the national average – for example, the blood test records scores 3pts better than national in relation to dementia. However, there is still potential for improvement since the dementia care review scored 7pts below than the national average in the past 12 months and the quality of residential and nursing beds scored 10% lower than the national average across the STP.

The largest provider of Mental Health services in the region, the Norfolk and Suffolk Foundation Trust (NSFT), is also experiencing a number of challenges as highlighted by the most recent CQC report released in November 2018. This rated the trust as inadequate for the third time. The report outlined a range of areas for improvement,

including staffing levels, care plan updates, leadership and management of patients on waiting lists

As the Norfolk & Waveney Adult Mental Health strategy is developed in greater detail it will be important to tailor the overarching approach to the specific requirements of the different CCG areas.

[For further details of prevalence per CCG area please see Appendix 1](#)

4 Key issues to address

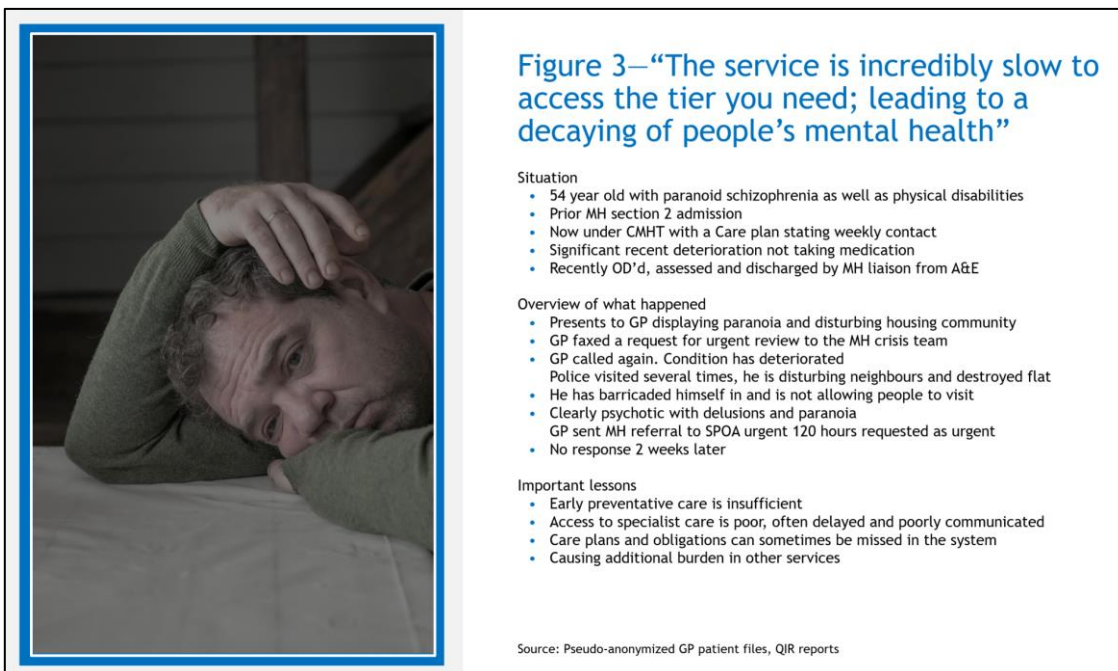
There are significant issues with current Mental Health service delivery in Norfolk & Waveney, which are likely to be exacerbated in the future. Service users predominantly have a low opinion of the service, user engagement highlight consistent themes across the system. Objectively Norfolk and Waveney performs below national benchmarks on a number of quality and outcome measures, has a dissatisfied workforce in some areas resulting in staffing difficulties, has challenges meeting current demand and faces financial challenges. A tailored solution is required which tackles the underlying drivers. These include the following:

“ We need to focus on prevention of mental health problems and keeping people healthy and well.”-
Public Event

Service user feedback highlights the stigma associated with mental health issues, a lack of awareness and education about the issues and insufficient focus on preventing mental health issues including dementia. Prevention tends to have less funding than most believe is necessary, contributing to a greater focus on managing the consequences in higher cost settings. Many users feel they lack the attention they need before the onset of mental illness. The wellbeing of older age patients suffering with Dementia was also raised as an area of concern.

“ The service is incredibly slow to access the tier you need; leading to a decaying of people’s mental health – Public Survey

Service users and health and social care workers struggle to access specialist mental health services when needed. Access issues came across strongly from user group feedback and the experiences of primary care physicians. The current model results in significant frustration for service users and health and social care workers. The Dementia working group has also revealed issues with accessing the right care for service users experiencing the initial signs of dementia resulting in high levels of distress and poor levels of care in some elements



“Lack of holistic care ‘don’t connect the dots’ between physical, MH and social” – Public Event

The system does not operate in an integrated fashion. Service users have expressed a frustration with moving between care providers and report “getting lost in the system” or “falling between the cracks”. There are also frustrations across Provider groups both with accessing other services and in sourcing reliable communication and feedback. There are capacity issues across acute beds which is exacerbated by issues with integration across regions. Service users see themselves being managed in sub-optimal locations due to siloed operating practices. This lack of integration results in limited accountability across the service user / patient ‘journey’ and a poor service user experience.



Figure 4—“Lack of holistic care ‘don’t connect the dots’ between physical, MH and social”

Situation

- 59 year old single patient with bipolar disorder on several medications
- Circumstances resulted in deterioration and suicidal thoughts
- Referred by GP to psychiatrist for MH review and medication review
- Diverted to WBS psychiatrist who gave some advice
- Offered therapy sessions which the patient cancelled
- No psychiatric F/U offered despite clear documentation of suicide risks

Overview of what happened

- GP was seen regularly but felt the patient was beyond his ability
- The patient had several risk factors and was suicidal and self medicating
- Clear plans were being made with minimal protective factors identified
- GP makes 120hr urgent SPOA referral stating patient is suicidal with plans
- Referral downgraded and offered telephone appt. with wellbeing advisor
- Assessment prompted a referral to a psychological therapist
- Promise made to monitor wait if longer than 90 days
- Safety net was to go to A&E or GP if thoughts become intrusive
- GP sees him regularly, increases prescribing and is not informed of FU

Important lessons

- Lack of clear guidelines and inconsistency in approach
- Inappropriate decisions made within mental health services
- Speed to appropriate support is poor and communication is limited

Source: Pseudo-anonymized GP patient files, QIR reports

“Access to services must be simpler and pathways clearer” – Public Event

Mental health acute beds are pressured and running over-capacity in many areas. Pathways are unclear to those outside the acute environment but also between professionals within the acute environment. This results in high variation in behaviours and in utilisation of mental health acute resources. GPs feel unsupported in the community which may drive higher levels of referrals and acute resources are often spent on patients awaiting social and community care. Amongst all this service users report that the system focuses too much on treatment rather than alternative means of support in the community, putting significant strain on mental health acute resources in the area.

“Crisis Team seems to only be available once someone has actually attempted suicide” - Public Survey

Users, carers and professionals all report issues with the management of patients in crisis. Crisis services are perceived to not respond when needed, to not respond fast enough and to not support patients as they step down from crisis. This results in service users presenting in services that are not necessarily the most appropriate and receiving sub-optimal care as a consequence.

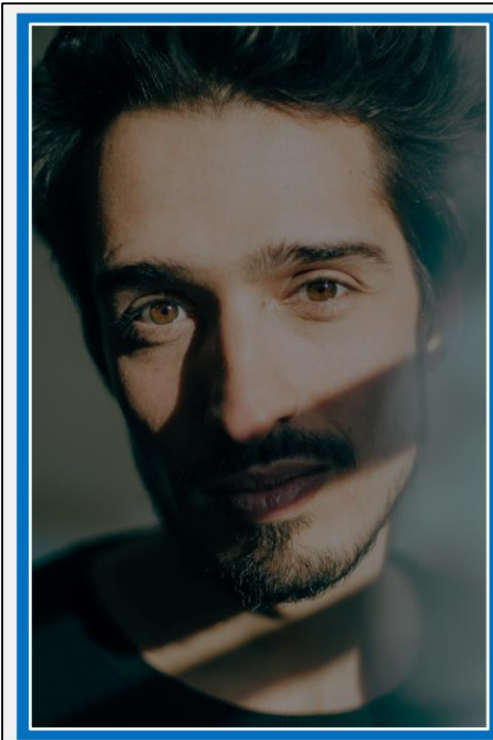


Figure 5—“Crisis Team seems to only be available once someone has actually attempted suicide”

Situation

- 48 year old male with a history of bipolar disorder and alcohol abuse
- Repeated admissions under section and under MH for over a decade
- Lives alone. Elderly parents live 30min away and visit most weekends
- Care plan warning signs are disengagement, stopping meds and drinking

Overview of what happened

- Recent episode a year ago during which he told his CPN to “F off”
- MH team reported he had “disengaged” when contacted
- Family and neighbours were concerned and called the crisis team
- Crisis team would not review before GP review
- Female GP reviewed with family protection and patient admitted to care
- After discharge he had regular F/U by his support worker and psychiatrist
- Patient was later discharged without his approval or GP consultation
- Family soon reported to the GP he was drinking again and was withdrawn
- Mental health team contacted by GP and told a new referral was needed
- Face to face assessment GP assessment required again
- Letter of complaint raised by the GP, patient later accepted back

Important lessons

- Seemingly poor communication with GPs and family
- Crisis service do not respond when needed
- No robust follow up plans or follow up access
- Lack on sensible approach to re-referral for known patients

Source: Pseudo-anonymized GP patient files, QIR reports

“Sharing data between organisations is really difficult” – Public Event

The absence of high quality data means the service lacks transparency between organisations around patients’ history, needs and current treatment status, and making it harder to hold the system to account. The lack of robust data limits the ability of different services to work jointly across the healthcare system.

