

People and Communities Select Committee

Date: **21 January 2022**
Time: **10am**
Venue: **Council Chamber, County Hall, Norwich**

Advice for members of the public:

This meeting will be held in public and in person.

It will be live streamed on YouTube and, in view of Covid-19 guidelines, we would encourage members of the public to watch remotely by clicking on the following link:

https://www.youtube.com/channel/UCdyUrFjYNPfq5psa-LFIJA/videos?view=2&live_view=502

However, if you wish to attend in person it would be most helpful if, on this occasion, you could indicate in advance that it is your intention to do so. This can be done by emailing committees@norfolk.gov.uk where we will ask you to provide your name, address and details of how we can contact you (in the event of a Covid-19 outbreak). Please note that public seating will be limited.

Councillors and Officers attending the meeting will be taking a lateral flow test in advance. They will also be advised to wear face masks at all times unless they are speaking or are exempt from wearing one. We would like to request that anyone attending the meeting does the same to help make the event safe for all those attending. Information about symptom-free testing is available [here](#).

Persons attending the meeting are requested to turn off mobile phones

Membership:

Cllr Fabian Eagle (Chair)
Cllr Fran Whymark (Vice-Chair)

Cllr Claire Bowes	Cllr Julian Kirk
Cllr Tim Adams	Cllr Paul Neale
Cllr Ed Connolly	Cllr Alison Thomas
Cllr Michael Dalby	Cllr Mike Smith-Clare
Cllr Brenda Jones	Cllr Eric Vardy
Cllr Mark Kiddle-Morris	

**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 19 November 2021

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3 Members to Declare any Interests

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

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

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

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

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

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

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

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

5 Public Question Time

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Tuesday 18 January 2022**

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 18 January 2022**

7 Special Educational Needs (SEND): Performance Framework Page 17

Report by the Executive Director of Children's Services

8 Adults and Children's Services – Key Workforce Challenges Page 32 *(Appendix to follow)*

Report by the Executive Director of Adult Social Services and the Executive Director of Children's Services

9 Norfolk Health and Wellbeing Profiles 2021 – District and Electoral Division – Joint Strategic Needs Assessment (JSNA) Page 34

Report by the Executive Director of Community and Environmental Services

10 Forward Work Programme Page 59

Report by the Executive Director of Adult Social Services

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Head of Paid Service
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Date Agenda Published 13 January 2022



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People and Communities Select Committee Minutes of the Meeting Held on 19 November 2021 at 10am in the Council Chamber, County Hall, Norwich

Present:

Cllr Fabian Eagle (Chair)
Cllr Fran Whymark (Vice Chair)

Cllr Tim Adams	Cllr Paul Neale
Cllr Brenda Jones	Cllr Mike Smith-Clare
Cllr Mark Kiddle-Morris	Cllr Eric Vardy

Substitute Members Present:

Cllr Lesley Bambridge for Cllr Michael Dalby
Cllr Phillip Duigan for Cllr Julian Kirk
Cllr Carl Smith for Cllr Claire Bowes
Cllr Tony White for Cllr Alison Thomas

Also Present

Michael Bateman	Assistant Director, SEND Strategic Improvement and Early Effectiveness
Debbie Bartlett	Director of Strategy & Transformation, Adult Social Services
James Bullion	Executive Director of Adult Social Services
Alison Gurney	Programme Director, Local Outbreak Control, Public Health
Cllr Shelagh Gurney	Deputy Cabinet Member for Adult Social Care, Public Health & Prevention
Alex Stewart	Healthwatch Norfolk
Sara Tough	Executive Director of Children's Services
Sharon Brooks	Carers Voice (via video link)
Teresa Hewitt	Disability Norfolk Network Group (via video link)
Anne Landamore	Disability Norfolk Network Group
Judith, Nick and Charlie Taylor	Disability Norfolk Network Group

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Claire Bowes (Cllr Carl Smith substituting), Cllr Ed Connolly, Cllr Michael Dalby (Cllr Lesley Bambridge substituting), Cllr Julian Kirk (Cllr Phillip Duigan substituting) and Cllr Alison Thomas (Cllr Tony White substituting).

2. Minutes of last meeting

- 2.1 The minutes of the meeting held on 17 September 2021 were agreed as an accurate record and signed by the Chair.

3. Declarations of Interest

- 3.1 Cllr Lesley Bambridge declared a non-pecuniary interest as a trustee of West Norfolk

Carers.

