

People and Communities Select Committee

Date: **13 November 2020**
Time: **10am**
Venue: **MS Teams (virtual meeting)**

To view the meeting please follow this link: https://youtu.be/R_eq5bUiymq

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

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

Membership:

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

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

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

Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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A g e n d a

1 To receive apologies and details of any substitute members attending

2 Minutes

To agree the minutes of the meeting held on 18 September 2020

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3 Members to Declare any Interests

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

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

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

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

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

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

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

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

5 Public Question Time

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by

the Committee Team (committees@norfolk.gov.uk) by **5pm Tuesday 10 November 2020**

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

6 Local Member Issues/Questions

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Tuesday 10 November 2020**

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| | Report by the Executive Director of Children's Services | |
| 8 | Children & Young People's Mental Health Transformation – update | Page 26 |
| | Report by the Executive Director of Children's Services | |
| 9 | Special Educational Needs (SEND): Performance Framework | Page 47 |
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| 10 | Carers Charter Progress Report | Page 58 |
| | Report by the Executive Director of Adult Social Services | |
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Date Agenda Published: 5 November 2020



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**People and Communities Select Committee
Minutes of the Meeting Held on 18 September 2020 at 10am
on Microsoft Teams (virtual meeting)**

Present:

Cllr Shelagh Gurney (Chairman)

Cllr David Bills
Cllr Penny Carpenter
Cllr Ed Connolly
Cllr David Harrison

Cllr Brenda Jones
Cllr Chrissie Rumsby
Cllr Thomas Smith
Cllr Mike Smith-Clare
Cllr S Young

Substitute Members Present:

Cllr Steffan Aquarone for Cllr Tim Adams
Cllr Ron Hanton for Cllr Fabian Eagle
Cllr Mark Kiddle-Morris for Cllr Fran Whymark

Also Present

Debbie Bartlett	Assistant Director - Strategy & Transformation, Adult Social Services
Philip Beck	Head of Community and Partnerships (East and North Norfolk), Children's Services
James Bullion	Executive Director of Adult Social Services
Chris Butwright	Head of Public Health Performance & Delivery, Public Health
Cllr Mick Castle	Norfolk County Council Independent Member for Yarmouth North and Central
Craig Chalmers	Director of Community Social Work, Adult Social Services
Laura Clear	Director of Community Health and Social Care Operations, Adult Social Services
Nick Clinch	Assistant Director Social Care & Health Partnership Commissioning, Adult Social Services
John Crowley	Assistant Director, Learning and Achievement, Children's Services
Leon Ringer	Senior Programme Accountant
Chris Snudden	Director of Learning and Inclusion, Children's Services
Sara Tough	Executive Director of Children's Services
James Wilson	Director of Quality and Transformation, Children's Services

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Tim Adams (Cllr Steffan Aquarone substituting), Cllr Fabian Eagle (Cllr Ron Hanton Substituting) and Cllr Fran Whymark (Cllr Mark Kiddle-Morris substituting).

2. Election of vice chairman

- 2.1 The Chairman proposed Cllr Ed Connolly. Cllr Ed Connolly was duly elected as Vice-Chairman for the meeting.

3. Minutes of last meeting

- 3.1 The minutes of the meeting held on 17 July 2020 were agreed as an accurate record.
- 3.2 The Chairman confirmed that the information on the music service and adventure centres which had been previously requested would be added to the forward plan; the Chairman had a meeting organised with officers to look at forward planning.

4. Declarations of Interest

- 4.1 Cllr Thomas Smith declared an interest as he had grandparents in receipt of care packages from Norfolk County Council.

5. Items received as urgent business

- 5.1 There was no urgent business discussed.

6. Public Questions

- 6.1 No public questions were received.

7. Member Questions and Issues

- 7.1 One Member question was received from Cllr Emma Corlett; the answer was published [online](#) and circulated by email to Cllr Corlett.
- 7.2 Cllr Corlett emailed a supplementary question which was read out in the meeting: "The EDP reported the story on 10 September. Please can you confirm when you as Chair received each of the briefings that you refer to."
- 7.3 The Chairman clarified that she had not attended any meetings of the board for some time. She did not have the dates to hand to answer Cllr Corlett's question and agreed to send a written response.

8. Adult Social Care Winter Resilience Planning

- 8.1.1 The Committee received the report setting out development of the Adult Social Services winter plan which included intentions for service delivery and design during the 2020/21 winter period to prepare the organisation to maintain high quality and safe service provision during winter and support system partners to deliver effective flow between providers.
- 8.1.2 The Assistant Director of Social Care & Health Partnership Commissioning introduced the report to Members:
- There would be greater challenges for Adult Social Services this winter, 2020-21, due to strain from the Covid-19 pandemic on top of the usual winter flu pressures
 - The framework document set out in the report detailed schemes which were already underway and planning to be completed in the coming months
 - Specific challenges had been identified: supporting the care market with the impact of Covid-19; supporting the workforce; and new discharge arrangements

- Key themes to take forward with partners were: supporting the needs of residents; supporting the care provider market; supporting the pressure on the NHS; and supporting resilience of the workforce
- Officers were looking into whether the care unit set up to provide additional capacity during the first wave of the pandemic would be needed during winter 2020-21

8.2 The following points were discussed and noted:

- It was queried whether support for the Norfolk care market included those cared for at home by relatives; the Assistant Director of Social Care & Health Partnership Commissioning confirmed work was in place to support reablement at home and wraparound care and to ensure the advanced care service included care at home
- It was clarified that the most recent guidance around hospital discharge had been released 3-4 weeks prior and officers were still working with providers around how this could be implemented.
- Information was requested on how many care and voluntary providers were at risk of closure. Work to look at the resilience of the care market was underway, and the outcome of this work was **requested** by the Committee. Officers had been working with the voluntary sector to support them where possible.
- The shortage of registered nurses in the NHS and the impact of Brexit on European staff leaving the care sector was noted. The Assistant Director of Strategy & Transformation reported that discussions with staff to understand pressures and strong relationships with the care sector had helped the Council to support them with infection control and access to PPE. Learning from the first wave of the pandemic would help support staff resilience in the event of a second wave.
- A Care Market Programme Steering Group was in place to provide support to the care market over the winter.
- The training programme working with care partners was well established and officers were looking at expanding this to ensure training was in place for winter
- Cllr Young raised a concern about home carers with some agencies not being regularly tested; the Director of Community Social Work asked to speak to Cllr Young outside of the meeting about the particular case she was referring to.
- The work of unpaid carers was recognised; a new service for unpaid carers had started in Norfolk which was looking at how support for carers could be expanded
- Mechanisms in place to hear feedback from frontline staff on lessons learned from the first wave was queried. The Assistant Director of Strategy & Transformation confirmed that to hear feedback from teams, two meetings were held each week with managers, team manager and practice consultant virtual meetings were held, and calls were made to managers by the Change and Engagement Team. Daily meetings were held with operational teams in the NHS to discuss issues.
- In preparation for the first wave of the pandemic, community response teams of redeployed staff were set up; officers felt that this response would be important moving forward to help swift discharges from hospital. Some occupational therapists were coming out of hospitals from the 28 October 2020 to support the discharge response, home first principal and wraparound of care.
- The beds with care model in Great Yarmouth was queried; the Assistant Director of Social Care & Health Partnership Commissioning confirmed that this model of service was a short-term option for people needing temporary care on discharge from hospital. Discussions were underway between the Council and Clinical Commissioning Group about expanding this for the winter period.
- The Assistant Director of Social Care & Health Partnership Commissioning was not aware of any cases of care homes being put under pressure by high numbers of patients discharged from hospital with Covid-19. Officers were working on

the discharge processes to ensure they were robust in preparation for winter 2020-21 and looking into setting up isolation spaces for care settings

- Concerns were raised about staff in private care homes being paid low wages and the impact of this on personal finances and ability to take time off work when ill; the Director of Community Social Work reported that through work carried out with care homes it was known that all care staff in Norfolk were on at least minimum wage, and Adult Social Care had supported providers to meet pressures so staff could self-isolate if needed. The Council was working with care and NHS colleagues to ensure staff were tested when necessary however work was needed to decide on testing priorities. There was a community response in place for people who would struggle to self-isolate including support packages
- Test and Trace figures for Norfolk were **requested**. The Head of Public Health Performance & Delivery replied that the figures were reported regularly on the Office for National Statistics and Public Health England websites by district and ward level and **agreed** to circulate website details to Members after the meeting.
- Members wanted to know how carers would be supported to stay well; the carers' service would provide support for carers and look at what further could be done. The specification would look at support which could be provided for carers in the case of a second wave of Covid-19 and during the winter. Most unpaid carers needed quick advice and support, so this was the foundation of the support service. The community cell working with early help hubs and volunteers were also providing support to service users and carers
- Work being done to reduce deaths caused by Covid-19 in care homes was queried; officers reported that infection control work with the Norfolk Care Association had helped and money had been given to care providers by the Council to support them with this. Through regular contact with care providers and work with the Norfolk Care Association the sector was preparing as rapidly as possible for the coming winter.

8.3 The Committee **READ** and **COMMENTED** on the emerging winter planning arrangements in the report and Appendix 1 of the report.

9. Carers Charter Working Group

9.1.1 The Committee received the report setting out a proposal to update the Terms of Reference for the Carers Charter Working Group to make it a formal working group of the People and Communities Select Committee that will oversee the pledges made within the charter and promote the principles of the charter

9.1.2 The Assistant Director - Strategy & Transformation, Adult Social Services, introduced the report to the Committee

- The next meeting of the working group would look at next steps for the group. So far, they had looked at raising the profile of carers and co-production of services
- The number of carers on the group had recently been increased

9.2.1 The Chairman noted that the group was proposed to be set up as a sub committee of the People and Communities Committee and noted the good work of the group.

9.2.2 The following points were discussed and noted

- Cllr Aquarone **proposed** that a commitment was built into outcomes the next wave of work of the working group that guarantees against the eventuality of removal of opportunity for people to have carers by being forced into poverty caused by living

with a disability; the Assistant Director - Strategy & Transformation, agreed to take this forward and suggested that the Carers Rights day could be an ideal situation to take this forward.

- it was queried whether the remit of the group could be looked at to take into account the impact of Covid-19 on carers; The Assistant Director - Strategy & Transformation, Adult Social Services **agreed** that this could be included under work to include engagement from the health sector in the working group
- The committee noted the good work done by the Committee

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

10. Educational Achievement of Boys

10.1.1 The Committee considered the report setting out how successes in raising outcomes in Early Years would be built on so that more boys enter school with the language skills they need to learn effectively. It describes how a refreshed approach to school improvement, enabled by a new Norfolk Commissioning Hub and a realignment of teaching and learning advisers, will better support improvement in the school system.

10.1.2 The Director of Learning and Inclusion introduced the report:

- The responsibility for school improvement lay with schools and school trust boards; the Local Authority's responsibility was to challenge and hold them to account
- Schools were designing bespoke programmes for children to help them catch up after the period of not being at school during the pandemic
- The education service had been reconfigured to better respond to priorities in Norfolk. Support for learning in schools sat with the achievement and learning service
- Through the Covid-19 crisis there had been high levels of engagement with schools in design of the recovery curriculum around English and maths
- performance in maths had improved in recent years; performance in English was below the national average, and this affected performance of boys. The attainment gap between boys and girls in Norfolk was no worse than nationally, however, it was recognised that the gap was still significant.
- The difference in sustaining destinations between boys and girls was driven by a lower performance in English by boys further down in the education system
- The focus for improving outcomes for boys was working with colleagues in health and the families' services to strengthen language development and reading in primary school; there was good engagement with secondary academies with an aim to steer English development at secondary and primary schools

10.2 The following points were discussed and noted:

- It was noted that support for parents was an important aspect of improving outcomes for children; officers reported that during the pandemic there had been good engagement with the library service and summer reading programme and the learning curriculum team had engaged with parents by social media, for example, bounce and rhyme sessions were now available online. There had been work with the early childhood development service around promoting home learning including distributing learning physical and online resource packs for children aged 0-5. Officers had also worked with early years settings on promoting

a language rich environment and continued to engage with families who needed targeted support through home visits.

- A Member discussed findings from a study by the University of Cambridge on raising boys' achievement which found that intervention strategies, while effective in raising boys' achievement, also raised the achievement of girls, maintaining the achievement gap. The Member noted that other factors were involved in the achievement gap and suggested data should be split into smaller areas so these factors could be targeted. The Assistant Director, Learning and Achievement, Children's Services, confirmed that officers looked at financial and social disadvantage in different areas of the County
- It was queried how deep-rooted barriers to further education could be tackled, such as reduced vocational subjects in college caused by funding issues, and areas of the County where young people relied on seasonal employment which ended in October. Officers noted that education up to the age of 16 had a large influence after this age. It was also important to ensure provision existed for students to take up. The 14-19 strategy group met regularly with partners in the education and voluntary sector to look at provision in place for students post 16.
- It was noted that some young people in some areas of the County needed to earn money in seasonal employment to support their family. Officers had worked with East Norfolk 6th Form and East Norfolk College over the last months to ensure that bursaries and grants were available for students.
- A Member discussed how educational achievement related to poverty and felt support was needed in areas of deprivation and poverty to drive up aspiration
- It was discussed that splitting children into groups of boys and girls could improve attainment in some areas, such as for girls in maths, but had not shown the same improvement in attainment for boys; research showed that a mixed group had positive impact on attainment for all
- Councillors wished to be updated on the impact of the catch up programme over the coming year however the Government were looking at a sampling approach which would be difficult to report on; the Council would directly monitor Local Authority maintained schools by engaging with them but due to the sampling approach there would be no benchmarkable data.
- There was a discussion around books available in schools which appealed to boys. The Committee **requested** data on school library lending trends of boys compared to girls at different ages. the Director of Learning and Inclusion clarified that schools were encouraged to ensure 50% of books in their libraries were non-fiction. Some literature in the curriculum was chosen to encourage children to look at how characters responded emotionally, and this did not engage all boys in the same ways as it did with most girls.
- Cllr Castle, who was one of the Councillors who had requested this report, spoke to the Committee and officers. He discussed how, in the 1980s and 1990s, teaching methods and focus between coursework and exams was changed to encourage girls' learning. Cllr Castle noted that schools had few male role models with 15% of teachers in primary and 38% of teachers in secondary being male. There were now 300,000 more women than men in higher education and 14% more women in higher education. Cllr Castle welcomed the steps being taken in Norfolk and hoped feedback would be given on how this was bringing improvements, but also hoped that this would be raised nationally by MPs.