“Not enough funding, not enough trained staff” – Public Survey

The system is operating in a constrained financial environment despite a growing population and significant unmet need. This means funding is tight and resources must be managed carefully. Furthermore there are emerging workforce issues in Primary Care and in specialist secondary mental health provision. This limits what can be done with the current model of care delivery. These challenges have resulted in local operational efforts having less impact than anticipated. System solutions and new models of care will be required to drive change.

5 Learnings from best practices from other sources

In thinking about the future design it can be helpful to investigate what others have done and found to be impactful. As part of this review, over 80 best practice examples from local, national and international experience have been examined across a broad spectrum of mental health services, as well as a series of engagements with international experts.

Both the system wide engagement with service users, staff & the wider public and the outcomes benchmarking analysis highlighted several areas of mental health care/support that potentially needed alternative approaches/model of delivery, namely;

- Mental health support for GPs in a primary care setting
- Crisis response/urgent care
- Focus on prevention of mental illness in the broader population
- Suicide reduction
- Wellbeing services for individuals with Common Mental Illness
- Waiting times and responsiveness

The above areas were used as a high level screening tool to identify potential high impact initiatives & interventions that should be considered in the future design for mental health services in Norfolk & Waveney. The below models have been developed both nationally and internationally, with strong evidence bases, which Norfolk & Waveney can learn from:

1. **Collaborative Care Models:** Multi-disciplinary/agency team led by primary care provider delivering population-based Mental Health care using evidence based interventions
2. **Multi-disciplinary/agency crisis response teams:** Community & acute based, multi-disciplinary/agency teams for Mental Health crisis intervention, including much closer working with the emergency services
3. **Whole-Population Health Management Approaches:** Data driven approach targeting prevention and care, which builds feedback and incentives based on a system wide outcomes framework
4. **Zero Suicide Strategies:** Cross-organizational commitment to reducing the level of suicides through a holistic approach to public safety
5. **Digital Cognitive Based Therapies:** Technological interventions delivered direct to service users through a range of digital therapies. Examples include Medefer's 'virtual hospitals' which reduces hospital attendances through virtual consultations and Alluceo's app for patients and providers, which is an integrated digital platform for appointment scheduling, in-app communication, self-care materials and patient outcome tracking among other tools.

Collaborative care models have already been introduced locally for different severities on mental illness, some examples include:

- **Low Level Mental Illness:** A partnership between Beccles Medical Centre and Great Yarmouth & Waveney Mind has been developed to alleviate pressures on Primary Care staff by providing a caseworker to work with the centre to support patients with Mental Health issues.
- **Moderate to Severe Mental Illness:** The PRISM service, set up by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), puts specialist Mental Health staff in GP surgeries so patients with moderate to high Mental Health conditions can be seen in a familiar environment with less bureaucracy.
- **Severe to Crisis Mental Illness:** Norwich Escalation Avoidance Team (NEAT) is a single point of access for urgent, unplanned health and social care needs where a multi-disciplinary team work together to coordinate an integrated response. However the service requires professional referrals and does not solely target Mental Health.

Many of these examples focus on building treatment models much more explicitly around the user, making full use of multi-disciplinary working and new technology. This general approach will be relevant for Norfolk & Waveney as the system plans ahead and defines specific changes to make to the way services are provided.

The shortlist of best practice models highlighted 5 of the most relevant interventions to Norfolk & Waveney. However in the design phase the review considered these best practice interventions alongside local examples of good practice.

6 Emerging Adult Mental Health Strategy

Based on the input from service users and the analysis of current services and issues in the system, six specific pillars of the future strategy are emerging:

1. *Focus more on prevention and wellbeing*
2. *Ensure clear routes into and through services and make these transparent to all*
3. *Support the management of mental health issues in primary care settings*
4. *Provide appropriate support to those in crisis*
5. *Ensure effective in-patient care for those that really need it*
6. *Ensure the system is focused on working in an integrated way to care for patients*



1. Focus more on prevention and wellbeing

The Mental Health of a population is influenced by a wide range of different factors including socioeconomic deprivation, housing, employment and the strength of community. These factors are hugely important for both the prevention and success of treatment, management and recovery. For example, research shows that Common mental illness are over twice as high among homeless people compared to the general population and 90% of people in prison have mental health problems, drug or alcohol problems.

However these broader population based factors are challenging for any single organisation to influence or control, the outcomes are hard to immediately quantify and the services that support them are typically underfunded. This results in some of the most impactful potential interventions in mental health not receiving the support and backing

they need. Given the time frame and the significant impact population health based measures can have it is critical that the Strategy for Adult Mental Health commits sufficient cross-organisational resource and energy into addressing these issues in a 'joined-up', impactful way.

Public Health and Social Care clearly have an important role to play. Although there are several separate related interventions being driven by public health and social care (for example, initiatives around suicide prevention) there has been no overall strategy or long term plan that sets out the Mental Health priorities and defines a clear, measured approach. The future strategy needs to define the priorities for wellness and prevention of mental illness to strengthen population health and community resilience to better care for our Mental Health needs. The future strategy needs to focus on reducing the stigma attached to mental health conditions including Dementia.

Emerging ambition: To develop a layered approach to wellness and prevention of mental health issues focusing on

- **Enabling individuals to take more ownership of their health and wellbeing:** To ensure the individual is equipped to promote their own wellness and that they are supported to make positive lifestyle choices as well as improving individuals' emotional literacy
- **Building more community resilience:** To enable the community and voluntary sector to play a stronger role in supporting people with mental health issues and helping to reduce stigma, focusing specifically on local education and support to ensure that prevention and promotion of wellbeing become a shared aspiration within communities
- **System wide strategy and accountability:** To define a long term public health and social care approach and plan for mental health related issues, building stronger partnerships with central organisations to better serve the population (e.g., housing services, job services and the justice system)

Emerging priorities: Focus on interventions likely to have the largest impact based on the known available data and national priorities:

Enabling individuals to take more ownership of their health and wellbeing:

- Supporting the development of a public facing MH portal that provides information and self-access points for health, social and voluntary services to promote service user access, increase transparency and improve wellbeing

Building more community resilience:

- Organise and run public campaigns on mental health stigma, loneliness and wellness including supporting the Norfolk Loneliness Strategy
- Invest in training for high risk stakeholder groups; including training programmes in schools and in the workplace and targeted sessions for families and carers.
- Partner with employers and build "back to work" schemes to support rehabilitation and recovery for those with mental health conditions
- Invest behind specific targeted schemes for key issues across Norfolk & Waveney- for example zero suicide strategies and more comprehensive addiction and drug and alcohol awareness programmes

- Roll out the ABCD (Asset Based Community Development) approach by building stronger links with VCS (Voluntary & Community Sector) and increasing their visibility to those suffering with Mental Health so that care and treatment can be actively sought in other settings

System wide strategy and accountability:

- Develop a multi-agency approach to tackle some of the highest impact broader determinants of health over the medium to long term (e.g., allocations of funding for social housing, provision of benefits and support, the way the Department for Work and Pensions and the justice system work)

2. Ensure clear routes into and through services and make these transparent to all

Many service users and mental health workers reported issues accessing mental health services and confusion associated with navigating through the system. Some felt “lost” and others felt that “people were slipping between the cracks” The experiences of primary care physicians suggest that their ability to access the system on behalf of their patients was highly variable and the quality of care offered at the point of entry was inconsistent across cases with limited feedback on the rationale for specific decisions. Even mental health specialists reported inconsistent views on what constitutes best practice across their services and colleagues. There is clearly confusion about what level of care to expect and who in the system is accountable for the patient at various stages of their journey. This lack of transparency across the system results in variability that is hard to manage and can result in users receiving poor care which in turn causes them to feel let down by services.

