

# People and Communities Select Committee

Date: 14 July 2023

Time: 10am

Venue: Council Chamber, County Hall, Norwich

## Advice for members of the public:

This meeting will be held in public and in person.

It will be live streamed on YouTube and, members of the public may watch remotely by clicking on the following link: [https://www.youtube.com/channel/UCdyUrFjYNPfPq5psa-LFIJA/videos?view=2&live\\_view=502](https://www.youtube.com/channel/UCdyUrFjYNPfPq5psa-LFIJA/videos?view=2&live_view=502)

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

### Membership:

Cllr Fran Whymark (Chair)  
Cllr Ed Connolly (Vice-Chair)

Cllr Tim Adams	Cllr Julian Kirk
Cllr Sharon Blundell	Cllr Brian Long
Cllr Claire Bowes	Cllr Paul Neale
Cllr Michael Dalby	Cllr Mike Smith-Clare
Cllr Brenda Jones	
Cllr Mark Kiddle-Morris	

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

Hollie Adams on 01603 223029  
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## **A g e n d a**

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

**2 Minutes**

Page **5**

To agree the minutes of the meeting held on 19 May 2023

**3 Members to Declare any Interests**

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

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

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

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

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

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

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

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

## **5 Public Question Time**

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Tuesday 11 July 2023**.

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

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

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Tuesday 11 July 2023**.

- |  |                  |
|--|------------------|
| <b>7 Norfolk Adult Social Care Quality Framework</b>                             | <b>Page 24</b>   |
| Report by the Executive Director of Adult Social Services                        |                  |
| <b>8 Adult Social Care Reform Update</b>   | <b>Page 40</b>   |
| Report by the Executive Director of Adult Social Services                        |                  |
| <b>9 Refresh of the Norfolk and Waveney Adult Social Care Workforce Strategy</b> | <b>Page 100</b>  |
| Report by the Executive Director of Adult Social Services                        |                  |
| <b>10 Schools' capital programmes</b>  | <b>To Follow</b> |
| Report by the Executive Director of Children's Services                          |                  |
| <b>11 Financial and Strategic Planning 2024-25</b>                               | <b>Page 112</b>  |
| Report by the Head of Strategic Finance  |                  |
| <b>12 Forward Work Programme</b>   | <b>Page 141</b>  |
| Report by the Executive Director of Adult Social Services                        |                  |

**Tom McCabe**  
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Date Agenda Published 6 July 2023



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**People and Communities Select Committee  
Minutes of the Meeting Held on 19 May 2023 at 10am  
in the Council Chamber, County Hall, Norwich**

**Present:**

Cllr Fran Whymark  
Cllr Ed Connolly  
Cllr Tim Adams  
Cllr Sharon Blundell  
Cllr Claire Bowes  
Cllr Paul Neale  
Cllr Brenda Jones

**Substitute Members Present:**

Cllr Michael Chenery of Horsbrugh for Cllr Michael Dalby  
Cllr Graham Carpenter for Cllr Julian Kirk  
Cllr Tom FitzPatrick for the vacant seat

**Also Present**

Debbie Bartlett	Director of Strategy & Transformation, Adult Social Services
James Bullion	Executive Director of Adult Social Services
Chris Butwright	Assistant Director, Public Health Prevention & Policy
Tim Eyres	Assistant Director, Commissioning and Partnerships, Children's Services
Chris Jones	Senior Commissioning Manager – Community, Adult Social Services
Julia Phillips	Market Development Manager, Adult Social Services
Chris Scott	Assistant Director, Community Commissioning, Adult Social Services
Cllr Alison Thomas	Cabinet Member for Adult Social Services
Paul Wardle	Strategic HR Business Partner

**1. Apologies for Absence**

1.1 Apologies were received from Cllr Michael Dalby (Cllr Michael Chenery of Horsbrugh substituting), Cllr Julian Kirk (Cllr Graham Carpenter substituting) and Cllr Mike Smith Clare. Cllr Brian Long was also absent. Cllr Tom FitzPatrick was substituting for one of the vacant seats on the Committee.

**2. Minutes of last meeting**

2.1 The minutes of the meeting held on 6 February 2023 were agreed as an accurate record and signed by the Chair.

**3. Declarations of Interest**

3.1 The following interests were declared:

- Cllr Sharon Blundell declared a non-pecuniary interest related to item 8 as her husband was her carer.
- The Cabinet Member for Adult Social Services declared a non-pecuniary interest as her daughter was a social carer.

- Cllr Michael Chenery of Horsburgh declared a non-pecuniary interest as he was a trustee of the Governor of Norfolk and Suffolk Mental Health Trust.

#### **4. Urgent business.**

4.1 No urgent business was discussed.

#### **5. Public Questions**

5.1 No public questions were received.

#### **6. Member Questions and Issues**

6.1 No Member questions were received.

#### **7. Public Health Strategic Plan**

7.1.1 The Committee received the report setting out the Public Health draft Strategic Plan describing how Public Health contributes to achieving Norfolk County Council's vision for Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind.

7.1.2 The Assistant Director, Public Health Prevention & Policy, gave a presentation to the Committee; see appendix A of these minutes:

- This version of the strategy built on the previous strategy.
- The vision was set out, and detailed in the presentation
- The key goal of the mission was prevention through data analysis to inform the work of health improvement and supporting wellbeing
- Integration would help the work with and for residents
- There was an ambition to increase the accessibility of services
- There were three core areas of focus as set out in the presentation.
- There would be collaborative work with adult social services looking at healthy aging and living well

7.2 The following points were noted and discussed:

- The importance of healthy living in childhood was discussed. It was suggested that using digital media to teach about good food, cooking and diet could be beneficial. Officers noted that two thirds of the Norfolk adult population (in line and similar to national) were considered obese; there was a weight management service for those who wanted support, commissioned by NCC Public Health. Officers informed as part of the Healthy Child Programme Norfolk children accessed the National Child Measurement Programme in Reception year and Year 6 in schools. Officers were considering a health promotion programme for children and young people in schools and through Norfolk's family hubs approach, and the department worked with Active Norfolk.
- Lessons learned from the pandemic were queried. A new Public Health lead for Health Protection with a qualified Nurse in the role had been introduced post pandemic leading on the health protection response, including work around vaccinations, with the Health Resilience Partnership and Health Protection Board on health protection issues

- Information was requested on the impact of vaping on young people. Officers replied that vaping was useful to help people stop smoking as it was better for people who already smoked tobacco to help quit smoking. Work was underway nationally to understand the impact of vaping on children and young people and once evidence was available, officers would use this to inform health promotion work with schools and colleges about promoting “no smoking” in all forms.
- The work of Norfolk County Council’s public health services during the pandemic was recognised and thanked by Council Member.
- A Member of the Committee felt there was not enough recognition in the report of the impact of poverty on poor health outcomes and noting that poverty was not mentioned in the report. The Member also noted the lack of dentistry services in Norfolk and that some people used drugs and alcohol to relieve mental and physical pain. The Assistant Director, Public Health Prevention & Policy, **agreed** to provide a written answer providing a definition of health as applied in the Public Health Strategic Plan. The Assistant Director responded that the strategy recognised the situations that people found themselves in and how this impacted on health outcomes. The Strategy identified ways to address the issues that impacted on peoples’ health working in partnership at place and community level (air quality/housing for example), as well as providing support services and working with individuals to make changes that will benefit them.
- The Executive Director of Adult Social Services pointed out that public health had a role in commissioning some services and a direct role in others; the Council had a role as an influencer of what others needed to do, such as in anti-poverty work. It was therefore important to recognise how the council advocated for people and called out changes that were needed, both as a local authority and as councillors. The Chair noted that the Health and Wellbeing partnerships could make a significant impact through local councils by looking at local need with partners.
- More information was requested on what chemicals were in vapes and about the tobacco control alliance; the Assistant Director, Public Health Prevention & Policy, **agreed** to provide a written answer providing this information.
- The impact of gambling addiction on mental health was noted and it was **suggested** that this be included in the strategy. A presentation had been given to promote with partners in the NHS, VCSE and Norfolk County Council. officers on a new service being set up to support people with gambling addiction, East of England NHS Gambling Service funded by the NHS with bases in Thurrock and Milton Keynes. This service would be available online as an outreach service including triage to inform service response.
- The Assistant Director, Public Health Prevention & Policy, **agreed** to look at the wording regarding vulnerable people and addiction in the report to ensure this did not suggest an association.

### 7.3 The Select Committee **AGREED** to:

1. Endorse our approach to developing a new Public Health Strategic Plan as a mechanism to engage with and influence partners across the system in Norfolk
2. Advise on priorities for the new strategic plan
3. Endorse our proposal to focus on prevention partnerships & place, children & young people, adults and older people.

## 8 Market Position Statement

- 8.1.1 The Select Committee received the report detailing the Norfolk County Council Market Position Statement, which set out the social care landscape for the area and the direction of travel required as well as helping the council to demonstrate understanding of the local care market as part of its responsibility to promote the efficient and effective operation of the care and support market within the Care Act (2014).
- 8.1.2 The Executive Director of Adult Social Services, the Market Development Manager, Adult Social Services, and the Assistant Director, Community Commissioning, Adult Social Services, introduced the report to the Select Committee:
- There was an annual requirement to produce a Market Position Statement and for Norfolk County Council to ensure there was a functioning care market in the county.
  - In January 2023 there were 800 people on the interim care list; this was successfully reduced to 64 at the time of reporting.
  - It was important to ensure clear information was provided so that care providers understood how the market was operating and key challenges. The Market Position Statement contained information to allow care providers to do business planning and understand demographics.
  - The quality team worked with providers to increase quality of care in the county, and work was being done to identify challenges through the fair cost of care work.
  - Following feedback from providers, the data had been made as up to date as possible.
  - Work would be carried out with commissioners and information and analytics teams to review the document when it was online to ensure it was current; work would be carried out with the Integrated Care Board to look at opportunities for it to be more system wide, and with providers to allow them to inform and influence the document so it worked for them.
- 8.2 The following points were discussed and noted:
- The 43% unmet care need in North Norfolk was noted and queried whether this District would be left behind. Officers replied that it was more difficult to source care in North Norfolk due to having less affordable housing, being a rural district, and people of working age tending to move away from the area. There was a focus on this area for recruitment into care. Targeted work had been carried out, reducing the number of people waiting for care in North Norfolk by half.
  - The achievability of targets set for staffing and funding pressures were queried. To achieve the targets, work was being carried out in quality improvement and the improvement and escalation policy, which was seeing positive results and improvements. Norfolk Care Association (NorCa) was driving work to bring forward learning from Good and Outstanding providers.
  - The Chair noted that the 2024 target would be difficult to achieve due to the Care Quality Commission (CQC) not reassessing care providers within the set timeframe, and asked officers what the Provider Assessment and Market Management Solution (PAMMS) tool would do to support this. The Executive Director of Adult Social Services clarified that the PAMMS tool was used to identify the risk of poor-quality care at providers, identify areas of improvement made and be supportive to providers.
  - Officers confirmed that there was collaborative work with the Norfolk and Suffolk Foundation Trust (NSFT) on dementia, delirium, and depression for



earlier dementia diagnosis and to provide support to care homes. A housing programme for older people and adults included identification of housing for people on discharge from hospital with mental health problems. An area of focus in this work was self-neglect and hoarding, with a pilot taking place in the Norwich area. The Chair noted that District Direct carried out work around hoarding when working with people being discharged from hospital.

- The Chair thanked The Executive Director of Adult Social Services, The Director of Strategy & Transformation, Adult Social Services, and the Adult Social Care team for their work.
- Care in the community was discussed. This concept had been around for many years and there were positive examples of this in practice. Resources to support putting it into place, however, had reduced. Social workers sourced specialist mental health provision for people with severe or long term needs and there were services specialising in providing services to people with mental health conditions and experiencing homelessness.
- A Committee Member asked what programme of safe accommodation was provided to sufferers of domestic abuse across Norfolk and the predicted future demand. The Executive Director of Adult Social Services **agreed** to provide a written response to the Committee on this.
- The benefits of collaboration were noted, and that digitising social care records would help support this. The Executive Director of Adult Social Services added that Norfolk County Council was one of the most advanced councils for digital working as seen in its Connecting Communities approach.
- The impact of nutrient neutrality, inflation increases, increased labour costs and winter costs on bringing forward new care home developments was noted.

8.3 The Select Committee **reviewed** and **commented** on the draft Market Position Statement 2023

## 9 Home Care Strategic Commissioning Approach

9.1.1 The Select Committee received the report detailing the strategic review of the current home care market, to inform the future strategic commissioning approach and undertaken to ensure that Norfolk County Council can fulfil its duties under the Care Act, concerning individual choice, market sustainability and quality of care provision.

9.1.2 The Executive Director of Adult Social Services introduced the report to Select Committee:

- Work had been carried out with partners to look at what the future of the care market in Norfolk should look like
- The report presented to the Select Committee gave an assessment of this work, setting out how sustainability, quality, resilience, capacity and value for money spent by Norfolk County Council in the care market could be met
- There was a predicted growth in the care market of 8-10% over the next five years.

9.2 The following points were discussed and noted:

- Concerns were raised about the proposal set out in the report of having a lead home care provider in each Primary Care Network providing up to 70% of care; this gave a risk of losing a large number of care places if the lead care home closed. Officers replied that this proposal was to make a shift

towards fewer but more high-quality care providers in each area. This did carry risk, however, so there would be an evaluation and monitoring process so risks could be mitigated and reacted to as they arose.

- The Chair noted that large providers were more likely to be robust than smaller providers and were easier to manage.
- Officers confirmed that, to ensure a diverse spread of care providers across the county, limits would be put in place in the tender process, to limit each care provider to holding no more than 50% of each Primary Care Network. This limit could be changed by the Council at any time if required; the council could put in place the limits it deemed appropriate, as long as they were set out clearly in the tender documentation.

9.3 The Select Committee commented on:

- a) The strategic commissioning approach to adopt a Prime Provider model in Norfolk. This approach would put in place a lead home care organisation, as a Prime Provider within each Primary Care Network. They will be required to deliver up to 70% of the care within this geographical area
- b) The commitment to quality improvement in Norfolk and that any Prime Provider contract award will only be to provider(s) that are good or outstanding. This would be determined through using the most contemporary rating of either PAMMS or CQC, as evidence of this

## 10 Listening and engaging – preparatory work to refresh Promoting Independence Strategy

10.1.1 The Select Committee received the report setting out how over the summer, Adult Social Services planned to have a dialogue with Norfolk people and partners, to help shape the future direction for the Promoting Independence strategy

10.1.2 The Director of Strategy & Transformation, Adult Social Services, introduced the report to the Select Committee:

- As the country emerged from the pandemic it was a good time to refresh the Promoting Independence strategy.
- First, the department wanted to listen to the Norfolk population to understand what independence would look like for them. To do this, officers planned to engage with as many people as possible through questionnaires, distributing discussion toolkits for partners, councillors, parish councils and other to use, and engage with anchor groups such as making it real, and with providers.
- The refreshed Promoting Independence strategy would then be written, informed by this engagement.

10.1.3 Cllr Tim Adams left the meeting at 11:57

10.2 The following points were discussed and noted:

- The Vice Chair noted the list on page 196, paragraph 2.6, of the report; he **suggested** that veterans be included to this list, as Norfolk County Council was a signatory of the Armed Forces Covenant.
- The Chair felt that meeting with people who care had been important for the Committee to help them understand the difficulties they faced and the importance of co-production.
- Members of the Committee agreed that discussing such issues directly with people allowed priorities to be identified.
- The Cabinet Member for Adult Social Care added that she would be happy to

engage with people in her role as Cabinet Member, as it was important to hear the lived experience of people.

### 10.3 The Select Committee:

- a) Gave feedback and suggestions about the proposed approach to engaging with a wide range of people, staff and partners across Norfolk, to gather insight and experiences of Adult Social Services and care and support:
  - it was suggested that veterans be included to the list of people that officers aimed to reach through engagement.
- b) Agreed to receive an update on the outcome of the engagement activity and next steps at the People and Communities Select Committee meeting in September 2023

## 11 Adult Social Services Workforce Strategy Update

11.1.1 The Select Committee received a report providing a summary on the current state of the strategy and workforce plan, and progress and activity towards achieving a fully established and stable workforce in Adult Social Services.

11.1.2 The Executive Director of Adult Social Services introduced the report to the Select Committee:

- The workforce strategy focussed on “grow your own”, international recruitment, and staff retention.
- Level 2 social work vacancies were still at 20% and were still a challenge, compared to other vacancies in Adult Social Care which were now lower
- International recruitment was proactive in countries with a reciprocal arrangement as Adult Social Care was on the restricted occupation list from the home office. Adult Social Care was a high skilled occupation and so recruiting internationally was beneficial.

11.2 The following points were discussed and noted:

- The recruitment campaign was provided in a range of languages, and language support was provided for international recruits as part of the adult learning service.
- Officers confirmed that social workers would be recruited from any countries where their social work qualifications met the English social work criteria. Social work varied across the world, so it was important to ensure that international recruitment met the English criteria for social work. There were no specific recruitment campaigns targeting countries for international recruitment at that time however officers were considering targeted approaches for the future.
- The Chair asked what work was being carried out to promote social work to young people as a career. The Strategic HR Business Partner explained that officers wanted to improve on this work and had held conversations with District Councils, universities, and colleges to expand on the work already being done, including contacting young people when they left school to provide information on social work as a career.
- The Chair suggested that social workers could visit schools to talk to children about their work. It was also suggested that year 6 career days were a possible target point to promote this. The Cabinet Member for Adult Social Care noted that there could sometimes be negativity towards young people choosing social care as a career, however this could be a very rewarding job, so this was an attitude which needed changing. The Executive Director of Adult

Social Services agreed that the public image of social workers was out of date.

- There had been 156 applications received for the most recent apprenticeship scheme, although there were only 30 spaces. Some of the unsuccessful applicants worked for Norfolk County Council so would have future opportunities to reapply, and others were supported by the department to gain their 2 years of experience working in adult social care.
- The department would consider increasing the number of apprenticeships available in the future but needed to balance this against finances, university places available to provide training and ensuring it did not put pressure on existing staff.
- There was an external facing campaign selling Norfolk as part of the recruitment work for social care; the department also attended conventions to promote the county and targeted online adverts at people who showed an interest.

### 11.3 The Select Committee

- a) note the content of this briefing paper
- b) put forward comments and suggestions on actions to raise the profile of Adult Social Services in local and national media
- c) comment in particular on the development of initiatives aimed at encouraging young people of Norfolk to consider a career in Adult Social Services

## 12 Forward Work Programme

12.1 The Select Committee reviewed the Forward Plan.

12.2 The Select Committee:

1. **AGREED** the forward plan
2. **NOTED** the briefing note circulated in March 2023 on the Social Work Workforce in Children's Services, included at Appendix A to the Forward Plan.

12.3 The Chair thanked the Executive Director of Adult Social Services for his work and wished him well in his role at the Care Quality Commission. He hoped to see him back at Norfolk County Council in the Future. The Chair congratulated the Director of Strategy & Transformation for her appointment as Interim Executive Director of Adult Social Services.

The Meeting Closed at 12:36

**Cllr Fran Whymark, Chair,  
People and Communities Select Committee**



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# Public Health Strategic Plan

## People and Communities Committee

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19<sup>th</sup> May 2023

# Why have a Strategic Plan for Public Health?

1. Continues and builds on the 2016-20 public health strategy\* and 10 years from the transfer to local government
2. To define and articulate the contribution, relevance and value of public health expertise and a 'public health approach' to all partners
3. To provide a mechanism for engagement with the wider system to positively influence the health & wellbeing of Norfolk residents and help reduce health inequalities



# Strategic Plan

It sets out:

- Our **Vision**
- Our **Mission**
- Our **Ambition**
- Our **intention** to focus on prevention, particularly in the context of children & young people and adults and older people



We will actively pursue our ambitions through the priority themes in **Better Together for Norfolk\*** focusing on...

Providing better opportunities for children and young people

Promote evidence-based interventions to improve health & wellbeing outcomes (physical and mental)

Leading healthy, fulfilling & independent lives

Promote healthy lifestyles, empower people to make healthy choices, and support through providing public health services

Building strong engaged and inclusive communities

Develop Health and Wellbeing Partnerships, focusing on inclusive community health and wellbeing offers

Supporting a vibrant & sustainable economy

Promote workplace health initiatives for a healthier workforce





# Our Vision

For Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind

*Our Vision – Better Together for Norfolk 2022*



# Our Mission

- To improve the health and wellbeing of the people of Norfolk and reduce health inequalities
- To lead the system in Norfolk to develop and focus a prevention approach to improve and sustain good health and wellbeing
- To identify opportunities to accelerate health and social care integration to help ensure that people are supported to remain healthy and independent for as long as possible
- To promote healthy lifestyles and empower people to make healthy choices
- To provide high quality public health services



# Our Ambition

- To ensure that prevention is at the heart of everything we and our partners do
- To ensure that our population understands how to be healthy, and are encouraged and supported to put this into practice
- To increase access and take-up of services that support and improve health and wellbeing
- To provide support through a variety of routes, including digital platforms and through a range of community-based providers



# 1. Focus on Prevention, Partnership & Place

- Inform and support the Integrated Care System (ICS) by providing expert advice for health improvement, prevention and health inequalities
- Lead the development and implementation of the Norfolk Health & Wellbeing Partnerships' plans
- Lead the development of the mental health Prevention and Wellbeing Partnership to improve individual mental wellbeing and resilience of residents
- Provide leadership and direction on tobacco control through the Norfolk Tobacco Control Alliance



## 2. Focus on adults & older people

- Lead the cross-system strategy on adult healthy lifestyle and behavioural change
- Deliver a new programme of tobacco control and stop smoking initiatives
- Extend our public health offer to support the wider health and wellbeing workforce
- Develop a collaborative approach to healthy aging with a focus on physical and mental health prevention initiatives to support living well in older years



# 3. Focus on children & young people

- Contribute to the Norfolk Children and Young People Strategic Alliance and support ambitions of FLOURISH framework focusing on early childhood (First 1000 days) and wider preventative measures to improve children's health
- Work with partners to ensure that there is an effective and joined up response to early years and emerging need, including supporting the implementation of the Family Hub model
- Work with our partner organisations to ensure a whole system approach to restore and adapt our children's health services and interventions as we recover from the pandemic
- Develop a new service model for the delivery of the Healthy Child Programme (Health Visiting and School Nursing)



# Next Steps

Develop a system engagement programme to promote the key messages in the strategic plan including...

- Integrated Care Partnership (ICP)
- Health & Wellbeing Board
- Local Health and Wellbeing Partnerships
- ICS District Council Meetings
- ICS Health Improvement Transformation Group
- Work in partnership to implement and deliver



# People and Communities Select Committee

Item No: 7

**Report Title: Norfolk Adult Social Care Quality Framework**

**Date of Meeting: 14<sup>th</sup> July 2023**

**Responsible Cabinet Member: Cllr Alison Thomas Cabinet Member for Adult Social Care**

**Responsible Director: Debbie Bartlett, Executive Director, Adult Social Care**

## Executive Summary

Ensuring everyone in Norfolk can access good quality care is a key priority for Norfolk County Council (the Council). It is at the heart of the approach agreed by Cabinet last year to embed a system-wide approach to care quality improvement across the County. The Integrated Care System (ICS) Social Care Quality Improvement Programme was launched in August 2022 to support achievement of that aim.

The programme was a direct result of the work started by this committee to focus on the reasons that Norfolk has traditionally seen higher levels of non-compliant care compared to other areas both regionally and nationally. A member Task and Finish Group looked in depth at the wider issues and the recommendations led to creation of the improvement programme and the development of a care quality framework for Norfolk. A report was presented to Scrutiny Committee in April 2023 setting out an overview of the care market and the current challenges. It provided an assessment of the current care quality position and its impact.

Whilst responsibility for delivering compliant care rests with care providers and registration is the responsibility of the Care Quality Commission (CQC); it is the Council's responsibility to promote the diversity, efficiency and effectiveness of the care and support market. Our ambition is for 85% of care provision in Norfolk to be rated 'Good' or 'Outstanding' by CQC. This will take time, not least because it will take time for CQC to re-inspect care services, but the range of work being undertaken and outlined in this report is ensuring continual focus and collaboration across all partners and governance systems. In addition to the ongoing work of the Integrated Quality Service, key actions being undertaken include:

- a) Enhancing Provider Assessment and Market Management Solution (PAMMS) to include audit of Positive Behaviour Support (activity developed in Norfolk with a national impact for all LAs (Local Authorities) utilising PAMMS)
- b) Piloting deployment of Experts by Experience to support review of services for people with a Learning Disability and Autism
- c) Building provider-led peer support with recognition for providers helping to champion quality improvement in Norfolk
- d) Provider-led training seminars focussing on best practice for key features of Good and Outstanding provision



- e) Reviewing methods of feedback from individuals, carers and families to increase engagement and develop effective mechanisms to enable reporting and act upon this information
- f) Review of delegated healthcare tasks and support to enable this – including training, skills and funding
- g) Delivering a new contract and performance management tool working alongside Procurement as part of the development of new approaches to support contract management
- h) Development of improved data to monitor the care quality landscape across the system
- i) Pilot implementation of a culture assessment tool, demonstrating a baseline across system partners and key priorities for improved internal culture

This paper provides more focus on the work and progress of the ICS Social Care Quality Improvement Programme and the framework approach we are taking to address quality improvement from all parts of the Council and the wider health and social care system.