10.3 The Committee:

1. **NOTED** how education outcomes for boys and girls vary in Norfolk and nationally and the impact this has on their futures
2. **CONSIDERED** the strategies proposed to support improvement in teaching and

learning across Norfolk, and their alignment in raising outcomes for boys

10.4 The committee took a break from 12.01 until 12:10

11. Norfolk County Council budget planning 2020-21

11.1 The Committee received the report setting out the process of preparing the 2021-22 Budget and providing a key opportunity for the Select Committee to provide views on the approach to developing budget proposals.

11.2.1 The Director of Quality and Transformation, Children's Services introduced the key points related to Children's Services:

- Projects due to be delivered had been paused because of the pandemic and the delay had been built into the costs shown
- A surge in demand was anticipated due to hidden needs becoming apparent but the impact of this on costs was not yet known
- The transformation strategy centred around 5 themes: inclusion and bids to help more young people be educated in mainstream education; early intervention, prevention and early help, effective practice; edge of care and alternatives to care solutions; and managing and transforming the care market.
- The "no wrong door" initiative, working with the Department for Education and North Yorkshire Council, would be a main piece of work delivering savings in Children's Services in the next year 2021-22
- The pandemic had unlocked new opportunities for modernisation and efficiencies around use of technologies and buildings, reduced mileage and flexibility around ways of working.

11.2.2 The Assistant Director of Strategy & Transformation introduced the key points related to Adult Social Services:

- Increased volumes of people coming through Adult Social Care, higher prices for care and increased use of more costly short-term beds had meant it had not been able to be progress the transformation programme as hoped.
- There was a commitment to continue with the strategy of promoting independence, focussing on prevention, early help, reablement and market shaping as well as use of technology for staff and service users
- The theme for the out of hospital short term offer was being developed; the focus on the home first approach was an opportunity to look at the mix available and work with partners in the NHS to have the right support for people in the community
- The department had been working with community partners through the Community Capacity Cell to explore further community-based opportunities
- Digital opportunities had been realised moving forward and the pandemic had also realised benefits around staff mileage; officers would look at whether further benefits could be realised

11.3 The following points were discussed and noted

- At the start of the pandemic there was a reduction in demand in Children's Services due to the lockdown; this had increased to normal levels and a further increase in demand over autumn was expected now that children had returned to school.
- The number of children in care had been falling monthly in the run up to and remained level during the pandemic. This continued to be monitored
- The Children's Services savings portfolio was a mix of efficiency drives, prevention

and transformation.

- The Assistant Director - Strategy & Transformation, Adult Social Services, explained that the department continued to maintain statutory responsibilities and had stronger structures in place for holding discussions with the NHS.
- Cllr Brenda Jones **proposed** that the select committee recommend to Cabinet that they apply a precept to social care if the opportunity is offered by Government.

The Committee

- **CONSIDERED** and **COMMENTED** on the key issues for 2021-22 budget setting and the broad areas proposed for savings development in relation to the services within the Select Committee's remit, in order to provide input to the October Cabinet meeting and inform saving proposals put forward.
- **RECOMMENDED** to Cabinet that they apply a precept to social care if the opportunity is offered by Government

Forward plan

The Committee received and considered the forward plan for the Select Committee.

The following points were discussed and noted:

- The Chairman confirmed that the working group to look at quality of care raised by Cllr Tim Adams was being taken forward.
- A meeting was being arranged to agree how to take forward the requested report on outdoor learning, activity centres and music centres; the Chairman hoped that this could be brought to the November meeting
- A discussion was held about changes to home to school transport and requirements for this to be on crouching buses to meet disability access requirements. The Director of Learning and Inclusion **agreed** to meet with Cllr Kiddle-Morris to discuss local issues.
- It was **suggested** that the report that the ombudsman requested to be presented to Committee with updates on performance and Key Performance Indicators for 2 financial years was added to the forward plan
- A report on statistics related to library book borrowing by boys and girls at different ages was **requested**

The Meeting Closed at 12:47

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



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People and Communities Select Committee

Item No. 7

Report title:	Children's Services Transformation – update
Date of meeting:	13 November 2020
Responsible Cabinet Member:	Cllr John Fisher (Cabinet Member for Children's Services)
Responsible Director:	Sara Tough Executive Director of Children's Services

Introduction from Cabinet Member

This paper provides an update regarding the Children's Services Transformation programme. It is provided to ensure the Committee are sighted on the breadth and depth of this work, can see the impact to date and steer the future direction over the longer term.

Executive Summary

Norfolk County Council's Children's Services has established a major programme of transformational change, known as the Safer Children and Resilient Families (SCARF) Programme. The Programme aims to create a sustainable model of delivery over the long term, reducing pressure on demand-led budgets. It takes a whole-system approach where need is met earlier and more effectively, improving outcomes for families before statutory intervention is required.

The programme of work was established in 2018 and has a significant track record of success across several areas of work. In particular;

- Our social care delivery model has been significantly reshaped. This includes:
 - Introducing a new 'front door' model, which has been real success - we are now providing the right response to families first time and we have reduced unnecessary referrals to our teams
 - This year we have launched the new Intensive and Specialist Support Service – to meet family's needs earlier by creating an enhanced "team around the family", reducing the need more specialist support
- We are now supporting more families to stay together through effective intervention. Between January 2019 and September 2020, – there were 189 less children in care (excluding unaccompanied asylum seeking children) and we are continuing to sustain this trajectory month on month
- We are changing the mix of placements of children in care – reducing the reliance on external agencies and residential settings

- Our transformation programme has helped enable the department to currently project a balanced outturn position for 2020/21.
- The investment in transformation has proved successful during the last 24 months, with savings delivered in 18/19 of £0.56m (FYE £0.91m), £3.08m in 19/20, and forecast for 20/21 at £2.64m, with additional £7.9m transformation savings committed for 21/22 including £2.4m delayed from 20/21 due to COVID

However, we are still only about 24 months into a 5-year programme, there is a significant distance still to travel and the financial pressures across the Council will impact on Children's Services budget position, in particular in 2021/22.

The next phase of transformation has a particular focus on reducing the need for high cost care placements in residential settings and reducing the average unit cost of care.

This will include focusing on how we support children with increasingly complex needs and associated high costs placements, ensuring our transformation programme remains in step with our continued to respond to COVID 19 and delivering an increasingly complex programme of change as we continue to focus on reshaping the wider system across Norfolk.

Actions required

Committee are asked to comment in particular on the specific new ways of working and changes of approach highlighted including:

1. A shift in policy from the provision of long-term residential care to using residential provision as a time-limited intervention which aims to support all children and young people to move into family-based or independent care
2. Where residential care is used, an increased use of smaller in-house residential provision to support one or two young people with a high level of complex needs
3. Further extending our policy to help children remain at home, through access to community-based provision and trialling use of specialist outreach teams

It is also recommended that the Committee note the contents of the report and provide any other comments, to those reference above, to steer the direction of the work.

1. Background and Purpose

- 1.1. Children's Services in Norfolk continues to operate in a challenging context. Demand for core statutory services has now returned to pre-COVID levels and we are seeing some early signs for services in our Learning and Inclusion directorate of a surge in demand, e.g. an increased demand for inclusion support from schools. As well as managing our COVID recovery activities, we are focusing our transformation efforts on addressing high and increasing levels of need across numerous areas of service

and, in particular, in relation to children with special educational needs and children at risk of harm.

- 1.2. Although this is a challenging context, Norfolk County Council and its Children's Services are responding in a bold, positive and ambitious way. That began with the launch of the Norfolk Futures Transformation programme in the summer of 2017 and in particular for Children's Services in September 2017 when the business case for a major investment in transformational change was agreed at Policy and Resources Committee. That high-level business case committed an allocation of £12-15million of up-front investment in Children's Services to enable the development of new service models that can respond to the changing needs in communities and allow us to continue to achieve positive outcomes for children and families. During 2018 the Safer Children and Resilient Families (SCARF) Transformation Programme and team to support the implementation was established.
- 1.3. Children's Service has developed a clear direction of travel for the department through our Vital Signs for Children vision:



This articulates the practice model we want to embed and sets out five key principles for practice which guide how we want to work across the operating model and our transformation agenda.

- 1.4. The original case for change is outlined below:
 - To create a sustainable model of over the long term, reducing pressure on demand-led budgets
 - Develop a whole system where need is met earlier and more effectively, improving outcomes for families before statutory intervention is required
 - To enable more direct work with families
 - Changing our placement mix for children in our care to better meet need, to be more local and to be more cost effective

- To address increasing unit costs through smarter commissioning
- Creating the right education provision for children with special education needs
- Promote inclusion and increase the proportion of children educated in mainstream schools rather than specialist settings

1.5. The formal targets for the Programme, are currently:

- a) Reduce the number of referrals into social work teams to 6650 and the number of social work assessments to 6451 completed per year **by 2021/22**
- b) Reduce children in care rate per 10k to 62.5 **by 2021/22** (equivalent to 1111 Children in Care)
- c) To change the mix of placement for children in care, reducing the number of children living in residential care (to 85 children), external semi-independent provision and independent fostering (to 340 children) and increase the number of in-house fostering placements (to 519 children) **by 2021/22**
- d) To achieve total in year savings (net of demographic growth) of **£7.9m by 2021/22** and an additional **£9.6M by 2022/23**, in line with the current business planning process
- e) To increase the % of EHCP's completed within the 20-week timescale to **60% by end 2021** and **90% by end of 2022**, as agreed with Ofsted

2. Transformation Approach

- 2.1. The overarching ambition for the programme is described as supporting 'Safer Children, and Resilient Families'. At its heart the programme is about identifying the children and families who need extra help as quickly as possible and working alongside them to build their resilience to challenges – so that, ultimately, they can achieve positive outcomes without the need for lots of ongoing involvement from the local authority. It's a strengths-based early intervention model which aims reduce the number of children and families whose needs escalate to the point of crisis or the point at which they require high cost interventions or full-time local authority care. This kind of successful preventative and early intervention work can achieve better outcomes for children, families and communities whilst simultaneously reducing the costs to the County Council.
- 2.2. Alongside the focus on effective early intervention we are also delivering a number of major change initiatives aimed at transforming the provision we make for the children and young people who do need to come into local authority care or require specialist education support. Rather than relying only on the traditional placement models that the market provide we are instead taking a much more proactive approach – investing in our own provision, developing new types of care arrangement and putting much more creative packages of support in place for our children and young people.

2.3. We want to create a coherent model, with all of our proposals and innovations aligned to this overarching vision and direction and so we have developed a number of strategic themes under which to drive our work. The figure below provides a high-level overview.

Fig 1 - Overview of strategic themes in the Children's Services Transformation Programme



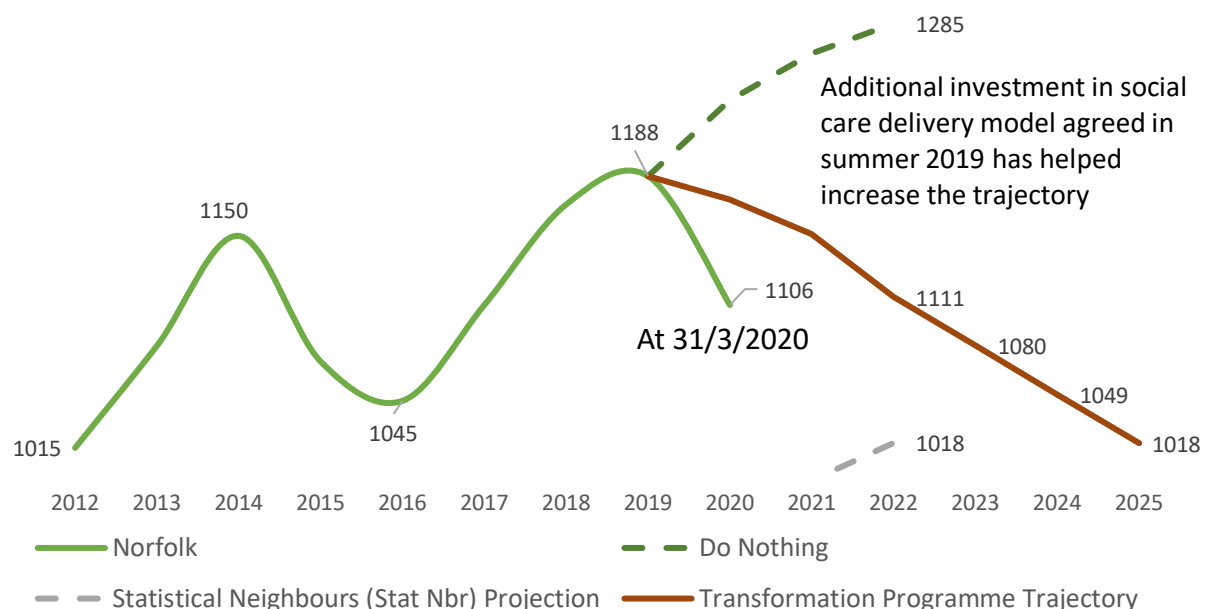
- 2.4. The transformation programme will impact on each area of Children's Services, on how we work with families, with each other within the Council and with our Partners. As part of this work we will be reshaping our policies and approaches to reflect our changed principles and ways of working.

3. Impact to date of transformation

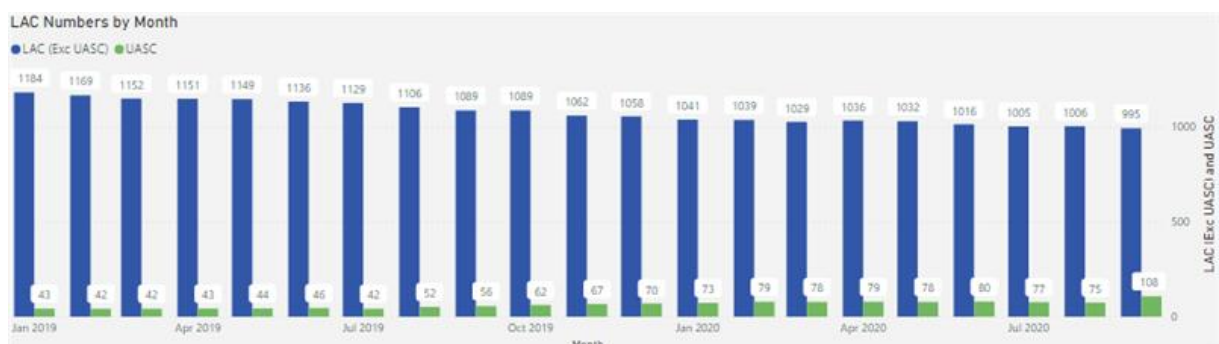
- 3.1. We are continuing to see the impact of the transformation programme against the targets agreed for the programme. This section will focus some of the high-level impacts against our original targets.