Standardised paths through the system is a common practice used nationally to improve the quality of care delivered for physical conditions (e.g. in Trauma & Orthopaedics and Colorectal Surgery). Although several pathways already exist for Mental Health, such as Anxiety and PD (Personality Disorder) Pathways, very few have gained traction across Norfolk & Waveney in a meaningful way. Clarifying paths through the system, defining clear access criteria and setting the expectation for levels of services for patients passing through the system is the first step in providing a consistent level of quality care for our service users. Beyond that it is critical that service providers can be held accountable for these standards through robust data, systems, tracking and management. Service users should also have visibility of what they should expect from services. This will enable them to take more ownership of their care pathway and hold their services to account more formally. It is essential that Pathways leverage third sector skills and voluntary resources more effectively to increase provision of community based services such as residential rehabilitation, supported housing and outreach teams to help combat the current strain on capacity.

This workstream seeks to clarify and standardise other key treatment pathways across service providers, improve their visibility and ensure services and individuals can be held accountable for their performance and the level of care they delivery to patients. Significant work is already underway to transform Dementia pathways which seeks to improve fundamental social and economic structures in order to decrease barriers into the system and improve support throughout the pathway.

Emerging ambition:

- To increase the standard of care offered to all service users in Norfolk and Waveney by embedding best practice treatment pathways that ensure reliable, high quality and timely care to those suffering with mental illness, spanning all age groups to ensure successful transition between children and adults.
- To clearly communicate to health and social care workers and service users the expectations of care delivery across the system
- To improve accountability for delivering holistic system based care in an integrated fashion across the STP supported by data systems and tools

Emerging priorities:

- Identify the most impactful treatment pathways through the system and build multi-agency teams around them to develop best practice approaches with clear guidelines, criteria and standards. Where possible build from national exemplars.
- Identify sensible 'fast track' pathways for service users with established high need and those that are known to the system already
- Develop an online internal tool to track pathway-based outcomes and share performance with all relevant stakeholders through intuitive digital dashboards.
- Build a single digitally accessible directory of services that service users and health and social care workers can view. Publish pathway approaches at a simplified level alongside outcomes to ensure all those involved have transparent expectations. This will enable users to take more ownership for their care and to hold services to account. Ensure sites are pro-actively maintained by the services
- Launch an internal and an external communication drive to ensure that teams are fully across the new expectations and approach to tracking and monitoring
- Continue to progress and build from work already underway to transform Dementia pathways using it as an exemplar to drive change across other system pathways

3. Support the management of mental health issues in primary care settings

Primary care is often the first port of call for those suffering with emotional distress. Up to 30% of a primary care physician's caseload can be directly attributed to Mental Health issues. In addition to this we know there is a high proportion of unmet need for common mental illness across Norfolk & Waveney, affecting people who are often best managed in a primary care setting. As the main gatekeepers to the wider healthcare system, the primary care service offering is critical to effectively managing the mental health of the population and to ensuring that individuals are referred on to the most appropriate services.

However, despite its pivotal role, primary care services in Norfolk and Waveney are under increasing pressure. Up to 9% of patients seeking appointments with general practitioners cannot secure one at a time of their choosing. Factors contributing to this include higher expectations from the public, increasing demand from the population and a declining primary care workforce. Compounding the demand and capacity mismatch primary care teams do not feel adequately supported by secondary care (who are also experiencing issues with demand and capacity). General Practitioners

across Norfolk and Waveney have commented that they are being forced to take on more responsibility than they are trained to do, which can result in sub-optimal levels of care being offered to mentally ill patients (e.g. high levels of anti-psychotic prescribing).

An under pressure Primary Care service is not a challenge that is unique to Norfolk & Waveney. Central NHS bodies have made recommendations to implement new models of care to address this issue which are typically based around a multi-agency approaches centred on specific neighbourhoods or localities. This enables greater local customisation of services and better utilisation of resources to meet the specific needs of the population in a given area. This type of model has worked well elsewhere and many examples exist that demonstrate how these models can improve both physical and mental health outcomes. The 'Collaborative Care' approach (multi-agency supporting teams embedded in primary care) is one such model that has shown documented benefits in the treatment of mental health. This workstream looks at how we can build on national recommendations and capture learnings from local and international best practices to define a new model of care that protects and strengthens the quality of service delivery for our service users.

Emerging ambition:

- Bring together different organisations to work together in a more integrated way in primary care (a multi-agency approach), setting up and utilising the skills of a mixed team to deliver better support and services to meet the multiple needs of the population.
- To create an approach that is tailored at the local level matching the diverse needs of different localities in Norfolk & Waveney
- To ensure Primary Care teams are appropriately supported with the tools and access to specialty secondary care services they need to better treat their population needs

Emerging priorities: To design and introduce a new model of care with appropriate supporting tools and digital solutions:

- Tackle mental distress in a primary care setting with appropriately skilled workers. Fully utilise existing staff and teams through appropriate training
- Deliver care to those with moderate to severe mental illness in a primary care setting using specialist teams based on the highly successful PRISM model (A successful model of embedding mental health support for moderate to severe mental illness into primary care). Local teams will include recovery coaches, volunteers, Mental Health support workers / navigators and Mental Health practitioners amongst others
- Improve the quality of advice available to Primary Care teams with designated channels between primary care physicians and mental health specialists
- Ensure plans for well-being hubs are fully linked to the broader mental health strategy with co-location of high impact teams and community based services
- Simplify data systems across primary care so that users can be tracked across the system and so that standards of care can be tracked and managed
- Introduce digital solutions where appropriate to give service users more control and access to services. Where possible this should build on pilot schemes already underway across Norfolk & Waveney, for example e-consult services and digital cognitive behavioural therapy (CBT) offerings

- Tackle the workforce issues through a multi-agency approach to recruitment and retention
- Improve the linkages with other/ existing voluntary services in each neighbourhood to ensure service users can receive the most appropriate and impactful care for their needs

4. Provide appropriate support to those in crisis

Mental health crises can be just as severe as physical health crises. As such the response should be equally quick, be supported by appropriately skilled staff and have seamless links across other services to ensure service users recovering from crisis can be effectively and successfully stepped back down into the community.

Unfortunately crisis services across Norfolk and Waveney today do not deliver to this standard. There are several incident reports of ineffective triage, inability to access services and steep ramp downs of care resulting in poor outcomes for service users. GPs across the patch do not feel crisis services are adequate and this is echoed by service user feedback. Across the system demand is overflowing into other services causing unnecessary pressure in the wrong areas (e.g. Ambulance, A&E and Police).

The system must recognise that appropriate care for those that experience mental health crisis must be widely accessible in all care environments and must include both the acute response and the tapered step down support as the crisis state resolves. This workstream is focused on delivering effective crisis care both as a stand-alone service but also in areas of overflow where crisis patients can have broader system impacts.

Emerging ambition: To develop a 24/7 crisis management service, which is able to perform and respond to patients as an emergency service irrespective of their care setting

Emerging priorities: A full service solution delivering effective triage, multi-agency response and post-crisis support with the tools and systems required to enable it

Triage and immediate multi-agency response:

- Ensure specialist level care can be accessed effectively and quickly by introducing or expanding on existing helplines tailored to specific high need groups (e.g. a CRHT (Crisis Resolution & Home Treatment) helpline, a PD (Personality Disorder) specific helpline and a helpline for the remaining patients in crisis)
- Provide pre-emptive support to high risk service user groups to avoid the escalation into a crisis state through appropriately staffed teams (may include linked registers and co-ordinated working with embedded primary care teams).
- Build from the highly successful NEAT service that has launched in Norwich ensuring that people in crisis are treated quickly with a multi-agency team that is capable of addressing the full range of service users acute needs (e.g. health, social and community support)
- Provide "fast-track" access to high-need users that are known to the system
- Expand psychiatric liaison services to reach high intensity areas and hold them accountable for the service provided.