## Action Required

**The Select Committee is asked to:**

- a) **Note and discuss the content of this report providing feedback and recommendations where appropriate**

## 1. Background and Purpose

- 1.1 The ICS Social Care Quality Improvement Programme was created to develop and embed a joined up approach for ensuring care quality improvement in Norfolk. The programme has now been fully operationally for seven months and there is considerable traction across the six workstreams. This paper provides:
  - a) An overview of the programme and deliverables
  - b) A progress update across the workstream areas
  - c) An update on the care quality position in Norfolk over the last year
  - d) An overview of the measures being taken over the coming year to further support improvement
- 1.2 A detailed overview of the care market position in Norfolk was presented to Scrutiny Committee in April 2023. The report is included in the background papers, but key elements are repeated in this paper.
- 1.3 Following completion of cross-party member task and finish group which scrutinised the care quality position in Norfolk, Cabinet agreed the creation of a care quality framework for Norfolk. The ICS Social Care Quality Improvement Programme was put in place to develop and implement the framework. The Programme is supported by organisations across the ICS, with the aim of ensuring a coordinated approach but also ownership and accountability from all parties that can help influence and action improvement to care quality in Norfolk.
- 1.4 The overall vision for this work is through working together we will ensure good quality delivery and availability of care and support to the residents of Norfolk that need it.

- 1.5 The aim is to achieve this by:  
Supporting people to stay independent for longer in the most appropriate setting and ensuring good ongoing support and opportunity for those with more complex needs. We recognise that success needs a collective focus from all stakeholders to put care quality at the forefront of our agendas, policies and actions. Our mission is to work together to share ownership of this aim, to enable opportunities and to use our wider organisational resources to deliver care quality improvement for Norfolk.
- 1.6 Across the programme the work has been developed across six workstream with a cross cutting requirement to consider the culture across our organisations and how this promotes and supports high quality care. The programme has also set out specific deliverables to enable improvement, which include:
- a) A co-produced strategy and implementation plan for improvement milestones (this will incorporate work from across the workstreams but particularly the Integrated Quality; Provider Led and Health Services workstreams)
  - b) Norfolk wide systematic approach to engagement and feedback, with infrastructure to embed this across organisations
  - c) Priority actions to deliver a sustainable and recognised workforce Ethical commissioning agreement
  - d) Contract management standards
  - e) Provider support model(s)
  - f) Framework for joint working between health, social care and the voluntary sector
  - g) System wide reporting dashboard
  - h) Core training and induction modules for promoting care quality improvement
- 1.7 The Programme is now well established and has received significant support from partner organisations including Norfolk Care Association (NorCA); Healthwatch Norfolk and the Norfolk and Waveney ICB (Integrated Care Board).

## **2. Overview of the ICS Social Care Quality Improvement Programme**

- 2.1 The Council has identified improvement in care quality as a corporate vital sign, with the target for at least 85% of all types of care provision to be either 'Good' or 'Outstanding'.
- 2.2 The mission is for Norfolk to be a County where everyone can access good quality adult social care. Working together we will ensure good quality delivery and availability of care and support to the residents of Norfolk that need it. Supporting people to stay independent for longer in the most appropriate setting and ensuring good ongoing support and opportunity for those with more complex needs. We recognise that success needs a collective focus from all stakeholders to put care quality at the forefront of our agendas, policies and actions.
- 2.3 To deliver on our ambitions, change programme, and improve quality and performance, a priority was to strengthen our governance arrangements and focus on delivery on our performance. This has led to the introduction of an Adults Social Care Quality Improvement Board and an Operational Delivery Board.
- 2.4 The ICS Social Care Quality Improvement Programme has brought together representatives from across the ICS including care provider representation through Norfolk Care Association, Healthwatch Norfolk, the Integrated Care Board (ICB),

Norfolk County Council Adult Social Care and Norfolk Safeguarding Adults Board. This has been important to ensure a wide range of expertise and challenge, plus system-wide involvement will support the means to deliver change and to support collaboration, openness, and transparency in our approach to adult social care.

2.5 The programme board reports to both Adult Social Services Director Leadership Team and into the Integrated Care Board (ICB) with quarterly reporting to the System Quality Group. The Board meets bi-monthly with an Operational Delivery Group overseeing actions and progress on a monthly basis. This is co-chaired by Tim Weller, Head of Integrated Quality Services and Paul Benton, Director for Quality and Care, Norfolk and Waveney ICB.

## 2.6 **Themes and Objectives**

2.6.1 It is recognised it will take time for some of our efforts to make a difference, and the programme is designed to be flexible as we may need to shift our focus as new priorities emerge. However, development of the vision and themes were collaborated with key stakeholders from across the system to ensure the programme maintained alignment with the overall strategy.

2.6.2 The partnership organisations have committed to working together to support the best quality care, promote the best quality experience and outcomes, tackle the worst quality services, and encourage all services to improve and with the development of this strategic framework to deliver a system wide evidence-based approach to identify, plan and create the infrastructure for improvement under the following themes and high level objectives.

- a) Accessing good quality care in adult social care – Acting as one as a system to deliver quality
- b) Using feedback to transform and improve quality - Improving and acting on feedback to improve
- c) Reduce variation and create a learning culture across adult social care – Commitment to innovation
- d) Create the conditions for quality in adult social care- Ensuing mechanisms to support improvement
- e) Provide best return of investment for the Norfolk £ - Prioritising quality services

## 2.7 **Key Deliverables**

2.7.1 The table below sets out the key deliverables from the programme during 2023-24.

Q1	Q2	Q3	Q4
<ul style="list-style-type: none"> <li>•Matches for provider peer to peer support project</li> <li>•Provider launch event</li> <li>•Fair Cost of care published</li> <li>•Workforce strategy launched</li> <li>•Digital support offer is launched to providers</li> <li>•Market Position Statement is published</li> <li>•Evidence gathering with service users / providers /system in Feedback</li> <li>•Draft framework out to provider</li> <li>•Gap analysis on EHWC</li> <li>•Approval of the Strategic Commissioning in Home Care.</li> <li>•Positive Behavioural Support Implemented</li> <li>•Pilot in quality assessment in domestic violence services</li> <li>•Quality Escalation policy launched</li> </ul>	<ul style="list-style-type: none"> <li>•Provider focus groups design of excellence in practice</li> <li>•Ethical Framework agreed</li> <li>•Report published on collecting and use of feedback and next steps</li> <li>•commissioning group and finance and resource group formed</li> <li>•Care Collaboration Market review (Nursing) recommendations published</li> <li>•Agree commissioning approach to for quality</li> <li>•Contract and Performance Management segmentation implemented</li> <li>•Go live Procurement Process to implement Prime Provider</li> <li>•Pilots launched in experts by experience</li> <li>•Care Market Quality Forums (previously SharePoint) launched</li> </ul>	<ul style="list-style-type: none"> <li>•Commissioners completed the Foundation Level accredited training in Contract and Performance management</li> <li>•Quality partner recognition programme is launched</li> <li>•Quality conference is launched</li> <li>•Development of project to transition of quality improvement is developed</li> <li>•Quality culture improvement plan is developed</li> <li>•Implementation of Experts by Experience</li> <li>•Development of system wide quality dashboard</li> </ul>	<ul style="list-style-type: none"> <li>•Programme of workshop/webinar showcasing excellence in practice</li> <li>•80% providers signed up for electronic care records</li> <li>•Delegated Tasks, implementation period</li> <li>•Self-assessment against Commercial Continuous Improvement Assessment Framework completed</li> <li>•Programme transition to BAU</li> </ul>

### 3. Progress across the workstreams

#### 3.1 Provider support

3.1.1 NorCA are leading two projects, which have been identified to make meaningful and sustainable impact directly for providers:

##### **Provider Peer Support**

CQC rated Good (Outstanding features) and Outstanding providers will offer advice and guidance/peer review to providers who have requested help or who have been referred following a CQC inspection or as part of a PAMMS audit. This could be support, but not limited too

- Governance - oversight, quality assurance, partnership working and culture
- Quality systems: audits, record keeping, action planning, learning lessons when things go wrong
- Person-centred practice/maximising freedoms -aspirations/community connections/thinking property and environment
- Feedback: Information, Compliments and Complaints

##### **Workshops on excellence in practice**

CQC rated Good (Outstanding features) and Outstanding providers will share best practice and oversee the creation and delivery of webinars and workshops on the following themes

- The Environment: physical and psychological: the look, feel and taste of things
- Involving others/collecting and using feedback

- c) Partnership working - seamless health and social care/links with the local community/wrap around support
- d) Person-centred care: tailoring services to meet the needs of individuals
- e) Recruitment, retention, safe and empowered staffing
- f) Leading outstanding services; embedding a culture of continuous improvement

### 3.1.2 **Launch Event - NorCA Provider Quality Improvement**

A launch event for social care providers was organised and hosted by NorCA on 20 June 2023 with 100 delegates attending. The event was successful with positive feedback from care providers in attendance. The face to face session included speakers, from the Council, ICB, Healthwatch and Adam Purnell, who is the Director of Social Care at the Institute of Health and Social Care Management. Guests used a “carousel” system to maximise the time available to hear about a range of initiatives including:

- a) Delegated health interventions
- b) Psychologically informed environments
- c) Collecting and using feedback
- d) PAMMS and Quality Monitoring Visits
- e) International Recruitment
- f) Better Security Better Care
- g) Retention
- h) From Inadequate to Good

## 3.2 **Care market sustainability and transformation**

3.2.1 Cabinet agreed the [market sustainability plan](#) at its meeting in March 2023 and this has been published. This provides a detailed assessment of the older people residential and nursing market and home care market, but also identified universal challenges for the social care sector. It highlights the actions needed to prepare for social care reform to support a sustainable care market. The [cost of care](#) work was completed in January and helped to inform the fee uplift for 2023-24. The Market Position Statement was agreed by Cabinet in June 2023, setting out the social care landscape for Norfolk, forecast needs and capacity. All these actions form part of the way that the Council meets its responsibilities to promote the efficient and effective operation of the care and support market within the Care Act (2014).

3.2.2 The [Norfolk and Waveney Social Care Workforce Strategy](#) was published in 2021. This was a five year plan. The requirements for the social care workforce have not significantly changed and the core strategy remains. However, much progress has been made against the action plan and a review has been undertaken to assess these actions and priorities to reflect the current workforce landscape. Stakeholders have reassessed the priorities and a separate report is provided to People and Communities Select Committee on this agenda. Key activities delivering towards this strategy include the continuing recruitment campaign and championing of care careers; retention best practice; international recruitment support; development of a job evaluation framework by Norfolk Care Association; social care academies to help people access social care work for the first time; enabling and promoting use of the Care App – which is a recruitment tool to encourage existing staff to recommend friends and family into social care; work with schools and colleges including the earn as you learn initiative for adults.

3.2.2 The Norfolk and Waveney ICB are leading a joint project with the Council to support care providers to meet the government target for providers to implement digital social care records. We met the target for 60% of providers to have systems in place by the end of March 2023 and will be working towards 80% with systems in place or expressions of interests for funding to implement by the end of 2023-24. As part of this programme, we are promoting the effective use of digital care record systems to ensure that this investment support good quality care.

### **3.3. Increasing and improving feedback about social care provision**

3.3.1 An instrumental strand to the quality programme was the improvement of feedback to embed the experience of those in receipt of services in our leadership and operational processes. To enhance our culture where feedback is welcomed and used to improve services systematically across the ICS

3.3.2 Healthwatch Norfolk launched a review with both providers, individuals and partners to gain insight and evidence to the way feedback is collected, used and delivered.

3.3.3 A report is due July 23 in which further work will also review any current feedback mechanisms to shape quality improvement and address any gaps.

### **3.4 Health services to support care provision**

3.4.1 This work is delivering a health led improvement plan to both improve access to health services for care providers and those they are supporting but also to review the delegation of healthcare tasks to social care, ensuring teams have the support to enable this including access to training, skills and funding.

3.4.2 Analysis of qualitative data and quantitative research has been undertaken which has evidenced the need for the priority of this framework. A framework is being developed with the creation of specialised focus groups to review. Interim training and communications will be developed for the health and social care system to mitigate risks and issues identified within this exercise

### **3.5 Commissioning and contract management**

3.5.1 The workstream led by the Council, has several outputs ranging from contract segmentation, review of contract and performance frameworks, a 360-feedback policy and process between providers and the Council, the CCMR (Collaborative Care Market Review) project, staff development with commissioners completing accredited training and self-assessments completed against the Commercial Continuous Improvement Assessment Framework.

3.5.2 A contract segmentation approach was approved by Corporate Board and is now proceeding to the design and promotion of operating models.

3.5.3 The detailed work is progressing principles on the quality thresholds that are applied to our frameworks and tenders. This will include residential and nursing care; home care – defined as part of the new home support strategy and independent living and housing with care. For home support the strategy sets out a commitment to quality improvement in Norfolk and that any Prime Provider contract award will only be to providers that are good or outstanding. This would be determined through using the most contemporary rating of either PAMMS or CQC.

3.5.4 The Collaborative Care Market review project has conducted its review and in the coming weeks will provide key recommendations for next steps for accommodation based models of care. The project aims to support the development of a sustainable care market that provides high quality care to people across Norfolk and Waveney. The review of the current arrangements for commissioning, contracting and sourcing is complete and recommendations are due in June (*Update to be provided for final papers*). Work to date has enabled a data sharing agreement to be put in place across NCC and the ICB; development of nursing care activity dashboard across both organisations and a review of care definitions for residential and nursing care for older people.

### 3.6 **Integrated Quality Service**

- 3.6.1 The work is building on the existing role of IQS (Integrated Quality Service). This has included the implementation of the Quality and Escalation Policy, which provides a consistent framework for the operation of the team and escalation of performance concerns and actions taken. The service has led the work to develop and introduce Positive Behaviour Support audit into the PAMMS assessment tool and this was launched across all regions using PAMMS in April 2023. The service has developed and piloted a Quality Assurance Framework for Domestic Abuse services and following lessons learned from this the approach was formally launched in April 2023. It is believed this is the first such dedicated audit for Domestic Abuse in England.
- 3.6.2 Pilots are commencing to work with Experts by Experience to support the delivery of quality assurance visits to services for people with learning disabilities and autism. This will provide a new dimension to the PAMMS assessment and ensure the insight and viewpoint of people with lived experience is incorporated into assurance activity. This is believed to be the first engagement of people with lived experience in Local Authority audit of commissioned care functions.
- 3.6.3 Implementation of the system wide development of a quality dashboard has commenced with the first iteration including financial spend created. Further work and scoping have commenced with a task and finish group to develop the project and next steps.
- 3.6.4 In consultation with the Domestic Abuse provider market, a methodology was developed, and a pilot commenced to test a comprehensive Quality Assessment Framework (QAF). The pilot ran from December 2022 until March 2023 and after evaluation launch of the final QAF assessment commenced April 2023. A dedicated Officer funded from the Domestic Abuse budget seconded from the Integrated Quality Service, was instrumental in design and implementation. QAF will be conducted as a continuous assessment process supporting Domestic Abuse providers to improve or sustain the quality of refuge and safe accommodation.

All providers and system partners engaged in the development of the Framework gave positive feedback and welcomed involvement in the process. Common themes arising from QAF assessments include the need for enhanced staff training, more robust recruitment processes and relevant, contemporary policies. Providers have responded favourably to independent review of service provision. It is noteworthy that this market is not subject to statutory regulation and the Norfolk QAF is believed to be the first such Local Authority quality assessment initiative in the UK.

3.6.5 The Care Market Quality Forum previously SharePoint, is designed as a forum to bring together professionals in both Health and Social care where quality matters can be discussed, in collaboration with the regulators, that identify all matters of quality and safety in the care market. By bringing together partners of the Integrated Care system, the forum will be a place where intelligence is shared in both positive and negative discussions. The aim is to have informal scrutiny of the care market with the sole aim of monitoring, that will lead to improvements for all residents

## 4. Overview of care quality ratings in Norfolk and impact on quality improvement

### 4.1 Progress over the last six months

4.1.1 It is recognised that it will take time to reach the target improvements to care quality that we require across Norfolk, due to in part to the size of the care market, which impacts on both support and the time it takes to enable CQC reinspection. However, the table below shows the progress over the last six months. The table below shows the percentage of care provision rated CQC good or outstanding and provides a comparison with councils in the eastern region, the national average and the average of councils in our family group. The family group includes shire county councils with similarities to Norfolk.

Table 1 - CQC Ratings % Good or Outstanding - Norfolk - East of England - Family Group - England Summary Comparison December 22 to May 23

All				Home Support			
	Dec-22	May-23	Difference		Dec-22	May-23	Difference
Norfolk	68.7	70.8	2.1%	Norfolk	74.8	78.8	4.0%
East of England	82	82.3	0.3%	East of England	85.8	85.9	0.1%
England	82.8	82.8	0.0%	England	86.5	85.8	-0.7%
Family Group	83.5	83.9	0.4%	Family Group	89.2	88.6	-0.6%
Nursing				Residential			
	Dec-22	May-23	Difference		Dec-22	May-23	Difference
Norfolk	65.5	70.7	5.2%	Norfolk	66.4	67.2	0.8%
East of England	76.3	78.5	2.2%	East of England	79.4	79.8	0.4%
England	76.8	78.6	1.8%	England	82.4	82.8	0.4%
Family Group	76.6	78.6	2.0%	Family Group	81.7	82.1	0.4%



- 4.1.2 The Social Care Quality Framework commenced in June 2022. The impact of related activity, particularly implementation of the Integrated Quality Service Improvement & Escalation Policy, has delivered a consistent incremental trend in improved ratings since December 2022. In December 2022 68.7% of all care services were rated good or outstanding. At that time Norfolk was ranked second lowest of the 11 East of England Local Authorities and significantly below the England average of 82.8%.
- 4.1.3 Data for May 2023 shows an overall increase in quality in Norfolk by 2.1% to 70.8%. This represents a significant and very encouraging overall rate of improvement by comparison with East of England, Family Group and England data. Home care and nursing provision saw the greatest improvements compared with all other data sets within this period. As the least well-rated provider type in the county, residential care homes also realised marginally improved overall performance.
- 4.1.4 It is relevant that Norfolk has seen increase in service provision which is higher than the national increase within this reporting period

## 4.2 Local and National Ratings

- 4.2.1 Delivery of compliant care is the responsibility of each care provider. Providers are held to account by the regulatory body, the Care Quality Commission (CQC) who is responsible for registering, inspecting, enforcing compliance and removing registration of care provision, where necessary.

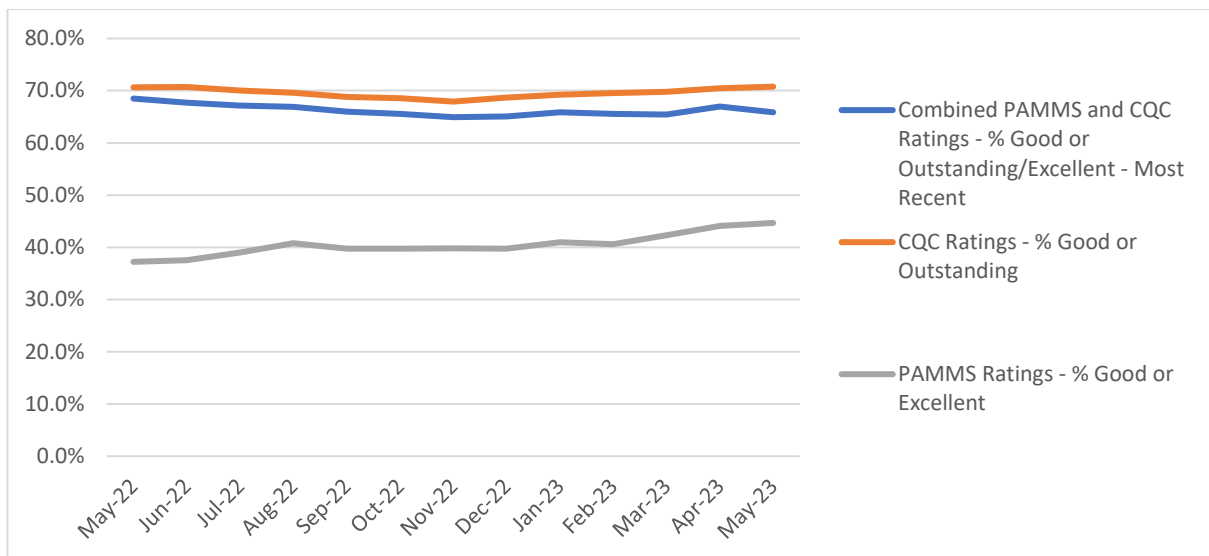
The council's duty under the Care Act 2014, to ensure the quality and diversity of all care services in the county, is primarily delegated to its Integrated Quality Service (IQS). Under the IQS Improvement and Escalation Policy, providers are supported to improve and sustain compliance. A range of formal and contractual levers are available where significant or repeated quality concerns cannot be addressed by supportive and informal means.

- 4.2.2 IQS uses a commercial audit tool, the Provider Assessment and Market Management Solution (PAMMS) to assess the quality of care delivered by providers of adult social care services. PAMMS assessments provide an overall rating equitable with CQCs rating system. In common with CQC, IQS uses a dynamic risk-based approach to prioritise PAMMS assessments. Whilst the regulator's frequency of inspections has reduced considerably, IQS has increased capacity to conduct approximately a third more threshold-crossing assessments than CQC.

Care settings are rated following a CQC inspection or PAMMS assessment, however the regulator's current risk-based inspection methodology adversely impacts on Norfolk's improving quality position. CQCs re-inspection prioritisation considers current PAMMS ratings. A care setting with a non-compliant CQC rating, but more contemporary compliant PAMMS rating will be de-prioritised for CQC re-inspection. Consequently, this provider will retain its non-complaint CQC rating for longer than if a PAMMS had not been undertaken.

- 4.2.3 The tables below show combined ratings from CQC, PAMMS and combined data for all care types. This broadly demonstrates the impact of PAMMS in delivering improved outcomes at subsequent CQC inspections. Where providers make best use of a non-compliant PAMMS outcome (utilising this to address concerns identified ahead of a CQC inspection), this improves the prospect of a compliant subsequent CQC rating. Similarly, where a provider achieves a compliant PAMMS, the likelihood of the next CQC inspection having a compliant outcome is increased.

	May -22	Jun -22	Jul-22	Aug -22	Sep -22	Oct-22	Nov -22	Dec -22	Jan -23	Feb -23	Mar -23	Apr -23	May -23
Combined PAMMS and CQC Ratings - % Good or Outstanding/Excellent - Most Recent	68.5 %	67.7 %	67.2 %	66.9 %	66.0 %	65.6 %	64.9 %	65.1 %	65.9 %	65.6 %	65.4 %	67.0 %	65.9 %
CQC Ratings - % Good or Outstanding	70.6 %	70.7 %	70.0 %	69.6 %	68.8 %	68.6 %	67.9 %	68.7 %	69.2 %	69.5 %	69.8 %	70.5 %	70.8 %
PAMMS Ratings - % Good or Excellent	37.2 %	37.6 %	39.0 %	40.8 %	39.7 %	39.7 %	39.8 %	39.8 %	41.0 %	40.6 %	42.3 %	44.1 %	44.7 %



4.2.4 The overall direction of PAMMS ratings is an improving one; initial (post-pandemic) focus on very poorly performing services (rated Inadequate at multiple visits) is being replaced by more 'business as usual' attention to a) care settings which have never achieved a compliant rating (currently 12 locations) and b) those which struggle to sustain improvement or 'yo-yo' between compliant and non-compliant.

## 5. Key medium-term actions

5.1 The programme of work being undertaken across the system brings together both existing and new actions, but through the common lens of ensuring actions to influence, steer and support improvement to the quality of care available within Norfolk. The direction of travel needs to be sustainable for the long term, so an important part of the work will be the transition to business as usual – ensuring the right governance continues to oversee progress at both a system and place level, maximising the use of feedback and data from the designed dashboard and continuing to embed the culture, tools and support that drive high quality care delivery.