- 3.2. **The number of children in care is falling overall and we are supporting more unaccompanied asylum seekers**

Looked After Children trajectory



Graph 1



Graph 2

At the core of the transformation agenda is our aspiration to support families to stay together wherever possible – thereby reducing the number of children in local

authority care. Numbers of children entering and in care had been rising steadily over several years. Our original business case modelling forecast the number of children in care would reach 1222 by 2020/21 and prior to the transformation impact being realised, the number of children in care reached 1227 in January 2019.

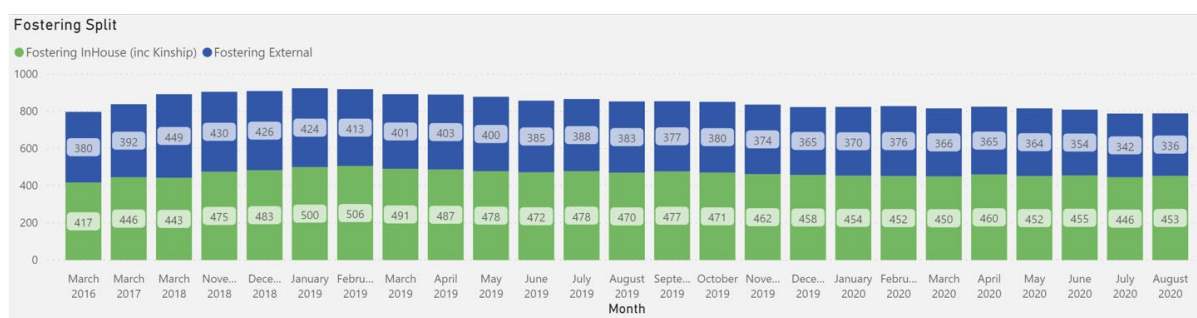
However, we are on track to be in line with statistical neighbours earlier than forecast (graph 1) – as our new operating model and ways of working continue to have effect.

Graph 2 shows the number of children that are looked after by Norfolk County Council. The overall figure is broken down to reflect the number of Unaccompanied Asylum-Seeking Children (UASC) looked after in Norfolk as part of the national protocol to support these young people. These headline figures include a significant recent increase, as we are supporting an additional 33 UASC in September, supporting our colleagues at Kent County Council.

We attribute this success to several factors

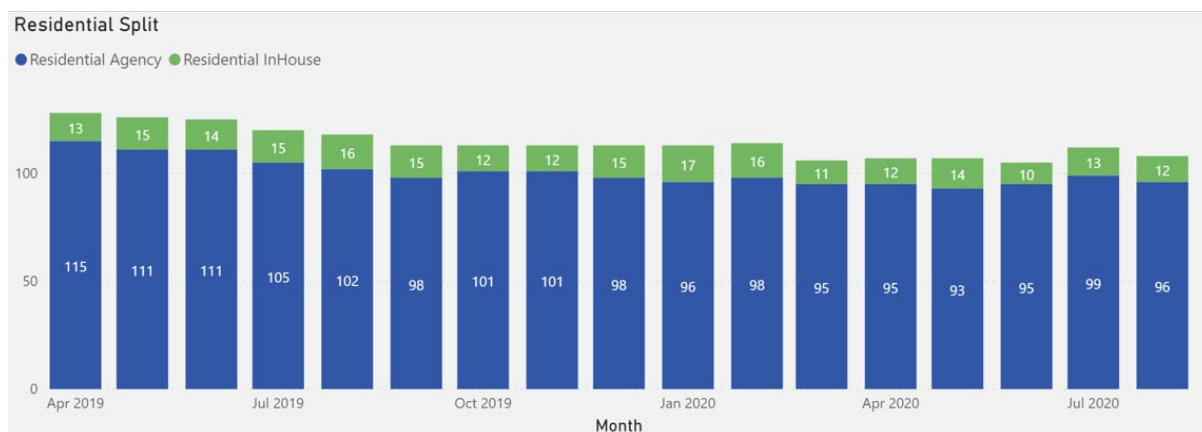
- The new social care operating model which is delivering higher quality relationship-based practice
- The reduced level of referrals meaning teams are able to work each case more effectively
- A strengthened process at the 'edge of care' with greater exploration of alternatives to care
- The new family networking model continuing to embed – with teams bringing extended family members into their thinking and empowering families to support themselves

3.3. Moving towards in-county, in-house, family-based care



Graph 3

Graphs 3 and 4 demonstrate how we are changing how we meet the needs of children in care. As part of our Family Values approach, we have used behavioural insight to re-shape our recruitment and support strategy, to dramatically increase the number of enquires and then convert these to more carers with equal focus on retention, support and use of existing carers to drive availability of placements. The graph above highlights how we are reducing our reliance on the external market (currently 57% of placements are with in-house foster carers), driving improved outcomes for children and contributing to reducing our expenditure.



Graph 4

Graph 4 is showing an overall reduction in the number of children placed in residential accommodation. We have seen a positive impact from semi-independent and enhanced fostering projects contributing to this reduction, as well as the impact of fewer children coming into care. However, we do have concerns about individual placements where children have complex needs and where we do not have sufficient specialist placements in Norfolk and associated cost impact on our budgets. Part of transformation programme will look to address some of these challenges.

3.4. The modelled cost of placements for children in care is therefore also reducing and looking better than target



Graph 5

At a point in time, this graph tracks the estimated annual placement costs for our looked after children. The figures are also broken down to exclude the cost of Unaccompanied Asylum-Seeking Children (UASC), because additional funding is received from the Home Office to support these children.

The sustained reduction of children in our care is having a positive impact on the total cost of placements in 2020-21 compared to 2019-20. However, we know that this area of our budget is still impacted by small number of very high costs placements, currently the overall average cost per looked after child is £50k per annum compared to £42k per annum in April 2019.

Our next phase of transformation will focus on addressing this challenge, including introducing the No Wrong Door model, continuing to reshape our in-house residential

estate by increasing our sufficiency for this cohort by looking to build solo / dual placement homes and our CWD transformation.

3.5. The next phase of transformation has a particular focus on reducing the need for high cost care placements in residential settings and reducing the average unit cost of care

Although we have now implemented several successful schemes to re-shape the care market in Norfolk, reducing our reliance on independent fostering placements and achieving some reduction in number of children in residential care we have not significantly reduced the average unit cost of care provision.

This is primarily because of an increasing trend in the numbers of very high cost care packages – in particular for children with disabilities; young people who have experienced significant trauma, with severe mental health challenges and or exhibiting very challenging behaviour. In these instances quite often there is a need for two or even three to one care and supervision being provided at all times as well as a packages of education, physical and mental health support which clearly comes at a very high cost. The increase in the most complex care packages, coupled with overall rising costs in the care market and the plateauing of numbers of children in residential provision have offset the financial gains from fewer children coming into care and have kept the overall cost of placements comparatively high.

As well as the financial imperative, the continued reliance on 24-hour care institutions does not generally represent a good outcome for a child or young person and is not aligned with our goal to provide family-based care. Wherever possible we want children to be included in mainstream education and support settings, to live at home or in family-based care and to have the most 'normal' experience of childhood as possible.

As such the next phase of our transformation programme is focussed very clearly on implementing new approaches which can reduce the reliance on long term residential placements and very high cost complex packages. In particular we hope the No Wrong Door Programme and plans for new support hubs for children with disabilities will have a major impact on both outcomes and costs for these cohorts of children and young people.

3.6. Establishing more high quality and value for money provision for children with disabilities

As part of our approach to support the increasingly complex needs of the children and families we are working with, and associated high costs with this cohort, we are undertaking an ambitious transformation initiative to support children with disabilities. The key transformation themes we want to address are:

1. Ensuring the **right placement mix** for children and their families including in **house foster carers** and access to **emergency placements and overnight short breaks** if needed
2. Teams can access to **specialist support** and the children/families they are supporting
3. **Keeping children at home** and ensuring **access to community-based provision**
4. Making sure our Teams are set up in the right way and have **access to specialist training**

5. Piloting new types of delivery through **specialist emergency outreach** and **specialist family support teams**
6. Developing resources and expertise to support **children and families with an autism diagnosis** which is leading to **challenging behaviours**
7. Simplification of **assessment processes** and alignment with **SEN Transformation and Preparing for Adult Life (PfAL) service**

This is a complex area of transformation that overlaps with a number of other programme strands. To enable this area to realise benefits as quickly as possible for children and families, we have broken the project down into a number of phases. The first phase of the project is outlined below and is being implemented:

- **Phase 1 –**
 - **Springwood** - Repurposing existing provision to become emergency residential provision for young people in crisis, where we do not currently have emergency/crisis provision available for this CWD cohort
 - **CWD Outreach Service** - Creation of a new outreach team for Children with Disabilities and their families to reduce our reliance on agency support within the home, which is expensive, often long-term and allows little opportunity for collaborative work with social work teams and other professionals

To complement phase 1, we are exploring the opportunities to create new CWD “hubs” to establish more high quality and value for money provision for children with disabilities.

The proposed “hubs” will build on our phase 1 implementation to provide activities and services for families which may include:

- 52-week placements
- 38-week placements
- Access to day care provision
- Support with challenging behaviours – for young people and families
- Speech and Language Therapy
- Mental Health Services
- Outreach Service

They will be active and vibrant hubs combining overnight and day activities – encouraging young people to explore their potential and work towards future independent living with the support of their families.



Some of the key drivers and ideas about what we could achieve are listed below:

- Currently, for children with disabilities (especially autism) we often require a complex package of support which incorporates care, accommodation, suitable education and both physical and mental health support.
- This integrated package is only currently available at very high cost in the independent sector (often out of County)
- We would like to jointly design and create our own Norfolk model which can respond to these needs in an integrated way
- We hope to be able to meet needs at lower unit costs through a number of multi-agency, multi-function hubs
- We are already developing the capacity to deliver preventative outreach which keeps families together. We could aim through this work to support reunification after a time in care, and prepare for greatest possible independence in adulthood – all of which can contribute to reduced costs

This is an exciting and complex area of transformation that will help to improve outcomes for children and families and is a key initiative for the next phase of the transformation programme.

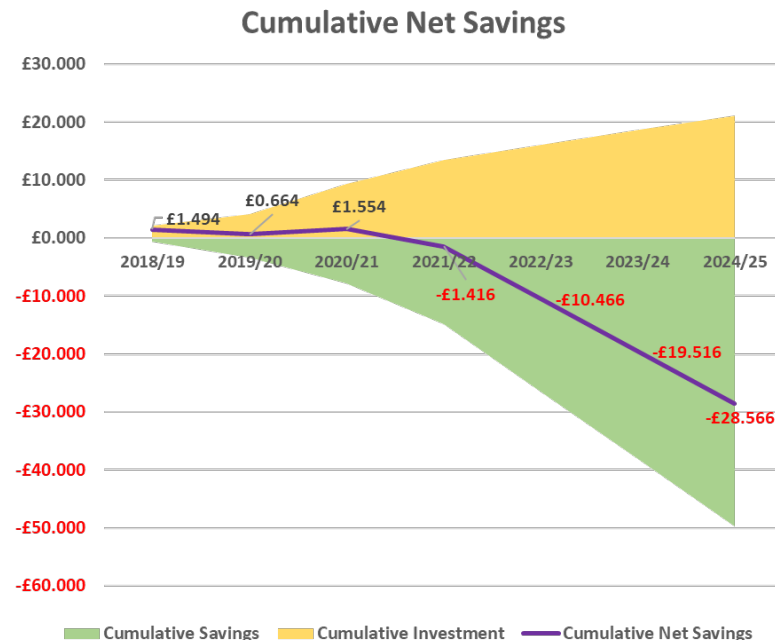
4. Financial Implications

- 4.1. Despite ongoing demand and increasing complexity of need there has been a sustained reduction in children looked after numbers over the past 18 months, which has driven a sustained reduction in the annualised children in care placement costs as a result of volume.

The investment in transformation has proved successful during the last 24 months, with savings delivered in 18/19 of £0.56m (FYE £0.91m), £3.08m in 19/20, and

forecast for 20/21 at £2.64m, with additional £7.9m transformation savings committed for 21/22 including £2.4m delayed from 20/21 due to COVID (on an iterative basis).

Even with the impact of COVID-19 on transformation activity the programme remains forecast to break even in 2020/21



4.2. Going forward, the overall financial position for CS remains difficult, in particular the wider financial pressures for the Council in 2020/21. The transformation programme will continue to play a significant part in helping Children's Services realise significant financial savings in future financial years.

4.3. From a financial perspective there are a number of key risks that could impact of the financial position of the department during 2020/21, including:

- Any surge or second peak could lead to unpredictable demand for social care support and placements, and could disrupt current, stable placements
- Increased infection rates or further central government restrictions could lead to transport providers not fulfilling contracts or incurring increased costs
- A significant degree of uncertainty remains in relation to expenditure and income for Children's Services as a result of Covid-19 in the medium-to-longer-term
- Delays exceeding 6 months in relation to lost transformation savings as a result of the Covid-19 response will incur additional pressures

5. Looking ahead

5.1. In addition to our CWD transformation programme, we will continue to strengthen our edge of care offer to support children and young people to stay with their families and reduce the financial impact of high cost placements. The No Wrong Door Model

(which we are introducing as part of the national DfE Strengthening Families & Protecting Children Programme) developed by North Yorkshire County Council will be adopted by NCC. We have recently had the approval to proceed with implementation with a proposed go live in Spring 2021. The No Wrong Door Model aligns perfectly with our Vital Signs Vision and will allow us to deliver for the young people with the most complex needs. We also see the No Wrong Door culture influencing practice well beyond the residential hubs at the core of the model.