Post Crisis Support:

- Provide ongoing post-crisis support as close to patients as possible by fully utilising primary care hubs and co-located specialist community teams.
- Ensure crisis teams are more effectively linked to primary care and community teams so that service users can be appropriately and seamlessly stepped down into the community or primary care setting (support workers in practices, alongside PRISM-like models at a place level)
- Strengthen links with secondary inpatient care beds for higher intensity step down as and when needed
- Partner with voluntary services who provide continued care following management in a secondary care setting

Enablers:

- Harmonise patient records so that crisis response teams have the access and information they need to deliver effective care and so patients receive an effective response at the point of presentation
- Define clear outcome measures and reporting dashboards supported with digital tools to monitor and manage performance. Hold teams accountable for standards

5. Ensure effective in-patient care for those that really need it

Across Norfolk & Waveney the provision of inpatient specialist Mental Health services struggles to meet the demand placed upon it. Occupancy levels are typically above nationally recommended levels in both adult acute and in older adult beds and costly out-of-area placements have been rising. Capacity struggles to meet demand today and will be out-stripped by demand within 5 years given the current model of care delivery. This inability to meet demand costs the Trust financially and impacts the acute provider's ability to deliver high quality care, cost-effectively to the broader Norfolk & Waveney population.

Specialist acute Mental Health services must be reserved for those that really need it and that cannot receive appropriate care elsewhere. As a system we should aim to minimise the number of patients managed in this care setting, unless it is necessary and appropriate, and move care into the community environment in keeping with other regional Adult Mental Health strategies and national recommendations. Not only will this lower the overall system costs it will allow the specialist inpatient beds to be used to improve outcomes for those that really need this service and will address service user requests to have more community-based care.

This workstream is focused on ensuring inpatient services are being used to treat patients who really need to be in that environment, leveraging other models of care where necessary.

Emerging ambition: To ensure in-patient beds are being reserved for the severely ill patients that need to be cared for in that environment. Adopting more community and primary care based models of care for appropriate service user groups. Improving quality and better meeting the needs of service users.

Emerging priorities: New models of care focusing on up-stream delivery (e.g. Primary care and community models). Improved in-patient care focused on those service users who require specialist treatment in that environment

Delivering moderate to severe support in a primary care setting

- Support primary care teams with multi-agency teams capable of managing moderate to severe mental health issues (e.g. PRISM models)
- Improve primary care access to psychiatrists to receive timely and specialist clinical advice for complex mental health service users
- Enhance systems of two-way communication between primary care and secondary care on patient care decisions, ensuring patients are receiving the right decisions on their care management as early as possible
- Co-develop clinical pathways for high volume Mental Health issues and maintain them regularly to improve transparency and accountability

Investing in the effective delivery of cost effective community and social care

- Identify community care services which could accommodate patients currently occupying inpatient beds that could be managed elsewhere
- Invest in social and residential care beds to ensure service users who are ready to leave specialist services can do so in a timely fashion
- Rationalise and standardise policies and protocols for patients admitted to hospital (step up) and discharged from hospitals to return to home (step down).

Optimising the care delivery offered to inpatients:

- Hold clinicians accountable for standardised treatment pathways to reduce unnecessary stays in acute inpatient beds (e.g. step up and step down thresholds, use of day patient models)
- Introduce continuous improvement cycles to ensure local teams are always looking to improve the services on offer to service users
- Drive cultural change across the specialist care teams through strong leadership and the appointment of clinical champions tasked with spearheading change.
- Pro-actively reduce the reliance on out of area and specialist placements

6. Ensure the system is focused on working in an integrated way to care for patients

Providers across the system comment that mental health services are poorly integrated and that care is often delivered in silos resulting in a poor service user experience. Service users feel this acutely and have commented on it throughout the engagement sessions. The causes of this are multi-factorial and will include historical behaviours, structural efficiencies but also the nature of the contracts that underpin the system. New ways of commissioning are needed if Mental Health services are to become more integrated and able to deliver high quality of care to service users.

The Norfolk & Waveney STP (sustainability and transformation partnership) has already outlined its ambition to pursue integrated commissioning that can drive more joined-up ways of working and better outcomes for service users. This is therefore a unique opportunity to trial new ways of working and commissioning that may improve the overall service user experience. This workstream has been set-up to inform future contracting and commissioning approaches to deliver an integrated Mental Health system.

Emerging ambition: To outline the key principles behind a contracting and commissioning model and approach that will support more integrated ways of working focused on the service user. To outline an approach to accessing harmonised data that will inform integrated system management decisions

Emerging priorities:

Defining the contracting and commissioning principles

- Be clear about the services and pathways that are suitable for integrated commissioning approaches and ensure flexible commissioning to drive the right levels of care across the system.
- Strengthen outcome metrics to ensure performance can be measured, but allow sufficient flexibility at the local level to enable innovation and the introduction of new models of care
- Strengthen alliances and share financial risks so that providers can focus on delivering the best care to their users
- Commissioners should place greater weighting on preventative care and review the approach to commissioning voluntary services

Approach to data and tracking

- Push for data systems that are accessible across all mental health providers so that seamless care can be delivered to service users (e.g. accelerate the electronic patient record programmes)
- Ensure providers can be tracked and held accountable for effective and high quality service delivery. Manage this as a system to improve outcomes for the whole population
- Minimise duplication of data collection and processing by aligning systems and aligning reporting. Free up resource to care for patients.

7 Key enablers to ensure success

Workforce:

Looking ahead we see three major implications for future workforce plans:

1. Primary care physicians will be critical to the service but are currently at risk as a workforce group. It is therefore critical that the number of GPs increase in line with the increased demand for their service, or that an alternative model can be found to reduce the strain on GP services and deliver better care to service users. Steps should be taken to ensure appropriate recruitment and retention strategies are in place for GPs. Furthermore, use of alternative staff should be considered.
2. An increase in the secondary care workforce is critical given the need to expand crisis teams, single points of access and increase access to senior professionals. Hence, retention and recruitment of substantive Psychiatrist positions should be top of the agenda, as should the provision of appropriately specialist nursing or support workers in the key interfaces and access points.
3. Clearly staff satisfaction and historical workforce planning has been challenging with a high number of vacancies emerging and a high cost attributed to temporary staffing. To address this in the coming years:
 - a. It is critical that temporary staffing spend in secondary care is systematically addressed through robust policies and regular checks
 - b. It is also important that focus is given to cultural change across the organisation to ensure staff are motivated to work and to stay

Information Technology:

As Norfolk & Waveney moves to become a more integrated system, harmonisation of data systems and data processes will be critical to success. Currently, a variety of systems are used both within and across provider groups with inconsistent levels of access to the required data. Furthermore, access to specific KPIs to support management and commissioning is limited. It is critical that addressing data issues forms part of the future strategy. This is consistent with the direction of travel outlined in the 5-year Forward View but should be accelerated where possible.

This will not be a short term fix. It will require sustained investment, a designated project team and a phased plan for design and implementation. Norfolk & Waveney will need a designated project team to map out this process.

Estates:

All the modelling done to date suggests that there are already demand and capacity mismatches across the estates footprint. Acute inpatient beds are under pressure and the provision of social and community beds is not meeting current demand. An Estate strategy for the next 5 years has been submitted by Norfolk & Waveney, which sets out a proposed pipeline for development in order to address the current imbalance in system estate resources and future expected growth in capacity issues. The strategy focus on redeveloping the Mental Health hospital estate to provide integrated care to patients, provide accommodation for key workers and private residential housing (including some with care) for patients. In addition to building new facilities, the strategy aims to co-locate physical and Mental Health care services together by creating 5 priority locations which will house integrated care teams. This is a good start, however further work is required to ensure the funding is secured to further develop the plans set out in the Estate strategy.

8 Next steps & Roadmap

The first draft of the strategic pillars have now been co-developed and articulated through cross organisational teams, drawing on the experience and views of service users from multiple perspectives. The pillars outlined have been designed to represent the key areas of system change for adult mental health services in the future but now need to be developed into detailed plans. This will be the focus of the next phase of work.

Over the coming weeks this draft strategy will be circulated with the public and with service users for consideration and feedback. This feedback will then be used to iterate on the strategic pillars and subsequently the strategic direction contained within the document.

Service users will also be engaged in the more detailed planning exercise that will be required to convert this strategic document into robust system level plans that can be implemented against over the coming years by local delivery teams.

In addition further work will be conducted to review the organisational forms required to deliver against the strategic ambition. This will take into account all the work completed to date, the results from other ongoing work and reviews, and feedback from users to determine the most effective model to deliver the best care for service users across Norfolk and Waveney. Further information on this process will follow in due course.