5.2 In addition to the specific deliverables of the programme, the work across commissioning and the wider department is key to market shaping; supporting growth and encouraging inward investment to Norfolk of high-quality care provision; and commissioning strategies to prioritise and incentivise good quality care. Key actions that are underway include:

Market Shaping Programmes	Vision	Aims
Connecting Communities	Supporting people to be independent, resilient, and well.	To help people in Norfolk access the right service for them at the right time.
Home Support Strategy	To create a strong and responsive home care market	To create a home care market that is: <ul style="list-style-type: none"> <li>• Sustainable</li> <li>• Has the capacity to meet current and future demand</li> <li>• Delivering good or outstanding quality of care</li> </ul>
Collaborative Care Review	To develop an innovative and sustainable care market that is responsive to the needs of local people, delivers high quality care and provides value for money.	To review the current models for accommodation-based provision to achieve: <ul style="list-style-type: none"> <li>• Care market sustainability and moving towards a fair cost of care.</li> <li>• Joint strategic direction for care home commissioning and contract management.</li> <li>• Development of new, integrated service models which focus on quality and outcomes for local people.</li> <li>• Strategic transformation of Housing with Care.</li> <li>• Delivery of Norse Care transformation programme</li> <li>• Improved health support to providers.</li> </ul>
Specialist Housing Programmes	A home should provide everyone with a safe foundation for a good life	The specialist housing programme aims to deliver: <ul style="list-style-type: none"> <li>• Attractive housing for older people which offers peace of mind, helping people to stay independent in their local communities for longer.</li> <li>• Attractive housing for adults with care and support needs that give people choice and opportunity to live independently in the community.</li> <li>• Strong partnerships to facilitate more affordable developments across Norfolk over the next 5 years supported by: <ul style="list-style-type: none"> <li>○ £29m capital funding to help facilitate 1,135 units of affordable Independent Living for older people</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ £18m capital funding to help facilitate 181 units of affordable supported living for working age adults</li> <li>○ To note: Due mainly to issues relating to the nutrient neutrality requirements, achieving planning approval for schemes is a far lengthier process</li> </ul>
Preparing for Social Care Reform	To have the right people, policies and technology in place to manage demand now and in the future.	<p>Although implementation of Social Care and Charging Reform has been delayed there is still a lot to do to be ready for October 2025. We need...</p> <ul style="list-style-type: none"> <li>● To ensure that we have the right resources and skills mix in place to manage the new demand.</li> <li>● To support as many adults as possible to access a broader first contact offer as part of the customer journey.</li> <li>● To support as many adults as possible to conduct self-service and supported self-assessments.</li> <li>● To support as many adults as possible to set up their care account and manage their care support planning.</li> <li>● Build on Connecting Communities to equip people and staff with more technologies and options to safeguard, respond to social care crisis and in ways of meeting long term needs.</li> <li>● Set fee levels for older people residential and nursing homes and home care that secure value for money, choice, quality and long-term market sustainability.</li> <li>● Capture intelligence reports to inform our financial planning and commissioning arrangements.</li> </ul>

5.3 The market shaping activities will be supported by the development of an Ethical Commissioning Framework for Norfolk. This was one of the recommendations from the Safeguarding Adult Review into the tragic deaths of Joanna, Jon and Ben at Cawston Park hospital. A community interest company, Curators of Change, has been commissioned to support the co-production of the framework with people who access services, their families and other key stakeholders.

5.4 During 2022/23 there have been two virtual listening events that had 40 people attending the first date, 30 the second date and one all day in person workshop attended by 60 people. The listening sessions and in person workshop identified the key issues and thoughts from a wide range of stakeholders that included people

in receipt of services, families and advocates, providers and staff working in adult social care, commissioners and operational colleagues to review the key principles and standards that will ensure that we do things better. There were then two editorial meetings to agree the key principles and draft the framework. Curators of Change have also met up with other organisations and forums that are doing work that is complimentary or has a dependency upon the framework, such as Tricordant, Making it Real, Healthwatch etc. To ensure that any feedback that has come out of their work is appropriately referenced within the framework.

- 5.5 As part of this work, 15 people have shared their stories and agreed to have these recorded for us to use to inform other aligned pieces of work. These stories have been powerful and articulate the significant challenges that people are facing through their experiences of care or their interactions with statutory organisations.
- 5.6 The framework will set out the principles and standards that will govern the way that the Council and ICB commissions services, the expectations of providers and their staff in the delivery of services and for the people who access services. The framework will set out clear expectations which all involved believe will support an improvement in the quality of services and support in Norfolk.
- 5.7 We need all partners across the Norfolk system to develop their delivery actions plans to say what they are already doing and their ambitions to meet the principles enshrined within the framework. The draft ethical framework has been developed in the format set out within the SAR (Safeguarding Adults Review) recommendations, but this structure means that there is significant overlap and duplication. Based on the engagement work we need to change this to make it more accessible for people, including changing what it is called as few people understand what is meant by an ethical framework. The intention is to work with Curators of Change and the experts with lived experience to develop a brand and campaign similar to the Flourish Campaign within Children's services.
- 5.8 The draft framework will be presented back to the Safeguarding Adults Review Board on 4<sup>th</sup> July 2023.

## **6. Financial Implications**

- 6.1 There are no financial implications arising from this report. The Social Care Quality Improvement Programme is predominately being managed through existing budgets and planned resources. Additional costs funded from existing reserves are supporting programme management and some provider support. Separate business cases will continue to be made for individual projects.

## **7. Resource Implications**

- 7.1 **Staff:**
  - 7.1.1 None at this time, but potential review of activities may be required pending the outcome of the Council's Strategic Review.
- 7.2 **Property:** None identified
- 7.3 **IT:** None identified

## **8. Other Implications**

8.1 **Legal Implications:** None identified

8.2 **Human Rights Implications:** None identified

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

8.3.1 The purpose of the programme of work is to ensure availability of high-quality social care provision to all residents of Norfolk, regardless of need or location. One of the aims of the work is to identify variations in care quality through data analysis and enable actions to help support improvement.

8.4 **Data Protection Impact Assessments (DPIA):**

8.4.1 None identified.

8.5 **Health and Safety implications (where appropriate):** N/A

8.6 **Sustainability implications (where appropriate):** N/A

8.7 **Any Other Implications:** None identified

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

9.1 There are no risks arising specifically from the paper. Risks for delivery are part of the programme management and are identified and monitored by the programme board.

## **10. Actions**

10.1 **The Select Committee is asked to:**

- a) **Note and discuss the content of this report providing feedback and recommendations where appropriate**

## **11. Background Papers**

11.1 [Overview of Care Market Quality and Improvement – Scrutiny Committee April 2023](#)

### **Officer Contact**

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

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# People and Communities Select Committee

Item No: 8

**Report Title: Adult Social Care Reform update**

**Date of Meeting: 14 July 2023**

**Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care, Public Health & Prevention)**

**Responsible Director: Debbie Bartlett, Executive Director for Adult Social Services**

## **Executive Summary**

This paper and the accompanying presentation at Appendix A provide an update on the work underway in readiness for the implementation of social care reform.

Since the update to this Committee in November 2022, the Government has delayed the implementation of the charging reforms until October 2025. However, many of the changes we are working on will be critical for the department going forwards so, the programme of work to prepare for Reform is continuing to ensure that the Council has implemented and embedded new ways of working to ensure that Adult Social Care Teams are fit for the future. This will ensure readiness for Reform implementation and support the current and future demands on Adult Social Care. We will anticipate and deliver change ahead of national social care reform deadlines.

## **Recommendation**

**The Select Committee is asked to:**

- a) **Consider these readiness opportunities and feedback any considerations we need to take into account for the introduction of Supported Self Assessment**
- b) **Review the work under this programme and give views on any other areas we should be considering**

## **1. Background and Purpose**

- 1.1 The Government's Policy Paper - [Build Back Better: Our Plan for Health and Social Care](#) was published on 7 September 2021 and set out intentions for healthcare and adult social care, supported by a new health and social care levy to raise the necessary funds. (This levy has since been reversed, although the Government has said the funding will remain)
- 1.2 The white paper, [People at the Heart of Care](#), published on 1 December 2021, set out the vision for the future of adult social care, proposing a 10-year programme of change. It revolves around three objectives: that people have the choice, control, and support to live independent lives; people have access to quality and tailored care and support; and people find adult social care fair and accessible.



- 1.3 The [Health and social care integration: joining up care for people, places and populations](#) white paper was published on 9 February 2022 and sets out plans to make integrated health and social care a reality for everyone across England and to level up access, experience and outcomes across the country.
- 1.4 On the 4 March 2023 the Government launched a consultation on the [Operational Guidance](#) to implement a lifetime cap on Care costs. The main purpose of the consultation was to seek views on the statutory guidance which sets out how a cap on care costs would operate in practice, as well as to inform how government can support local authorities in their preparations for its implementation from October 2025.
- 1.5 The Department of Health and Social Care has a website for Social Care Reform Information [national website](#).
- 1.6 During the Autumn Statement (17 Nov 2022) the Government confirmed the delay to Social Care Reform implementation by 2 years (October 2025).
- 1.7 NCC faces significant challenges in managing current and predicted demand for social care services. This is a national picture experienced by other Local Authorities. Presently, we don't have sufficient resources, or the most effective policies/technologies in place to meet this demand. Additionally, our provider market is very unstable. If we do not address these issues now, we cannot successfully implement Social Care Reform in the future without experiencing huge impacts to NCC.
- 1.8 Therefore, this readiness phase will be focussed on delivering positive outcomes for our local residents by "futureproofing" ASSD services. This includes having the right people, policies and technology in place to manage demand now and in the future. Additionally, we will work to stabilise the provider market and work towards a sustainable cost of care model within the financial envelope available. We will anticipate and deliver change ahead of national social care reform deadlines.
- 1.9 Many of the changes we are working on through this Readiness Phase will be critical for the department going forwards whether the Government Reform happens or not in October 2025, these changes are ones we believe we should do anyway and will ultimately improve performance and outcomes and crucially will support the current and future demands on Adult Social Care to ensure the department is fit for the future.
- 1.10 This paper is directly related to the social care reforms but will have overlap and synergy with other papers you will have previously received regarding key activities within Adult Social Care to ensure the department is fit for the future. These papers will have touched on ASSD Strategy and summer of engagement, market sustainability and quality improvement and the workforce strategy.

## 2. Key themes

- 2.1. **We will be looking to ensure we have the right resources and skills mix in place to manage the increase in demand for our services.** Both locally and nationally it is becoming more difficult to attract and recruit skilled social workers. It is therefore very important that we look at how we can use our existing resources in more intuitive ways. We are exploring several areas, one of which is looking at hybrid workers that will have the skills to undertake both social care activities as well as financial activities that can potentially be directed at undertaking annual reviews and thereby reducing our backlogs. We will also

explore other skill mixing opportunities to make better use of the social care resources that we are able to recruit to such as our Assistant Practitioners and looking at how we can utilise some of our provider partners to assist with as well. In addition, we are working closely with colleagues across Adult Social Care to ensure we are optimising international recruitment opportunities as well as increasing our apprenticeship offerings so that we can “grow our own”. To help us understand how many additional workers we will need to meet the new demand coming out of the social care reform changes, we are working to predict and model the extra demand based on available local and national data so that we can ensure we have a robust target operating model in place.

- 2.2. **We will be looking to improve our online/digital offering to people who use our services or who may use them in the future.** We will be looking at how we can improve access to social care services and social care information by helping people to navigate the care system and understand the options available to them via our external website. This may mean that in the future someone who is looking to understand what social care services are available to them may more easily find community services that are available via our voluntary partners or may even be able to complete an online supported assessment that will tell them what services they are entitled to, and any costs associated with these prior to talking to anyone. If the supported self-assessment is then submitted it will be directed to the relevant team who can then use the information already provided to assist. We are currently working closely with our suppliers to agree a suitable timeline for the implementation of these changes. We will also be looking to introduce an online account for people who use our services which will enable them to securely access any of their key documents (such as care assessments). In this regard we are currently undertaking several pilots to test out this functionality before wider roll out to everyone towards the backend of this year. In the future this will also provide them with the ability to see the costs associated with their care. The timeline for the roll out of this functionality is currently being explored but the intention is to have this available within this financial year. This will enable people who use our services to better manage their care and support. We will ensure that we have alternative options for those people who are digitally excluded.
- 2.3. **We will introduce new ways of working for our staff by enhancing our digital offering to allow them to better respond to safeguarding and other social care crisis and increase in demand.** We will be looking to enhance our existing technologies so that cases can automatically be redirect to the correct teams reducing the number of handoffs (and the associated delays caused by multiple handoffs). We will also provide additional functionality that will allow staff to prioritise their workloads in a much more efficient way. This will ensure that we focus on the critical cases in the first instance. This functionality will be available from our suppliers for roll out early to mid next year.
- 2.4. **We will work with our providers set fee levels for Older People Residential, Nursing and Home Care that secure value for money, choice, quality and long term market sustainability.** Our Market Position Statement (previously presented to this Committee on 19 May 2023) sets out our social care landscape and the direction of travel required. It is an important document for care providers and commissioners alike through describing the support and care services that people in Norfolk need and how this is changing; setting out the current availability of care and forecasting what care will be needed in future; but, also how we wish to shape these opportunities to meet both best practice and the type of care that people tell us they want.
- 2.5 More information on how the programme has been restructured following the Autumn Statement to deliver the above changes are set out in Appendix A.

### **3. Principles underpinning the implementation of reform readiness**

- a) To shape and guide our implementation approach, we continue to draw on the Think Local Act Personal statements of what matters most to people when they use our services. These have previously been presented
- b) In addition, we continue to apply our programme principles for each of the workstreams. These have previously been presented

### **4. Impact of the Proposal**

- a) Ensuring we use our existing resource pool in the most effective way to manage future demand
- b) Improved Customer Journey and access to information regarding social care services and the associated costs
- c) Improved sharing of information and documents with people who use our services allowing them to better manage their care and support
- d) Improved ways of working for our staff by automatic routing of assessments and referrals to the most appropriate team reducing the number of hand offs and the delays associated with these
- e) Improved ways of working for our staff allowing them to better prioritise their work so that we are focussing on the right cases
- f) Utilising the knowledge and experience of our providers to assist with demand management

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

5.1 N/A

### **6. Alternative Options**

6.1 None identified

### **7. Financial Implications**

7.1. As part of the national reform of Adult Social Care, Government committed to invest funding of £5.4bn over the period of 2022-25. The majority of this funding was attached to new/amended requirements on Local Authorities. These materially included changing the charging arrangements relating to Social Care eligibility and market sustainability/Fair cost of care for the Care Market. As part of the Government Autumn Statement, it was confirmed that the associated reforms would be delayed, and the funding repurposed for wider Social Care needs. This wider repurposing of the funds was built into our 2023-26 Council Medium Term Financial Strategy agreed by Full Council in February 2023. As such, the continued reform changes described in this paper are being funded by one-off Adult Social Care Reserves. We await future funding declarations by government associated with the revised, delayed timetable, and will assess the new burdens affordability against any proposed distributions.

### **8. Resource Implications**

**8.1 Staff:** We will be looking to ensure we have the right resources and skills mix in place to manage the increase in demand for our services (please see update in 2.1). This work will feed into the Adult Social Care Workforce Plan.

**8.2 Property:** None identified

**8.3 IT:** Technology and IT impacts and implications are detailed and outlined throughout the paper.

## **9. Other Implications**

**9.1 Legal Implications:** The changes in our processes and ways of working are to prepare for national legislative changes and the increase in demand for Adult Social Care services.

**9.2 Human Rights Implications:** The changes anticipated by national legislation, and our preparations to be ready for these changes, are to improve the health and care outcomes for more people.

**9.3 Equality Impact Assessment (EqIA) (this must be included):** A full EqIA has been completed (see Appendix B) to ensure the full impact is understood.

**9.4 Data Protection Impact Assessments (DPIA):** A full DPIA has been completed (see Appendix C\_) to ensure the full impact is understood.

**9.5 Any Other Implications:** N/A

## **10. Risk Implications / Assessment**

10.1 Within the social care reform work, the core programme management team have populated and manage a detailed risk log, to minimise disruption to successful delivery of the programme's objectives. These risks are managed in an over-arching log, including any associated issues or dependencies. Populating this risk log has formed part of the detailed planning sessions within the mobilisation work for the social care reform readiness programme.

10.2 This is a systematic risk management, which includes naming/identifying individuals within the programme (such as workstream or business leads) responsible for minimising those with agreed mitigation actions and milestones for resolution. This approach enables the social care reform programme to accurately report on this information via its structured reporting processes and, where required, escalate risks for urgent resolution.

10.3 To date, key risks have been identified along the following themes:

- a) The operational/resource capacity to deliver the changes required and to meet anticipated demand from October 2025 and linked to this the financial risk to NCC in terms of the additional workforce and costs of care incurred
- b) Ensuring a stable and sustainable local / regional care market
- c) Installing and mobilising the required technology solutions in advance of October 2025 (where NCC is reliant on external suppliers) and our ability (internally) to evolve to new

ways of working to meet the excess demand against a backdrop of existing unmet demand

- d) The lack of technical support options available from NCC for people who use our services who we will be looking to move to more digital solutions and if they then encounter issues with these solutions or using these solutions

10.4 Where significant risks are identified and thresholds are met – via its SRO, the social care reform programme team will escalate and ‘flag’ these in accordance with approved “risk appetite” and tolerance for the Council as defined by Councillors, with Executive Directors or other nominated senior managers as appropriate as the designated risk owners for corporate risks.

## 11. Recommendations

11.1 The Select Committee is asked to:

- a) **Consider these readiness opportunities and feedback any considerations we need to take into account for the introduction of Supported Self Assessment**
- b) **Review the work under this programme and give views on any other areas we should be considering**

## 12. Background Papers

12.1 [Health and Adult Social Care Reforms \(page 91\)](#)

[Market Position Statement \(from page 75\) 19 May 2023](#)

### Officer Contact

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

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**Email: [Debbie.Bartlett@norfolk.gov.uk](mailto:Debbie.Bartlett@norfolk.gov.uk)**



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

# Social Care Reform

## Update

*July 2023 Final*



**Promoting  
Independence:  
Living Well and  
Changing Lives**

## Background

- ✓ March 2022 – Broad overview of white papers relating to health and care
  - ✓ May 2022 – Overview of key elements of social care charging reform
  - ✓ November 2022 – In depth look at SCR Programme which covers changes under charging reform and fair cost of care/market sustainability plan
- July 2023 – Update on programme following Autumn Statement announcement of a two year delay (Nov 22)

### Reminder of Government Lead Up Activities & Timelines

#### Introduction

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

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

**The white paper sets out the following key objectives:**

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

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

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

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

#### The most recent timeline



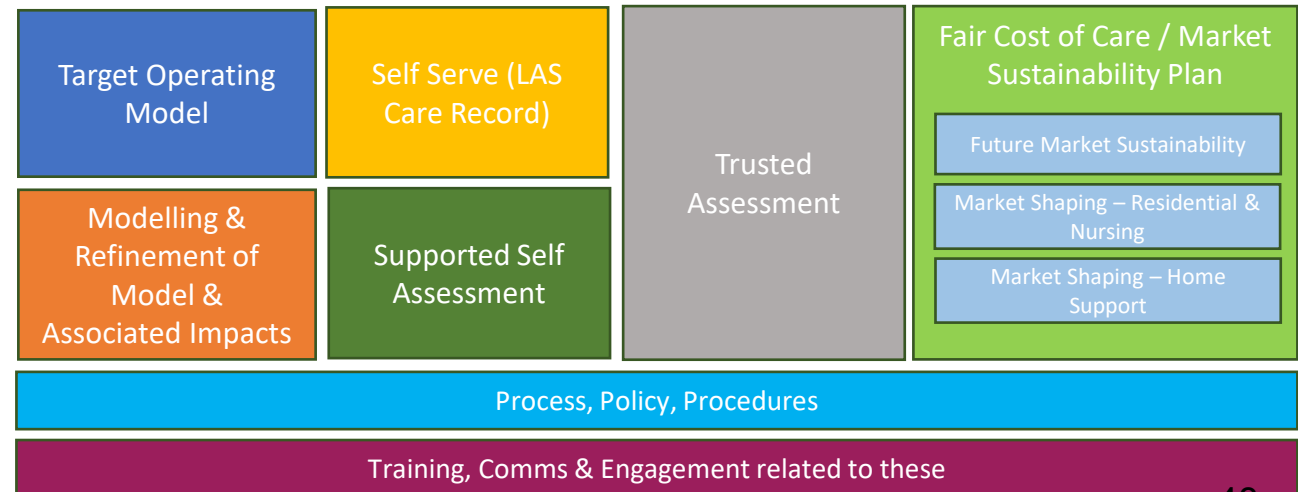
**During the Autumn Statement (17 Nov 2022) the Government confirmed the delay to Social Care Reform implementation by 2 years (October 2025).**

# Our Response to the Autumn Statement delay

During the Autumn Statement (17 Nov 2022) the Government confirmed the delay to Social Care Reform implementation by 2 years (October 2025).


NCC faces significant challenges in managing current and predicted demand for social care services. This is a national picture experienced by other Local Authorities. Presently, we don't have sufficient resources, or the most effective policies/technologies in place to meet this demand. Additionally, our provider market is very unstable. If we do not address these issues now, we cannot successfully implement Social Care Reform in the future without experiencing huge impacts to NCC.

To deliver positive outcomes for our local residents we will **“futureproof”** ASSD services. This includes having the right people, policies and technology in place to manage demand now and in the future. Additionally, we will work to stabilise the provider market and work towards a sustainable cost of care model within the financial envelope we have been given. We will anticipate and deliver change ahead of national social care reform deadlines.






# Impact on 6 key Audiences




**Existing People who use our services 18+**

- LAS Account for self service on client portal
- New ways of working for self serve
- New ways of working for supported self assessment
- New ways of working for trusted assessment
- New ways of working Client Finance portal



**Care Providers**

- Fair cost of care and market sustainability activities
- New ways of working related to Delegation function (LAS) for trusted assessment
- Information on supported self assessment
- Information on self serve
- Information on Client Finance portal



**NHS & Other Partners**

- New ways of working related to Delegation function (LAS) for trusted assessment
- Information on supported self assessment
- Information on self serve
- Information on Client Finance portal



**Internal Staff**

- Outcome of TOM activities
- Fair cost of care and market sustainability activities
- Process changes related to New ways of working related to Delegation function (LAS) for trusted assessment
- Process and technology changes related to supported self assessment
- Process and technology changes related to self serve
- New functionality in LAS/ContrOCC related to upgrade
- Process and technology changes related to Client Finance Portal



**Members & Councillors**

- Understanding of Fair cost of care and market sustainability activities
- Understanding of Delegation function (LAS) for trusted assessment
- Understanding of supported self assessment
- Understanding of self serve
- Understanding on Client Finance portal

# Workstreams & Leads – Charging Reform Readiness Only

## Strategy

- Revised social care approaches (including self service (including exploration of other opportunities), self assessment, mixed roles and trusted assessors etc)
- New operating model
- How will we manage new demand
- Customer Journey Mapping including personas
- Dependency management across ASSD
- Modelling and modelling refinement
- Identifying teams impacted (SW, Finance, Brokerage, SCCE etc)
- Resourcing indications April 25
- Resourcing indications Oct 2025
- Budget impact
- How do we support the growth for SWs in time for Oct '25
- Recruitment for self assessment management (tbc)

## Technology

- Technology (LAS client accounts portal)
- Self assessment (Imosphere or like) - Self-assessment - Review of Core Case Management forms and Support Needs Questionnaire in LAS or RAS/PBQ?
- All of the below related to technology that would still go in:
- Reporting, Implementation of technology changes, Implementation of technology readiness, Training materials for technology, Support package for staff and residents and providers
- Contract renewals
- LAS upgrade
- Delegation Portals (related to Trusted Assessors)
- Policy and procedures related to items that would continue to be delivered



## Operational Delivery

- Delivery Team of operational staff to migrate cases to Self Service & Self assessment across ASSD
- Plan for roll out of self service and self assessment across ASSD
- Plan for how we integrate this with BAU practice
- Implementation of TOM outcomes
- Business Processing related to changes
- Policy and procedures related to items being delivered
- KPI identification and tracking and ASCOF performance

## Comms & Engagement

- Comms & Engagement relevant to pieces that will continue
- Training staff (technology and process changes) relevant to pieces that will continue
- Training external people (service users & providers) relevant to pieces that will continue
- Co-design & Member engagement to include reference group amongst others
- Implementation readiness (internal, external, technology, policy & people) relevant to pieces that will continue
- IAG for public (re CSC and SCCE) relevant to pieces that will continue
- Change management strategy
- Change management plans and delivery
- Robust collection and analysis of feedback
- Gap diagnosis and resistance management
- Catalogue of successes
- Provider Engagement Market Position statement outputs (trusted source)
- Carers Matters Norfolk training and support re Self Assessment
- Volunteer sector comms aware of changes not just for our systems but also care accounts and supported SA
- Trusted Assessors.





# Norfolk County Council

## Health & Care Act 2022 – Adult Social Care charging reforms

### Equality Impact Assessment – Findings and Recommendations

31/10/2022

Joe Farrow, project manager ASSD P.I. team

Equality impact assessments enable decision-makers to consider the impact of proposals on people with protected characteristics.

You can update an assessment at any time to inform service planning and commissioning.

For help or information please contact [equalities@norfolk.gov.uk](mailto:equalities@norfolk.gov.uk)

#### 1. The proposal; UK adult social care reform new regulations/guidance (charging) 2022.

##### Overview of changes under Social Care Reform:

- From October 2023 anyone (new or already in receipt of social care) assessed by Norfolk County Council (NCC) as having eligible care and support needs will start to have personal care costs accrued. A care account will monitor this.
- A cap of £86,000 has been set as the maximum lifetime cost on care – this does not include daily living costs which are assumed at £200 per week.
- A means test for council funded social care remains but this is now more generous. The upper capital limit has increased from £23,400 to £100,000 and the lower threshold has

increased from £14,250 to £20,000. Below this people only contribute what they can afford from their income (not assets).