- 5.2. No Wrong Door is a non-traditional approach to working with adolescents experiencing complex journeys – with an innovative residential ‘Hub’ at the heart of the service.

No Wrong Door will provide:

- short term placements and edge of care support (in and out of care);
- a range of services, support and accommodation options;
- embedded specialist roles working together (shared practice framework);
- an integrated service with a defined culture and practice model;
- an integrated team that ‘sticks with’ young people on their journey.

And it will support us to make a significant difference for vulnerable young people, including:

- Reduced risk of exploitation and reduced number of missing episodes;
- Improved emotional and mental wellbeing;
- Reduction in family breakdown;
- Improvement in the young person’s life prospects and ambition for the future;
- Safer communities.

- 5.3. Finally, Norfolk’s residential and semi-independent living service currently does not provide any specialised solo provision for complex, high needs young people. We are investing in 2 new solo/dual residential homes.

The solo/dual placements will be 1 to 2 bedded children’s residential homes located in Norfolk, with the option to operate as an in-house provision, commissioned provision, or through a commissioned partnership arrangement.

These residential homes realise the wider Children’s Service Sufficiency Strategy and will bring NCC in line with best practice in other local authorities. The change in complexity for young people is forecast to continue to increase over the coming years, placing strain on the current in-house residential provision.

We believe the solo/dual proposal, CWD transformation and the No Wrong Door (NWD) initiative will work together in support the realisation of the Childrens Services Sufficiency Strategy. The aim is this will reduce the demand for residential placements and associated cost over the next 5 years, however we envisage a continued need for residential provision for complex high needs young people as an alternative to secure provision.

6. Actions required

- 6.1. Committee are asked to comment in particular on the specific new ways of working and changes of approach highlighted including:
1. A shift in policy from the provision of long-term residential care to using residential provision as a time-limited intervention which aims to support all children and young people to move into family-based or independent care
 2. Where residential care is used, an increased use of smaller in-house residential provision to support one or two young people with a high level of complex needs
 3. Further extending our policy to help children remain at home, through access to community-based provision and trialling use of specialist outreach teams

It is also recommended that the Committee note the contents of the report and provide any other comments, to those reference above, to steer the direction of the work.

7. Background Papers

- 7.1. The original business case for this Transformation Programme was agreed at Policy and Resources Committee in September 2017. The papers are available [here](#)

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People and Communities Select Committee

Item No. 8

Report title:	Children & Young People's Mental Health Transformation – update
Date of meeting:	13 November 2020
Responsible Cabinet Member:	Cllr John Fisher (Cabinet Member for Children's Services)
Responsible Director:	Sara Tough Executive Director of Children's Services

Introduction from Cabinet Member

This report provides an update on progress made in the transformation of children and young people's mental health services in Norfolk and Waveney (N&W).

Executive Summary

The transformation of Children and Adolescents' Mental health Services (CAMHS), now referred to as Children and Young People's Mental Health Services (CYPMHS), has progressed significantly since the involvement of RETHINK partners as consultants in 2018 / 2019, and subsequent collaborative work undertaken by system leaders, commissioners, providers and operational colleagues. Consultation and engagement with children and young people (CYP), families and professionals was built upon to develop a new service model, aligned closely to the i-THRIVE conceptual framework. This new approach marks a shift to outcomes-based commissioning and community-based services. The emphasis is on individual need, better access to advice and help, relationship-focused practice, prevention, and early intervention. Significant achievements include the establishment of a new integrated governing body (the Alliance Board), the transition from design to implementation in early 2020, and the first iteration of a different way of accessing support and different ways of working for mental health providers, in spite (and in some ways because) of COVID 19.

Actions required

It is recommended that the Committee note the contents of the report and provide comments to steer the direction of the work.

1. Background and Purpose

1.1

The NHS Long Term Plan (LTP) sets out specific aspirations in relation to what has been known as CAMHS:

- 345,000 additional children and young people aged 0-25 will have access to support via NHS-funded mental health services and school or college-based Mental Health Support Teams (in addition to the Five Year Forward View for Mental Health commitment to have 70,000 additional children and young people accessing NHS services by 2020/21).
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.
- CYP mental health plans will align with those for LD, autism, SEND, CYPs services, and health and justice.
- The NHS LTP outlines the need to develop a new approach to young adult mental health services, supporting the transition to adulthood, which creates a comprehensive offer for 0-25 year olds and delivers an integrated and evidenced-based model.

1.2

RETHINK partners produced a detailed and wide-ranging report for the N&W system in January 2019, identifying key issues and challenges within CAMHS, and providing key recommendations for transformation. RETHINK partners subsequently worked closely with senior leaders and stakeholders between January and June 2019 leading to collaboratively reconfigured governance arrangements, an evaluation of sourcing, procurement and contractual options, an outline vision for a new service model, and first steps toward a systemic way of working.

1.3

Part of this systemic way of working resulted in a new vision for Norfolk and Waveney: that every child and young person will FLOURISH (Family, Learning, Opportunity, Understood, Resilience, Individual, Safe and secure, Health). This is the vision of the collective system in Norfolk and Waveney for children and young people (CYP) through the CYP strategic partnership board. In every decision we undertake we will ask ourselves where the FLOURISH opportunities lie.

1.4

In June 2019 the CCGs' Joint Strategic Commissioning Group (JSCC) agreed to the Partnership's new approach to supporting children and young people's mental health and wellbeing in Norfolk and Waveney. The approach was also endorsed by NCC's Cabinet in August 2019.

2. CYPMH Transformation

2.1

In response to the Local Transformation Plan (LTP) aspirations, the NHS Long Term Plan for N&W, local need, and stakeholder feedback, an innovative and transformational model and way of working is being developed using the iTHRIVE framework, building on the commitments identified by system partners. Instead of a tiered system that creates gaps and exacerbates long waiting times for CYPMHS, the model focuses on the needs of individual children, young people and young adults. Our new approach will build on the system's experience of working 0-25 years, and will embrace some core principles:

- **0—25 years:** any child, young person or young adult up to their 26th birthday will be served by this approach in all settings and in all areas of Thrive methodology.
- **A focus on Thriving:** investing in early prevention and aiming to return those with difficulties to a Thriving state.
- **Working as a single system,** with shared case management, agreed goals, performance management and assessments across providers. This will enable families and young people to tell their story once.
- **Clear access routes** for children, young people, young adults and professionals working across systems removing the need to re-refer (so CYP are not moved to the end of another waiting list), if a system partner is better placed to meet the need.
- **Community Based:** serving local communities and building community capacity. We are mindful that CYP communities may not reflect a geographical location.
- **Relationship focused:** reducing 'hand-offs' and reducing the amount of times children and young people need to tell their story.
- **Multi-agency multi-disciplinary teams** that provide support to families, professionals, and universal settings (especially schools).
- **Goal-focused and episodic interventions:** involving children, young people and young adults in setting goals and making choices.

The new service model has been co-designed through considerable engagement with different stakeholders, whilst taking into account historic feedback and best practice evidence. The model will be iterative and must be flexible to support development over time.

2.2

In order to align more closely with the iTHRIVE framework, our system has endorsed an Alliance contracting approach, enabling providers to continue to collaborate and further develop the model over the course of 2020 and beyond. This allows considerable flexibility to strengthen links with wider children's services (such as the Healthy Child Programme) and is aligned with our progression towards becoming an Integrated Care System (ICS). In addition, it is parallel with developments in neighbouring Suffolk, ensuring minimal impact and disruption for those providers that currently span both areas.

2.3 An interim Memorandum of Understanding has been in place since March 2020. Expiring contractual arrangements drove the necessity of producing a signed set of Alliance Agreements for late 2020, but due to the impact of COVID 19 an extension was granted until the end of March 2021, allowing colleagues further time to develop integrated arrangements. Further integration and alignment between providers, especially when looking at neurodevelopmental services and the development of a mental health pathway for people with autism will be essential.

2.4 An iTHRIVE approach necessitates effective governance and principles of integration. One of the key recommendations of RETHINK partner's report was therefore to instate a new integrated governance body, the Alliance Board, which met for the first time in December 2019. The role of the Board is to bring together senior commissioners, and partners across Norfolk and Waveney in keeping with the 'one system' approach to the transformation of services, and wider development as an ICS.

In relation to CYP (with the input and support of a CYP Advisory Group), the Board will:

- Set strategic direction and ensure delivery of system plans
- Lead service transformation and hold decision making responsibility for CYPMH
- Develop and agree system-wide outcome measures
- Collectively assess and improve operational delivery
- Act as the Executive Group for the Section 75 or alternative funding agreement
- Develop the alliance agreement and an alliance model of contracting
- Ensure, encourage and promote co-production and engagement

3. Progress so far

3.1 The focus of the first phase of transformation (January – October 2020) was on delivering the first iteration of a different way of accessing support and advice, and a different way of working together for existing mental health providers (shared assessment, outcomes and processes / procedures) at pace.

It was initially unclear what the impact of COVID was going to be on programme delivery, but despite certain challenges some key transformation goals are already starting to be delivered:

- Children, Young People and Families (CYPF) have a much simpler and clearer means of accessing advice, support and help, including a single web page with coordinated system-wide information (<https://www.justonenorfolk.nhs.uk/mentalhealth>).

- There is no need for a referral, CYPF can access the first iteration of our Advice Service now.
- System partners are liaising together, sharing processes and procedures, and working to manage the complexity of pathways and referral routes, e.g. daily joint triaging and a shared assessment.
- Kooth (www.kooth.com) was always regarded as an aspirational addition to system capacity at some point in the future, but due to COVID 19 this online counselling and peer support service was prioritised and commissioned from the beginning of May for 11 – 25 year olds in Norfolk & Waveney. It is now regarded as a key part of our ongoing system offer.

- 3.2 Despite the negative impact that the pandemic is having (including on mental health and emotional wellbeing), the period of lockdown and beyond provided an opportunity to move along at pace whilst testing and learning and has only served to highlight the necessity of transformation plans.
- 3.3 The longer-term vision for Transformation is a fully functioning Integrated Care System by 2025, in line with the NHS Long Term Plan. However, system partners are committed to improve, integrate and align at pace to improve outcomes for children, young people and families as soon as possible. The first phase of implementation succeeded in producing a first iteration of a different way of accessing support (an Advice Service) and a different way of working together for mental health providers. The second phase of implementation is due to start imminently, with a scope of 12 – 24 months. During phase 2 further iterations of the Advice Service and improved ways of working between providers will be delivered, with an increased alignment and integration with wider system partners.
- 3.4 There is already significant alignment with Children's Services' approach to transformation in terms of adopting a strengths-based, preventative early intervention model.
- 3.5 Indeed, Children's Services is a key partner in the Children and Young People's Mental Health Service's transformation. There is an opportunity to reshape how statutory and early intervention services work together to reduce inefficiencies, increase the contact time spent supporting children, young people and young adults, improve access and choice of services, improve transition and develop new and improved ways of working between partners. Phase 2 will focus on designing these points of integration and joint working for the future, including more thinking at senior level, as well as identifying shared system resource to achieve the best outcomes. In order to support the development of these integrated services a new Joint Director post with the Clinical Commissioning Group was appointed, focusing on integrated commissioning and service design for children and young people. One early example of progress can be seen in the redesign of mental health support for Looked After Children, the design phase of which was completed in phase 1, awaiting roll out in phase 2.

- 3.6 One other development of note includes achieving successful pilot funding for four Mental Health Support Teams which will be based in North Norfolk, King's Lynn, South Norfolk and Lowestoft. Each team will work with approximately 20 schools (8000 pupils) across a range of education settings, with a focus on children and young people with mild to moderate mental health issues. The teams in North Norfolk and King's Lynn started in January 2020 and the others will begin work in January 2021. Funded by the Department for Education and Department of Health and Social Care, the teams will complement the work already happening in schools, providing a range of support such as talking therapy and group support, as well as staff consultation and help for parents.
- 3.7 CWP and RTT - Norfolk and Waveney STP alliance partners were successful in their application for six Children's Wellbeing Practitioners (CWPs). The CWPs will be trained over the course of a year (starting January 2021) to offer brief, focused evidence-based interventions in the form of low intensity support and self-guided help to young people who demonstrate mild/moderate anxiety, low mood and common behavioural difficulties. Although employed by Ormiston Families, the CWPs, once qualified, will be a system resource. The course is fully funded by Health Education England and also includes salary support.
- 3.8 In addition to the alliance partners' application, the Norfolk and Waveney Health and Care Partnership (wider than the alliance partners), was successful in its application for 11 Recruit to Train posts. The trainees will undertake a one year postgraduate diploma in CYP IAPT Therapy starting in January 2021. This course is also fully funded by HEE and also includes salary support. The trainees will be employed by Norfolk Community Health and Care NHS Trust (NCHC) and Norfolk and Suffolk NHS Foundation Trust (NSFT) and are also seen as a system resource. The Norfolk and Waveney system is committed to ensuring it is able to recruit, train and retain staff.
- 3.9 In order to build mental health support and resource for children and young people it is essential that a system approach is adopted and maintained.

Engagement has taken place, and continues with system partners including

- Police
- Voluntary, Community and Social Enterprise (VCSE) organisations
- Children and Young People's groups
- District Councils
- Primary Care
- Health Providers
- Children's services
- Education settings

- 3.9.1 As with all CYP transformation programmes, this system approach will be maintained through the Norfolk and Waveney health and care system infrastructure such as Youth Advisory Boards, People Participation leads,

Education Forums, The Children and Young Peoples Strategic Partnership Board and the Norfolk and Waveney VCSE Assembly and Infrastructure organisations.

4. Financial Implications

- 4.1 System partners are committed to maintaining current funding levels as a minimum and in identifying opportunities to increase resource to support CYPMH. Additional investment through the NHS LTP has been allocated on an annual basis until 2024/25 and non-recurrent funds for training and system development will be made available and allocated through agreement with Alliance Partners in order to achieve the LTP priorities but with a local focus on need.

5. Actions required

- 5.1 1. It is recommended that the Committee note the contents of the report and provide comments to steer the direction of the work

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Norfolk & Waveney CYPMHS Transformation

Our commitment

01

We are listening to children, young people, families and professionals and are transforming children's mental health services, to improve access and focus on getting support to children earlier.