Figure 7—High level roadmap | Strategic pillars will land at different times

	Short term priorities (1-6 months)	Medium term priorities (6 - 24 months)	Longer term priorities (2-10 years)
<p>Strategic pillar 1: Focus on prevention and wellbeing</p>	<ol style="list-style-type: none"> 1. Develop a multi-agency approach to broader determinants of health 2. Invest behind targeted schemes (e.g. zero suicide) 3. Invest in training for high risk stakeholder groups 	<ol style="list-style-type: none"> 1. Organize public campaigns on stigma, loneliness and wellness 2. Partner with employers to build back to work schemes 3. Roll out ABCD (Asset Based Community Development) approaches 4. Support development of a public mental health portal 	<ol style="list-style-type: none"> 1. Execute against the broader determinants of health plans
<p>Strategic pillar 2: Ensure clear routes into and through services</p>	<ol style="list-style-type: none"> 1. Identify most impactful service user journeys and build multi-agency teams around them 2. Identify fast track pathways for high risk service users 	<ol style="list-style-type: none"> 1. Build a directory of services and publish pathway based expectations 2. Develop an internal tool to track outcomes across pathways 3. Launch an internal and external communications initiative 	<ol style="list-style-type: none"> 1. Continued iteration of digital tools based on user feedback 2. Hold teams accountable to pathway based outcomes and improve services 3. Integrate additional pathways into the approach 4. Transition commissioning into pathway based approaches
<p>Strategic pillar 3: Support management of mental health issues in a primary care setting</p>	<ol style="list-style-type: none"> 1. Improve the quality of advice offered to Primary Care physicians 2. Ensure plans for primary care hubs are fully linked to the mental health strategy 3. Improve linkages with voluntary services 	<ol style="list-style-type: none"> 1. Deliver care for mental distress in the primary care setting 2. Deliver care for moderate to severe mental illness in a primary care setting 3. Simplify data systems across primary care 4. Introduce digital solutions for patient care 5. Roll out a multi-agency approach recruitment 	<ol style="list-style-type: none"> 1. Continue to harmonize data systems and digital reporting in primary care 2. Deliver against recruitment plans and workforce strategies 3. Continue to digitally transform primary care 4. Strengthen partnerships with community care 5. Cement new ways of commissioning
<p>Strategic pillar 4: Provide appropriate support to those in crisis</p>	<ol style="list-style-type: none"> 1. Provide pre-emptive support to high risk individuals 2. Provide fast track access to high risk users 3. Augment Psych liaison 4. Build a mental health crisis response unit building on NEAT 	<ol style="list-style-type: none"> 1. Develop specific helplines for high risk patient groups 2. Offer post-crisis support in primary care and community settings 3. Strengthen crisis team linkages 4. Partner with voluntary services 	<ol style="list-style-type: none"> 1. Ensure the standard of crisis response is standardized across the STP
<p>Strategic pillar 5: Ensuring effective inpatient care for those that need it</p>	<ol style="list-style-type: none"> 1. Enhance communication between services 2. Begin to co-develop clinical pathways 3. Rationalize and standardize step up and step down protocols 4. Introduce continuous improvement cycles 	<ol style="list-style-type: none"> 1. Dovetail in with Primary care support for moderate to severe mental illness and access to psychiatrists 2. Right size community and social services and invest in beds 3. Hold clinicians accountable for treatment pathways 4. Begin to embed cultural change 	<ol style="list-style-type: none"> 1. Roll out cultural change 2. Implement recommended organizational form changes 3. Execute against estate plans to prepare for the future
<p>Strategic pillar 6: Ensure the system is focused on working in an integrated way</p>	<ol style="list-style-type: none"> 1. Define integrated commissioning ambitions 2. Outline performance based measures and approaches 	<ol style="list-style-type: none"> 1. Strengthen alliances across providers 2. Shift commissioning focus to up-stream interventions 3. Harmonized data systems and reporting tools 4. Implement tracking and reporting to inform contract discussions 5. Minimize duplication of data collection 	<ol style="list-style-type: none"> 1. Integrate approaches with integrated commissioning agendas

9 Appendix 1 – Mental health prevalence profiles by CCG

Norwich profile

Prevalence

Norwich has a high prevalence of mental illness, with over 30k people estimated to experience a mental health condition. Prevalence of CMI (15.6%) and dementia (0.7%) is broadly in line with national averages, while the percentage of people with SMI (1.6%) is significantly higher than the national average. Norwich also experiences the highest prevalence of psychosis across Norfolk & Waveney – equal to the UK average 0.4%, while also experiencing a suicide rate ~50% higher than the national average (0.014% vs.0.01% of 16+ population)

Outcomes

Quality & outcomes measures for CMI in Norwich broadly fall short of national averages; IAPT waiting times and recovery rates are below the national average, while the area is one of the highest in the country for GP prescribing of antidepressants. Norwich is moderately below national standards on several aspects of SMI care, displaying an exceptionally high cost of prescribing for psychosis (54% above national average) and below the average proportion of people on CPA (Care Program Approach) receiving follow-up post discharge and physical health checks. Norwich benchmarks relatively well on dementia-related public health metrics, displaying lower than expected rates of elderly A&E admissions and above average rates of physical health checks.

North Norfolk profile

Prevalence

North Norfolk has a moderate prevalence of mental illness, with ~25k people estimated to experience a mental health condition. Prevalence of CMI (15.4%) and SMI is (1.2%) is broadly in line with national averages, while the percentage of people with dementia (1.2%) is significantly higher than the national average.

Outcomes

Quality & outcomes measures for CMI in North Norfolk broadly fall short of national averages; IAPT waiting times and recovery rates are below the national average, while the area is one of the highest in the country for GP prescribing of antidepressants. North Norfolk is moderately below national standards on several aspects of SMI care, displaying an exceptionally high cost of prescribing for psychosis (54% above national average) and is in line with the average for the proportion of people on CPA (Care Program Approach) receiving follow-up post discharge and physical health checks. North Norfolk benchmarks well on dementia-related public health metrics, displaying lower than expected rates of elderly A&E admissions, above average rates of physical health checks. However the quality of care beds in North Norfolk ranked 18% below national average, indicating room for improvement.

South Norfolk profile

Prevalence

South Norfolk has a moderate prevalence of mental illness, with ~30k people estimated to experience a mental health condition. Prevalence of CMI (15.1%) and SMI is (0.9%) is lower than national averages, while the percentage of people with dementia (0.9%) is marginally higher than the national average.

Outcomes

Quality & outcomes measures for CMI in South Norfolk broadly fall short of national averages; IAPT waiting times and recovery rates are below the national average, while the area is one of the highest in the country for GP prescribing of antidepressants. South Norfolk is in line with national standards on several aspects of SMI care, displaying an average cost of prescribing for psychosis and is in line with the average for proportion people on CPA (Care Program Approach) receiving follow-up post discharge and SMI individuals receiving physical health checks. South Norfolk benchmarks well on dementia-related public health metrics, displaying lower than expected rates of elderly A&E admissions and above-average rates of physical health checks.

West Norfolk profile

Prevalence

West Norfolk has a moderate prevalence of mental illness, with ~30k people estimated to experience a mental health condition. Prevalence of CMI (15.0%) and SMI are (1.0%) is lower than national averages, while the percentage of people with dementia (1.1%) is marginally higher than the national average.

Outcomes

Quality & outcomes measures for CMI in West Norfolk face major challenges; IAPT waiting times and recovery rates are below the national average, while the area is one of the highest in the country for GP prescribing of antidepressants. Public health data indicates a mixed view for West Norfolk on SMI quality & outcomes; it ranks higher than the national average for % of SMI patients with a Health of the Nation Score on record, but is an outlier for the high numbers of delayed transfers of care for SMI users. West Norfolk benchmarks poorly on dementia-related public health metrics, despite scoring highly on quality rating for residential beds. A&E elderly admissions are 30% higher than expected, and West Norfolk also ranks below average for % of dementia patients receiving physical health checks.

Great Yarmouth & Waveney profile

Prevalence

Great Yarmouth & Waveney has a high prevalence of mental illness, with ~35k people estimated to experience a mental health condition. Prevalence of CMI (17.8%) and SMI (1.4%) is significantly above national averages, while the percentage of people with dementia (0.9%) is marginally higher than the national average.