- Aim is that self-funders will be able to access better value care.
- Self-funders will be able to ask the council to arrange their care for them to find better value care.

1.1 This EQiA reviews the available evidence to consider the equalities impact of both Social Care charging reforms being introduced in England by the national government, including the introduction of a capped cost model based upon the principles set out by the Dilnot Commission (to be implemented in October 2023) and the new national CQC assurance regime.

Details of the implementation of this policy have been published by the Government in “Build back-better”: our plan for health and social care and include: a cap of on the costs to meet their eligible care and support needs for adult residents in England of £86,000 individuals in residential care will be responsible for daily living costs (DLCs), with means tested support available on the same basis as for care costs.

Individuals may also pay top ups for their preferred choice of accommodation. Neither DLCs nor top ups will contribute towards the cap. After reaching the cap, individuals in residential care will remain responsible for a contribution towards DLCs, with means tested support available on the same basis as for care costs for each person with eligible needs. The local authority must provide either a personal budget (PB), where the local authority is going to meet the person’s needs, or an independent personal budget (IPB), where the person is meeting their own eligible needs.

People will progress towards the cap at the rate set out in their PB or IPB, less any local authority financial support they may receive towards their cost should they fall within the means test.

- An “extended means test” – with the upper capital limit (UCL) rising to £100,000 and the lower capital limit (LCL) rising to £20,000.
- A tariff income (£1 per week for every £250) continues to be applied to those with assets between the lower and upper capital limits.
- the minimum income guarantee (MIG) in domiciliary and community care and the personal expenses allowance (PEA) for local authority supported residential care residents will be unfrozen for all adults from April 2022

The aspects of this policy that individuals interact with and are affected by will depend upon their personal care needs as well as their income, assets, and wealth.

Local authorities with social care responsibility are legally required to implement these changes in compliance with the emerging regulatory framework and guidance.

The primary objective of the charging reform package is to address the risk individuals face due to unlimited care costs. The national assurance regime aims to quality assure our social care offer.

NCC has mobilised a transformation programme which will understand and quantify the implications of the Charging Reform and the Market Sustainability plan and implement the changes required. These key changes are set out below:

From October 2023 anyone (new or already in receipt of social care) assessed by NCC as having eligible care and support needs will start to have personal care costs accrued. A care account – personal budget will monitor this.	A cap of £86,000 has been set as the maximum <u>life time</u> cost on care – it doesn't include daily living costs (hotel or accommodation costs – which are assumed at £200 per week)	A means test for council funded social care remains – but more generous – upper capital limit increased from £23,400 to £100,000
And lower threshold increased from £14,250 to £20,000 – below this people only contribute what they can afford from their income (not assets)	Self funders will be able to access better value care	Self funders are able to ask the council to arrange their care for them to find better value care

Our ambition at the end of this programme is that residents will be able to achieve the following statements [ [Six themes of Making it Real - About - Making it Real - Think Local Act Personal](#)]

<p><b>My Support, My Way</b></p> <ul style="list-style-type: none"> <li>• I can get information and advice that helps me think about and plan my life.</li> <li>• I can get information and advice that is accurate, up to date and provided in a way that I can understand.</li> <li>• I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.</li> <li>• I can choose who supports me, and how, when and where my care and support is provided.</li> <li>• I can get skilled advice and support to understand how my care and support budgets work and enable me to make the best use of the money available.</li> </ul>	<p><b>Having the Information I need when I need it</b></p> <ul style="list-style-type: none"> <li>• I can get information and advice that helps me think about and plan my life.</li> <li>• I can get information and advice that is accurate, up to date and provided in a way that I can understand.</li> <li>• I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.</li> </ul>	<p><b>The People Who Support Me</b></p> <ul style="list-style-type: none"> <li>• I am supported by people who see me as a unique person with strengths, abilities and aspirations.</li> <li>• I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want.</li> <li>• I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.</li> <li>• I have considerate support delivered by competent people.</li> </ul>
<p><b>Staying In Control</b></p> <ul style="list-style-type: none"> <li>• I am supported to plan ahead for important changes in life that I can anticipate.</li> </ul>		

The following key principles were signed off by the SCR Steering Group in August 2022 and the programme will deliver against these.

Area	Key Principles
Communication & Engagement	We will proactively engage with external stakeholders on the key changes relating to reform
	Whilst recognising the challenge ahead we will embrace this change and communicate positively around the opportunities this change will bring
	We will be transparent with our members/MP's around the changes even if it may be unpalatable
	We need to take people with us on this change, including elected members
	We will actively communicate with internal staff in a way that is impactful and allows two-way dialogue.
	Our Communications will be complementary to those of Central Government

	Our engagement material should be simple and designed with the target audience in mind, including easy read versions and take into consideration the different requirements of our population such as British Sign Language.
	We will co-design some elements of Reform implementation where this is possible and we will seek feedback on approach
<b>Technology</b>	Any solution should: <ul style="list-style-type: none"> <li>- Meet governments "minimum viable product"</li> <li>- Meet NCC's minimum standards</li> <li>- Be affordable within the monies provided by government to implement reform</li> <li>- Be sustainable and manageable within our internal infrastructure</li> <li>- Be 'road' tested by people who either use or might use our services</li> <li>- Meet the needs of our staff and people who use our services</li> </ul>
	The System should support NCC's aspirations rather than constrain them
	Need to build solutions for the future (and understand how we may want to use this solution in the future)
	Systems for people who use our services should be self-serve and simple to use
	One pathway into NCC and then into Care Account (ASSD)
	Solutions need to integrate with our corporate Adults and Finance offer
	Log into one system to see Care Account and other care information in one single place (where this is possible and practical)
<b>Managing Demand</b>	We recognise and embrace that the demand for Social Care is going to rise and we will be a more universal service
	We recognise that we will not be able to meet this demand without changing the way that we work and doing things differently and proportionately
	We recognise that we will need to have more capacity in the care market at the agreed fair price and we need to be able to understand the increased capacity and what this means in terms of demand and the potential gap
	We will support all people who use our services with parity regardless of their funding status
	We embrace the opportunity to redesign our approach to assessment and review including identifying options for: <ul style="list-style-type: none"> <li>- Self Assessment</li> <li>- Independent Provider Led Assessments (including the cost and financial implications to providers/third parties to complete any assessments);</li> <li>- "Light touch" and "proportionate" internal assessments</li> <li>- Proportionate reviews</li> </ul>
	We will be risk positive and strengths based in our approach in line with both the Care Act and our Promoting Independence vision
	We will trust the people who use our services and trusted partners to provide us with accurate information for us to provide appropriate care. We will build targeted controls into our processes to provide confidence in the data we have been provided with.
	We will identify different options for assigning tasks to different roles to increase capacity for demand

	We will be open minded to exploring other opportunities for additional revenue (i.e. charging of self funders to purchase care on their behalf/maintaining Care Accounts)
<b>Resources</b>	Preparing for Implementation funding will be made available either by Government or NCC
	We will cost this properly and make open policy decisions if the costs are higher than any funding
	Service design should be within the envelope provided by Government, not creating an additional pressure on NCC
	We should recognise and utilise people who are passionate about transformation on this programme and allow backfill to give this the best chance of success
	We will ensure both ASC staff and those in the wider organisation are available to support the change
	We will encourage providers and health colleagues to engage in the change
	Where we need to recruit we should recognise the need to be creative around different possible combined roles e.g. possibility of combined finance and social care assessments in some situations
<b>Preparedness</b>	We recognise Government timescales to implement are challenging and we must be realistic if we are to deliver timely outputs, accepting that we will continue working on this post October 2023
	We need to make the most of the limited time we have available by being focussed on the critical elements
	We need to empower the workstreams to design solutions and provide clear, expected outputs whilst recognising the dependencies between them
	We will secure time for people to work on this and establish a project that allows for proper preparation
	We will actively seek government advice on the unknown and ensure we gather information as it is released, including that from the trailblazers and other local authorities
	We will undertake early assessments in a measured, and targeted and ambitious way to ensure they are not wasted that the work is as effective as possible
	We will keep things simple and concise to ensure we can take quick decisions within the time afforded
	We will capture and manage the risks associated with managing implementation at pace
	We will keep connected to the wider changes in both ASC and NCC, such as the Connected Communities and Strategic Review work, to ensure dependencies are managed
	We will be data driven and evidence based in our delivery
We need to help providers understand the impact of these changes, on their finance and business model	

Further information can be found [in section 4.](#)

## 2. Legal context

2.1 Public authorities are required by the Equality Act 2010 to give due regard to equality when exercising public functions<sup>1</sup>. This is called the 'Public Sector Equality Duty'.



- 2.2 The purpose of an equality impact assessment is to consider the potential impact of a proposed change or issue on people with protected characteristics (see Annex 1 for information about the different protected characteristics).
- 2.3 If the assessment identifies any detrimental impact, this enables mitigating actions to be developed.
- 2.4 It is not always possible to adopt the course of action that will best promote the interests of people with protected characteristics. However, equality assessments enable informed decisions to be made that take every opportunity to minimise disadvantage.

### **3. Information about the people affected by the proposal**

#### **3.1 This proposal will impact on;**

- All existing ASSD service users
- Any individual living in Norfolk, currently self-funding their care & support
- NCC employees, specifically those delivering or supporting the delivery of adult social care.
- NCC's suppliers/commissioned partners, delivering or support Adult social care.
- Wider community or groups of people living within Norfolk
- Residents transferring from another local authority to Norfolk
- Residents transferring from Norfolk to another local authority

#### **This proposal will primarily impact on;**

The direct beneficiaries of these reforms should reflect the makeup of people receiving care and support (for example, disabled and older people, predominantly women). However, the extent to which individuals will be affected will vary and a wide range of factors – including intensity of care need and level of income, wealth, and assets – will influence who receives direct and indirect benefits from the policy.

#### ***Care users***

The direct beneficiaries of the policy will be those who require formal support for their care needs. The policy will help these individuals plan for and manage the costs of their care, and will offer increased protection for people's income, assets, and wealth. It will also provide greater peace of mind in relation to people's future ability to access care and would mean that individuals are more able to access care that is appropriate for their eligible needs. These benefits will apply to both those who currently have care needs, and those who may require care in the future. While the policy provides specific protection for people with a range of care needs and income, assets, and wealth, we would expect the policy to have particular benefits for:

- those with more intense or longer lasting care needs
- those who are less able to plan for the future because their care needs are complex or unpredictable
- those whose income, assets and wealth mean that they have more uncertainty over how they will meet the cost of care for these needs in the future

#### ***Unpaid carers***

We would also expect this policy to benefit unpaid carers by offering them greater peace of mind about the potential future care and care costs of the person they care for.

### ***The general (non-care user) population***

This policy will have benefits for the general population in that it will provide peace of mind and increased certainty over future ability to meet the costs of care from all those who could potentially have care needs in the future, regardless of whether they actually go on to develop these needs.

- 3.2 This includes residents, service users and/or staff with a range of protected characteristics, in relation to disability, sex, gender reassignment, marital or civil partner status, pregnancy and maternity, race, religion/belief, age and sexual orientation.

Groups with protected characteristics affected by this proposal;

#### **Age**

Nature of impact: Positive  
Extent of impact: Medium

#### **Gender reassignment**

Nature of impact: Positive  
Extent of impact: Medium

#### **Disability - learning disability**

Nature of impact: Positive  
Extent of impact: Medium

#### **Marriage / civil partnership**

Nature of impact: Positive  
Extent of impact: Medium

#### **Disability - mental health issues**

Nature of impact: Positive  
Extent of impact: Medium

#### **Pregnancy / maternity**

Nature of impact: Positive  
Extent of impact: Medium

#### **Disability - physical impairment**

Nature of impact: Positive  
Extent of impact: Medium

#### **Race**

Nature of impact: Positive  
Extent of impact: Medium

#### **Disability - sensory impairment**

Nature of impact: Positive  
Extent of impact: Medium

#### **Religion / belief**

Nature of impact: Positive  
Extent of impact: Medium

#### **Sex**

Nature of impact: Positive  
Extent of impact: Medium

#### **Sexual orientation**

Nature of impact: Positive  
Extent of impact: Medium

### **Rationale for assessment, including data used to assess the impact.**

The overall impact of this policy is expected to be positive, based on the national Equality Impact Assessment (EQIA) provided by the Government to support the change

[Adult social care charging reform: public sector equalities duty impact assessment - GOV.UK.](#)

The reforms should provide people - both older people and working age adults – with financial protection from very high care costs and give them the peace of mind from knowing that they have this protection. Moreover, the policy also aims to increase the protection of those with lower wealth and incomes who fall under the means-test.

Within Norfolk's population who have protected characteristics, there is a strong likelihood that there will be people in each of these cohorts with assets up to the cap who will receive greater financial protection because of the changes – so the impact will be positive for them

There will also be people who will not see any changes because they do not have sufficient assets to make a difference and people with more assets who would continue to have to pay for their care – so the impact will be neutral.

For NCC's commissioning of care, the increased costs of care and the potential gap in resources to support a move to the FCoC calculated means that as an authority, we will work to re-shape the market with a greater focus on care at home and HWC as an alternative to residential provision. For providers of residential care, provision may need to become more specialist, dealing with higher acuity of needs.

There will be providers who are unable to deliver this level of provision so will struggle to attract the referrals needed to ensure that their service is viable. This may result in providers leaving the market and will reduce the level of choice that people currently have. This is a particular risk for nursing homes as the majority of providers who submitted their costs for the FCoC review, reported that they did not have a level of occupancy for nursing clients that would generate sufficient funded nursing care income to meet the costs of the nurse staff establishment. As part of the market shaping requirement to mitigate the impact of increased costs and insufficient resources, NCC might need to have block contracted provision with fewer nursing homes, if this happens, this will reduce the level of choice available to people requiring nursing care.

Overall, this proposal may affect,

#### **11,400 service users**

- 6,650 65+, 4,750 18-64
- 6,700 Male, 4,700 Female
- 10,200 White British, 700 Unknown, 240 White Other, 260 mixed others
- 4,000 Christian, 7,000 Unknown, 400 mixed others
- 7,300 British, 4,000 Unknown, 100 mixed others
- 3,700 Single, 1,900 Married, 3,800 Unknown, 1,300 Widowed, 700 others

#### **Additional self-funders**

- Up to 6,400 self-funders estimated to be affected but no knowledge of their demographics. If needed, we could apply some general Norfolk values to these but not sure how representative these would be.
- Worst case assumes the bulk (95%) of these could be 65+, best case 60% 65+

**ASC Staff** – Up to 2,100 staff (across 1,600 FTE) could be affected.

## **4. Potential impact**

In line with the public sector equality duty, this equalities impact assessment considers whether the proposed package of social care reforms will:

- Eliminate unlawful discrimination

This policy does not directly differentiate based on protected characteristics (with the exception of specific charging rules to ensure equity between those who are married or in a civil partnership and those who are not, which will be discussed below). It will not therefore lead to unlawful discrimination against those with protected characteristics.

- Foster or encourage good relations between people who share a protected characteristic and those who do not.

This is not a specific aim of the policy and there is no evidence – either from research or from stakeholder engagement – to suggest that the policy will have any impact on relations between people who share a protected characteristic and those who do not. However, monitoring and

evaluation of the policy will consider unintended consequences and will further assess whether there are any equalities impacts in this respect.

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

There may be areas in which the policy advances equality of opportunity between people who share a protected characteristic and those who do not, as some people who share protected characteristics might be more likely than those who do not to have specific needs in relation to the care system

Based on the aims of the policy (outlined above), we expect the following factors to affect if and how individuals benefit from the proposed reforms.

#### ***Uptake of formal care***

Groups who are more likely to access formal care are more likely to benefit from this policy.

#### ***Likelihood of developing care needs***

Groups who are more likely to develop care needs will be more likely to benefit from this policy.

#### ***Average intensity of care needs (and therefore cost of care)***

Groups with more intensive care needs and higher lifetime care costs are more likely to benefit from this policy.

#### ***Certainty over future care needs and ability to meet them***

This policy provides specific protection for people with different levels of income, assets, and wealth – full details will be available in the social care charging reform impact assessment. However, we expect there to be particular benefits for those who have less certainty about how they will meet the cost of any future care needs, either because they have lower or less certain income, assets and wealth or because they have more unpredictable care needs.

#### ***Likelihood of being an unpaid carer***

This policy will benefit groups who are more likely to provide informal care. It will offer greater peace of mind about how the care recipient will meet their future care needs and access formal support in the future.

#### ***Need for specialised services***

Groups who require specialised care services may receive some benefits from the impact of this policy on the wider social care market.

This document therefore considers the evidence against each of these factors for each protected characteristic in order to determine whether individuals who share any single protected characteristic are more or less likely than others to benefit from the policy. We have conducted a purposive review of available data and literature according to this framework.

While this was not a systematic review of available literature, we have considered relevant national-level datasets and official statistics as well as existing summary and systematic reviews to

inform this Equalities Impact Assessment. The key overarching data sources we have considered include:

- [Adult Social Care Activity and Finance Report, England – 2019 to 2020](#)
- [Personal Social Services Adult Social Care Survey, England 2019 to 2020](#)
- [Family Resources Survey: financial year 2019 to 2020](#)
- [Social care 360: access \(2020\)](#)
- [The Report of the Commission of Funding of Care and Support: Fairer Care Funding, July 2011](#)

Where these have highlighted issues, we have gone further in exploring additional evidence for specific protected characteristics. These are summarised in the evidence section of this impact assessment.

## Further potential implications

### For Residents

- I will have to pay for my care if my assets are over £100k. If my assets are lower than £100k, my local authority may contribute towards my care costs depending on my eligible need & level of income.
- From October 2023, I will only ever pay up to the determined cap/threshold, towards my personal care costs
- The costs towards my cap will be based on what I personally pay towards my eligible care needs. I or a family member can choose to buy more expensive care, but the extra cost won't go towards my cap
- If I am in residential care, I will have to pay my daily living costs in the same way as if I lived in my own home.
- From Oct '23 for existing non-residential care and NEW residential and non-residential care & from April '25 for exiting residential care, the Local Authority can now organise my care and support if I choose. In doing so they will support me with Care Act and Financial assessments.

### For Norfolk County Council

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

#### 4.1 This is because ...

This policy does not directly differentiate based on protected characteristics. We do not therefore believe it will lead to unlawful discrimination between those with protected characteristics, and we

believe this policy will have a neutral impact on elimination of discrimination, harassment, and victimisation.

We have no reason to believe that the policy will have any impact on relations between people who share a protected characteristic and those who do not: the impact here is neutral.

There may be areas in which the policy advances equality of opportunity between people who share a protected characteristic and those who do not, as some people who share protected characteristics might be more likely than those who do not to have specific needs which mean that they will benefit from this policy.

The below table summarises specific potential impact in relation to different groups who share a protected characteristic. Where an impact is assessed as ‘neutral’, we have no reason to believe that there is an impact in either direction, relative to the current social care charging system. Where an impact is listed as ‘neutral\*’, there is some indicative evidence of a potential positive impact, but this is not robust or conclusive enough to be definitive.

### Overall impact

	<b>Elimination of discrimination, harassment, and victimisation</b>	<b>Relations between groups who share a protected characteristic and those who do not</b>	<b>Equality of opportunity between groups who share a protected characteristic and those who do not</b>
<b>Disability</b>	Neutral	Neutral	Positive
<b>Sex</b>	Neutral	Neutral	Positive
<b>Sexual orientation</b>	Neutral	Neutral	Neutral
<b>Race</b>	Neutral	Neutral	Neutral

	<b>Elimination of discrimination, harassment, and victimisation</b>	<b>Relations between groups who share a protected characteristic and those who do not</b>	<b>Equality of opportunity between groups who share a protected characteristic and those who do not</b>
<b>Age</b>	Neutral	Neutral	Positive
<b>Gender reassignment</b>	Neutral	Neutral	Neutral
<b>Religion or belief</b>	Neutral	Neutral	Neutral
<b>Pregnancy or maternity</b>	Neutral	Neutral	Neutral
<b>Marriage or civil partnership</b>	Neutral	Neutral	Neutral

***Addressing the impact on equalities***

As above, we expect this policy to have neutral or positive impacts in relation to the Public Sector Equalities Duty.

**5. Conclusion**

5.1 There is no legal impediment to going ahead with the proposal. It would be implemented in full accordance with due process, national guidance, and policy. Similar proposals are currently being implemented by social care authorities elsewhere in the UK.

- 5.2 Whilst it is recommended that NCC proceeds with the implementation of this programme, it is vital that ASSD manages & mitigates risks associated with changing social care practice, updating multiple internal policies & managing the increased demand associated with this legislative change.

The QA Team oversees the consistent and appropriate use of policy, procedure, best practice factsheets and quick reference guides in order to support practitioners to deliver departmental aims and objectives. The QA Team will ensure that policies and procedures are compliant with relevant legislation and best practice.

The QA Team supports the work of Design Authority (DA) (the policy and procedure governing body for ASSD) and Design Authority Working Group (DAWG) around the development and review of all ASSD policies and procedures.

The process of updating & endorsing any departmental policy is set out here;



Policy and  
procedures developr

This equality impact assessment recognises that because Norfolk has a growing diverse aging population, demand for care and support in Norfolk will remain high and this may be compounded by the cost-of-living crisis. Older people, disabled people, and informal carers (including people who share one or more other protected characteristics) may become more vulnerable and we anticipate that the need for care & support services will likely increase. Although the reforms introduced by government will mean that many people will pay less for their care themselves in future, they will also mean that NCC will have to make different decisions about it continues to meet its legal obligations to those who are eligible for care & support - particularly with respect how it commissions services. As a result, there may be some potential for indirect adverse impacts on future service users including those with protected characteristics, as there may be less choice in provision (e.g., nursing home provision). These potential indirect consequences should be assessed and monitored through wider transformation strategic plans.

5.3

## 6. Evidence used to inform this assessment

Reference any other evidence your analysis has drawn upon:

- [Equality, Diversity and Inclusion Policy](#)
- Demographic factors set out in [Norfolk's Story 2021](#)
- [Digital Inclusion and COVID-19](#) equality impact assessments
- Norfolk County Council [Area Reports](#) on Norfolk's JSNA relating to protected characteristics
- Business intelligence and management data, as quoted in this report
- Equality Act 2010 and Public Sector Equality Duty codes of practice



Protected characteristic	Key sources
<b>Disability</b>	<a href="#">Outcomes for disabled people in the UK, 2020 - Office for National Statistics (dataset A08: Labour market status of disabled people)</a> <a href="#">Disability pay gaps in the UK, 2018 (Section 6) - Office for National Statistics</a> <a href="#">Disability Price Tag (2019) - Disability charity Scope UK</a>
<b>Sex</b>	<a href="#">Gender pay gap in the UK - Office for National Statistics</a> <a href="#">Labour market overview, UK - Office for National Statistics</a> <a href="#">Pension wealth in Great Britain - Office for National Statistics</a>
<b>Sexual orientation</b>	<a href="#">Sexual orientation, UK - Office for National Statistics</a> <a href="#">Kneale et al (2019) Inequalities in older LGBT people’s health and care needs in the United Kingdom: a systematic scoping review</a> <a href="#">Booth et al (2020) Diversity and inequalities of access in social care - Social Care Access for BAME/LGBT populations</a>
<b>Race</b>	<a href="#">Public Health England, Public health outcomes framework, 2016 to 2017</a> <a href="#">Public Health England, Local action on health inequalities, 2018</a> <a href="#">Employment - GOV.UK Ethnicity facts and figures</a> <a href="#">Household income - GOV.UK Ethnicity facts and figures</a>
<b>Age</b>	<a href="#">The Health Foundation, April 2020: Social Care for Adults aged 18 to 64</a>
<b>Gender reassignment</b>	<a href="#">Kneale et al (2019) Inequalities in older LGBT people’s health and care needs in the United Kingdom: a systematic scoping review</a> <a href="#">Government Equalities Office, National LGBT Survey research report (2018)</a> <a href="#">House of Commons Women and Equalities Committee: Health and Social Care and LGBT Communities (2019)</a>

**Protected characteristic**

**Key sources**

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**Religion or belief**

In the absence of specific relevant evidence, this section relies on the overarching data sources listed above

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**Pregnancy or maternity**

In the absence of specific relevant evidence, this section relies on the overarching data sources listed above

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**Marriage or civil partnership**

[Pickard \(2008\), Sources of Informal Care: Comparison of ELSA and GHS, PSSRU Discussion Paper no. 2598](#)  
[Total Wealth: Wealth in Great Britain, 2019 - Office for National Statistics](#)

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**7. Further information**

For further information about this equality impact assessment please contact **Joe Farrow**; [joe.farrow@norfolk.gov.uk](mailto:joe.farrow@norfolk.gov.uk)

 <p>communication for all</p>	<p>If you need this document in large print, audio, Braille, alternative format or in a different language please contact <b>xxx on xxx or xxx</b> (Text relay)</p> <p><b>Annex 1 – table of protected characteristics</b></p> <p>The following table sets out details of each protected characteristic. Remember that people with multiple characteristics may face the most barriers:</p>
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<b>Characteristic</b>	<b>Who this covers</b>
Age	Adults and children etc, or specific/different age groups

Characteristic	Who this covers
Disability	<p>A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.</p> <p>This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>• People with mobility issues (eg wheelchair or cane users, people of short stature, people who do not have mobility in a limb etc)</li> <li>• Blind and partially sighted people</li> <li>• People who are D/deaf or hearing impaired</li> <li>• People with learning disabilities</li> <li>• People who have mental health issues</li> <li>• People who identify as neurodiverse (this refers to neurological differences including, for example, dyspraxia, dyslexia, Attention Deficit Hyperactivity Disorder, the autistic spectrum and others)</li> <li>• People with some long-term health conditions which meet the criteria of a disability.</li> </ul>
People with a long-term health condition	People with long-term health conditions which meet the criteria of a disability.
Gender reassignment	<p>People who identify as transgender (defined as someone who is proposing to undergo, is undergoing, or has undergone a process or part of a process to reassign their sex. It is not necessary for the person to be under medical supervision or undergoing surgery).</p> <p>You may want to consider the needs of people who identify as non-binary (a spectrum of gender identities that are not exclusively masculine or feminine).</p>
Marriage/civil partnerships	People who are married or in a civil partnership. They may be of the opposite or same sex.
Pregnancy and maternity	Maternity refers to the period after birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	<p>Race refers to a group of people defined by their race, colour, or nationality (including citizenship) ethnic or national origins.</p> <p>A racial group can be made up of two or more distinct racial groups, for example a person may identify as Black British, British Asian, British Sikh, British Jew, Romany Gypsy or Irish Traveller.</p>
Religion/belief	Belief means any religious or philosophical belief or no belief. To be protected, a belief must satisfy various criteria, including that it is a weighty and substantial aspect of human life and behaviour. Denominations or sects within a religion can be considered a protected

Characteristic	Who this covers
	religion or religious belief.
Sex	This covers men and women. Also consider the needs of people who identify as intersex (people who have variations in sex characteristics) and non-binary (a spectrum of gender identities that are not exclusively masculine or feminine).
Sexual orientation	People who identify as straight/heterosexual, lesbian, gay or bisexual.