02

We are working together ensure there are the right services for children and young people aged 0-25, moving away from a focus on illness and diagnosis towards young people's health and emotional well-being.

03

All of those working across children's services in Norfolk and Waveney are united in creating the best mental health services.

04

We appreciate the fantastic staff working across mental health services and we want to ensure that the right systems are in place to support them to do their job.

We want to create a system based on the THRIVE framework, a nationally recognised best practice approach cited in the Government's recent Green Paper.

- Instead of a tiered system that creates gaps and exacerbates waiting times, a THRIVE-based system focuses on the needs of individual children, young people and young adults.
- All 0—25 year olds are considered to be '*in*' the THRIVE framework. The majority will be 'Thriving'. 1 in 8 are likely to need some kind of help, with the majority having needs met through 'Getting Advice'.



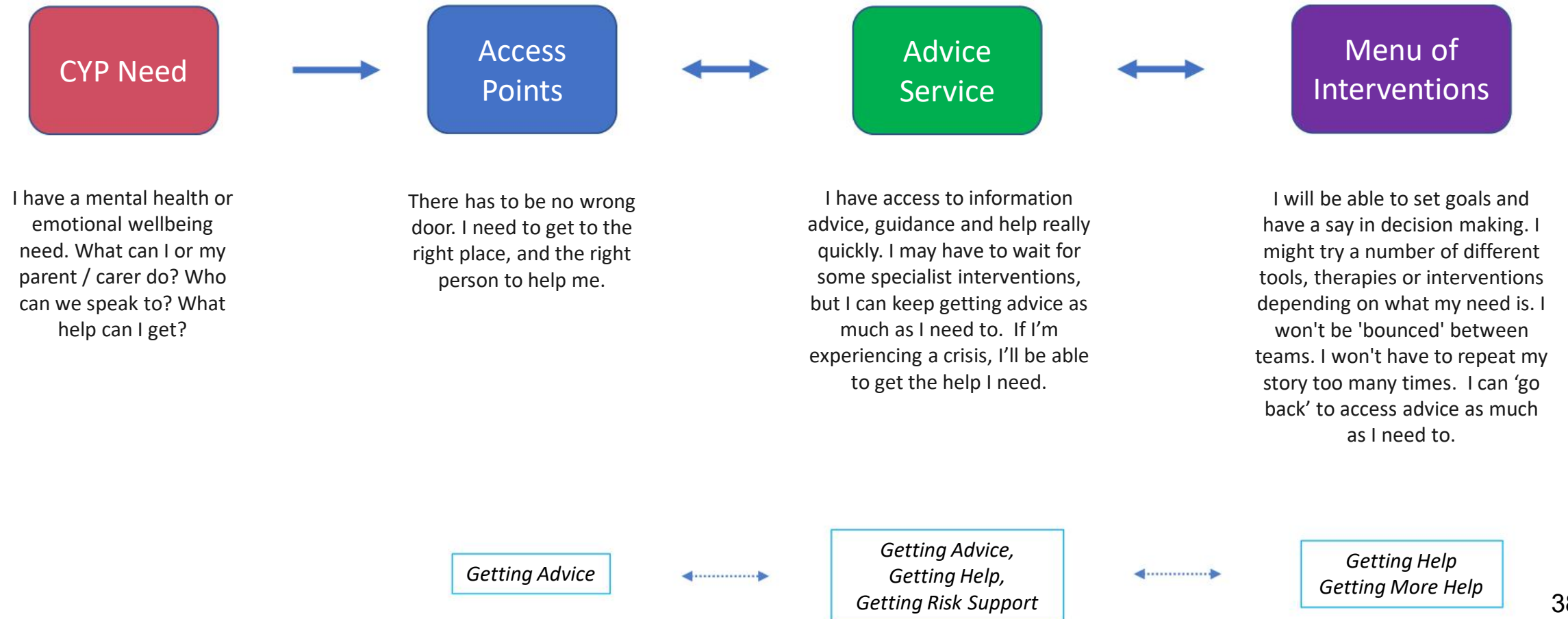


Instead of moving a child or young person around the system, we will move the system around the child or young person. Our new model will embrace some core principles:

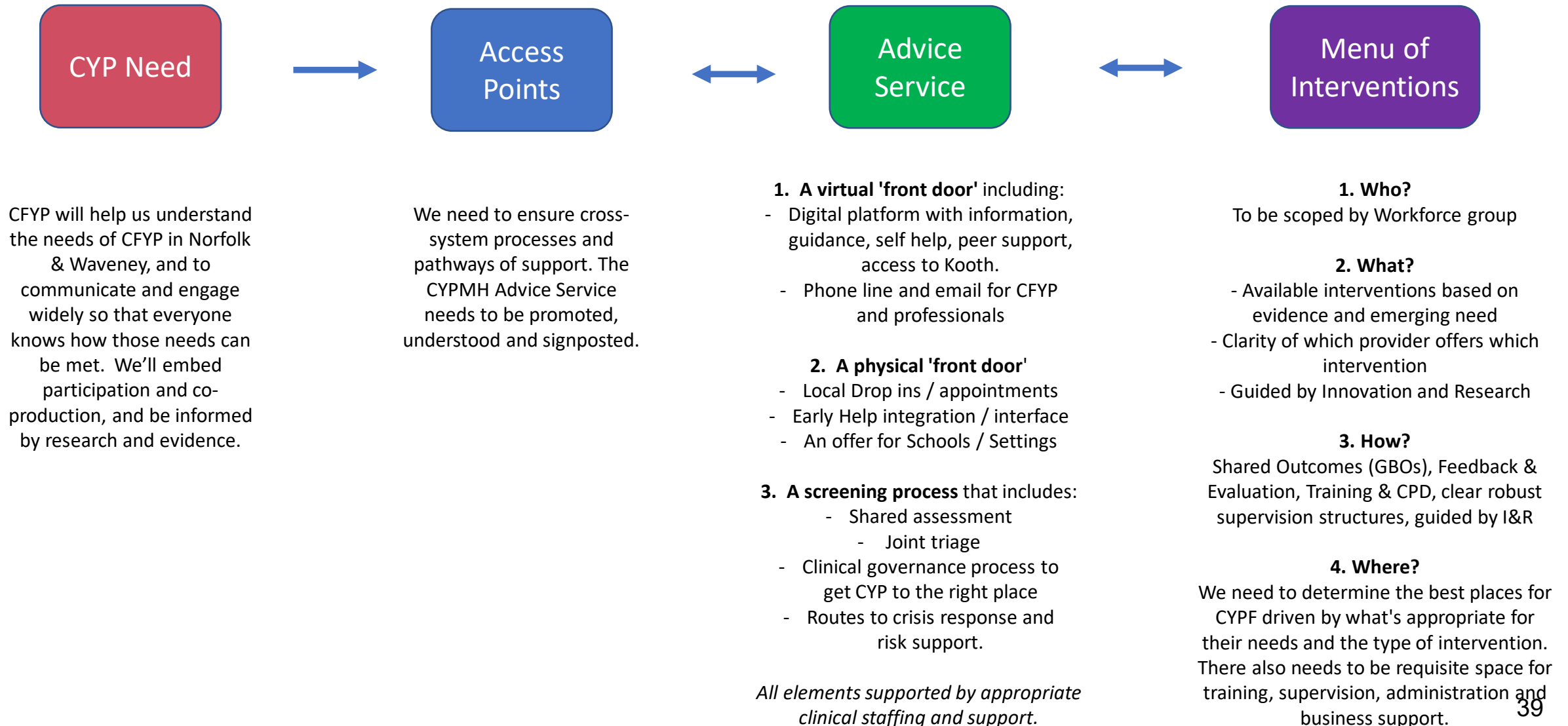
- **0—25 yrs:** any child, young person or young adult up to their 26th birthday will be served by this model.
- **A focus on Thriving:** investing in early prevention and aiming to return those with difficulties to a Thriving state.
- **Working as a single system,** with shared case management, performance management and assessments across providers.
- **Clear access routes** for children, young people, young adults and professionals.
- **Community Based:** serving local communities and building community capacity.
- **Relationship focused:** reducing 'hand offs' and reducing the amount of times children and young people need to tell their story.
- **Multi-agency multi disciplinary teams** that provide support to families, professionals, and universal settings (especially schools).
- **Goal-Focused & Episodic Interventions:** involving children, young people and young adults in setting goals and making choices.

Supporting children and young people to have good mental health and wellbeing	<ol style="list-style-type: none"> 1. Improved mental health and wellbeing 2. CYPF are enabled to look after their own mental health and wellbeing 3. CYPF feel supported to recognise mental health issues and know where to go for help 4. Increased number of CYPF are appropriately supported by the right services at the right time 5. Increased knowledge and awareness within communities to support health and wellbeing
Reducing the negative effects of emotional and mental health difficulties	<ol style="list-style-type: none"> 1. Improved functioning (social, educational) for CYP experiencing mental and emotional health difficulties 2. Reduced need for emergency, crisis and social care interventions 3. Timely access to and progress through interventions 4. Improved physical health 5. Reduced inequality gap for key developmental milestones 6. Duration of help-seeking is reduced 7. Parents/carers, CYP and professionals are aware of available help and how to access it 8. CYP are able to remain at home in safe, stable, nurturing environments
Improving transitions into and experiences of adulthood	<ol style="list-style-type: none"> 1. Improved engagement with universal services including school/college/university and apprenticeships 2. Improved achievement of educational milestones 3. More YP accessing training and skills development opportunities 4. YP are confident in developing their independence 5. YP report greater agency and autonomy and have sufficient understanding and skills to take a leading role in their own recovery

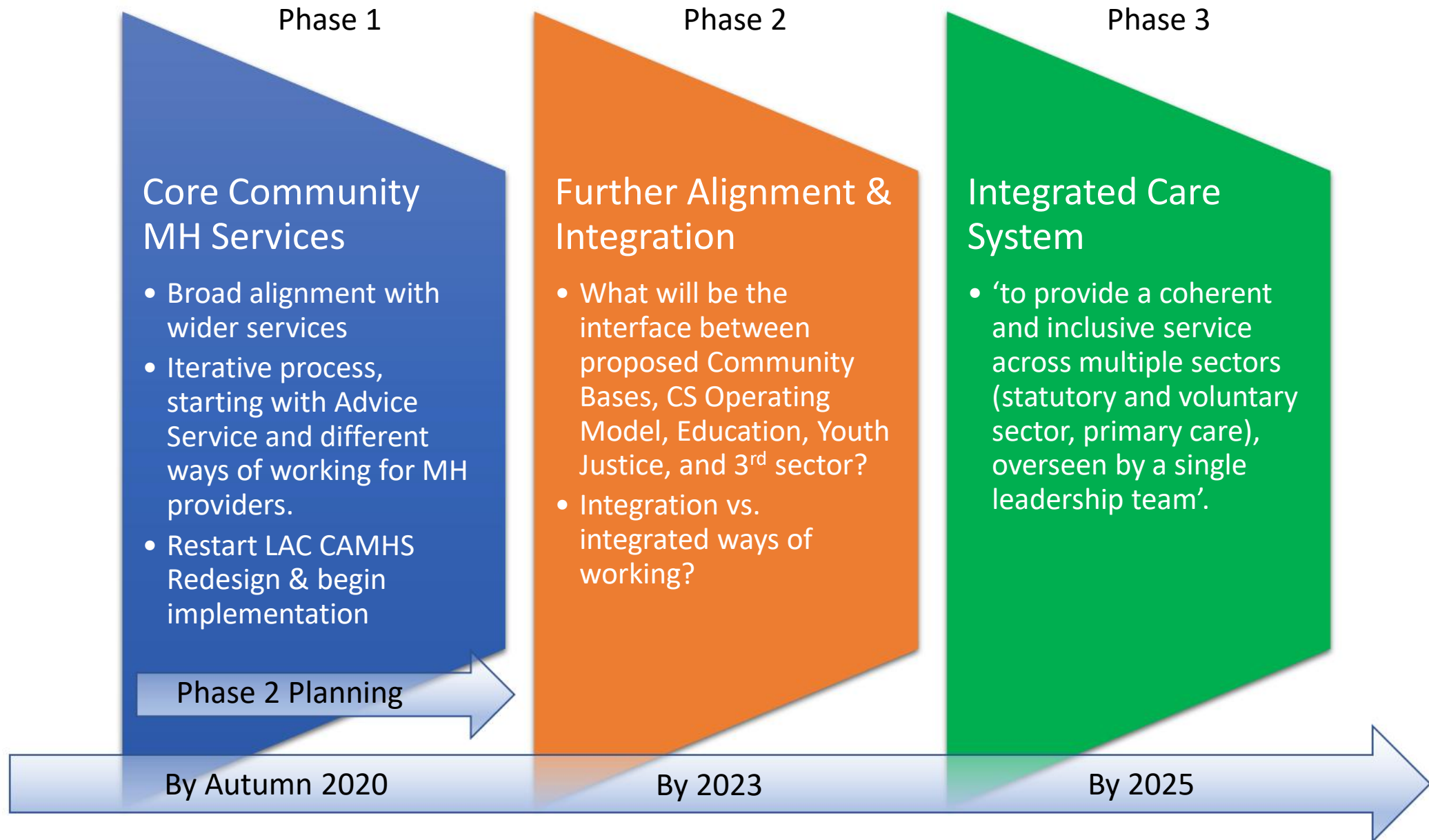
The CYPMH Journey: What this means for Children, Young People & Families in the future