Outcomes

Quality & outcomes measures for CMI in Great Yarmouth show significant challenges; IAPT waiting times and recovery rates are below the national average, and the rate of prescribing of antidepressants in the area is moderately above the national average. Public health data indicates significant issues for Great Yarmouth & Waveney on SMI quality & outcomes; it ranks below the national average for % of SMI patients with a Health of the Nation Score on record and is one of the lowest CCG areas for SMI patients receiving physical health checks. Great Yarmouth & Waveney broadly performs well on many public health dementia metrics; elderly A&E attendances are lower than expected, physical health check rates are in line with national averages – however the rate of dementia care review is significantly below national average.

10 Appendix 2 - Data driven demand, capacity & workforce assessment

Prior sections talk to the concerns of service users, health and social workers and other key stakeholder and presents objective findings that reflect a system under pressure and struggling to meet the demand placed upon it. To explore some of the underlying issues that drive these findings we have considered the physical and workforce capacity of key provider groups across Norfolk and Waveney focusing on services as they stand today but also projecting into the future. The analysis underpinning this section has been based on available and agreed data sets and therefore although it has broad coverage it does not reflect all aspects of the system. Having said that it does provide valuable insights on what is to come.

Primary care:

There is currently an estimated demand for primary care of ~5.4M patient consultations per year of which over 900K (17%) is thought to be attributable to Mental Health. This demand is thought to exceed capacity limits as 9% of the patients report that they are unable to get GP appointments when they want to. This demand and capacity picture comes at a time when the GP workforce is shrinking at ~1% per year. This presents a significant challenge going forward.

The Primary care workforce is already under pressure. GPs currently look after 18% more patients than the national average, which is expected to increase as a result of a growing population (3% growth by 2023), declining GP workforce and increased mental health prevalence. The GP workforce is declining due to high retirement levels and recruitment issues, this is causing the system to rely on a higher than average number of advanced skill nurses (36% of the workforce vs 27% nationally). This is a clear challenge going forward and is likely to worsen if not resolved with demand expected to outstrip supply in the next 2-3 years.

Norfolk & Suffolk Foundation Trust (NSFT)

Bed capacity is stretched. Occupancy typically exceeds the 91% best practice standard in Norfolk with challenges managing demand using the available capacity across Norfolk and Suffolk. The Length of stay (LoS) typically exceeds top quartile benchmarks which reflects both operational issues and the capacity of social and community teams to support discharges. If LoS could be brought in line with top quartile thresholds occupancy could be brought in line with national standards but this is a multi-factorial issue that would require a whole-system solution. In any case, when historical growth is projected forwards the capacity of NSFT is exceeded within 5 years given the current model of care. This indicates that either additional estate is required or new ways of working will need to be adopted as a system. NSFT has a relatively low community caseload (number of patients) per head of population when compared to peers but they engage with them more frequently (43% higher than peer average). New models of care could look to re-distribute some of the inpatient workload into the community.

Ongoing issues with recruitment have led to a high level of temporary staff, which account for 19% of NSFT staff costs compared to peer average of 10%.

To add to these issues NSFT remains in special measures and has recently had another critical CQC report demonstrating a worsening position overall. It is currently rated as inadequate for Safe, Responsive, and Well Led categories.

Norfolk Community Health & Care (NCHC):

NCHC's physical bed base appear to be running at good (~91%) occupancy levels with limited opportunity to improve performance through LoS optimisation. However, if growth continues at the anticipated levels capacity will be exceeded in a similar time frame to NSFT. In terms of community contacts 11% of NCHC's overall waiting lists exceed the 18 week deadline, suggesting ~2.7K additional contacts are required to reduce waiting lists. However, NCHC's contact rate exceeds benchmarks already. Again the picture suggests demand will out-strip capacity within 5 years.

The size of the community workforce appears to be falling, despite this being a critical part of the system. There is a particular challenge with intermediate staffing levels, where the level of clinical WTEs per 100k population is below the national average by approximately 10 staff lower than the recommended safe staffing guidelines.

Social Care:

DTOC rates (Delayed transfer of care) in NSFT highlight that delayed days consume a significant number of inpatient beds due to a shortage of residential and nursing home beds or bed equivalents. This has knock on effects on inpatient LoS and the care provided to service users. Stronger links with social care should be considered in the future

The social care workforce faces significant challenges. The independent sector, which makes up the majority of the workforce has retention issues, highlighted by a high turnover rate of 37% per year. Home and Nursing care also face retention issues with 48% and 45% turnover per year respectively, which is mainly attributable to patient facing staff. The Norfolk County Council workforce has contracted by 7% in the last 3 years, this rate is expected to increase due to a large proportion of the workforce who will reach retirement age in the next 10 years.

As a result, across the key elements of the system the workforce is stretched and in places dissatisfied with the working environment. The consequence of a contracting workforce combined with increased demand for Mental Health services in the future will cause further issues with service levels and staff engagement.

Spill-over impact of mental health issues on wider services:

Due to this mismatch in demand and capacity of mental health services, activity is flowing into other areas less equipped to deal with it, such as the physical acute hospitals, police services and the criminal justice system, ambulance services and wider public services. As a result people suffering from mental health are not receiving the treatment they need and services like the police and ambulance services are not able to meet the needs of the people who they are uniquely designed to serve. This is particularly common when people reach crisis point, too often people in crisis end up in a the physical acutes or in a police cell, detained under the Mental Health Act rather than having access to more appropriate places of safety. Looking forward it is clear more integration is needed between mental health services, emergency services and public agencies to ensure these circumstances are avoided.

Policy and Resources Committee

Item No 15

Report title:	Independence Matters and Limited Company Consents
Date of meeting:	25 March 2019
Responsible Chief Officer:	Executive Director of Finance & Commercial Services – Simon George
Strategic impact Limited companies owned by the County Council require the consent of the County Council before they can make certain decisions including the appointment of directors.	

Executive summary

Following the national financial difficulties experienced by Allied Healthcare and in line with the Care Quality Commission advice, the Council took urgent action to secure the safe continuation of care to service users affected in Norfolk through the support of Independence Matters CIC, which has led to some changes in the structure of that company.

In addition, the current Enterprise Development Agreement with Independence Matters CIC ends on 31st March 2019. The planned approach is for services to be procured going forward in line with the Council's normal contractual agreement, but with a Partnership Agreement in place to manage the legacy costs. The proposal is to maintain the existing Community Interest Company status for Independence Matters, but to ensure that the ownership status enables the company to maintain Teckal compliance.

Policy and Resources Committee is recommended to:

- 1. Note the actions taken by Independence Matters to repurpose a subsidiary company to create Home Support Matters to manage the safe transfer of contracts from Allied Health Care**
- 2. Recommend to Full Council the appointment of directors to companies as detailed in appendix A**
- 3. Approve the agreement of a new Strategic Partnership Agreement with Independence Matters CIC including purchase and transfer of shares to NCC to ensure Teckal compliance.**

1. Background

- 1.1 Independence Matters CIC (IM) is a limited company in the form of a Community Interest Company set up by the Council in November 2013 to facilitate the transfer of a range of adult social care services to it and the achievement of adult social services strategic care market goals. IM is a mutually owned CIC. Staff owned shares held in the Employee Benefits Trust account for 51% of the company, with NCC owning the remain shares.

2. Independence Matters CIC and Home Support Matters CIC

- 2.1 On 5 November 2018 the Care Quality Commission issued a notice under section 56 of the Care Act requiring 84 councils of which the Council was one to “take immediate steps to plan for the protection of people receiving care” from Allied Health Care. The Council was faced with the need to urgently rearrange the care of over 350 people. and its contingency was to repurpose Breckland Care at Home CIC as Home Support Matters CIC (HSM).
- 2.2 Independence Matters acquired Breckland Care at Home CIC in April 2017 in order to be able to continue much needed home care services in rural Norfolk which were at risk of market failure. IM managed the continued delivery of services until September 2018 at which time the care was transferred to the market which had stabilised.
- 2.3 All of the contracts, staff and leases were transferred to HSM, which was successfully completed on 10 December 2018.

3. Appointment of Directors

- 3.1 Following the initial emergency arrangements the Council now needs to ensure appropriate oversight of HSM and is proposing therefore to appoint a director to the board of HSM.
- 3.2 Limited companies owned by the County Council require the consent of the County Council to appoint directors to its companies.
- 3.3 The Executive Director of Finance & Commercial Services has reviewed the proposed appointee to HSM and advises that they are suitable.