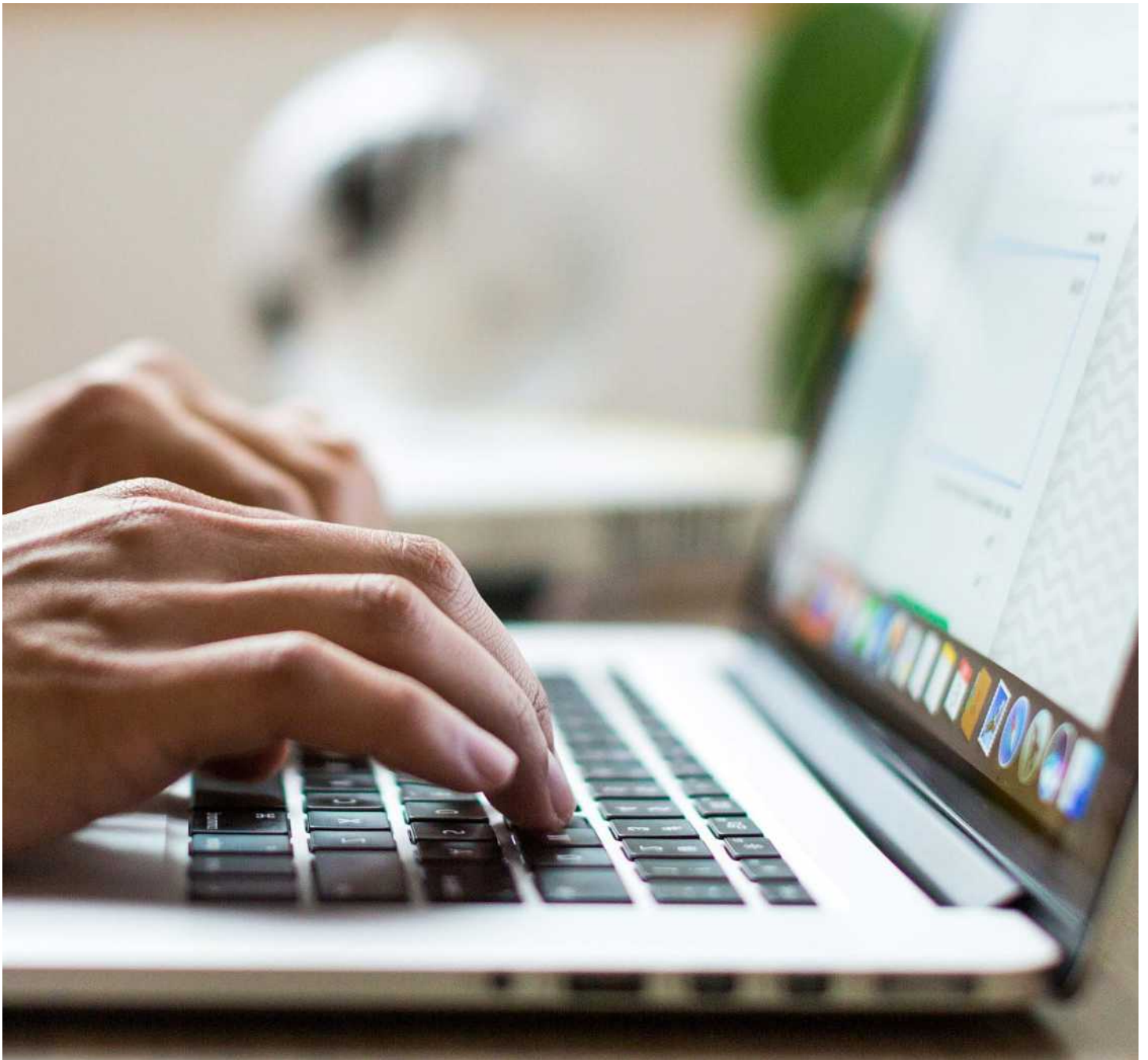
### Document review

Reviewed and updated:	Reviewer
October and November 2016	Corporate Planning & Partnerships Manager
December 2017	Equality & Diversity Manager
October 2018	Equality & Diversity Manager
May and November 2019	Equality & Diversity Manager
May and November 2020	Equality & Diversity Manager
June and September 2021	Head of Equality, Diversity and Inclusion

<sup>1</sup> The Act states that public bodies must pay due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic<sup>1</sup> and people who do not share it;
- Foster good relations between people who share a relevant protected characteristic and people who do not share it.

[The full Equality Act 2021 is available on legislation.gov.uk](https://www.legislation.gov.uk)



# Data Protection Impact Assessment (DPIA)

# Screening questions

**All screening questions should be answered when personal information is involved in a change that is being made.**

**An answer should be put in each shaded box.**



By completing a DPIA, this will help you identify and minimise the data protection risks of the change.

<b>Name of the Change</b>	
<b>Brief description of change being made</b>	

1

**Does the change involve the collection or processing of new personal data about individuals or a change in the way current personal data is collected or processed?**

Note: If an individual can be identified, directly or indirectly using the information you're processing, it is personal data (please see Q3 in the Full DPIA for examples of personal data). Processing includes the recording, organisation, structuring, storage, alteration, retrieval, consultation, use, disclosure, dissemination, restriction, erasure or destruction of personal information.

2

**Does the change involve the processing of special category data (including genetic or biometric) or data relating to criminal convictions?**

Note: Sensitive data (also known as Special Category data) includes racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data, health, sex life, sexual orientation. Criminal-offence data is personal data relating to criminal convictions and offences, or related security measures.

3

**Does the change involve the monitoring of a public space?**

Note: This could be the use of CCTV or similar technology to identify people in a public space.

4

**Does the change involve new technologies or systems?**

Note: This could be using technology that is new to the department as well as using technology that we already use, but in a different way.

Am assuming this refers to Imosphere? Could we also make reference to LAS ie something along the lines of this will be in addition to our existing case mgmt system?

5

**Does the change involve the use of automated decisions, evaluation, scoring or the profiling of individuals?**

Note: Is the personal data processed by a computer to profile, predict, or make a decision about the individual.

6

**Does the change involve matching, combining or comparing with other data sets?**

7

**Does the change involve using personal data for a purpose the individuals are not aware of?**

Note: This is to ensure that the individual has seen a privacy notice that tells them that their data will be used for this purpose – this is particularly important to check if we are not collecting the data directly from the individual.

8

**Does the change involve systematic monitoring or tracking (including location and / or behaviour)**

9

**Does the change involve process data that might endanger the individual's physical health, mental wellbeing, or safety in the event of a security breach of individuals?**

Note: A security breach could include anything from a mass data leak to erroneously sending email to the wrong individual important to check if we are not collecting the data directly from the individual.



**Does the change involve disclosing personal data to any new third party?**

10

Note: This also includes sharing data for a different purpose with a current third party that we use. This includes IT providers that host information.

**Does the change involve storing, transferring, or accessing data from outside the UK?**

11

Note: It is important to understand where our data is at all times, particularly when external providers are involved.

**Does the change involve data being processed on a large scale?**

12

Note: If the change involves a large number of individuals or a large percentage of a population of individuals (however small the population) then this should likely be considered large scale. An example may be all residents of Norfolk or a large proportion of individuals who live in a small hamlet.

13

### Does the change the specific targeting of vulnerable individuals?

Note: A vulnerable individual is someone who may have difficulties understanding the implications of their data being processed or, whose circumstances may restrict their ability to freely consent, for example children, elderly people, employees or patients receiving medical treatment. They may also be considered vulnerable due to their financial situation.

**Please ensure that all questions are answered. If "Yes" is answered to any question, then a full DPIA should be completed.**

If you have answered "No" to all the screening questions then a full DPIA is not required but you should still consider privacy by design as part of your change. This form should be retained for future reference.

#### Completed by:

**Name:**

**Job Title:**

**Date:**

Planned launch date:

# Full DPIA

An answer should be put in each shaded box.



By completing a DPIA, this will help you identify and minimise the data protection risks of the change

## Project Scope

### 1 What is the aim of the change?

Explain in as much detail as possible. Include information such as what the benefits will be to the organisation, to individuals and to other relevant parties.

### 2 Does this change link to any another change /project?

Yes - what is the name of the change / project this links to?

No

## Personal Data

### 3 What personal data will be processed? Please list each data item involved

Personal details

For example; Name, Date of birth/age, Gender, Marital status, Children, Place of birth

Contact details

For example; Address, Phone number, Email address

<p>Other kinds of identifier or reference number</p> <p>For example; National Insurance Number, NHS number, Police National Computer Number, Liquid Logic Number</p>	
<p>Education</p> <p>For example; Schools/colleges attended, Qualifications, Currently in education or further education</p>	
<p>Employment history</p> <p>For example; Job/profession, Former employers/work history, Professional qualifications, References, Employment status</p>	
<p>Current employment</p> <p>For example; Start date, Staff ID/employee number/payroll number, Name of employer and department, Holiday entitlement, Recruitment information</p>	
<p>Preferences</p> <p>For example; Preferred contact method, Paper statements, Large print format, Braille/preferred language</p>	
<p>Financial</p> <p>For example; Income, Savings/capital, Benefit receipts, Outgoings, Debts</p>	

<p>Contractual information</p> <p>For example; Employment contracts, Services or products provided to individuals, Information about how individuals use the service or product, Information about how often individuals use the service or product</p>	
<p>Technical</p> <p>For example; The devices and technology individuals use, Assistive technology</p>	
<p>Social Relationships</p> <p>For example; Marital status, Dependents, Siblings, Any other family, Next of Kin</p>	
<p>Documentary Data</p> <p>For example; Passport, Drivers license, Birth certificate, Change of name documents, Bills or id docs used for DBS</p>	
<p>Open Data and Public Records</p> <p>For example; Electoral Register, Information about individuals that is openly available on the internet</p>	
<p>Locational</p> <p>For example; Contractual location/work base, Mobile phone location data, Staff remote logging providing data, Public using the WiFi, Corporate credit card use in shops.</p>	

<p>Personal history</p> <p>For example; Immigration status, Information about children, Information about looked-after children, Information about families of children, Carers of children</p>	
<p>Housing situation</p> <p>For example; Rented accommodation, Children's home, In a night shelter, Sofa surfing, Living temporarily with friends</p>	
<p>Other</p> <p>(please specify)</p>	

<p><b>Does the data include special category data?</b></p> <p>Special category data is personal data that needs extra protection because it is sensitive</p>	<p><b>Yes</b></p>	
	<p><b>No - go to Question 6</b></p>	

<p><b>5 Which special category data is included?</b></p>	
<p>Racial or ethnic origin</p>	
<p>Political opinions</p>	
<p>Religious or philosophical beliefs</p>	
<p>Trade Union membership</p>	
<p>Genetic data</p>	
<p>Biometric data</p>	
<p>Health &amp; Social Care</p>	

Sex Life	
Sexual orientation	

<p><b>What group(s) of individuals does this data relate to?</b></p> <p>6 For example; Employees, Public, Service Users</p>	
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<p><b>Does the data include children or other vulnerable groups? Select multiple options if applicable</b></p> <p>7 A vulnerable individual is someone whose circumstances may restrict their ability to freely consent such as elderly people, those with certain disabilities, patients receiving medical treatment, someone's financial situation.</p>	<p><b>Children please provide details</b></p>	
	<p><b>Other Vulnerable Groups please provide details</b></p>	

<p><b>How will you collect the data?</b></p> <p>8 This needs to be completed for new data and data that is already being collected that is being used in this change. e.g. documents and records, surveys, focus groups, observations etc.</p>	
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<p><b>How will you use the data?</b></p> <p>e.g. personalised marketing, to help create new products services, medical research</p> <p>9 If data is already being collected, this needs to show how the change will use the data differently.</p>	
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10	<p><b>If a number of data sources are being linked together, please detail each data set being used</b></p> <p>Matching, combining, or comparing with other data sets can introduce unintended privacy risks that need to be identified through the identification of individuals that would not have been possible if the data was not matched, combined or compared.</p>	
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11	<p><b>Would data subjects expect you to use their data in this way?</b></p> <p>Explain how people have been made aware that you're using their details for specific purposes</p>	
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12	<p><b>How often will you use the data?</b></p> <p>E.g. weekly emails, monthly newsletters</p>	
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13	<p><b>What are the benefits of processing the data?</b></p> <p>E.g. can improve products and services being offered</p>	
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14	<p><b>How many individuals are affected?</b></p>	
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15	<p><b>Will you be processing data for the purposes of the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties, including the safeguarding against and the prevention of threats to public security?</b></p>	<p><b>Yes</b> Please provide further details</p>	
		<p><b>No</b></p>	



16	<p><b>Has the data controller been identified</b></p> <p>Data controller - a person, public authority, agency or other body who (either alone jointly or in common with other people), decides the reason and how any personal data is used.</p>	<p><b>Yes</b></p> <p>Please provide further details</p>	
		<p><b>No</b></p> <p>I need help</p>	

17	<p><b>Is an information sharing agreement in place?</b></p>	<p><b>Yes</b></p> <p>Please provide further details</p>	
		<p><b>No</b></p> <p>I need help</p>	
		<p><b>N/A</b></p> <p>No third parties involved</p>	

18	<p><b>Has a data processor been identified?</b></p> <p>A Data Processor is a person, public authority, agency or other body which processes personal data on behalf of the controller</p>	<p><b>Yes</b></p> <p>Please provide further details</p>	
		<p><b>No</b></p> <p>I need help</p>	
		<p><b>N/A</b></p> <p>No third parties involved</p>	

## Data Sharing

19	<b>Will you be sharing data within your organisation or an external service provider or third party?</b>	<b>Yes</b> Who will you share the data with?	
	If sharing internally, provide details of the department and point of contact. If sharing externally, provide details of the organisation, department and point of contact. This includes IT Service providers that handle our information or organisations that they may share our data with	<b>No</b> Go to Question 21	

20	<b>How will the data be shared?</b> Provide details on how the data will be shared. A diagram may be useful to detail the full data flow in detail including the methods of transfer (e.g. technology used)	
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21	<b>For what purpose are you sharing the data?</b> Explain why it's necessary to share the data. Please note, if you are processing for more than one purpose, you may need to conduct separate DPIAs	
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## Lawful Basis and Necessity

22	<b>Which of the following lawful basis are you relying upon?</b> * If you have identified this as your lawful basis, please also detail the specific legislation that you are relying on e.g. Section 4 of the Care Act	
	Consent -  The individual has given clear consent for you to process their personal data for a specific purpose - Article 6.1(a)	

<p>Contract -</p> <p>The processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract. Article 6.1(b)</p>	
<p>Legal obligation -</p> <p>The processing is necessary for you to comply with the law (not including contractual obligations). Article 6.1(c)</p>	
<p>Vital interests -</p> <p>The processing is necessary to protect someone's life -Article 6.1(d)</p>	
<p>Public task -</p> <p>The processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law. Article 6.1(e).</p>	See * for detail needed
<p>Legitimate interests -</p> <p>The processing is necessary for your legitimate interests or the legitimate interests of a third party, unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official duty) - Article 6.1(f)</p>	

**Only answer if you answered Yes to Q4. If not, go to Q23**

**Which of the following lawful basis are you also relying upon to process the special category data?**

\* If you have identified this as your lawful basis, please also detail the specific legislation that you are relying on e.g. Care Act

Explicit Consent -

The data subject has given explicit consent to the processing of those personal data for one or more specified purposes -Article 9.2(a)

Employment, social security and social protection (if authorised by law) -

Processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by Union or Member State law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and the interests of the data subject- Article 9.2(b)

See \* for detail needed

Vital Interests -

Processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent - 9.2 (c)

Not-for-profit bodies -

Processing is carried out in the course of its legitimate activities with appropriate safeguards by a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim and on condition that the processing relates solely to the members or to former members of the body or to persons who have regular contact with it in connection with its purposes and that the personal data are not disclosed outside that body without the consent of the data subjects - Article 9.2 (d)

This lawful basis is not applicable to Norfolk County Council.

Made public by the data subject -

Processing relates to personal data which are manifestly made public by the data subject - Article 9.2(e)

Legal claims or judicial acts -

Processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity -Article 9.2(f)

Reasons of substantial public interest (with a basis in law) -

Processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject - Article 9.2(g)  
Also linked to s10(3) and schedule 1 part 2 of the Data Protection Act 2018 – you must cite the relevant public interest reason from the schedule.

See \* for detail needed

Health or social care (with a basis in law)

Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to conditions and safeguards- Article 9. 2(h)  
See also Article 9.3 of GDPR, and s11(1) and Schedule 1 part 1 paragraph 2 of the Data Protection Act 2018. These refer to the professionals and confidentiality/secretcy of the data and means that there is a legal expectation that the data is treated confidentially.

See \* for detail needed

Public health (with a basis in law) -

Processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy - Article 9.2(i)  
See also Schedule 1 part 1 paragraph 3 of the Data Protection Act 2018 – this states that it “is carried out (i) by or under a health professional or (ii) by another person who in the circumstances owes a duty of confidentiality under an enactment or rule of law” and means that there is a legal expectation that the data is treated confidentially.

See \* for detail needed

<p>Archiving, research and statistics (with a basis in law) -</p> <p>Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject -Article 9.2(j) Linked to s10(3) and schedule 1 part 2 of the Data Protection Act 2018 – you must cite the relevant public interest reason from the schedule.</p>	<p>See * for detail needed</p>
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<p><b>24</b> <b>What is the necessity of using the data?</b></p> <p>Explain why using this data is necessary to the aims of the change</p>	
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<p><b>25</b> <b>Does the processing achieve your purpose?</b></p> <p>You should answer 'Yes' if the use of personal data helps achieve the aims of the change</p>	<p><b>Yes</b></p>	
	<p><b>No</b></p>	

<p><b>26</b> <b>Is there another way to achieve the same outcome?</b></p> <p>You should answer 'Yes' if the use of personal data helps achieve the aims of the change</p>	<p><b>Yes</b> What other options are available?</p>	
	<p><b>No</b></p>	

27	<b>How will you ensure data quality?</b>	
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28	<b>Explain how the data will be kept up to date and correct?</b>	
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### Technologies and Systems

29	<b>Is the project introducing new technologies or systems?</b>	<b>Yes</b>	
	This can be to either the business or external people	<b>No</b> go to Question 31	

30	<b>What new technology / system is being introduced?</b>	
	Include details of technology, system, software, hardware	

31	<b>Have both IMT and Procurement been involved?</b>	<b>Yes</b> please provide details	
		<b>No</b> please contact IMT and procurement before progressing or provide details as to why not required	



32	<p><b>Will you be monitoring a publicly accessible place on a large scale?</b></p> <p>e.g., audio/video surveillance of public areas, Wi-Fi/Bluetooth tracking</p>	<p><b>Yes</b></p> <p>Please give more details</p>	
		<p><b>No</b></p>	

33	<p><b>How will the data be stored?</b></p> <p>Please provide details of the location / system that the data will be held e.g. cloud-based / server</p>	
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34	<p><b>Where will the data be stored?</b></p> <p>Please provide the physical country location of the data (including where held by third parties)</p>	
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35	<p><b>How long will the data be retained for?</b></p> <p>Personal data should only be kept for as long as it is needed to fulfil its intended purpose. Think about the purpose for which it is being collected and whether it will be needed once this purpose is served</p>	
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36	<p><b>Describe the measures in place to ensure that this data is kept secure</b></p> <p>Confirmation should be sought from Information Security Team about the suitability of the measures in place – including the completion of a Technical Security Risk Assessment, if needed.</p>	
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37	<p><b>Do you have any prior concerns over this type of processing or security flaws?</b></p> <p>e.g., audio/video surveillance of public areas, Wi-Fi/Bluetooth tracking</p>	<p><b>Yes</b></p> <p>what are your concerns, and how will it affect the project?</p>	
		<p><b>No</b></p>	

## Data Permissions and Records

38	<p><b>Do you need to amend your privacy notices?</b></p> <p>Current NCC Privacy Notices can be found <a href="#">here</a></p>	<p><b>Yes</b></p> <p>Please detail which Privacy Notice needs updating</p>	
		<p><b>No</b></p> <p>Please detail which Privacy Notice covers this processing</p>	

39	<p><b>Do you need to update the relevant retention schedule?</b></p>	<p><b>Yes</b></p> <p>Please detail which Retention Schedule needs updating</p>	
		<p><b>No</b></p> <p>Please detail which Retention Schedule covers this information already</p>	

40	<p><b>Do you need to update the relevant Records of Processing Activity (ROPA)?</b></p>	<p><b>Yes</b></p> <p>Please detail which Records of Processing Activity (ROPA) needs updating</p>	
		<p><b>No</b></p> <p>Please detail which Records of Processing Activity (ROPA) covers this information already</p>	

41	<p><b>Do you need to update the Information Asset Register (IAR)?</b></p>	<p><b>Yes</b></p>	
		<p><b>No</b> Please detail which Information Asset Register (IAR) entry covers this information already</p>	
42	<p><b>Does the change involve marketing?</b></p>	<p><b>Yes</b> Is there a process in place for data subjects to opt out?</p>	
		<p><b>No</b></p>	
43	<p><b>For Adult Social Services and Public Health only:</b> Do you intend to use information for more than direct social or health care purposes e.g. planning, commissioning, audits, research and development?</p>	<p><b>Yes</b> Do you need to comply with the National Data Opt-Out Policy?</p>	
		<p><b>No</b></p>	

## Identifying Data Protection Risks – This section needs to be copied for each risk identified

It is important to identify potential data protection risks ahead of time. The earlier a risk is identified, the earlier a plan can be made to mitigate the risk, allowing for a project to be completed successfully

Data protection risks can be best identified by speaking to the wider project team. Risks can also be identified by speaking to internal and external stakeholders, subject matter experts and reviewing documentation etc.