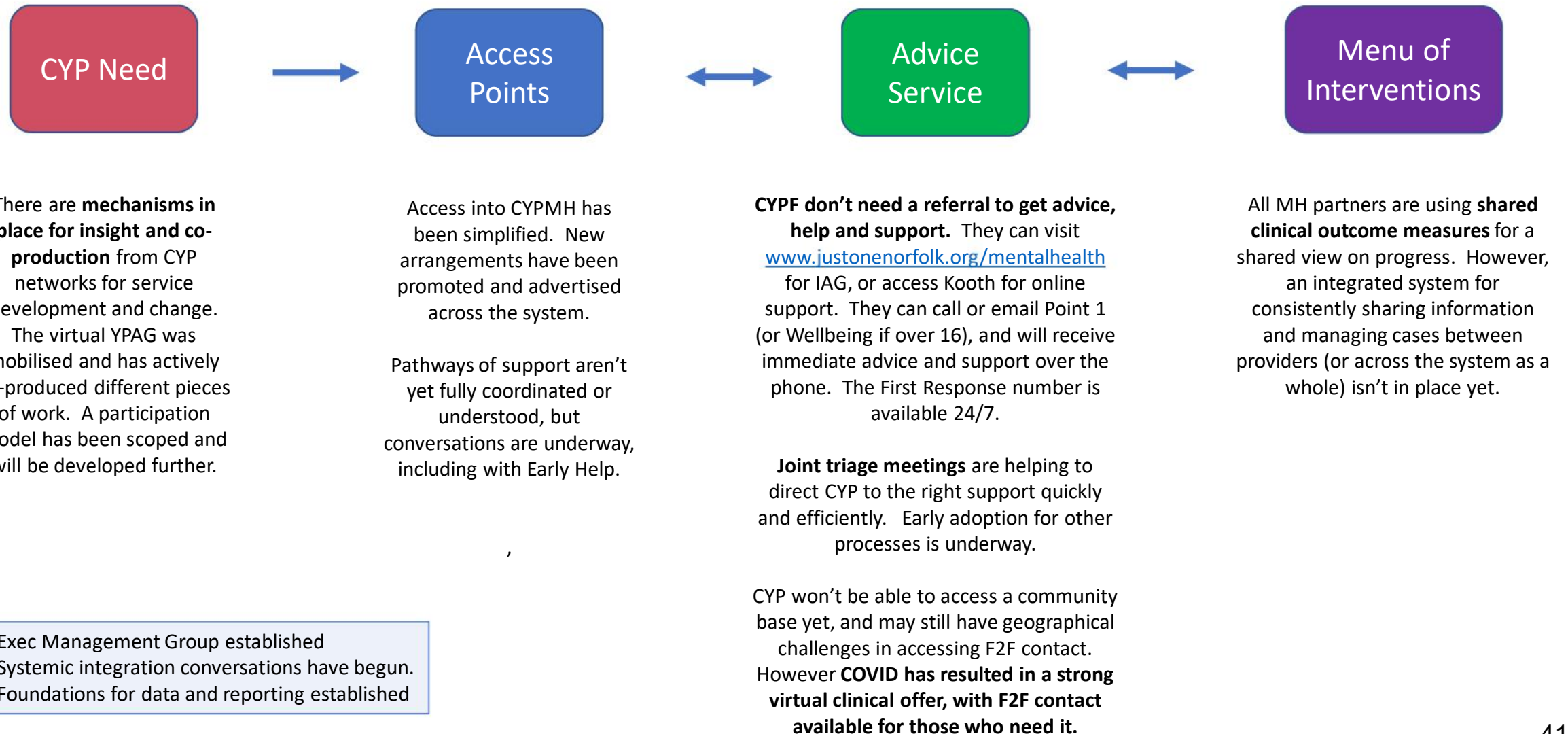
What this means for the Transformation Programme



CYPMHS Transformation Phases



What was achieved in Phase 1



Advice Service v 1.0

“You don’t need a referral, you can get in touch straight away for advice and support. If you need more specialist help, we will make sure you get to the right person.”

0 - 18's

Phone: Point 1 on [0800 977 4077](tel:08009774077) (8am – 7pm)

Email: Point1-support@ormistonfamilies.org.uk

Over 18's

Phone: Wellbeing Service on [0300 123 1503](tel:03001231503) (9am – 5pm)

Visit: www.wellbeingnands.co.uk

11 - 19's

Text: Chat Health on [07480 635060](tel:07480635060)

Online Advice

Live chat, 7 days a week until 10pm, articles, advice, live forums

www.kooth.com

For out of hours enquiries

please call First Response on [0808 196 3494](tel:08081963494)



www.justonenorfolk.nhs.uk/mentalhealth



Phase 2 Workstreams

Workstream	Themes
Service Development & Integration <i>Delivering the change in services</i>	<ul style="list-style-type: none"> • Advice, Access & Interventions • Workforce • Estates • Digital Infrastructure • LAC CAMHS • Community Resilience (Thriving / Universal Services) & Third Sector engagement
Research & Participation <i>Information and intelligence to guide the change; listening to different voices</i>	<ul style="list-style-type: none"> • Participation & Co-production • Innovation & Research • Data and reporting (including outcomes) • Demand & capacity • Equality & Diversity
Governance & Finance <i>Having the right structures in place to support the change</i>	<ul style="list-style-type: none"> • Alliance agreement • Contracts • Financial envelopes and reporting

Overarching Processes / Themes

- Systemic Learning & Evaluation
- Systemic ways of working (integration)
- Shared information infrastructure
- Participation & Co-production
- Comms & Engagement
- Data & Reporting

This will be delivered in an iterative way. Some themes already have a linear project focus with clearly understood goals. Other themes will by necessity adopt exploratory or developmental 'sprints' to gain the knowledge required for the next iteration of their delivery.

Governance

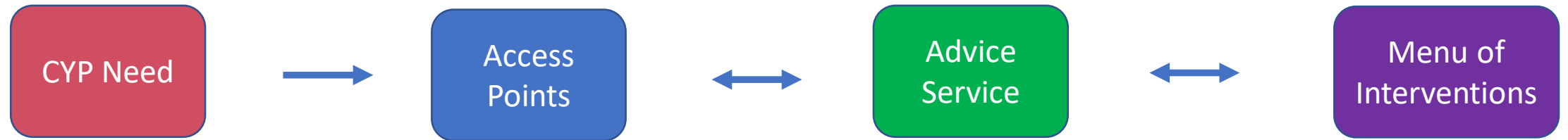
Alliance Board: *6 weekly*

Exec management meeting: *fortnightly*

Implementation team: *6 weekly*

Workstreams: *as required*

Areas of Responsibility



Research & Participation workstream:

- *Participation / co-production*
- *CYP Comms, marketing, PR, logo, branding*
- *Demand & Capacity*
 - *Research*

Service Development & Integration workstream:

- *Advice, Access & Interventions*
- *Thriving / Universal (links with PIE)*
- *Systemic conversations for integration and interface with Children's Services*
- *Primary Care / PCN practitioners / GPs*
- *NHSI front door mapping*

Service Development & Integration workstream

- *Advice, Access & Interventions*
- *Workforce*

Research & Participation workstream

- *Participation / co-production*

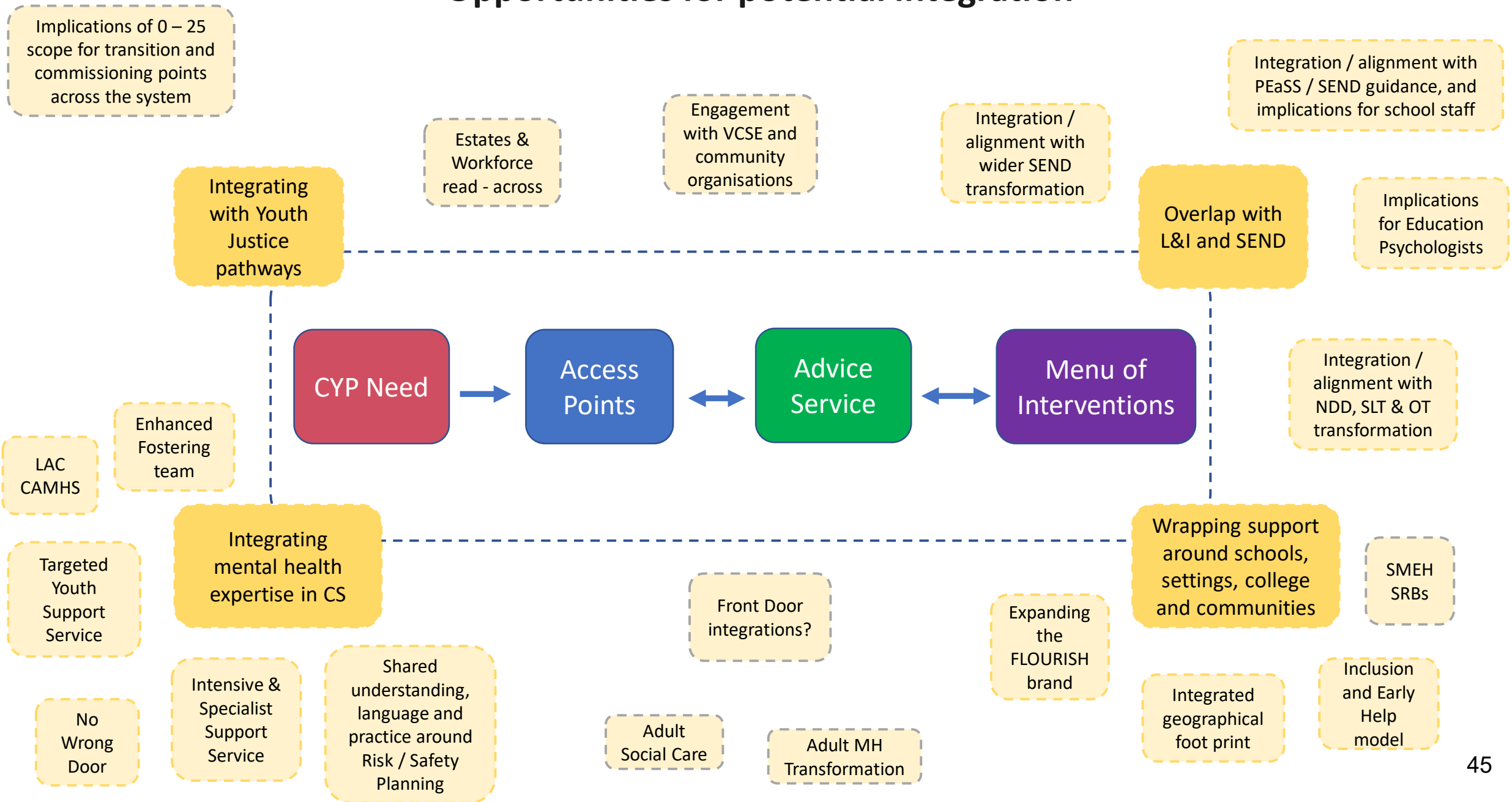
Service Development & Integration workstream

- *Advice, Access & Interventions*
- *Workforce*

Research & Participation workstream:

- *Participation / co-production*

Opportunities for potential integration



System Partnership

In order to build mental health support and resource for children and young people it is essential that a system approach is adopted and maintained.

Engagement has taken place, and continues with system partners including

- Police
- Voluntary, Community and Social Enterprise (VCSE) organisations
- Children and Young People's groups
- District Councils
- Primary Care
- Health Providers
- Children's services
- Education settings

As with all CYP transformation programmes, this system approach will be maintained through the Norfolk and Waveney health and care system infrastructure such as Youth Advisory Boards, People Participation leads, Education Forums, The Children and Young Peoples Strategic Partnership Board and the Norfolk and Waveney VCSE Assembly and Infrastructure organisations.

People and Communities Select Committee

Item No. 9

Report title:	Special Educational Needs (SEND): Performance Framework
Date of meeting:	13 November 2020
Responsible Cabinet Member:	Cllr John Fisher (Cabinet Member for Children's Services)
Responsible Director:	Sara Tough (Executive Director Children's Services)

Introduction from Cabinet Member

At meetings of both Cabinet and the People and Communities Select Committee, during the summer, we outlined a series of performance developments regarding services and provision for Special Educational Needs & Disability (SEND).

Those reports set out the requirement for a Written Statement of Action to be prepared and published to address weaknesses identified by Ofsted/CQC and also outlined specific recommendations relating to an individual child's provision investigated by the Local Government & Social Care Ombudsman (LGSCO).

To ensure that the new performance framework meets the requirements of both the LGSCO and Ofsted/CQC we have scheduled the first of these regular updates to the November meeting of the People and Communities Select Committee; Ofsted/CQC have now confirmed our Written Statement of Action as being 'fit for purpose' and, therefore, our performance updates can now reflect this formal position.

Executive Summary

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

On 2 July 2020 the Local Government & Social Care Ombudsman (LGSCO) published a report regarding an investigation into a complaint raised by Ms X about the special educational needs (SEND) assessment and alternative provision for her son Y and the

impact this had on the child and family. The investigation found that Ms X and Y had suffered an injustice as a result of fault.

The LGSCO set out a number of recommendations and these were outlined in the recent Cabinet report along with an update on progress to address these. However, the outcome of the LGSCO report specifically requires Children's Services to develop a new SEND performance framework and for these performance measures to be provided to the People and Communities Select Committee meetings for a duration of two years.

Ofsted/CQC signed off our SEND post inspection Written Statement of Action on 28 September and this, formally, signals the start of performance improvement prior to a re-inspection in 18 months.

Therefore, to ensure that we meet the requirements of both the LGSCO recommendations for a new performance framework and similar elements with the Ofsted/CQC SEND Written Statement of Action we are now able to start reporting on the new performance framework.

Actions required

- 1. To note the initial content of the new SEND performance framework and agree ongoing reporting at all subsequent meetings for a period of two years in total; complying with the outcome of the LGSCO report.**
- 2. To agree that the range of performance measures will directly assist with decision making regarding any policy changes needed over time as part of the range of SEND improvement programmes.**

1 Background and Purpose

- 1.1 Provision and services for children and young people, age 0-25, with Special Educational Needs (SEND) has been the subject of significant reporting to various council committees in recent years.
- 1.2 On 8th June 2020 the outcome of the CQC/Ofsted Joint Area SEND Inspection report was published. The report stated that '*Leaders, councillors and senior executives have brought much-needed capacity at senior leadership level, most notably in the creation of strategic teams and jointly commissioned posts*', however, due to the identification of three areas of significant weakness there was a requirement to produce a 'Written Statement of Action' within 70 working days and for a re-inspection of that action plan to take place approximately 18 months afterwards. The Written Statement of Action was, on 28 September, signed off by Ofsted/CQC as 'fit for purpose' and has since been published on the SEND Local Offer website (link is provided within Section 8 Background Papers).
- 1.3 On 2 July 2020 the Local Government & Social Care Ombudsman (LGSCO) published a report regarding an investigation into a complaint raised by Ms X about the special educational needs (SEND) assessment and alternative provision for her

son Y and the impact this had on the child and family. The investigation found that Ms X and Y had suffered an injustice as a result of fault.