4. Strategic Partnership Agreement

- 4.1 During the period 1st November 2013 to 31st March 2019 the Council has operated an Enterprise Development Agreement with Independence Matters CIC, which has been a framework for the Enterprise to provide a range of services. Following a review of the Enterprise Development Agreement in 2017, both Parties agreed to extend the Agreement for two years until 31st March 2019 on the understanding that new contractual arrangements would be put in place for each service category under the Council’s normal contractual agreements, typically Light Touch Regime (LTR) Framework arrangements.
- 4.2 From 1st April 2019 it is proposed that all services delivered under the original Enterprise Development Agreement will be covered under specific service/category contracts where Independence Matters deliver the service against the relevant service specification and are contracted under the appropriate terms and conditions.
- 4.3 As part of the way the Enterprise Development Agreement was established there are a number of unavoidable costs relating typically to Local Government Pension Scheme (LGPS) costs, TUPE, property lease costs and utility costs. These costs have been identified as Legacy Costs. It is proposed that the future contract management of these legacy costs are managed under a separate Partnership Agreement.

4.4 Under the Partnership Agreement both Parties will need to determine the future ownership status of IM. Current services are being delivered through the NCC's procurement frameworks in line with all providers. However, in order to be able to respond flexibly to any future needs, including market instability, it is considered that it is important that IM remains a Teckal compliant company, which will require shares held in the Employee Benefit Trust to be purchased and transferred to Norfolk County Council to achieve wholly owned status. The CIC would remain a not-for-profit social enterprise with the same Articles of Association and the same governance arrangements, which connect staff and stakeholder to the business.

5. Financial Implications

- 5.1. The transfer of purchase and transfer of share would relate to 51 ordinary shares in Independence Matters CIC, each with a nominal value of £1.
- 5.2 The effective management and oversight of Independence Matters CIC and its subsidiary Home Support Matters CIC owned by the County Council will enhance quality, value for money and sustainability in the care market as required by the Care Act 2014.

6. Issues, risks and innovation

- 6.1. There are no significant risks or implications beyond those set out in the financial implications section of the report.

7. Recommendation

7.1 Policy and Resources Committee is recommended to:

- 1. Note the actions taken by Independence Matters to repurpose a subsidiary company to create Home Support Matters to manage the safe transfer of contracts from Allied Health Care**
- 2. Recommend to Full Council the appointment of a director to Home Support Matters CIC as detailed in appendix A**
- 3. Approve the agreement of a new Strategic Partnership Agreement with Independence Matters CIC including purchase and transfer of shares to NCC to ensure Teckal compliance.**

Background Papers

Officer Contact

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

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Appendix A

Company	Appoint
Home Support Matters CIC	Mrs Susanne Baldwin

Policy and Resources Committee

Item No. 16

Report title:	Norse Governance proposals
Date of meeting:	25 March 2019
Responsible Chief Officer:	Simon George, Executive Director Finance and Commercial services
Strategic impact	
<p>Policy and Resources agreed at its meeting on 21 March 2016 to a range of recommendations which strengthened and clarified the risk of members and officers in the governance of the Norse Group of Companies. These recommendations build on that review and propose further improvements in the governance of the Board</p>	

Executive summary

The Norse Group Board is committed to maintaining high standards of corporate governance. The governance structure has been developed over several years to meet the increasing span and complexity of a £280m business.

Currently the Board has four members, two executive and two non - executive Directors. The non- executive Directors are required to be members or officers of Norfolk County Council and one takes the role of the chair. The voting rights of Directors are as follows:

- Non – Executive Directors – 3 votes each
- Executive Directors – 1 vote each

With the chair having a casting vote.

This report proposes a further strengthening of the Board with the appointment of two independent Non- Executive Directors with one vote each. As with Repton the appointments would be made through a transparent process of advertisement, interview and appointment. It is proposed that these positions as with Repton appointments are remunerated.

Recommendations:

Members are asked to:

1. **Agree the proposal to recruit two independent non- executive Directors with one vote each. These will be remunerated positions.**
2. **Agree to the same approach as Repton Property Developments Ltd and advertise and recruit as soon as possible.**
3. **Ask for the appropriate amendments to be made to the Articles of Association**

1. Proposal (or options)

The County Council as the sole shareholder of the Norse Group has carried out reviews of its governance arrangements. The Council now has a shareholders committee, an annual review of its purposes for participation in the Group. The Council through the Policy and Resources Committee is responsible for the control and management of the Group. The Group reports annually to P&R Committee on past performance against the Council's purposes and KPI's and future business plans for the Group.

Meetings of the Council's Shareholder Committee take place quarterly and enable the Norse Group Managing Director and the Managing Director of Norse Care to update the shareholder on current business and future plans. The arrangements also enable the shareholder to communicate any concerns it may have enabling the Group to further work on proposals before these are presented to Policy and Resources Committee.

The County Council appoints all Directors to the Board and has responsibility for determining and reviewing the structure, size and composition of the Board and considering succession.

The articles of association of Norse Group and the shareholder relationship agreement contain restrictions on the decisions and actions that the Board and the Group can take. Decisions on these matters are referred to P&R Committee for approval. The County Council also makes all Group appointments of directors to Norse Group subsidiary companies.

The County Council appoints a Member to represent its interests as shareholder. The shareholder representative may attend any Board meeting in addition to the company's annual general meeting and is copied in on all the Board papers. Norfolk County Council's Monitoring Officer and the Section 151 Officer may also attend all Norse Group Board Meetings and are copied in on all the Board papers. The shareholders representative, Section 151 Officer and Monitoring Officer may also attend or be invited to attend meetings of the Board's advisory panels.

It is now proposed that the Board is further strengthened by the addition of 2 independent Non - Executive Directors. Each Director would have a single vote, with a tenure of 3 years.

Potential Benefits of Non-Executive Directors for the Norse Group:

- Additional commercial expertise to the Board
- Non-Executive Directors will be able to help promote the business and represent the company
- Assistance in succession planning and if necessary in removing executive directors
- Constructive challenge
- Additional assurance
- Sounding board for strategies especially in the early formation
- Will comply with the good governance arrangements promoted by the IoD.

The County Council has taken this approach with the appointment of Non – Executive Directors to Repton Development Company. It is proposed that the positions are remunerated and the same appointment process is adopted with an external advert and interview.

Repton Non Executive Directors receive £5,000 per annum. Given the scale and complexity of the Norse Group and the level of expertise we are seeking, we will conduct appropriate market research to determine the appropriate level of remuneration for these positions. We anticipate that the level of remuneration will be in the region of

£20,000. Norse will meet the costs associated with these appointments. We will expect the new non-Executive Directors to commit a minimum number of days per year to fulfil the requirements of their roles, rather than a fixed number of dates to attend Board meetings. This arrangement will provide a more flexible use of this resource to benefit Norse."

2. Evidence

The Cadbury⁽¹⁾, Hampel⁽²⁾ and Higgs⁽³⁾ reports on the role of the Non-Executive Director all stress the importance of the Non-Executive Director being independent of the management and free from any business or other relationship which could materially interfere with the exercise of their independent judgement.

Non-Executive Directors are expected to focus on Board matters and not stray into 'executive direction' in order to be able to provide an independent view of the company that is removed from its day-to-day operation.

The key qualities a Non-Executive Director should bring to the Board are:

- Independence
- Impartiality
- Wide experience
- Specialist knowledge
- Personal attributes

3. Financial Implications

The County Council would expect the Norse Group to absorb the additional remuneration costs.

4. Issues, risks and innovation

The appointment of Non-Executive Directors is in line with industry best practice.

5. Background

Insert link to: Norse Governance Review, P&R report 21 March 2016

Officer Contact

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

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

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Policy and Resources Committee

Item No. 17

Report title:	Transition from a Committee to an Executive Leader and Cabinet system of governance
Date of meeting:	25 March 2019
Responsible Chief Officer:	Chief Legal Officer

Executive summary

Following the 26 November 2018 meeting of the Policy and Resources Committee, the Cabinet System Member Working Group has agreed the attached final working draft Constitution in readiness for Full Council on 15 April 2019 to adopt from 7 May 2019. The new Constitution enables and supports the new Executive Leader and Cabinet system of governance from 7 May 2019.