Risks can range from the extremely unlikely but high risk (full cyber-attack and breach of NCC systems) through to the likely but lower risk (sending emails to incorrect recipients)

### **Describe the data protection risk**

**A** When answering this question, you should think about what the potential negative outcomes are for your organisation and an individual's personal data, that may arise from the following:

- Inaccurate data
- ID theft
- Unauthorised access to data
- Intrusion of privacy

### **What is the potential impact?**

**B** When answering this question, you should think about what the potential negative impacts are for the data subject or your organisation, such as:

- Unhappy people
- Reputational damage for your customers/organisation
- Financial implications

<b>C</b>	<b>What is the likelihood of harm before taking any action?</b>	Remote	
	Please consider the chances of the risk happening if no actions were taken before implementation of the change	Reasonable possibility	
		More likely than not	
<b>D</b>	<b>What is the severity of harm likely to be before taking any action?</b>	Minimal impact	
	Please consider the impact of the risk if no actions were taken before implementation of the change	Some impact	
		Serious harm	
<b>E</b>	<b>What is the risk to the individual before taking any actions?</b>	Low risk	
	Please use the matrix, using your answers from C and D to work out the risk	Medium risk	
		High risk	

<b>SEVERITY OF IMPACT</b>	Serious harm	Low Risk	High risk	High risk
	Some impact	Low Risk	Medium risk	High risk
	Minimal impact	Low Risk	Low Risk	Low Risk
		Remote	Reasonable possibility	More likely than not
		<b>LIKELIHOOD OF HARM</b>		

<b>F</b>	<p><b>What action needs to be taken to reduce or eliminate the risk?</b></p> <p>Risk mitigation is the process of planning and developing options to reduce the identified risks.</p> <p>Please explain what steps will be taken to reduce the identified risk.</p>	
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<b>G</b>	<p><b>Who owns the action?</b></p>	
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<b>H</b>	<p><b>What date will this be done?</b></p>	
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<b>I</b>	<p><b>What is the likelihood of harm after taking the action?</b></p> <p>Please consider the chances of the risk happening once the action has been taken</p>	<b>Remote</b>
		<b>Reasonable possibility</b>
		<b>More likely than not</b>

<b>J</b>	<p><b>What is the severity of harm likely to be after taking the action?</b></p> <p>Please consider the impact of the risk once the action has been taken</p>	<b>Minimal impact</b>
		<b>Some impact</b>
		<b>Serious harm</b>

K

**What is the overall residual risk to the individual?**

Please use the matrix, using your answers from I and J to work out the risk

Low risk

Medium risk

High risk

SEVERITY OF IMPACT

Serious harm	Low Risk	High risk	High risk
Some impact	Low Risk	Medium risk	High risk
Minimal impact	Low Risk	Low Risk	Low Risk
	Remote	Reasonable possibility	More likely than not

LIKELIHOOD OF HARM

## Consultation

**Which stakeholders have you consulted with?  
(Name and job title/role)**

Stakeholders must include: System owner(s), Data owners and the Information Governance Team (Compliance) via information.management@norfolk.gov.uk  
They may also include: DPO, Project management team, corporate governance/compliance, senior management, communications etc.

**Have you consulted with the data subjects or any other relevant groups?**

**Yes**  
What was the consultation process?  
E.g., focus group, test cohort, email etc.

**No**  
Describe how you will consult data subjects - or justify why it's inappropriate to do so.

**Are you able to evidence the consultations that have taken place, if required?**

**Yes**

**No**  
Please ensure you can evidence that you have consulted as required



**Please ensure that you have contacted information governance before progressing to sign-off and approvals section**

**Information.management@norfolk.gov.uk**

**Information Governance will advise of any outstanding action needed and the approval process you need to follow.**

**Information Governance checklist -  
For Information Governance use only**

<b>Date reviewed:</b> <input type="text"/>	<b>Yes / No / N/A</b>	<b>Comments</b>
Screening questions complete?		
Lawful basis appropriate?		
Is data stored in the UK?		
Security assessment undertaken?		
Privacy Notice / Retention Schedule / ROPA / ISA needed?		
Risks and mitigations appropriate and recorded on risk register?		
Consultation appropriate?		
SIRO / DPO engagement?		

**Sign-off and approvals – please select the appropriate option depending on risks identified**

<p><b>Where a High or Medium risk has been identified (E) and cannot be reduced to Low (K) please attach documents to show...</b></p>	<p>1. Written confirmation from the Data Protection Officer that the processing can proceed (including confirmation from the ICO if required)</p>	
	<p>2. Written confirmation of approval from relevant Executive Director</p>	
	<p>3. Written confirmation that the DPIA has been shared with the relevant other officers, e.g. Data Owner / SIRO, Head of Service / Caldicott Guardian (if appropriate, as agreed with IG)</p>	
	<p>4. Completed DPIA sent to the Information Governance Team via information.management@norfolk.gov.uk</p>	

<p><b>Where a High or Medium risk has been identified (E) but has been reduced to Low Risk (K) please attach documents to show...</b></p>	<p>1. Written confirmation of approval from relevant Senior Officer / Data Owner</p>	
	<p>2. Written confirmation that the DPIA has been shared with the relevant other officers, e.g. SIRO, Head of Service /Caldicott Guardian (if appropriate, as agreed with IG)</p>	
	<p>3. Completed DPIA sent to the Information Governance Team via information.management@norfolk.gov.uk</p>	

<b>For all DPIAs where no High or Medium risks identified (E) please attach documents to show...</b>	1. Written confirmation of approval from relevant Senior Officer / Data Owner	
	2. Completed DPIA sent to the Information Governance Team via <a href="mailto:information.management@norfolk.gov.uk">information.management@norfolk.gov.uk</a>	

# People and Communities Select Committee

Item No: 9

**Report Title: Refresh of the Norfolk and Waveney Adult Social Care Workforce Strategy**

**Date of Meeting: 14 July 2023**

**Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care)**

**Responsible Director: Debbie Bartlett (Executive Director of Adult Social Services)**

## **Executive Summary**

The Norfolk and Waveney Adult Social Care Workforce Strategy '*Living a Good Life: Excellence in Care*' was published in 2021. The Strategy was developed with the engagement of a wide range of stakeholders to reflect the diverse challenges facing the sector, including employers, employees, commissioners and people in receipt of services. The strategy is focussed on the social care workforce engaged with direct delivery of social care services. A separate workforce strategy is in place for Norfolk County Council (NCC) employed social care staff.

The Strategy included a five year implementation plan. During this time the full impact of the pandemic and other national changes, such as Brexit and the economy, has seen further challenges facing the workforce within social care and many other sectors. Delivery towards the plan reflects work across the sector including NCC, Norfolk and Suffolk Care Support Ltd, Norfolk Care Association and the Norfolk and Waveney ICB. Good progress has made with delivery against the implementation plan, however, there has necessarily been more focus on certain areas, including recruitment and retention, due to the challenges face. It has also been difficult to measure positive progress within high level figures due to the adverse conditions within the employment market.

It was agreed that given the ongoing challenges the Strategy should be reviewed and the implementation plan refreshed to reflect the current priorities and ensure resources are focussed accordingly.

The Strategy itself remains unchanged as it still reflects the key overriding challenges, priorities and ambitions for the sector. However, the implementation plan has been refreshed to both update where work has now been completed and to prioritise new areas of work.

This paper provides Committee with:

- The background to the workforce strategy published in 2021
- An overview of the challenges, funding and priorities since the launch of the strategy
- An overview of the current adult social care workforce landscape in Norfolk
- The actions and progress achieved to date
- The findings from the review of the Strategy and Implementation plan two years on and the proposed priority actions for the refreshed implementation plan

## Action Required

The Select Committee is asked to:

- a) **Review and discuss the paper and revised priorities and make any recommendations as appropriate**

### 1. Background and Purpose

- 1.1 The Norfolk and Waveney Adult Social Care Workforce Strategy 'Living a Good Life: Excellence in Care' and five-year plan was published in 2021, following a consultation with the health and social care sector during November 2020. The Strategy set out the context and challenges facing the Adult Social Care workforce across Norfolk and Waveney. It identifies strategic priorities to:
  - a) overcome these challenges and ensure continued high quality and person-centred care and support to local people and families
  - b) to ensure we have the right people in the right place at the right time with the right values, skills and experience to deliver the care needed both now and in the future
- 1.2 The Strategy focuses exclusively on those providing adult social care across Norfolk and Waveney. It gives an overview of the diverse nature and needs of our dispersed workforce and places centre stage the social care workers, unpaid carers and volunteers that deliver social care across Norfolk and Waveney.
- 1.3 The Strategy itself remains unchanged as it still reflects the key overriding challenges, priorities and ambitions for the sector. However, the implementation plan has been refreshed to both update where work has now been completed and to prioritise new areas of work.

### 2. Overview of the current landscape

- 2.1 **An overview of the challenges, funding and priorities since the launch of the strategy**
  - a) The legacy of COVID-19 changed the narrative and context of social care, including working practices and funding availability. The initial delivery of the plan was highly responsive to this and navigated an ever-changing landscape
  - b) This included the introduction of the Integrated Care System (ICS), which has enabled further opportunities for collaboration across health and social care. This encompassed recognising workforce challenges as part of integrated discharge funding models proposed, broadening participation of health training, creation of a governance model for the Trainee Nursing Associate Programme and recruitment events
  - c) Pilots of Social Care Academies to support new starters into the sector and a matching scheme for students seeking flexible work were established and tested and has led to investment into six further academies

- d) Norfolk and Suffolk Care Support Ltd have continued excellent engagement with schools and colleges, informing and inspiring a new generation of workforce into the adult social care sector
- e) Funding was also made available to enable adult social care providers to operate in the international recruitment space, via limited funding being made available to apply for Sponsorship Licenses and for a capped number of Certificate of Sponsorships
- f) Since the expansion of the Health and Care Worker Visa in February 2022 which enabled international recruitment of care workers, care assistants and home care workers we have seen an increase in interest in international recruitment as one of several strands to build workforce capacity
- g) Investment has been made with the ICS recruitment hub to enable a route for ethical, streamlined approach to support adult social care providers recruit care workers and nurses. Norfolk also led the approved application for £2.4m from the Department of Health and Social Care on behalf of the Eastern Region, to establish a Centre of Excellence to further support the market
- h) Funding has also been received from NHS England - resulting in a wide range of activities being progressed, shaped by the original direction of the action plan. This includes provision of Care Friends Licenses to the market, (a recruitment tool that has recently won the Kings' Award in innovation to encourage existing staff to recommend friends and family into social care), retention workshop delivery, extension of the Social Care Academies and Earn As You learn Scheme concepts to be extended into 2023/24, and training grants to be made available
- i) The funding has also enabled further extension of the marketing campaign via Norfolk's social care brand – Norfolk Care Careers, and for the website and brand to be developed during 2023. The campaign from October 2021 to date has led to:
  - **40% increase** in visitors to the Norfolk Care Careers website
  - **570, 085 views** of careers case study films
  - TV ad reaching **10,790 households and generating 740,989 impressions**
  - **1,509 job** vacancies advertised
  - **105% increase in applications** from the website

### **3. An overview of the current adult social care workforce landscape in Norfolk**

- 3.1 Skills for Care data for 2022 estimates that there are 23,850 jobs across adult social care in Norfolk (CQC regulated services only). 16,075 are within services for older people and 7,700 supporting services for working age adults.
- 3.2 Overall vacancy rates within Norfolk and Waveney for 2021/22 were estimated at 8.7%, with turnover rates at 33.6%.
- 3.3 In addition to national workforce shortages, which has seen the loss of 150,000 care workers over the last year, the table below highlights the specific challenges of workforce availability to provide care in some parts of our county.

3.4 Table 1 – population data by Norfolk localities (source 2021 Census)

Area	% of population aged		Increase/(decrease) in population since 2011 census	
	65+	85+	65+	15-64 year olds
England			20.1%	3.6%
Breckland	25.6%	3.6%	25.8%	3.6%
Broadland	26.5%	3.8%	22.6%	0.6%
Great Yarmouth	25.3%	3.4%	17.8%	(1.7%)
Kings Lynn & West Norfolk	26.8%	3.5%	17.9%	(0.1%)
North Norfolk	34.0%	5.0%	17.8%	(5.6%)
Norwich	15.2%	2.3%	10.6%	8.6%
South Norfolk	24.4%	3.5%	30.1%	9.7%

3.5 Key challenges facing the sector include:

- a) Highly competitive labour market, with other sectors paying more despite less responsibility/skill required
- b) Staff wellbeing – acknowledging the impact of burnout and trauma experienced during COVID- 19
- c) Work/life balance – flexibility/attractiveness of roles
- d) Image - perceived value of adult social care, lack of understanding of purpose and outcomes
- e) Limited affordable housing and transportation infrastructure challenges for workforce particularly in rural areas where there is a demand for care (prevalent in North, South and West of the Norfolk and Waveney area). Work is ongoing to explore opportunities with the Eastern Region ICSs and also as part of the Eastern Region International Recruitment programme, with the introduction of housing officer links for this part of the workforce.
- f) 'Well-led' is one of the key domains that providers are failing in under CQC inspection and there is a need to develop and retain high quality Registered Managers and leadership
- g) Nursing – particularly retention

3.6 It must also be highlighted that there is no core funding available for the delivery of the Strategy. To date we have used one off, time limited funding including the Workforce Grants provided as part of COVID and Health Education England Funding. We await details of the Government Workforce Fund of £250 million, however there is no clear indication that this will provide direct funding.

## 4. Progress update

4.1 There were 82 actions identified in the original plan that were to be considered for further discussion and action. Due to changing resources, and the need to respond to key priorities, formal programme management was paused but overview is now incorporated into the ICS Social Care Quality Improvement Programme.

4.2 The review showed a tremendous amount of progress has been made since the launch of the Strategy with two thirds of the actions underway. Some of the original actions are included in the priorities going forward for the next 12 months, redefined to meet the current operating environment with new actions added too as set out in Appendix 1.

- 4.3 It was also acknowledged that some areas of the plan were aspirational and without certain standards developed no further progress could be made at this point in time; for example, the suggestion of advertising social care vacancies on NHS jobs would further highlight the disparity of pay and terms and conditions between social care and health.

## **5. Refresh of the strategy and priorities**

- 5.1 A review was undertaken to consider all activity across social care and health system partners to support delivery of the strategy and implementation plan. As set out in Section 3 there has been considerable progress, with some activities undertaken ahead of the original plan due to some of the circumstances and funding during the Covid-19 pandemic.
- 5.2 The strategy was for the five-year period to 2025. It remains relevant and still clearly reflects the ongoing challenges and landscape for the adult social care workforce. However, there are some changes to the workforce data and trends reflecting the latest information from Skills for Care. The key changes are described and are appended to the Strategy (Please note this information will be available for final papers).
- 5.3 Stakeholder organisations were invited to participate in a task and finish group to review the implementation plan and priorities. Representatives from Norfolk Care Association and Norfolk and Suffolk Care Support Ltd have supported this work alongside NCC officers.
- 5.4 The group considered the priorities and relevant activities, which formed part of four key themes.
- a) Knowing our workforce
  - b) Raising the profile of social care as a career
  - c) Recruitment\*
  - d) Retention\*
- \*These two themes have been combined
- 5.5 The review has focussed on the priority outcomes, benefit and activity for each theme, which are described in more detail at Appendix A and summarised below.

### **Knowing our workforce**

- 5.6 We want to see greater health and social care integration to achieve good outcomes for people in need of care and support, across the sector that will deliver improved collaboration, improved governance and decision making, improved culture and parity of voice for adult social care. We need to have better information about our workforce through development of an up to date workforce plan to understand capacity and demand, to enable the right numbers of staff with the right skills, knowledge and competencies. In addition, we want to achieve a better understanding of the landscape of unpaid carers in Norfolk and Waveney - informing capacity, demand and support needed. There is also a need to increase the voice of the social care workforce across the county.

The key priority actions include:

- a) Work with partners to clarify expectation on future roles and skillsets
- b) Develop and produce a sector skills plan
- c) Development of a health interventions framework



- d) Review local existing adult social care workforce data to identify gaps and trends
- e) Develop data collection and analysis for carers
- f) Commence a voluntary staff survey

## **Raising the profile of social care as a career**

5.7 We want to see greater awareness of roles and routes into social care, increased diversity of career pathways into social care and promote and develop learning and development. This will help achieve better understanding of opportunities available to the current and potential workforce and also to those who influence the careers of others. It will increase diversity and ultimately provide more capacity across the workforce. We need to achieve greater capacity to meet the growing complexity of needs of service users and supporting access to the skills that the workforce needs to deliver this.

The key priority actions include:

- a) Promote and showcase roles and routes into social care and flexible career pathways across social care and health - including career case studies and links with health
- b) Maintain and develop the ambassador service:
  - i. This is commissioned with Norfolk and Suffolk Care Support Ltd. The service coordinates a wide range of activities promoting careers in adult social care. This include delivering career and pre-employment events and working with partner organisations such as the Norfolk and Waveney Health and Care Academy, Step Into Health, Prince's Trust, DWP Job Centres as well as local education providers, job centres and health care providers both face to face and virtually
  - ii. The service also enables engagement with the developing skills in health and social care programme, to support in work employees access education and training opportunities. The service engages with further education to discuss the future of the health and social care sector to improve the pool of potential employees and promote progression into skilled employment and apprenticeships
  - iii. It also supports promoting the national I Care Ambassador service, developed by Skills for Care. These are care workers who inspire and motivate others and support at events, enabling individuals to understand what it is really like to work in adult social care
- c) Align to the national career pathway activity – a DHSC proposal is expected in the autumn following the recent call for evidence
- d) Maintain and develop Social Care Academies:
  - i. Since 2022, NCC and Norfolk and Suffolk Care Support have delivered bespoke Social Care Academies in Norwich and North Norfolk. The Social Care Work Academies are based on the Department of Work and Pensions', SWAPs that are designed to support employers to create a skilled workforce for their businesses. The JCP's are able to identify people who are unemployed to access the training via N&SCS and we also reach out to the wider community - including other groups such as care leavers and refugees
  - ii. The Social Care Academy is based on the Rapid induction model which includes online training on the theoretical elements of the Care Certificate, a practical session, an introduction to employers who have vacancies in the social care sector, a guaranteed job interview, help with the employer's recruitment process and/or to identify further support that is required. The academies started on June 26th with ten candidates signed up to the first cohort. There are another five academies to be held, concluding at the end of August 2024

- e) Ensure legacy and learning from the ESF Developing Skills in Health and Social Care is realised to solidify our future offer.

## **Recruitment and Retention**

- 5.8 There is a recognised need for the development of our current delivery platform, that promotes adult social care careers on a local level that is reflective of the needs of both providers and candidates, and which enables understanding of roles and settings and encourages and facilitates individuals into the right employment. Complimenting and enhancing this is the need to continue and build upon the successes of our recruitment campaigns that build awareness, educate and attract workforce into the professional, skilled work that social care provides.

We need to develop, promote and encourage best practice HR recruitment, selection and retention models and ensure that collaboration is placed at the heart of this activity.

The key priority actions include:

- a) Review of Norfolk Care Careers website/brand
- b) Evidence based systemwide recruitment campaign
- c) Leadership focus -support providers with attraction, selection (and retention) of these pivotal roles
- d) LD and Mental Health Services -acknowledged focused effort and weighting upon these services for support
- e) Establishment of Community of Practice for HR Professionals involved in recruitment and retention activities in Adult Social Care
- f) Align activities within the Quality Improvement Strategy for peer support to identify and build upon best practice
- g) Development of the Ethical Framework

## **6. Alternative Options**

- 6.1 This has been reviewed in conjunction with other stakeholders and no other options are available.

## **7. Financial Implications**

- 7.1 There are no direct financial implications of this report however as set out in 2.1.4 there is no core funding to deliver this strategy and is currently dependent on one off funding opportunities.

## **8. Resource Implications**

8.1 **Staff: None identified**

8.2 **Property: None identified**

8.3 **IT: None identified**

## **9. Other Implications**

- 9.1 **Legal Implications: None identified**
- 9.2 **Human Rights Implications: None identified**
- 9.3 **Equality Impact Assessment (EqIA) (this must be included): The strategy aims to support adverse impacts upon service users.**
- 9.4 **Data Protection Impact Assessments (DPIA): None identified**

## **10. Risk Implications / Assessment**

- 10.1 Adequate resource to deliver the strategy.
- 10.2 Continued economic position and impact of workforce shortages more widely.

## **11. Recommendations**

- 11.1 **The Select Committee is asked to:**
  - a) **Review and discuss the paper and make recommendations where appropriate**

## **12. Background Papers**

- 12.1 [Norfolk and Waveney Adult Social Care Workforce Strategy 'Living a Good Life: Excellence in Care'](#)

### **Officer Contact**

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

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## Appendix 1 - Revised implementation plan

### Knowing Our Workforce

Outcome	Benefit	Activity
1.1 Greater health and social care integration to achieve good outcomes for people in need of care and support, across all sectors	Improved collaboration	1.1.1 Establish steering committee
	Improved governance	1.1.2 Work with partners to clarify expectations on future roles and skillsets
	Improved decision making	1.1.3 Development of a sector skills plan
	Improved culture	1.1.4 Maintain and increase completion rate of the Skills for Care Adult Social Care Workforce Data Set - coproduced awareness campaign
		1.1.5 Call for greater clarity and frequency of national data to be available at a local level
		1.1.6 Development of Health Interventions Framework and ensure access to training
Parity of voice of adult social care		
1.2 Development of an up to date workforce plan to understand capacity and demand, to enable the right numbers of staff with the right skills, knowledge and competencies.	Targeted based decisions	1.2.1 Review local existing adult social care workforce data to identify where they may be gaps
	Effective use of resources	1.2.2 Refresh and gather additional data as directed by steering committee
		1.2.3 Analyse and evaluate trends and areas to explore further
		1.2.4 Undertake deep dive activity and create action plan for delivery
1.3 Greater understanding of the landscape of unpaid careers in Norfolk and Waveney - informing capacity, demand and support needed	Improved decision making	1.3.1 Collect data from DWP and NCC - carers allowance, carers credit and carers assessments
	Increased targeted support	1.3.2 Analyse and evaluate data
		1.3.3 Disseminate to steering committee and other key stakeholders
1.4 Development of a strong workforce voice in Norfolk and Waveney	Increased understanding of workforce needs	1.4.1 Voluntary staff survey - pulse check
	Improved workforce health and well being	1.4.2 Evaluation and analysis
	Retention of workforce	1.4.3 Scope the possibility contract development

## Raising Profile of Social Care as a Career

Outcome	Benefit	Activity
2.1 Greater awareness of roles and routes into social care	Understanding of opportunities available to active and passive potential workforce and also to those who influence the careers of others	2.1.1 Promote and showcase roles and routes into social care and flexible career pathways across social care and health - including career case studies, review of Norfolk Care Careers website/brand and links with health
	Increased diversity of workforce	2.1.2 Maintain and develop the ambassador service
		2.1.3 Link in with national career pathway activity
		2.1.4 Maintain activity in schools and colleges to inform and inspire the next generation of social care workforce
2.2 Increased diversity of career pathways into social care	Increased workforce capacity	2.2.1 Maintain and develop Social Care Academies
	Increased diversity of workforce	2.2.2. Further develop matching system for work-related experiences for students via the Earn As You Learn Scheme
	Greater retention	
2.3 Promote and develop learning and development	Greater capacity to meet the growing complexity of needs of service users	2.3.1 Ensure legacy and learning from the ESF Developing Skills in Health and Social Care is realised to solidify our future offer. Intrinsically linked with 1.1.3 & 1.1.6 - to include developing system wide offer of mentoring and coaching
	Growing the skills of the workforce	2.3.2 Upskill care workers to support people living with multiple conditions and sensory deprivation to live as independently as possible - linked to outcomes from 1.1.3, 1.15, 2.3.1
	Recognition of parity	

## Recruitment and Retention

Outcome	Benefit	Activity
3.1 A careers website reflective of the needs of both providers and candidates that enables understanding of roles and settings and encourages and facilitates individuals into the right employment	Ease of operation, greater efficiency	3.1.1 Review and develop of local recruitment portals including branding and opportunities for wider system linkage
	Improved candidate and provider experience	3.1.2 Link in with DPSS and outcomes from advocacy groups to help shape further support for PA role
	Increased workforce capacity	
	Increased confidence and take up of offer	
3.2 Develop, promote and encourage best practice HR recruitment, selection and retention models	Identification of best practice	3.2.1 Recruitment - read across from quality strategy activities
	Standardised processes	3.2.2. Retention - read across from quality strategy activities
	Improved recruitment and retention processes	3.2.3 Leadership -read across from quality strategy activities
	Collaboration	3.2.4 Development of ethical framework
3.3 Delivery of local recruitment campaigns enhancing national provision	Increased awareness	3.3.1 Systemwide recruitment campaign direction to be shaped by data, varied according to place, role, demographics, diversity and communication channels, images and media are differentiated - steering committee oversight
	Conversion to local action	3.3.2 Leadership focus - support providers with attraction, selection (and retention) of these pivotal roles
	Increased workforce capacity	3.3.3 LD and Mental Health Services -acknowledge focused effort and weighting upon these services
	Increased quality of candidates	
3.4 Increased collaboration	Increased creativity	3.4.1 Establishment of Community of Practice for HR Professionals involved in recruitment and retention activities in Adult Social Care
	Economies of scale	3.4.2 Maximise potential opportunities to work together as an ICS
3.5 Focus upon Leadership	Enable sharing of learning and best practice Attract and retain great leaders within Adult Social Care in Norfolk and Waveney	3.5.1 Maintain and extend Registered Manager meetings, facilitating peer support and sharing good

	<p>Influence and aspire leaders to nurture high performing workforce cultures</p> <p>Equip leaders with the support and tools to enable them to lead with confidence and compassion</p>	<p>practice - interlinked with the quality strategy workstream</p> <p>3.5.2 As outlined at 3.3.2 development of greater local support</p> <p>3.5.2 Development of The Sector Skills Plan (1.1.3) will be pivotal.</p> <p>3.5.3 Key linkages made with the ICS – including the civility and respect programme.</p>
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# People and Communities Select Committee

**Item No: 11**

**Report Title:** Strategic and Financial Planning 2024-25

**Date of Meeting:** 14 July 2023

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

**Responsible Director:** Harvey Bullen, Director of Strategic Finance

## Executive Summary

The appended report, which was considered by Cabinet in June 2023, marks the beginning of the Council's budget setting process for 2024-25. As in previous years, Cabinet is inviting Select Committee input into the 2024-25 budget process, in respect of the approach to the development of saving proposals. This Select Committee report appends the Cabinet report in order to provide the latest information about the context for 2024-25 Budget setting which is intended to support Select Committee discussion and to enable them to provide input to future meetings of Cabinet to inform budget decisions.