- 1.4 To ensure that Children's Services complies fully with the requirements of both the LGSCO and Ofsted/CQC we are developing a new SEND performance framework. The initial data from this performance framework is set out in Section 2 below; the development of this framework is iterative and, therefore, will be presented at each subsequent Committee meeting for a period of two years with additional data being provided in future meetings.

2. Proposals

- 2.1 The LGSCO recommended that the Committee receive updates that cover the following data sets:
- number of children out of education;
 - average time for arranging alternative education provision for children who have been out of education;
 - average time taken to produce final EHC plans and EHC plan reviews compared with statutory timescales;
 - and number of upheld complaints about EHC plans and education provision from both the Council's own complaints process and us.
- 2.2 Below are a series of tables extracting the current figures for each category requested by the LGSCO; starting with context data regarding the overall pupil population:

Measure Description	Criteria / Methodology	Jul-20
School Numbers - All (Mainstream & specials)	Norfolk School census (latest available - Nursery - Yr 13) - All	116617
School Numbers - EHCP (Mainstream & specials)	Norfolk School census (latest available - Nursery - Yr 13) - EHCP	3435
School Numbers - % EHCP	Percentage calculation	2.9%
School Numbers - Stat School Age - All (Mainstream & specials)	Norfolk School census (latest available - Yr R - Yr 11) - All	107793
School Numbers - Stat School Age - EHCP (Mainstream & specials)	Norfolk School census (latest available - Yr R - Yr 11) - EHCP	3222
School Numbers - Stat School Age - % EHCP	Percentage calculation	3.0%

- 2.3 The table below summarises figures for 'Children Missing Education'. The definition of Children Missing Education (CME) are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. It should not be confused with children who are missing or those children who are awaiting placement/provision:

Measure Description	Criteria / Methodology	Jul-20	Aug-20	Sep-20
Number of children out of education - All	All CME cases	521	634	722
Number of children out of education - EHCP	CME - EHCP-issued cases		87	96
Percentage - EHCP in cohort of all CME	Percentage calculation		13.7%	13.3%
Average time in days for arranging alternative education provision for children who have been out of education - ALL CME cases	For each closed case in a month when the average time to arrange education provision in a Norfolk provider.	45 days	45 days	TBC

2.4 The table below summarises figures for Education Health & Care Plans:

Measure Description	Criteria / Methodology	Jul-20	Aug-20	Sep-20
Average time - EHCP-issued cases only	EHCP-issued cases only.	37.5 days	48 days	TBC
Average time taken to produce final EHC plans and EHC plan reviews compared with statutory timescales	EHCP Performance data (from Synergy)	263.3 days 37.6 weeks	277.7 days 39.7 weeks	282.2 days 40.3 weeks
Average time taken to produce final EHC plans and EHC plan reviews compared with statutory timescales	Percentage of plans reviewed within the annual statutory timescale. It is not possible to produce an average figure.	(12/08/2020 - 56% in time)	58% in time	59% in time

2.5 The table below summarises the figures for complaints lodged with the Local Government Ombudsman:

Measure Description	Criteria / Methodology	Jul-20	Aug-20	Sep-20
Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process Cumulative - FY (April-March)	Number of complaints about education provision, including attendance, exclusions, EHCP, guidance & advice, participation, sensory Support	34	46	50

Number of "Local Outcome" Upheld complaints about EHC plans and education provision from NCC complaints process Cumulative - FY (April-March)	Number of upheld and partially upheld complaints about education provision (as above).	24	34	31
Number of " LGO Outcome " Total Number of complaints about EHC plans and education provision from NCC Accumulative - FY (April-March) LGO Outcomes are not published in the public domain until 3 months after the final decision is made.	Complaints about education provision with an LGO outcome including attendance, exclusions, EHCP, guidance & advice, participation, sensory Support	1	1	1
Number of "LGO Outcome" Upheld complaints about EHC plans and education provision from NCC Cumulative - FY (April-March)	Number of upheld and partially upheld complaints about education provision with an LGO outcome including attendance, exclusions, EHCP, guidance & advice, participation, sensory Support	1	1	1

- 2.6 As the Local Government Ombudsman has recommended that these figures are provided to Committee for the next two years we will, within subsequent reports, provide a commentary on the trends that emerge from the tracking of these data sets.
- 2.7 In addition to the data requirements set out by the LGSCO we are also now producing a range of data to support our SEND improvement plan in response to the Ofsted/CQC Area SEND inspection earlier this year. The requirement, from that inspection, was the creation of a Written Statement of Action and, within that, we have set out a range of performance measures.
- 2.8 A link to the full Written Statement of Action is provided within Section 8 'Background Papers'. Within the following section of this report there are a number of extracts from the report in relation to the new data dashboard that we are developing.
- 2.9 The table below sets out the range of performance measures, in relation to Education Health & Care Plans, within the Written Statement of Action:

Performance Measures

Data Dashboard, performance measures and evidence base to monitor our Written Statement of Action progress

Metrics to determine progress related to EHCP Quality, EHCP Commissioning, 18-25 Services, Co-production and Communication are less straightforward than EHCP Timescales. However, we are determined to explore a range of hard and soft intelligence systems to ensure that we are effective in monitoring our improvements.

We will develop management information systems, analyse individual C&YP provision through case audits, capture analytics from our Local Offer website, interrogate third party contract performance indicators and harness the wealth of information available through our engagement with Family Voice (Norfolk's parent carer forum for SEND) and the other main parent/carers groups (SEND Partnership, SEN Network, SENSational Families).

Serious Weakness	Theme	KPI:
EHCP	Timescales	<ul style="list-style-type: none"> % of Educational Psychology professional reports/responses available for next stage of EHCP assessment within statutory timescale (6 weeks) % of Health professional reports/responses available for next stage of EHCP assessment within statutory timescale (6 weeks) % of Social Care professional reports/responses available for next stage of EHCP assessment within statutory timescale (6 weeks) % of EHC Needs Assessments completed within statutory timescale (20 weeks) (60% 2021, 90% 2022) % of Annual Reviews completed within statutory timescale (ie convened by education provider within 12 months and LA decision/amendments within 4 weeks/ half term period, respectively) Legacy Initial Assessments and Annual Reviews resolved (full backlog prior to phase transfer 2022)
	Quality	<ul style="list-style-type: none"> % new EHC plans audited considered compliant (specific and quantified) within multi-agency SEND Quality Standards and Quality Assurance Framework % new EHC plans audited considered 'Good' in multi-agency audit % EHCP workforce completing SEND Casework Award % of overall Norfolk 'SEND system' professionals regularly attending SEND forum % of EHCP parent cohort responding to 'Views@SEND' quality feedback system; subsequent professional attendance at staff development days utilising the experience of families to inform ongoing service improvement
	Commissioning	<ul style="list-style-type: none"> Increase in ratio of single agency/joint agency commissioned SEND services within the High Needs Block Increase in scale and annual value (£) of services jointly commissioned across NCC (Children's/Adult Services, CCG) increases

- 2.10 The inaugural meeting of the Written Statement of Action Board was held on 9 October, with representation from the Department for Education, NHS England, Local Members, Parent/Carers and professionals across education, health and care. The Board will meet monthly, over the next eighteen months, prior to re-inspection by Ofsted/CQC. Therefore, at subsequent Committee meetings we will provide updates on our progress with the EHCP weakness area.
- 2.11 Within Appendix 1, see section 8 'Background Papers', the initial data sets for EHCP are set out which show that:

- Requests for new EHCPs has been considerably lower during the Covid-19 epidemic
- At the same time the number of plans produced has increased
- In June, July and September around 130 plans were produced each month
- The percentage of plans produced within the 20-week timescale has improved; from 8% outturn last year to a current cumulative figure of 19%

- 2.12 The most straightforward way to look at capacity is to look at the number of EHCPs in process. The number of plans in the EHCP process has reduced since April as issuing of plans has exceeded requests for new plans. Therefore, in the last six months the number of plans in process has reduced by 400 because the number of plans issued has averaged 119 and the number of requests has averaged just 68 (40 fewer than the previous year). Typically, around 80% of requests result in issued plans
- 2.13 Therefore, although the number of plans in the system has fallen considerably, our current capacity to issue plans is only just in excess of the number of requests for new plans. If the number of plans issued each month remains at 130, and demand for EHCPs averages at 113 requests per month over the year then we can expect to achieve our ambition of producing all plans that should be produced in timescale by the end of the academic year.

3. Impact of the Proposal

- 3.1 The data that has been provided, as a direct recommendation from the LGSCO, ensures that we are compliant with those recommendations by providing this information at all Select Committee meetings over the next 2 years. This data will also provide an additional opportunity for Members to provide support and challenge regarding the cohorts that have been highlighted, namely those within the Children Missing Education and Education Health & Care Plan cohorts.
- 3.2 In addition, by providing the data from the EHCP 'dashboard' that is being developed within the Written Statement of Action work for DfE, NHSE and Ofsted/CQC, will enable Members to monitor progress prior to re-inspection in the spring of 2022.
- 3.3 Further, that analysis of these range of performance measures will directly assist with any decision making regarding any policy changes needed over time as part of the overall SEND improvement programme.

4. Financial Implications

- 4.1 There are no direct financial implications relating to the development of a new SEND performance framework.

If the performance framework highlights areas of service and provision that need to be addressed, these will be considered as part of the overall Children's Services

- 4.2 Transformation Programme. For example, additional capacity for the Education High Needs SEND Service, which oversees EHCP's, has already been identified and secured.

5. Resource Implications

Staff:

n/a

Property:

n/a

IT:

n/a

6. Other Implications

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

The SEND performance framework and related Written Statement of Action will be in line with equality requirements as they must be agreed by both DfE and CQC/Ofsted.

7. Actions required

To note the initial content of the new SEND performance framework and agree ongoing reporting at all subsequent meetings for a period of 2 years in total; complying with the outcome of the LGSCO report.

To agree that the range of performance measures will directly assist with decision making regarding any policy changes needed over time as part of the range of SEND improvement programmes.

8. Background Papers

8.1 [Written Statement of Action \(WSoA\)](#)

8.2 **Appendix 1 – EHCP data**

Officer Contact

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

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

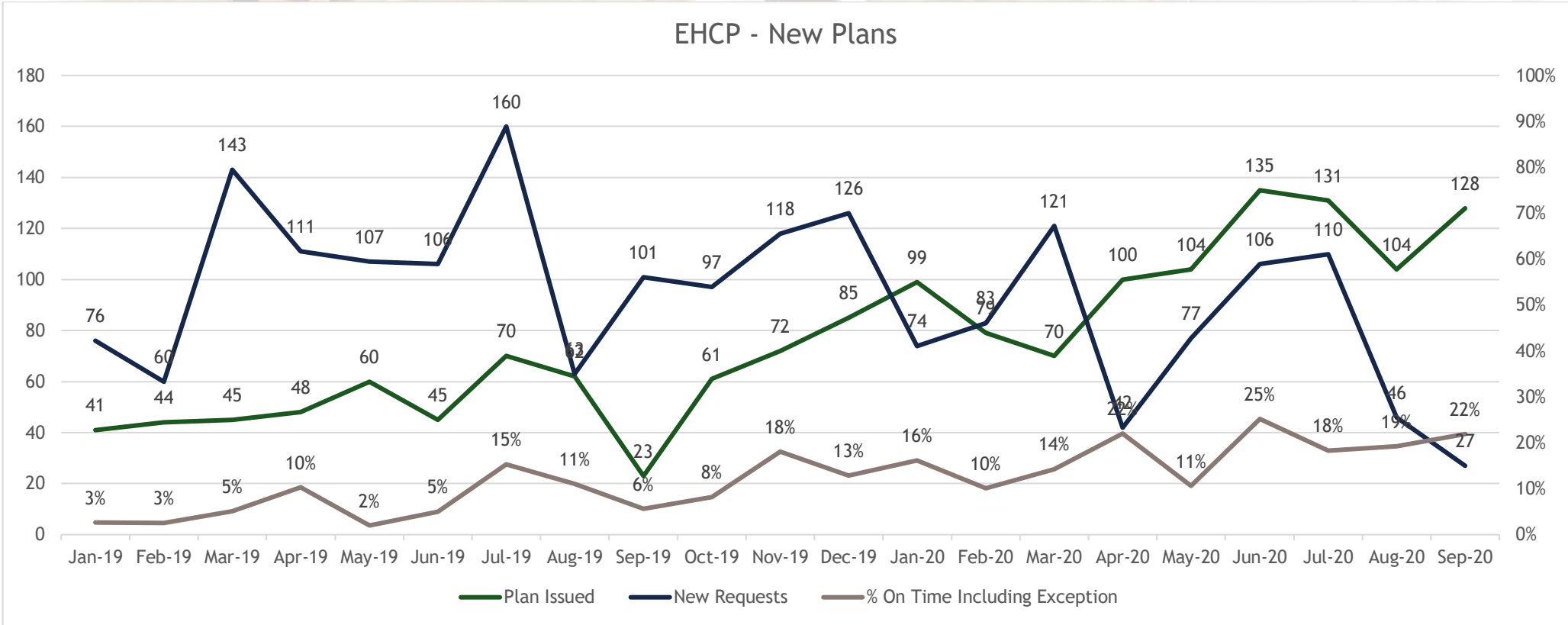
Email address: michael.bateman@norfolk.gov.uk



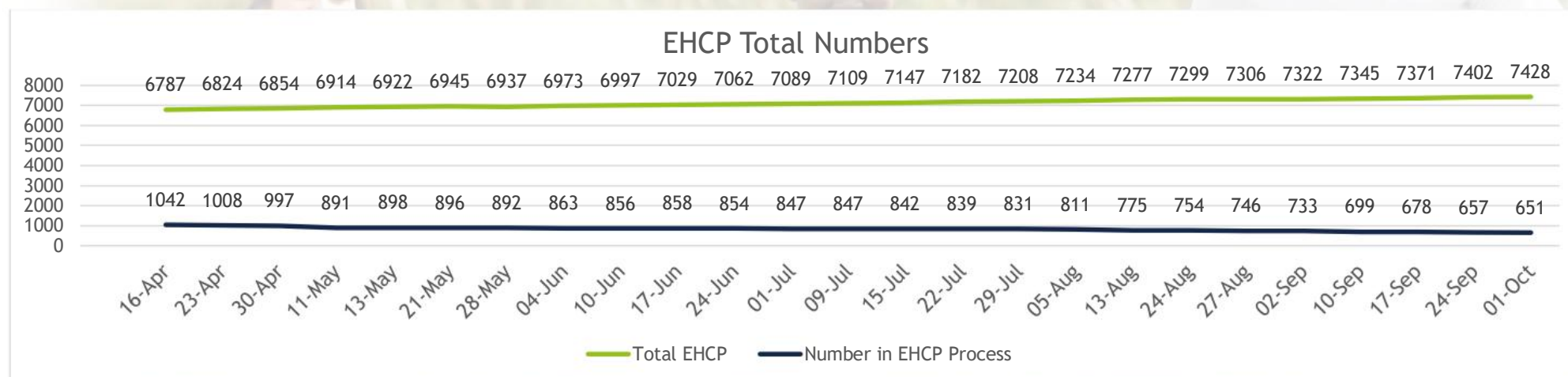
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Education Health & Care Plan Performance data - Sept 2020

EHCP: Completion of Statutory Process within 20 Weeks



Requests for new EHCPs has been considerably lower during the Covid-19 epidemic. At the same time the number of plans produced has increased. In June, July and September around 130 plans were produced each month. The percentage of plans produced within the 20 week timescale has improved. Significant improvement in the percentage of plans produced in timescale should not be expected until the capacity to produce plans exceeds the number of plans to be produced.