The Final Working Draft Constitution is available to download via this link:

<https://www.norfolk.gov.uk/-/media/0D4F6AF7797447BF8F03E72AE64DE242>

The Committee is invited to:

- i) note the final working draft of the new Constitution.**
- ii) grant authority to the Chief Legal Officer to make any further changes agreed as necessary by the Committee to produce the final draft Constitution to be presented to Full Council on 15 April 2019.**

The Committee is invited to recommend to Full Council on 15 April 2019:

- iii) to adopt the final draft as the Council's new Constitution from 7 May 2019.**
- iv) to delegate authority to the Chief Legal Officer to make changes to factual references, changes required by a change in the law and consequential changes as well as correct typographical and formatting errors noted between 15 April and 7 May 2019.**
- v) to delegate authority to the Chief Legal Officer to make such changes as necessary to reflect the new form of governance and consequential changes in all Council documents that would otherwise require approval from the Council or any of its Committees.**

Please see the Final Working Draft Constitution by following this link:

<https://www.norfolk.gov.uk/-/media/0D4F6AF7797447BF8F03E72AE64DE242>

1. Background

1.1 The key elements of the draft new Constitution were presented to P&R Committee on 26 November 2018. P&R Committee recommended to the Full Council meeting on 10 December 2018 to change from the current Committee system of governance to an Executive Leader and Cabinet system of governance from the Council's Annual General Meeting on 7 May 2019. Full Council accepted that recommendation and further delegated the work to produce the remaining appendices

of the draft new Constitution to P&R Committee working through the Cabinet System Member Working Group.

2. Progress

2.1 Since 26 November 2018, the Working Group has met on three occasions to review drafts of the remaining appendices of the new Constitution. The final meeting was on 15 March 2019, following which the Working Group agreed on the appended working final draft of the new Constitution. This final working draft includes all changes agreed upon by the Working Group as well as correction of any typographical or formatting errors noted following the Working Group meeting.

2.2 P&R Committee will note that Appendices 25-27 are omitted and marked 'to be inserted later'. These relate to make up of the Executive, details of the Management Structure and the Member Allowance Scheme. The detail of the Executive will be confirmed at the full Council on 7 May 2019 and the corresponding portfolio links to the Management Structure will be produced alongside or shortly thereafter. The Member Allowance Scheme will be finalised once the Cabinet positions are confirmed and will also be inserted later.

2.3 In addition to the above appendices, the portfolios and identities of Cabinet Members in Article 7 of the new Constitution will be determined by the Leader, following the adoption of the Executive Leader and Cabinet form of governance from 7 May 2019. The portfolios and Cabinet Member identities will influence the drafting throughout the Constitution. Therefore, further consequential changes to the Constitution will need to be made following 7 May 2019.

2.4 Amendments that the P&R Committee agree upon at its meeting on 25 March 2019 will need to be reflected in the final draft of the new Constitution to be presented to full Council on 15 April 2019. Authority to make such changes will exist in Article 14 of the draft new Constitution. However, as that authority will not take effect until 7 May 2019, authority is sought from Full Council in the form of a recommendation from the P&R Committee to enable the Chief Legal Officer to make changes to factual references, changes required by a change in the law and consequential changes as detailed in the recommendation in paragraphs 3.1 and 3.3.

2.5 Further, if any typographical or formatting errors are noted between 25 March and 7 May 2019, the above authority should extend to enable their correction.

2.6 Finally, there several Council documents including policies which reference the form of governance that is operated by the Council. For instance; the Code of Corporate Governance references that the Council operates a Committee system of governance. A delegation to the Chief Legal Officer to make those amendments therefore is sought from the Full Council on 15 April 2019 in the form of a recommendation from P&R committee as detailed in paragraph 3.4.

3. Recommendations

3.1 P&R Committee note the final working draft of the new Constitution. Further P&R Committee agree upon any changes as necessary to be made by the Chief Legal Officer to the final draft Constitution to be presented to Full Council on 15 April 2019.

3.2 Recommend to full Council on 15 April 2019 to adopt the final draft as the new Constitution from 7 May 2019.

3.3 Recommend to Full Council on 15 April 2019 to delegate authority to the Chief Legal Officer to make changes to factual references, changes required by a change in the law and consequential changes as well as correct typographical and formatting errors noted between 15 April and 7 May 2019.

3.4 Recommend to Full Council on 15 April 2019 to delegate authority to the Chief Legal Officer to make such changes as necessary to reflect the new form of governance in all Council documents that would otherwise require approval from the Council or its Committees.

Officer Contact

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POLICY AND RESOURCES COMMITTEE

Item No. 18

Report title:	Electoral Review of Norfolk County Council
Date of meeting:	25 March 2019
Responsible Director:	Fiona McDiarmid, Executive Director of Strategy and Governance
Lead Officer:	Helen Edwards, Chief Legal Officer

Executive summary

The Committee is asked to

- (a) Note the decision by the Local Government Boundary Commission for England to undertake an electoral review of Norfolk County Council and the timescale set out in 3.2;
- (b) agree that the current Cabinet Governance Working Group provides Member oversight of this project with the composition and Terms of Reference set out in Appendix A;
- (c) agree that Officers give further consideration to resourcing phase 2 of the project once the proposed size of the new Council is clearer.

1. Purpose of the report

- 1.1. This report sets out the background and process for the County Council's electoral review.

2. Background

- 2.1 The County Council has been informed by the Local Government Boundary Commission for England that there will be a review of County Electoral arrangements (i.e. number of Councillors and boundaries of divisions). This review will be implemented for the 2021 County Council elections.
- 2.2 The last review was held in 2004 and resulted in the current arrangements. The Commission's criteria for a review due to electoral imbalance in an authority is:
 - More than 30% of divisions have an electoral imbalance of more than 10% from the average ratio for that authority; and/or
 - One or more divisions have an electoral imbalance of more than 30%

2.3 The Norfolk Data shows that:

- 2 of the electoral Divisions have a variance of over 30% (University -35% and Costessey +41%) and 32% of our Divisions have a variance of greater than 10%
- Norfolk County Council has been out of balance for the last 4 years.

3. Proposal

3.1 The initial tasks for the Council will be to develop a proposal on council size (i.e. the number of elected members) and working with the Commission to assemble five-year electorate forecast data which will inform the revised pattern of electoral divisions. The Commission's Chairman and Chief Executive have met with the Leader and Deputy Leader. The Commission has also met with Group Leaders followed by a briefing session with all Members on Wednesday 13 March 2019. There will be a need for Member oversight of this project and it is suggested that a Member group be established to steer this process and that the Cabinet Governance Working Group be charged with this task with revised terms of reference as set out in Appendix A

3.2 With regard to the timetable, the project is broadly in two parts:

- (a) By 16 August 2019 we will submit our proposal on the number of members with our rationale. This will require a Council decision at the July 2019 Council meeting. The Commission will decide by 17th September 2019 whether it accepts this submission or amends it.
- (b) Once the Commission has decided on the size of the Council, detailed warding patterns will be developed using Parish and District boundaries as building blocks. This process will be as follows:
 - Council consults on possible warding patterns between 24 September and 4 December 2019. The Commission will look to the County Council to decide on naming Divisions if there are any changes
 - Commission considers draft proposal on 18 February 2020
 - Public consultation on draft recommendations 3 March to 11 May 2020
 - Commission agrees final recommendations on 21st July 2020
 - Formal orders will then be laid and new arrangements come in to place for the May 2021 elections.

4. Impact of proposal

4.1. This will be a high profile and sensitive piece of work which will need to be closely managed with appropriate political oversight. The timetable is extremely tight. Phase 1 will require us to ensure that our submission on the size of the Council can properly evidence the right balance between good governance, effective community representation and efficiency and will be a critical success factor. Phase 2, (developing detailed warding arrangement proposals) will be of great interest to communities, parish councils and political parties.

5. Financial Implications

- 5.1. There is no budget for this piece of work. Officers have already considered the required staffing resources and where possible assigned them to the project. It is however likely that phase 2 will require further expertise and it is proposed that District Council Electoral Officers would be a skilled resource that should be investigated further after the May 2019 District elections. The magnitude of the task will be to some extent dependent on the scale of the change to the number of Members.

Officer Contact

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

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

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If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix A

Electoral Review Working Group

1) Composition

- a) The Group shall consist of 7 Members appointed in accordance with the rules on political proportionality – 5 Conservative, 1 Labour 1 Liberal Democrat.
- b) The Group shall appoint a chairman and vice chairman from among its membership.

2) Responsibilities

- a) To oversee the provision of information required by the Local Government Boundary Commission for England (LGBCE) in carrying out its Electoral Review of Norfolk, including any consultation arrangements with electors or other stakeholders;
- b) To update full Council on the progress of the Electoral Review;
- c) To make recommendations to full Council on proposed submissions to the LGBCE relating to:
 - i) The total number of councillors on Norfolk County Council;
 - ii) The number and boundaries of electoral divisions within Norfolk County Council;
 - iii) The number of councillors to be returned by any electoral division;
 - iv) The name of any electoral division;
- d) To provide such further advice and support as may be requested by the Council related to or impacted upon by the Electoral Review