This report therefore forms an important part of the process of developing the 2024-25 Budget, representing a key opportunity for the Select Committee to provide its views on priorities and the approach to preparing budget proposals for the services within its remit.

## Recommendations / Action Required

The Select Committee is asked to:

1. Consider the Budget and Medium Term Financial Strategy position as reported to Cabinet in June 2023 (Appendix 1), noting in particular the following elements as set out in the appended report, which form the context for 2024-25 budget setting:
  - a. the budget gap for 2024-25 and the Medium Term Financial Strategy (MTFS) period.
  - b. The Departmental saving targets.
  - c. The overall timetable and approach to developing the 2024-25 Budget.



2. Agree that the Committee will provide input to the 2024-25 Budget process in July (this meeting) and in November, with the latter (November) report providing an opportunity to comment on the detailed savings proposals being taken to public consultation.
3. Consider the key issues for 2024-25 budget setting as they pertain to the services within the Select Committee's remit (as set out in this paper, the appended Cabinet report, and the 2023-24 Budget Book), and in particular to endorse:
  - a. The overall service strategies as set out within the 2023-24 Budget Book.
  - b. The budget setting principles set out in Section 3 of the appended Cabinet report, which will provide the broad framework for savings development for services within the Select Committee's remit.
4. Consider whether there are any specific areas of activity that the Select Committee would recommend exploring for savings development, in order to provide input to the 2024-25 budget process and inform the saving proposals put forward to Cabinet later in the year.

## 1. Background and Purpose

- 1.1. At the Cabinet meeting held on the 5 June 2023, members received the appended paper: Strategic and Financial Planning 2024-25 (Appendix 1). The minutes and associated papers for this meeting, including the summary of decisions notice can be found [here](#).
- 1.2. As part of setting the 2023-24 Budget, the Council's three Select Committees received reports on the approach to developing budget proposals during the year. Cabinet has agreed to continue this approach in relation to developing the 2024-25 Budget and this report therefore represents the first opportunity for Select Committees to provide input to 2024-25 budget setting at a formative stage. A further report is intended to be brought to the November Select Committee cycle to enable comments on substantive proposals once they have been developed and published for public consultation.

## 2. Proposal

- 2.1. The report to June 2023 Cabinet reproduced as Appendix 1 provides an overview of the financial planning context for the County Council, including:
  - The Medium Term Financial Strategy (MTFS) 2023-28, including details of assumptions about pressures and challenges within the financial model.
  - The financial context for budget setting including the Spending Review 2021, Autumn Budget 2022 and DLUHC Policy Statement, which provided indications of the medium term financial envelope within which local

authorities will operate for 2024-25, and the implications for Norfolk County Council's 2024-25 budget.

- The wider financial and organisational context underpinning the process of developing the 2024-25 budget.
- An overview of the proposed budget setting process and the proposed savings targets, broken down by department.

2.2. The Select Committee's views are sought in relation to the services within its remit on key issues for 2024-25 budget setting and the broad areas proposed for savings development, in order to help shape budget and saving proposal development for 2024-25, assist in the identification of key pressures and priorities for the 2024-25 Budget, and (ultimately) to inform the budget proposals to be considered by Cabinet later in the year.

2.3. The financial approach and key strategies for Directorates delivering services which fall broadly within the remit of this Committee have been set out within the County Council's [2023-24 Budget Book](#).

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

3.1. Select Committee input will support in shaping budget proposals and thereby contribute to the 2024-25 budget setting process. Individual recommendations from Select Committees will help to inform budget proposals and will therefore ultimately impact on Departmental budgets and service delivery for 2024-25. Details of specific impacts will be identified and reported in later stages of the budget process. Further impacts are also set out in the appended Cabinet paper.

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

4.1. As set out in the appended report.

4.2. The Council is legally required to set a balanced budget annually. The appended Cabinet report outlines the wider financial and organisational context underpinning the 2024-25 budget setting process.

4.3. Select Committees have a specific role in policy development and therefore are invited to comment and advise Cabinet on budget options within their remit as in previous years.

### **5. Alternative Options**

5.1. As set out in the appended report, a range of options remain open at this stage. The purpose of this report is to provide Select Committees with an

opportunity to engage with the budget process and inform the development of specific options for the 2024-25 Budget.

## 6. Financial Implications

6.1. Immediate financial implications are highlighted in the appended report. Any implications arising from the Select Committee's comments will be reported to a future meeting of Cabinet as part of 2024-25 budget setting as appropriate.

## 7. Resource Implications

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

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

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

## 8. Other Implications

8.1. **Legal Implications:** As set out in the appended Cabinet paper.

8.2. **Human Rights Implications:** As set out in the appended Cabinet paper.

8.3. **Equality Impact Assessment (EqIA) (this must be included):** As set out in the appended Cabinet paper.

8.4. **Data Protection Impact Assessments (DPIA):** As set out in the appended Cabinet paper.

8.5. **Health and Safety implications (where appropriate):** As set out in the appended Cabinet paper.

8.6. **Sustainability implications (where appropriate):** As set out in the appended Cabinet paper.

8.7. **Any Other Implications:** As set out in the appended Cabinet paper.

## 9. Risk Implications / Assessment

9.1. As set out in the appended Cabinet paper.

## 10. Recommendations

The Select Committee is asked to:

1. Consider the Budget and Medium Term Financial Strategy position as reported to Cabinet in June 2023 (Appendix 1), noting in particular the following elements as set out in the appended report, which form the context for 2024-25 budget setting:
  - a. the budget gap for 2024-25 and the Medium Term Financial Strategy (MTFS) period.
  - b. The Departmental saving targets.
  - c. The overall timetable and approach to developing the 2024-25 Budget.
2. Agree that the Committee will provide input to the 2024-25 Budget process in July (this meeting) and in November, with the latter (November) report providing an opportunity to comment on the detailed savings proposals being taken to public consultation.
3. Consider the key issues for 2024-25 budget setting as they pertain to the services within the Select Committee's remit (as set out in this paper, the appended Cabinet report, and the 2023-24 Budget Book), and in particular to endorse:
  - a. The overall service strategies as set out within the 2023-24 Budget Book.
  - b. The budget setting principles set out in Section 3 of the appended Cabinet report, which will provide the broad framework for savings development for services within the Select Committee's remit.
4. Consider whether there are any specific areas of activity that the Select Committee would recommend exploring for savings development, in order to provide input to the 2024-25 budget process and inform the saving proposals put forward to Cabinet later in the year.

## 11. Background Papers

11.1. As set out in the appended Cabinet paper, plus:

[Norfolk County Council Constitution](#), Part 7 – Overview and scrutiny bodies, Section 3, paragraph 3.9 – Membership and Areas of Responsibility of Select Committees (pages 119-122).

### Officer Contact

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

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# Cabinet

Item No: **TBC**

**Decision making report title:** Financial and Strategic Planning 2024-25

**Date of meeting:** 5 June 2023

**Responsible Cabinet Member:** Cllr Andrew Jamieson (Deputy Leader and Cabinet Member for Finance)

**Responsible Director:** Harvey Bullen, Director of Strategic Finance

**Is this a key decision?** Yes

**If this is a key decision, date added to the Forward Plan of Key Decisions:** 18 April 2023

## Introduction from Cabinet Member

This report marks the formal start of the Council's annual budget setting process for 2024-25. The 2023-24 Budget and Medium Term Financial Strategy agreed by the Council in February 2023 provide a sound foundation upon which to develop the 2024-25 Budget, but it is nevertheless essential for the Council to have a robust plan in place to enable the preparation of a balanced and sustainable budget. It is the Budget, through the allocation and prioritisation of resources, which provides the framework that enables the achievement of the organisation's key ambitions alongside the delivery of vital services. It is the intention of Cabinet to work with Departments to ensure that savings, (particularly those from the Strategic Review), and pressures linked to demand and demography, are sufficiently robust, so as to ensure that any rise in Council tax is kept to a minimum.

It remains the case that there is significant uncertainty about funding for 2024-25 onwards, in spite of the Government's Policy Statement published shortly before the 2023-24 Finance Settlement. In this context, and in particular recognising the wider pressures both on demand and within the economy, we must continue to safeguard the delivery of the essential local services which are used and relied on by so many of the County's residents, businesses and visitors.

This report therefore sets out the framework for how the Council will approach budget setting for 2024-25 and should be read in conjunction with the 2022-23 Financial Outturn report elsewhere on the agenda. The proposed approach to budget setting will be informed by the key objectives set out in the Better Together, for Norfolk strategy and as such the Budget represents one of the key building blocks contributing to the delivery of the Council's strategy and direction over the next few years.

## Executive Summary

The Council has a robust and well-established process for annual budget setting, including the development of savings proposals, and the scrutiny and challenge of all elements of the budget. This report sets out proposals for how this can be further refined with a greater emphasis on balancing the financial position over the Medium-Term Financial Strategy (MTFS) period, whilst maintaining the focus on delivering a prudent and transparent approach to budgeting for 2024-25. The proposed approach incorporates the usual required key elements such as public consultation, Scrutiny, and engagement with Select Committees. This report proposes the Budget planning cycle for 2024-25 to start immediately and to be undertaken in parallel with both the implementation of the strategic review changes during 2023-24, and the identification of further opportunities from the future phases of this work.

As part of 2024-25 Budget setting, a thorough review of identified future cost pressures will also be required. It is particularly important to recognise that the 2023-24 Budget included exceptional levels of inflationary growth pressure, which will not be sustainable in future years, but which reflected the wider operating and economic environment. There may be opportunities to draw back on some of these 2023-24 pressures and this will need to be kept under review as budget monitoring for the year progresses. In addition, the 2023-24 position was supported by significant one-off measures including use of reserves, which (although lower than in the 2022-23 Budget) still represent a challenge to be addressed in future years. As has been previously identified, the ongoing reliance on reserves does not represent a sustainable long-term approach.

As in previous years, the wider budget position remains the subject of high levels of uncertainty, although Government has provided some indications about the intentions for local government funding in 2024-25 within the [DLUHC Policy Statement](#). In this context, this report sets out details of a proposed budget planning process for 2024-25 but recognises that as always there may be a need for some flexibility. The report accordingly provides a summary of key areas of wider risk and uncertainty for Cabinet to consider. This report should be read in conjunction with the Finance Monitoring 2022-23 Outturn Report to Cabinet elsewhere on this agenda.

## Recommendations:

Cabinet is recommended:

- 1. To consider the overall budget gap of £126.522m included in the Medium Term Financial Strategy (MTFS) set by Full Council in February 2023, and agree:**
  - a. the gap of £46.216m to be closed for 2024-25; and**
  - b. the extension of the MTFS by a further year (to 2027-28), adding a further £18.689m to the gap and resulting in additional pressure assumptions to be addressed and leading to an overall gap for planning purposes of £145.211m over the next four years. (Section 2).**

2. To review the key budget risks and uncertainties as set out in this report. (Section 10).
3. To consider the principles of the proposed approach to budget setting for 2024-25, noting that there may be a need for flexibility within both the process itself and the assumptions applied, and agree:
  - a. the process and indicative timetable set out in Section 3, including the proposed consultation process for 2024-25.
  - b. that there should be a detailed review of cost pressures and growth already provided within the Budget (including 2023-24 inflation provisions) against actual costs experienced to identify any opportunities for budget reduction.
  - c. the minimum savings targets allocated to each Department to be found (Table 8), and that these will be kept under review throughout the budget process.
4. To approve the initial budget virements for 2023-24 as set out in Appendix 1, reflecting budget transfers for whole services between departments as a result of the Strategic Review, while noting:
  - a. The virements do not change the overall Council Budget.
  - b. That there will be further 2023-24 budget virements as a result of the Strategic Review, which will be reported for approval as required later in the year through regular financial reporting to Cabinet.

## **1. Background and Purpose**

- 1.1. In recent years the significant and sustained reductions experienced in Central Government funding to Local Government have lessened, with more generous funding settlements being provided since 2021-22. However, much of the new funding was initially for adult social care reforms and was accompanied by an increasing expectation that local authorities will raise resources locally (through council tax). Alongside this, there continues to be a significant gap between funding and service pressures driven by a complex mix of factors including demographic changes, unfunded burdens such as the National Living Wage, the needs of the people who draw upon social care services becoming increasingly complex, and by the wider economy including (more recently) the abnormally high levels of inflation.
- 1.2. Children's services, in both social care and education remain under very significant stress. Long delayed reforms within Adult Social Care, and changing expectations alongside the forthcoming new inspection regime, represent another key challenge. Other Council services also remain subject to significant financial stress, for example as a result of increasing energy and fuel costs which have a widespread impact across service delivery and



commissioned services. These in their turn have a knock on effect by increasing the pressure placed on discretionary and preventative services both in relation to the need for these to stem and reduce demand, and because these are often the areas called upon to make budgetary savings.

- 1.3. The Council's February 2023 MTFS identified that the Council, in common with other upper tier local authorities, needs to address a material budget shortfall in 2024-25. Although the forecast 2024-25 gap is lower than the one closed to deliver the balanced 2023-24 Budget, it remains a significant challenge. Simultaneously, as set out in this report, there remain uncertainty about the level of funding for 2024-25 and the potential for additional pressures to emerge during the budget setting process. Although the Council's track record of delivering a balanced budget, coupled with a robust budget planning approach, provides a solid basis for development, it is prudent to begin comprehensive planning for 2024-25 now.
- 1.4. As has been the case in recent years, it is anticipated that the Council will not receive any further detailed information about funding allocations for 2024-25 until autumn 2023 at the earliest (and probably December 2023). Almost all of the Government's planned reform of local government funding has been delayed until at least 2025-26 and it is therefore unlikely that the 2024-25 Settlement will provide any sort of multi-year allocation which would support the Council to develop its financial strategy with greater planning certainty. As a result, the overall level of uncertainty means that budget setting for 2024-25, and the wider financial environment for local government, is set to remain highly challenging.
- 1.5. The Chancellor of the Exchequer announced the Government's [2023 Spring Budget](#) on 15 March 2023, but this did not include further significant policy announcements in terms of local government funding, which would impact on the budget position.
- 1.6. Therefore, as in previous years, this report represents the start of the Council's process for setting the 2024-25 Budget and developing the associated Medium Term Financial Strategy (MTFS). The report sets out the context and a proposed approach to budget setting including:
  - A summary of the Budget and MTFS approved by Full Council in February 2023, including the savings already planned for future years.
  - An overview of the significant remaining uncertainties facing local government finances.
  - The MTFS position for 2024-25 onwards as agreed in February 2023, extended for a further year to support 2024-25 Budget setting.
  - A proposed timetable for 2024-25 Budget setting including the recommended approach to public consultation.
  - Proposed savings targets by Department, representing the minimum target to be sought in order to enable Member choice about the ultimate budget decisions to be made in February 2024.

- 1.7. Ultimately this report is intended to support the Council in preparing the 2024-25 Budget and identifying savings which will assist in delivering a balanced budget for the year.

## 2. Budget context and Medium Term Financial Strategy

- 2.1. On 21 February 2023, the County Council approved the 2023-24 Budget and Medium Term Financial Strategy (MTFS) to 2026-27. Based on currently available information, the **MTFS set out a budget gap of £126.522m over the period 2023-24 to 2026-27** based on an assumption that the funding allocations set out in the 2023-24 final Local Government Finance Settlement<sup>1</sup> would be broadly “rolled over” for 2023-24 and beyond.
- 2.2. Collectively the Spending Review 2021, Autumn Budget 2022 and DLUHC Policy Statement provided indications of the medium term financial envelope within which local authorities will operate for 2024-25, but the Final Local Government Finance Settlement 2023-24 itself only set out funding allocations for one year. The failure to publish full medium term funding forecasts is disappointing and impacts on the Council’s ability to plan over the longer term. The further significant delay to long awaited funding reforms (until at least 2025-26), alongside the absence of any detail at this stage about the likely terms of reference for this funding review, only serves to add further uncertainty to the Council’s financial planning and associated forecasts.
- 2.3. Announcements in the Final Settlement were broadly in line with overall planning assumptions, or were accompanied by associated spending pressures, such as the National Living Wage. As a result the 2023-24 Settlement enabled the Council to prepare a balanced 2023-24 Budget but was not sufficient to support a balanced position over the life of the MTFS. The Council therefore continues to expect to need to draw on its earmarked reserves over the period covered by the MTFS. This includes a significant draw on one-off resources in 2023-24, continuing the trend seen in the previous year 2022-23. This is not however a sustainable position in the longer term. Although some contributions into reserves will be made, this mainly reflects the timing of spend funded from specific grants. Current planning does not include any draw on the Council’s general balances, which are planned to be maintained at the minimum level of at least 5% of the net revenue budget. The use of reserves is also in part a reflection of the various severe cost pressures and challenges in achieving planned savings, which the Council faces across almost all service areas. It is important to recognise that as a result, the Council is not in a position to be able to remove or reverse any of the saving proposals agreed as part of the 2023-24 budget, including those savings which are due for implementation during 2024-25.
- 2.4. The table below sets out the high level MTFS position as agreed in February 2023, which has been updated to reflect the addition of a further financial year

<sup>1</sup> <https://www.gov.uk/government/collections/final-local-government-finance-settlement-england-2023-to-2024>

(for 2027-28) to the planning period in order to maintain the Council's usual four year MTFS horizon.

2.5. As previously stated, the Medium Term Financial Strategy (MTFS) agreed in February 2023 set out a gap of £126.522m for the period including a **gap of £46.216m for the first year, 2024-25**. Extending the MTFS for an additional year, 2027-28, based on the same broad assumptions, adds a further £18.689m to the gap to be addressed, resulting in a **total revised gap of £145.211m for the MTFS**. The forecast gap for 2024-25 remains unchanged.

**Table 1: Extended MTFS 2023-24 to 2027-28**

	<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b>Growth Pressures</b>					
Economic and inflationary	41.528	25.471	22.737	23.293	24.495
Legislative requirements	31.069	6.760	-0.200	0.000	0.000
Demand and demographic	20.495	42.150	37.150	37.010	11.000
Policy decisions	55.746	0.776	-1.543	2.078	0.000
Funding decreases	16.115	0.628	0.000	0.000	0.000
<b>Savings and funding increases</b>					
Identified savings	-59.704	6.197	-0.669	-2.285	0.000
Funding increases	-75.665	-8.352	0.000	0.000	0.000
Council tax changes	-29.584	-27.414	-20.949	-16.316	-16.807
<b>Forecast Gap (Surplus)/Deficit</b>	<b>0.000</b>	<b>46.216</b>	<b>36.526</b>	<b>43.781</b>	<b>18.689</b>

2.6. The gap in 2024-25 is substantially being driven by the elements set out in the table below. Further details of MTFS assumptions are also provided below.

2.7. It should be noted that the 2027-28 gap is smaller than that forecast up to 2026-27 as it does not include provision for future service cost pressures which have been assumed within the MTFS position. The final year gap may therefore increase when it is further reviewed in future, informed by the actual pressures identified for 2024-25 to 2026-27.

**Table 2: Commentary on 2024-25 MTFS pressure assumptions**

	<b>2024-25 £m</b>	<b>Detail</b>
Economic and inflationary pressures	25.471	Pay assumed at 4% for 2024-25 equates to £13.0m, price inflation of £12.5m includes £7.0m Adult Social Care, £3.2m Children's Services.
Legislative requirements	6.760	£7.0m relates to Adult Social Care pay and price market pressures (including National Living Wage), offset by small reversal in CES.
Demand and demographic pressures	42.150	£5.5m relates to Adults demographic growth. £9.5m Children's Services demographic growth (including £2.5m Home to School transport pressures). £2.0m relates to waste tonnages. £25m held centrally as provision for anticipated service growth.
Council policy decisions	0.776	Reversals of one-off items in services part offset by MRP and treasury pressures.
<b>Net total pressures</b>	<b>75.157</b>	
Funding decreases	0.628	Reflects assumed loss / removal of New Homes Bonus Grant. Significant uncertainty exists around other Government funding within the Settlement. Assumption for 2024-25 is a broad rollover of 2023-24 as indicated by <a href="#">DLUHC Policy Statement</a> .
Net reversal of one-off 2023-24 savings	6.197	Reversal of one-off savings, including use of reserves, in Adults, CES and Finance General budgets.
<b>Total</b>	<b>81.982</b>	<b>Pressures, saving reversals and funding decreases</b>

2.8. A summary of budget growth and other changes currently incorporated in 2024-25 planning are shown in the table below by Department. This reflects the high level changes following the restructuring of Finance and Commercial Services (see [Appendix 1](#) for further details).

**Table 3: 2024-25 MTFs net budget by Department**

	Adult Social Services £m	Children's Services £m	Community and Environmental Services £m	Strategy and Transformation £m	Finance £m	Total £m
Base Budget 2023-24	249.526	232.593	191.754	22.941	-203.107	<b>493.707</b>
<b>Growth</b>						
Economic / Inflationary	9.183	6.412	4.707	0.965	4.204	<b>25.471</b>
Legislative Requirements	7.010	0.000	-0.250	0.000	0.000	<b>6.760</b>
Demand / Demographic	5.500	9.500	2.150	0.000	25.000 <sup>2</sup>	<b>42.150</b>
NCC Policy	-2.000	-0.540	-1.350	-0.281	4.947	<b>0.776</b>
Funding Reductions	0.000	0.000	0.000	0.000	0.628	<b>0.628</b>
Cost Neutral Increase	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
<b>Total Budget Increase</b>	<b>19.693</b>	<b>15.372</b>	<b>5.257</b>	<b>0.684</b>	<b>34.779</b>	<b>75.785</b>
<b>Reductions</b>						
Total Savings	2.700	0.088	2.819	0.050	0.540	<b>6.197</b>
Funding Increases	-15.364	0.000	0.000	0.000	7.012	<b>-8.352</b>
Cost Neutral Decrease	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
<b>Total Budget Decrease</b>	<b>-12.664</b>	<b>0.088</b>	<b>2.819</b>	<b>0.050</b>	<b>7.552</b>	<b>-2.155</b>
<b>Base Budget 2024-25</b>	<b>256.555</b>	<b>248.053</b>	<b>199.830</b>	<b>23.675</b>	<b>-160.776</b>	<b>567.337</b>

<b>Funded by:</b> Council Tax	-521.121
Collection Fund Surplus	0.000
<b>Total</b>	<b>-521.121</b>
Budget Gap	46.216

<sup>2</sup> Growth provision to be allocated to services based on review of actual pressures, business case and prioritisation during 2024-25 budget-setting process.

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

- Planned savings of £56.460m being delivered over the MTFS period:

**Table 4: Savings in MTFS by Department**

	<b>2023-24 £m</b>	<b>2024-25 £m</b>	<b>2025-26 £m</b>	<b>2026-27 £m</b>	<b>2023-27 £m</b>
Adult Social Services	-28.040	2.700	-2.500	-2.000	<b>-29.840</b>
Children's Services	-12.517	0.088	0.050	0.000	<b>-12.379</b>
Community and Environmental Services	-10.904	2.819	0.570	-0.045	<b>-7.560</b>
Strategy and Transformation	-2.542	0.050	1.571	0.000	<b>-0.921</b>
Finance	-5.700	0.540	-0.360	-0.240	<b>-5.760</b>
<b>Savings total</b>	<b>-59.703</b>	<b>6.197</b>	<b>-0.669</b>	<b>-2.285</b>	<b>-56.460</b>

- Government funding will be broadly flat in 2024-25 (i.e. essentially a rollover of 2023-24 funding levels). This assumption includes Settlement Funding (RSG, business rates), Rural Services Delivery Grant, Social Care Grant(s), Better Care Fund / improved Better Care Fund, Public Health Grant and Services Grant.
- Cost pressures for 2024-25 including:
  - 4% for pay inflation in 2024-25 and 3% thereafter.
  - Non-pay inflation in line with contractual rates or CPI forecasts where appropriate totalling £12.5m in 2024-25. It should be noted that **the MTFS assumes a material reduction in inflationary pressures compared to the level provided for in the 2023-24 Budget.**
  - Demographic growth pressures for Adults, Childrens, Waste totalling £17m in 2024-25, plus a contingency **assumption of £25m for further pressures.** If identified pressures exceed this level, there will be a need to find equivalent additional savings to achieve a balanced Budget position for 2024-25. Equally however, if any of this provision is not required, it will enable the level of savings sought to be reduced.
- Increases in council tax over the MTFS period, including **an assumed 4.99% increase in 2024-25 for planning purposes** as agreed by Full Council in February 2023 and shown in the following table. It should be noted that **every 1% change in council tax assumptions increases or decreases the budget gap by approximately £4.9m in 2024-25.**

**Table 5: MTFS council tax assumptions**

2.10. The council tax assumptions shown are those agreed by Full Council in February 2023.

	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Council tax increase	-14.841	-10.474	-10.895	-11.223
Council tax collection fund	2.268	0.000	0.000	0.000
Council tax base	-4.914	-5.211	-5.421	-5.584
Council tax ASC precept	-9.927	-5.263	0.000	0.000
<b>Total</b>	<b>-27.414</b>	<b>-20.949</b>	<b>-16.316</b>	<b>-16.807</b>

	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>
Band D %	2.99%	1.99%	1.99%	1.99%
ASC Precept % <sup>3</sup>	2.00%	1.00%	0.00%	0.00%
Tax base % change assumption	1.00%	1.00%	1.00%	1.00%

2.11. The net budget within the approved MTFS is shown below.

**Table 6: MTFS Net Budget by Department**

	<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Adult Social Services	249.526	256.555	269.342	282.680	298.500
Children's Services	232.593	248.053	258.194	268.118	278.400
Community and Environmental Services	191.754	199.830	207.359	214.335	221.615
Strategy and Transformation	22.941	23.675	24.828	25.935	26.967
Finance	-203.107	-160.776	-134.912	-106.160	-105.079
<b>Total Net Budget</b>	<b>493.707</b>	<b>567.337</b>	<b>624.811</b>	<b>684.908</b>	<b>720.403</b>
Council Tax	-493.707	-521.121	-542.070	-558.386	-575.193
<b>Budget Gap (cumulative)</b>	<b>0.000</b>	<b>46.216</b>	<b>82.741</b>	<b>126.522</b>	<b>145.211</b>

### 3. Proposals

3.1. The following principles for 2024-25 budget setting are proposed:

- **Two rounds of Budget Challenge** (initial proposals in July and detailed proposals in September).
- **Allocation of the £46m saving target:**

<sup>3</sup> DLUHC Policy Statement confirms the expectation for the ASC Precept to be available in 2024-25 at the same level as 2023-24, however decisions about the Precept offer are made annually by Government and there is currently no indication whether it will continue for 2025-26 onwards.