The demand for and production of plans continues to increase at a far higher rate than plans being ceased.

The most straightforward way to look at capacity is to look at the number of EHCPs in process. The number of plans in the EHCP process has reduced since April as issuing of plans has exceeded requests for new plans. Therefore in the last six months the number of plans in process has reduced by 400 because the number of plans issued has averaged 119 and the number of requests has averaged just 68 (40 fewer than the previous year). Typically, around 80% of requests result in issued plans. So although the number of plans in the system has fallen considerably, our current capacity to issue plans is only just in excess of the number of requests for new plans. Last week there were 26 EHCP requests, which suggests that demand going forward will be at least similar to previous years.

If the number of plans issued each month remains at 130, and demand for EHCPs averages at 113 requests per month over the year then we can expect to achieve our ambition of producing all plans that should be produced in timescale by the end of the academic year.

People and Communities Select Committee

Item No. 10

Report title:	Carers Charter Progress Report
Date of meeting:	13 November 2020
Responsible Cabinet Member:	Councillor Bill Borrett - Cabinet Member for Adult Social Care, Public Health and Prevention
Responsible Director:	Executive Director of Adult Social Services

Introduction from Cabinet Member

In October 2018 Norfolk County Council (the Council) launched the Norfolk Carers Charter, adopting a policy to raise the profile of the almost 100,000 unpaid carers who play a key role in the health and wellbeing of our county, and improving the support available to them through partnership work and promoting carer friendly communities.

The Charter was produced by Members and carers working as a task and finish group. Since the charter's launch the Council has worked towards the commitments made, and our 2020 progress report from the Carers Charter Working Group is enclosed as **Appendix A** to this report.

Executive Summary

This report sets out the important work completed across 2020 towards the Council's commitments in the Carers Charter. Identifying and supporting carers is vital to the health and wellbeing of carers and our county. Working with partners across Norfolk we have made significant progress in raising awareness of young carers in education, strengthening support for carers in the community and, as an employer in our right, leading the way in becoming a carer friendly employer. There is still work to do to raise the profile of unpaid carers in our county, in the workplace and in education and the Carers Charter Working Group is responding to the challenges of caring through Covid-19.

Recommendations

Committee are recommended to:

- a) Endorse the 2020 Carers Charter progress report**
- b) Review the working group's focus areas for 2021**

1. Background and Purpose

- 1.1. Carers play an essential role supporting people of all ages in Norfolk. There are currently an estimated 99,419 unpaid carers who look after a family member or friend. Nearly 24% of those carers provide over 50 hours care a week, 78% identify as female and 60% are between 45-64 years old. The support that unpaid carers provide is estimated to be worth between £500 million and £1.9 billion per year.

- 1.2. Becoming a carer impacts many aspects of a person's life, and so it's important that everyone 'ThinksCarer'. Three in every five people will become a carer at some point in their lives. One in seven of all workers juggle work and care – compared to one in nine eight years ago. 5% of UK adults have given up work to provide unpaid-care, while a further 4% have reduced their working hours in order to provide care ([Carers UK](#)).
- 1.3. In October 2018 the Council launched the Norfolk Carers Charter, recognising that carers are, first and foremost, people in their own right, that it's essential that they have the opportunity for a life outside of caring and that they should be helped and supported by their employer to stay in work. Through the Carers Charter we work to promote carer friendly communities so that our county 'ThinksCarer'.

2. Work Through 2020

- 2.1. The creation of the charter was a major step forward in raising awareness of unpaid carers in Norfolk. Since its launch the Council has worked towards the pledges it made in the charter and undertaken extensive work towards the commitments made within the charter's three pillars:
 - a) Carers in work;
 - b) Young carers and young adult carers in education;
 - c) Carers in the community
- 2.2. The progress report attached to this paper sets out how work has moved forward this year, highlighting some of the important developments that have strengthened how we identify and support carers:
 - a) In July Norfolk County Council was the first local authority to be awarded an Employer [Carer Friendly Tick Award](#) by Caring Together
 - b) In June, Childrens Services launched it's 'Heroes at Home' campaign to support young carers supporting a vulnerable person, increasing the number of young people asking for and receiving support through the commissioned service deliver by Carers Matter Norfolk
 - c) Adult Social Services was awarded the first social impact bond in the county focusing on carers, securing £4.1 million to increase support for Norfolk's unpaid carers through a strengthened carer support service that went live in September
- 2.3. Covid-19 has increased the burden on carers. 81% of carers recently surveyed by Carers UK report that they provide more care since the pandemic began; 74% of carers report feeling exhausted and worn out from caring during the pandemic and 64% report that their mental health has worsened as a result ([Carers UK, 2020](#)).

Since the outbreak, the Council has responded to support carers by:

- a) Providing check in calls
- b) Prioritising carer emergency planning (contingency planning)
- c) Encouraging uptake of the free flu vaccination for carers
- d) Promoting the carer support service
- e) Raising awareness of the Local Assistance Scheme with partners
- f) And working with partners to develop communications and engagements for Carers Rights Day on 26th November 2020

3. Focus for 2021

- 3.1. The task and finish group will continue to meet, recognising the important role they have to play in promoting the charter's principles and monitoring the progress of the work. Among the areas to focus on over the next twelve months are:
- a) Promoting digital inclusiveness and confidence
 - b) Carer support within armed forces families
 - c) Working with district and parish councils to promote carer friendly communities and employers
 - d) Engaging health partners in collaborative work to build greater awareness and identification of carers

4. Recommendations

4.1 **Committee are recommended to:**

- a) **Endorse the 2020 Carers Charter progress report**
- b) **Review the working group's focus areas for 2021**

Officer Contact

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

Officer name: Debbie Bartlett **Tel No.:** 01603 973838
Email address: debbie.bartlett@norfolk.gov.uk



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Carers Charter Progress Report October 2020

Nationally, three in every five people will become a carer at some point in their lives, and one in five carers give up work to continue providing care. Caring can significantly impact a person's financial resilience, with two in five reporting struggles to make ends meet and 53% reporting that they are unable to save for their retirement ([Carers UK, 2019](#)). The number of unpaid carers has risen by 16.5% over the last fifteen years, outstripping general population growth (6.2%).

In Norfolk carers play an essential role supporting people of all ages. There are currently an estimated 99,419 unpaid carers who look after a family member or friend. Nearly 24% of those carers provide over 50 hours care a week, 78% identify as female and 60% are between 45-64 years old. The support that unpaid carers provide is estimated to be worth between £500 million and £1.9 billion per year.

Carers in Work

Supporting carers in work remains a high priority for Norfolk County Council (NCC), particularly within the context that over a third of our workforce identified themselves as a Carer in the recent 2020 employee survey. Based on those that responded, 7.6% confirmed that they are a working carer and 29.5% responsible for children under the age of 18. Whilst progress continues to be made towards our commitments within the Carers Charter, there have been additional challenges this year with COVID19. However, our established approach to supporting carers enabled an exceptionally swift, flexible and positive response to the pandemic, reaching out to a wider audience than ever before, enabling colleagues to continue balancing their work and home commitments successfully.

Key developments over the last year include:

Carer Friendly Tick Award (Employer) - In July 2020, Norfolk County Council were awarded the 'Carer Friendly tick award (Employer)'. This award is given to organisations that have local and relevant standards in place which carers feel are necessary to ensure they are easily identified and properly supported within employment. Feedback from the panel was excellent with particular mention of the information available to employees, working together, having access to a well-being service, e-learning for all and the carers communication plan.

Increased Flexibility - recent events (COVID19) may have made balancing the work and home life even harder so in response to this, a revised temporary policy framework was implemented to increase the flexibility available to our employees, including:

- Suspension of core working hours
- Option to purchase additional annual leave
- Option to temporarily reduce working hours
- Flexible pay options for unpaid leave
- Guaranteed pay

487 employees responded to a carers survey that was launched in March 2020 in relation to those impacted by the school closures. It was clear from the responses that most felt able to do their job and care for their loved ones with the flexibility NCC has provided people to set their working hours, including catching up during evenings and weekends.

Communications Plan – Key dates such as Carers Rights Day and Carers Week continue to be highlighted in terms of our commitment and support to carers. Supporting those with caring responsibilities has also featured heavily in all methods of communications around COVID19 which includes daily/bi-weekly employee/manager updates as well as weekly updates/VLOGs from the Head of Paid Service.

New Intranet - refreshed information for carers – In April 2020 the existing intranet was replaced, enabling a refresh of the information provided to support carers. As a result, information is easier to find/accessible with advanced search features.

Progress will continue into next year with further work planned around engagement and communications as we continue to review the support options available.

Young Carers and Young Adult Carers in Education

This year started with a successful campaign led by the previous Chairman of the Council, Harry Humphrey, who wrote individually to all schools in September 2019 and again in March 2020 promoting the Carer friendly tick in Schools. This resulted in an increase in schools obtaining the award which currently stands at 14, with 63 actively working towards this award.

Training – There has been a large amount of training for school staff delivered through webinars with safeguarding and support leads in schools, the training was designed to help schools to upskill staff in being able to identify and support Young Carers and their families. These workshops have been very well attended and we have received fantastic feedback and requests from schools to continue as the training has enabled them to share good practice and proactively identify and support the young carers.

Multi Agency Working – As part of our COVID-19 response for young carers we have established a multi-agency meeting to co-ordinate plans in supporting young carers and their families. The forum has helped us achieve many things in a short space of time for example:

- We have put in place agreements using Data Protection Impact Assessments with approximately 80 schools enabling us to share data of Young Carers in need. This helped Children Services to reach out to every known young carer household and offer support
- This has reinforced the ongoing work by the Education Achievement and Vulnerable Groups Access Services development which is a GDPR compliant system that collects information about the educational attendance, achievement and needs of Norfolk's young carers and young adult carers
- Heroes at Home. This awareness campaign was launched during Carers week in June to support young carers under the age of 18. Supermarkets and shops across Norfolk were asked to support young carers with access to shopping slots for vulnerable



people. As well as offering support to young people at their families. This campaign saw an increase in young people asking and receiving support through the commissioned service delivered by Carers Matter Norfolk

We are maintaining the strong partnership working that has occurred during COVID-19 to focus on young carers continuing to drive improvements in Education.

Carers in the Community

Norfolk County Council is committed to supporting adult carers, from early identification and ensuring they can have a quality conversation about their life and their caring role through to making sure there is easily accessible information and advice available to carers and empowering our social care workforce to engage with carers to identify effective support. The Norfolk Carers Charter acknowledges that carers are people first; that it is essential they have the opportunity for a life outside of caring; and that carers are, and should be recognised as, the experts in their own lives. Carers must have a voice and be helped and supported to achieve what matters to them.

Enhanced Support – Following carer engagement, and thorough analysis of our carer support offer, we have put in place an enhanced Carers Support offer delivered through Carers Matter Norfolk.

- This new service can carry out Carers Assessments on behalf of the council and has access to short term carers' breaks services. This means carers can receive all their support from one service, and only need to tell their story once; unless in specific circumstances they require support from NCC e.g. in the event of the Carer requesting support from NCC; complex family dynamics etc
- Alongside this, we are continuing to develop our replacement care offer, arranged by Norfolk County Council, which we want to make more straightforward for eligible carers to access and book

Carers Champion – In Adult Social Care we have launched a "Carers Champion" approach, meaning each locality will have a champion with expertise in working with and supporting carers, who will be able to advise and guide their teams when working with carers:

- This will mean carers receive the high-quality support and help they need, no matter who they meet within our service
- The Carers Champion will also collate any operational issues practitioners face when supporting carers and feed this back to our Operational Business Lead for Adult Carers, who will be able to support and address these
- They will link with Community Engagement Officers from the new service, to share expertise and knowledge about support available for carers in their specific locality area

Training – Our Operational Business Lead will be delivering training to front line staff about our legal and statutory duties to carers:

- This will ensure they are aware of how to identify, engage and support carers

- The Business Lead is also liaising with Children's and Young People's services to redesign our Enabling Disabled Parents protocol; to ensure we can offer a consistent and holistic approach to the families we work with

Progress will continue into next year with further work planned around training and reviewing how we support carers.

People and Communities Forward Work Programme

Date	Report	Issues for consideration	Cabinet Member	Exec Director
29 January 2021	Vulnerable Adolescents/No Wrong Door		Cllr. John Fisher	Sara Tough
	Post 16 – Summary Report		Cllr. John Fisher	Sara Tough
	Music Service		Cllr. John Fisher	Sara Tough
	Promoting Independence – progress and areas for review 2021-2023		Cllr Bill Borrett	James Bullion
	Development of a Local Public Health Policy and Service	To outline proposals to develop the public health policy and service in response to the formation of the National Institute of Health Protection and changes to Public Health England.	Cllr Bill Borrett	Louise Smith
19 March 2021	Outdoor Learning		Cllr. John Fisher	Sara Tough

Items also to be scheduled:

- The outcomes of reablement