- **An efficiency target of 3% applied to support services’ “controllable spend”** (Strategy and Transformation and Finance)
- **The remainder of the £46m target for 2024-25 allocated based on analysis of “controllable spend”** approach consistent with previous years, resulting in a savings target for all Council Departments.
- **Budget planning to cover the period 2024-25 to 2027-28** (extending the current Medium Term Financial Strategy (MTFS) by one year).
- Seek to identify proposals to address forecast future year budget gaps, with the aspiration to achieve a **balanced position over the whole MTFS**. In order to support this and encourage longer term, sustainable savings, it is proposed that the Budget process seek to address the targets for each department for all years of the MTFS. Therefore **a mechanism will be developed to ensure any savings a department proposes for future years are recognised in that future year’s target setting rather than being “lost”; any additional pressures which arise are applied in the same ratio; and any one off savings come back in the future year targets for that department.**
- To closely scrutinise any requests for additions to the Capital Programme for 2024-25 requiring additional borrowing to consider the value for money of proposals and assess their impact on the affordability of the revenue budget and MTFS, ensuring that borrowing levels are maintained within appropriate prudent limits and the revenue budget remains robust.
- Select Committees to have a role as part of the budget-setting process, considering areas for savings in July 2023 and commenting on detailed proposals in November 2023.
- Final decisions about the 2024-25 Budget to be taken in February 2024 in line with the budget setting timetable as set out below.

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

- A review of all current pressures with a view to reducing the level required, which will include a process to challenge, understand, and approve all growth within 2024-25 Budget planning;
- A requirement that a business case is submitted for requests to access the £25m growth provision held corporately and that this will be subject to a prioritisation process as part of Budget Challenge;
- A review of all earmarked revenue reserves with a view to releasing funding where possible (noting that this would provide a one-off gain which would impact on the future year gap);
- A review of the Council’s commercial opportunities, including scope to achieve increased income;
- A review to consider the scope to extend existing saving proposals;
- Identification of new savings against the minimum target of £46.200m to enable Member choice;
- Consideration of opportunities for greater integration between performance reporting, business planning, and budget development; and
- An additional target of £10m to be delivered by the Strategic Review (SR) in 2024-25. It is proposed that any savings to contribute towards this SR target



should be brought forward through departmental saving development (i.e. the £10m forms part of the full £46m saving target allocated out).

- Consideration of the impact and budget requirements in relation to progress towards the proposed [County Deal](#).

3.3. It should be noted that the changes during the budget setting process may result in the saving targets currently allocated to Services being revised (and potentially materially increased) in the event that further pressures or income changes arise. Options to address any shortfall in savings to close the 2024-25 Budget gap will ultimately include:

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

3.4. The Budget agreed in February 2023 included a high level timetable for the 2024-25 budget process. The detailed timescales for internal budget planning activity will be confirmed following approval of the proposed approach by June Cabinet. The Budget process will also be informed through the year by any Government Budget announcements, Spending Reviews or other fiscal events, and Local Government Settlement, as well as any progress on reforms such as the Funding Review. The specific timing for these is currently unknown.

**Table 7: Proposed Budget setting timetable 2024-25**

<b>2024-25 Proposed</b>	<b>Time frame</b>
Cabinet review of the financial planning position for 2024-28 – including formal allocation of targets	5 June 2023
Scrutiny Committee	21 June 2023
Select Committee input to development of 2024-25 Budget – strategy	w/c 10 July 2023
Review of budget pressures and development of budget strategy and detailed savings proposals 2024-28 incorporating: <ul style="list-style-type: none"> <li>• Budget Challenge 1 (18 July 2023) – context / strategy / approach / outline proposals</li> <li>• Budget Challenge 2 (5 September 2023) – detail and final proposals</li> <li>• Budget Challenge 3 (12 December 2023) – if required</li> </ul>	April to December 2023
Cabinet approve final proposals for public consultation	2 October 2023
Scrutiny Committee	18 October 2023
Public consultation on 2024-25 Budget proposals, council tax and adult social care precept	Late October to mid December 2023
Select Committee input to development of 2024-25 Budget – comments on specific proposals	w/c 13 November 2023

<b>2024-25 Proposed</b>	<b>Time frame</b>
<i>Government Autumn Budget</i>	<i>TBC October / November 2023</i>
<i>Provisional Local Government Finance Settlement announced including provisional council tax and precept arrangements</i>	<i>TBC December 2023</i>
Cabinet considers outcomes of service and financial planning, EQIA and consultation feedback and agrees revenue budget and capital programme recommendations to County Council	29 January 2024
Confirmation of District Council tax base and Business Rate forecasts	31 January 2024
<i>Final Local Government Finance Settlement</i>	<i>TBC January / February 2024</i>
Scrutiny Committee 2024-25 Budget scrutiny	14 February 2024
County Council agrees Medium Term Financial Strategy 2024-25 to 2027-28, revenue budget, capital programme and level of council tax for 2024-25	20 February 2024

3.5. In respect of the allocation of 2024-25 savings, it is proposed to:

1. **Seek to deliver efficiency savings via a target of 3% applied to support services** (Strategy and Transformation and Finance). This approach recognises that work has been undertaken in the context of the Council's Strategic Review to design a corporate centre function with the right capability and capacity to support the wider organisation. It would be inconsistent with the overall rationale and approach of the Strategic Review if this newly established function were to be diminished through the application of an arbitrary budget target. However it is also recognised that it is appropriate to continue to expect these services to seek to deliver continuous improvement and value for money. The application of a 3% target recognises the challenge for the corporate centre to be more efficient in this context.
2. **Allocation of the remaining gap across the three front line departments**, based on applying the approach adopted in previous years. This is based on exclusion of "non controllable" spend, and ringfenced budgets, such as Schools, Public Health, and capital financing items and then allocating a target based on the overall proportion of the controllable budget.

3.6. This renders the following saving targets (rounded), representing the minimum savings level required to enable Member choice within the budget setting process for 2024-25:

**Table 8: Allocation of Saving Target by Department**

	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>	<b>Total MTFS saving target</b>	<b>Share</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>%</b>
Adults	20.700	16.100	19.600	7.800	64.200	44%
Children's Services	11.800	9.200	11.200	4.500	36.700	25%
Community and Environmental Services	11.400	8.900	10.800	4.300	35.400	24%
Strategy and Transformation	1.300	1.300	1.200	1.200	5.000	3%
Finance	1.000	1.000	1.000	0.900	3.900	3%
<b>Total</b>	<b>46.200</b>	<b>36.500</b>	<b>43.800</b>	<b>18.700</b>	<b>145.200</b>	<b>100%</b>

3.7. The above table assumes that the efficiency saving target is maintained across all years of the MTFS. The value reduces slightly over the MTFS as the savings assumed for previous years are delivered. This approach would mean that any increase in the gap that emerges during the budget setting process (whether in relation to 2024-25 or later years of the MTFS) would be distributed across the main three front line departments, with a resulting increase in the savings target for them to find.

## **4. Impact of the Proposal**

4.1. This paper sets out an outline timetable and approach to the Council's budget planning process for 2024-25, while recognising that significant risks and uncertainties remain. The proposals in this report are intended to:

- set the context for service financial planning for the year to come;
- provide a robust approach to tackling the budget gap forecast for the whole MTFS period;
- assist the Council in managing the continuing significant uncertainty around local authority funding including funding reform while providing sufficient flexibility to respond to any changes required; and
- contribute to the Council setting a balanced budget for 2024-25.

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

5.1. In the context of continuing significant financial pressures and delays to Government plans for funding reform, it remains critical that the Council has a robust approach to budget setting and the identification of saving proposals. After more than a decade of savings delivery, the ability to continue to identify achievable savings at the scale required is becoming increasingly challenged. The preparation of a balanced budget for 2024-25 is key to ensuring that the necessary resources are available to continue to progress with the

implementation of the Council's key strategic ambitions, as well as the delivery of crucial day to day services.

- 5.2. It therefore remains essential to continue to engage with Government, MPs and other stakeholders to campaign for adequate and sustainable funding for Norfolk to enable the delivery of vital services to residents, businesses and visitors. Although funding reform plans have been delayed, it is still important that Government focuses on this issue and provides guidance on the direction of travel for reforms, financial planning assumptions, and indicative funding allocations for the medium term, as soon as possible.
- 5.3. Although lower than that addressed for 2023-24, the size of the budget gap forecast for 2024-25 is such that there is still a risk that the Council will be obliged to consider reductions in service levels. As a result it is important that the process of identifying, and consulting on, savings proposals is undertaken as soon as possible and in particular that a full suite of proposals is brought forward for Cabinet to consider in October. This will provide adequate time for consultation and engagement work around saving proposals, which should, in turn, support effective mobilisation, implementation and delivery of any proposals that are ultimately agreed to provide a full year saving for 2024-25.
- 5.4. The Council's planning within the MTFS forecast is based on the position agreed in February 2023 and it is important to note that this will be kept under review throughout the 2024-25 Budget setting process, particularly in the event that further information about funding becomes available. It nevertheless remains prudent to establish a process to begin planning for savings at the level required to close the underlying gap identified in February 2023.
- 5.5. The proposals in the report are intended to reflect a proportionate response to the challenges and uncertainties present in the 2024-25 planning process and will ultimately support the Council to develop a robust budget for the year.

## **6. Alternative Options**

- 6.1. This report sets out a framework for developing detailed saving proposals for 2024-25 and at this stage no proposals have been agreed, meaning that a range of alternative options remain open.
- 6.2. In addition, there are a number of areas where Cabinet could choose to consider different parameters for the budget setting process, such as:
  - Adopting an alternative allocation of targets between services, or retaining a target corporately.
  - Considering an alternative timetable within the time constraints required to develop proposals, undertake public consultation, and meet statutory deadlines for the setting of council tax.
  - Changing assumptions within the MTFS (including the level of council tax assumed for planning purposes) and therefore varying the level of savings

sought. **Every 1% reduction in the level of council tax (or ASC precept) would equate to approximately £4.9m of additional savings to be identified as part of the 2024-25 Budget.**

6.3. The planning context for the Council will be updated if further information becomes available. Final decisions about the overall shape of the 2024-25 Budget, savings, and council tax will not be made until February 2024.

## **7. Financial Implications**

7.1. Financial implications are discussed in detail throughout this report, which sets out the proposed indicative savings targets which will need to be found by each department to contribute to closing the 2024-25 and future year budget gap, subject to formal approval by Full Council in February 2024. The proposals in the report will require services to identify further significant savings to be delivered against current budget levels. The experience of budget setting in recent years has demonstrated that the scope to achieve savings at the level required is becoming increasingly challenging in the context of service delivery expectations, and existing saving programmes.

7.2. The Council is legally required to set a balanced Budget annually and should plan to achieve this using a prudent set of assumptions. However, Cabinet could choose to vary the allocation of indicative targets between directorates, or to establish an alternative approach to identifying savings. Taking into account the savings already planned for 2023-24 and future years, the scale of the budget gap and savings required are such that if the Council is required to continue to identify and deliver savings at this level there remains a risk that this could threaten the Council's ability to continue to fully deliver its statutory responsibilities. As such the Government's response and decisions about Council funding in 2024-25 will be hugely significant. Any changes in Government funding could have a material impact on both the level of savings to be identified, and the Council's wider budget process. Government has hitherto failed to deliver the level of funding needed in recognition of the importance and costs of providing social care, and to adequately fund local authorities to provide these and other vital services. In spite of improvements in recent settlements, fundamentally there remains an urgent need for a larger quantum of funding to be provided to local government to deliver a sustainable operating environment for future years.

7.3. Work to deliver additional Government funding could therefore have an impact on the overall budget gap to be addressed. Equally, in the event that future funding allocations or reform sees resources shifted away from shire counties, the Council's forecast gap for 2024-25 or future years could increase. At this point, Government has not confirmed details of the proposed approach or timescales for consultation on funding reform, but they are not anticipated until 2025-26 at the earliest. Many key assumptions about 2024-25 funding remain to be confirmed and should be considered a key area of risk.

7.4. As a result of the above, the budget setting process and savings targets will be kept under review as budget planning progresses. In the event that additional budget pressures for 2024-25 emerge through budget planning, there may be a requirement to revisit the indicative saving targets.

## 8. Resource Implications

8.1. **Staff:** There are no direct implications arising from this report although there is a potential that staffing implications may be linked to specific saving proposals developed. These will be identified as they arise later in the budget planning process.

8.2. **Property:** There are no direct property implications arising from this report although existing saving plans include activities linked to property budgets and assumptions around capital receipts to be achieved.

8.3. **IT:** There are no direct IT implications arising from this report although existing saving plans include activities linked to IMT budgets. In addition, activities planned within Business Transformation will include further work to deliver savings through activity related to digital and IT initiatives.

## 9. Other Implications

9.1. **Legal Implications:** This report sets out a process that will enable the Council to set a balanced budget for 2024-25 in line with statutory requirements, including those relating to setting council tax, and undertaking public consultation.

9.2. **Human Rights implications:** No specific human rights implications have been identified.

9.3. **Equality Impact Assessment (EqIA) (this must be included):** Any saving proposals with an impact on service delivery will require public consultation, and an Equality Impact Assessment of all proposals will need to be completed as part of budget-setting in due course. The results of public consultation and the findings of all EqIAs will be presented to Cabinet in January 2024 in order to inform budget recommendations to County Council.

9.4. No specific EqIA has been undertaken in respect of this report, although the EqIA in relation to the 2023-24 Budget can be found as part of the [budget papers considered in February 2023](#)

9.5. **Data Protection Impact Assessments (DPIA):** N/a

9.6. **Health and Safety implications (where appropriate):** N/a

9.7. **Sustainability implications (where appropriate):** There are no direct sustainability implications arising from this report although existing 2023-24

budget plans include funding for activities which may have an impact on the environmental sustainability of the County Council through the delivery of the Environmental Policy. These issues were considered in more detail within the February budget report to Full Council. Further details are set out in the [Norfolk County Council Climate Strategy](#) considered by Cabinet in May 2023 (agenda item 8). Ultimately sustainability issues and any associated financial implications in relation to either new 2024-25 proposals, or activities developed during 2023-24, will need to be fully considered once such initiatives are finalised, and ultimately incorporated as part of budget setting in February 2024.

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

## **10. Risk Implications/Assessment**

10.1. Significant risks have been identified throughout this report. Risks in respect of the MTFS were also set out within the February 2023 report to Full Council.

10.2. A number of significant uncertainties remain which could have an impact on the overall scale of the budget gap to be addressed in 2024-25, linked to ongoing uncertainty around local government (and wider public sector finances) including:

- further “cost of living” pressures and the wider economic impacts, including impact on demand for services (including the ongoing impact of the war in Ukraine and the impact on energy costs and inflationary pressures);
- implications of increases in the National Living Wage;
- the progress of funding reforms (previously the Fair Funding Review) now likely to be developed for implementation in 2025-26;
- Government decisions about the council tax referendum limit or further ASC precept flexibilities in 2024-25 and beyond;
- the need for a long-term financial settlement for local government;
- delivery of other reforms to local government funding including further details of the approach to Adult Social Care reforms to implement the cap on care costs, and changes to other funding streams;
- progress on delivery of the Safety Valve programme and implementation of Local First Inclusion within Children’s Services;
- progress of various elements of Government policy including levelling up, delivery of the County Deal, and the Shared Prosperity Fund.

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

- RM001 – Infrastructure funding requirements
- RM002 – Income streams.
- RM006 – Service delivery – The potential risk of failure to deliver our services within the resources available for the period 2022-23 to the end of 2023-24.
- RM022b – EU transition
- RM027 – MyOracle
- RM030 – Non-realisation of Children’s Services Transformation change and expected benefits
- RM031 – NCC Funded Children's Services Overspend
- RM033 – Norwich Western Link Project
- RM035 – Adverse impact of significant and abnormal levels of inflationary pressure on revenue and capital budgets
- RM039 – ASSD financial, staffing & market stability impacts due to implementation of social care reform

Further details of all corporate risks, including those outlined above, can be found in Appendix C of the [April 2023 Risk Management report to Cabinet](#) (item 12). There is close oversight of the Council’s expenditure with monthly financial reports to Cabinet. Any emerging risks arising will continue to be identified and treated as necessary.

## 11. Select Committee comments

- 11.1. Select Committees provided commentary and input to the 2023-24 Budget process during budget development, and this was reported to Cabinet at various stages of the process. No specific input has been sought from Select Committees in respect of this report, however Select Committees are expected to again have the opportunity to comment when they consider the implications of 2024-25 budget setting for the service areas within their remit when they meet during the year as set out in the proposed timetable.

## 12. Recommendations

- 12.1. Cabinet is recommended:

1. **To consider the overall budget gap of £126.522m included in the Medium-Term Financial Strategy (MTFS) set by Full Council in February 2023, and agree:**
  - a. **the gap of £46.216m to be closed for 2024-25; and**
  - b. **the extension of the MTFS by a further year (to 2027-28), adding a further £18.689m to the gap and resulting in additional pressure assumptions to be addressed and leading to an overall gap for planning purposes of £145.211m over the next four years. (Section 2).**



2. To review the key budget risks and uncertainties as set out in this report. (Section 10).
3. To consider the principles of the proposed approach to budget setting for 2024-25, noting that there may be a need for flexibility within both the process itself and the assumptions applied, and agree:
  - a. the process and indicative timetable set out in Section 3, including the proposed consultation process for 2024-25.
  - b. that there should be a detailed review of cost pressures and growth already provided within the Budget (including 2023-24 inflation provisions) against actual costs experienced to identify any opportunities for budget reduction.
  - c. the minimum savings targets allocated to each Department to be found (Table 8), and that these will be kept under review throughout the budget process.
4. To approve the initial budget virements for 2023-24 as set out in Appendix 1, reflecting budget transfers for whole services between departments as a result of the Strategic Review, while noting:
  - a. The virements do not change the overall Council Budget.
  - b. That there will be further 2023-24 budget virements as a result of the Strategic Review, which will be reported for approval as required later in the year through regular financial reporting to Cabinet.

### **13. Background Papers**

- 13.1. Background papers relevant to this report include:

[Norfolk County Council Revenue and Capital Budget 2023-24 to 2026-27, County Council 21/02/2023, agenda item 5](#)

[2023-24 Budget Book](#)

[Better Together, for Norfolk](#)

[Corporate Delivery Plan and Corporate Delivery Plan – Annual Report 2022-2023, Cabinet 10/05/2023, agenda item 11](#)

[Finance Monitoring 2022-23 Outturn Report, Cabinet 05/06/2023 \(on this agenda\)](#)

[Risk Management, Cabinet 03/04/2023, agenda item 12](#)

**Officer Contact**

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## Appendix 1 – 2023-24 Budget reconciliation

The following tables provide a summary of the adjustments between the Net Budget position presented to County Council in February 2023, and the Net Budget position which appears in the [2023-24 Budget Book](#) and will form the basis for 2023-24 monitoring in future reporting to Cabinet. These adjustments **do not change the overall County Council Budget for 2023-24**, but instead reflect the changes arising from the transfer of whole services from the Finance and Commercial Services budget into other Departments from April 2023, following the departure of the Executive Director of Finance and Commercial Services. It should be noted that there will be further budget changes (below whole team level) as a result of the detailed implementation of the Strategic Review, but these will be completed as in-year 2023-24 budget adjustments when the final details are known as implementation progresses, and will be reported through 2023-24 financial monitoring to Cabinet later in the year. Further details are set out in the [2023-24 Budget Book](#).

	<b>Adult Social Services £m</b>	<b>Children's Services £m</b>	<b>Community and Environmental Services £m</b>	<b>Strategy and Transformation £m</b>	<b>Finance and Commercial Services £m</b>	<b>Finance General £m</b>	<b>Total £m</b>
Net Budget 2023-24 as per Full Council February 2023	249.481	232.593	177.109	12.761	35.793	-214.029	<b>493.707</b>
<b>Adjustments</b>							
Public Health	0.045	0.000	-0.045	0.000	0.000	0.000	<b>0.000</b>
Corporate Property Team	0.000	0.000	13.303	0.000	-13.303	0.000	<b>0.000</b>
Procurement	0.000	0.000	1.388	0.000	-1.388	0.000	<b>0.000</b>
IMT	0.000	0.000	0.000	10.180	-10.180	0.000	<b>0.000</b>
Combine Finance and Finance General	0.000	0.000	0.000	0.000	-214.029	214.029	<b>0.000</b>
<b>Total 2023-24 c/f below</b>	<b>249.526</b>	<b>232.593</b>	<b>191.754</b>	<b>22.941</b>	<b>-203.107</b>	<b>0.000</b>	<b>493.707</b>

<b>Net Budget</b>	<b>Adult Social Services £m</b>	<b>Children's Services £m</b>	<b>Community and Environmental Services £m</b>	<b>Strategy and Transformation £m</b>	<b>Finance £m</b>	<b>Total £m</b>
2023-24 (adjusted)	249.526	232.593	191.754	22.941	-203.107	<b>493.707</b>
2024-25	256.555	248.053	199.830	23.675	-160.776	<b>567.337</b>
2025-26	269.342	258.194	207.359	24.828	-134.912	<b>624.811</b>
2026-27	282.680	268.118	214.335	25.935	-106.160	<b>684.908</b>
2027-28	298.500	278.400	221.615	26.967	-105.079	<b>720.403</b>

## People and Communities Forward Work Programme, 2023-24

### Actions

1. To agree the forward plan and suggest reports for future meetings

Date	Report	Issues for consideration	Cabinet Member	Exec Director
15 September 2023	Norfolk Safeguarding Adult Board Annual Report		Cllr Alison Thomas	Debbie Bartlett
	Winter Planning		Cllr Bill Borrett	Debbie Bartlett
	Adult Social Care Digital Strategy		Cllr Alison Thomas	Debbie Bartlett
	Children's Social Care review and Norfolk Response		Cllr Penny Carpenter	Sara Tough
	SEN policy and inspection framework		Cllr Penny Carpenter	Sara Tough
	Safety Valve and Local First Inclusion		Cllr Penny Carpenter	Sara Tough
	Home to School Transport		Cllr Penny Carpenter	Sara Tough
	Short Breaks Strategy		Cllr Penny Carpenter	Sara Tough
17 November 2023	Norfolk Armed Forces Community Covenant – Annual		Cllr Margaret Dewsbury	Grahame Bygrave
	Financial and Strategic Planning 2024-25		Cllr Andrew Jamieson	Harvey Bullen
	Schools Local Growth and Investment Plan		Cllr Penny Carpenter	Sara Tough
	Recreational Drugs and Alcohol Task and Finish Group		Cllr Bill Borrett	Stuart Lines
19 January 2024				

<b>15 March 2024</b>				

**Information to be sent to Members as briefing notes:**

- Home Schooling – March 2023
- Update on the music service – Month TBC
- carers social impact bond – **Month TBC**

**Items to be scheduled as reports:**

- Update on SEND transformation programme and new SEND units - **month TBC**
- Task and finish group to consider how a code of conduct can be agreed to govern discussion of sensitive issues – **Month TBC**
- Carers Strategy – **Month TBC**
- processes in place around new foster carers and re-registration of returning foster carers – **Month TBC**

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