4. Items received as urgent business

4.1 No urgent business was discussed.

5. Public Questions

5.1 No public questions were received.

6. Member Questions and Issues

One Member question was received, and the response was published on the Council website and circulated at the meeting. The question and the response is attached to these minutes at appendix A.

7. Adult Social Services Charging Policy for Non-Residential Care - update on engagement

7.1.1 The Committee received the report detailing work carried out since a Judicial Review in December 2020, which identified that changes to Norfolk County Council's charging policy had unintentionally discriminated against a group of people the judge identified as severely disabled. This work included amending the Charging Policy for non-residential care to address the findings of the High Court and engaging with the disabled community. Some of the key issues highlighted from this engagement were presented in the report, which updated the Committee on engagement work to date and setting out work planned for the coming months.

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

- The report set out the background to work including amendments to the interim policy and reimbursements to people affected by the policy change.
- Work undertaken with the reference group had helped officers and the Executive Director of Adult Social Services thanked the Disability Norfolk Network Group (DNNG) and the reference group for their work and engagement with the Council.
- It was recommended that the interim policy shouldn't change until the Government implemented national reform over the charging policy. Officers would come to committee with a briefing on the white paper once it had been published.

7.1.3 The Director of Strategy & Transformation, Adult Social Services, added that a lot had been learned from having real discussions with people. Through this work, areas to make changes had been identified.

7.2.1 Teresa Hewitt spoke to the Committee:

- Teresa Hewitt was a full-time carer to her sister Susan. She joined the DNNG in 2019 when changes to her sister's contributions gave her concerns that Susan would have less money than she should. Teresa therefore started campaigning.
- Teresa was now part of the workshops with the public office and attended officer meetings once a month with Norfolk County Council officers. At times these

meetings were stressful for herself and carers.

- Teresa understood that the Council had less money coming in but queried why Councillors voted for changes to the policy when they didn't understand why they were charging people.
- Teresa felt the Government needed to recognise that not enough money was being given to Adult Social Services, admit what they did wrong and start doing things right before other people died or were in conditions which limited their survival.

7.2.2 Judith Taylor spoke to the Committee:

- Judith thanked officers for working with members of the DNNG and she felt this had helped start to build a relationship with Norfolk County Council. She noted that there was no trust between the disabled community and the Council mainly caused by a lack of engagement.
- The disabled community were also keen to build relationships with Councillors, especially Conservative Councillors due to the Council being Conservative run. This would help Councillors understand what it was like to have a disability in Norfolk, understand what changes to the charging policy meant, and what life was like for carers and families of people with a disability. Judith hoped that a meeting would be held for Councillors to learn more, involving people with disabilities, carers and families.
- Judith spoke about the fact that those who could work did not have their earnings taken into consideration when Minimum Income Guarantee (MIG) contributions were calculated, whereas those who were unable to work had their benefits taken into account when calculating MIG contributions. Judith felt this was a form of discrimination.
- Judith felt that the MIG contributions involved age discrimination as different aged people were charged different amounts.
- Judith was unhappy that, despite the DNNG having been invited to lobby with Councillors and Ministers back in 2019, this had only occurred once. Judith felt that working together was important to get more money from Government, through Councillors and Government hearing how peoples' lives were affected directly "from the horse's mouth".

7.2.3 Anne Landamore spoke to the Committee

- Anne had two adult children with learning disabilities. Her daughter, aged 41, was profoundly, multiply disabled with complex medical needs and funded by continuing healthcare by the NHS. She didn't have to pay towards her care. Anne's son of 31 lived independently in supported living with carers 24/7, shared with another person; he was one of the highest payers of charges relating to MIG calculations because people who lived independently received an extra benefit called the "severe disability premium" from Government. The entire amount of this grant was taken from his MIG calculation towards his care. This meant there was no benefit to him filling out the 43-page assessment to receive the severe disability premium. However, if he did not apply for this benefit he would be charged towards his other benefits.
- Anne pointed out that people who had learning disabilities and who were employed and receiving a wage did not have their earnings counted towards their MIG calculation. Those people who were unable to carry out paid employment and therefore received employment support allowance, had this benefit taken into account in their MIG calculation.
- Anne queried why when the Government had announced that people with less than £23,500 in the bank didn't have to pay towards their care, all young people

were being assessed by the MIG and many disabled people were paying towards their care, making some people think disabled people were well off.

7.2.4 Sharon Brooks spoke to the Committee:

- Councillors ensured they were mindful of the decisions they made but it was not easy to be aware of the full impact of these decisions, which was why the experience of service users was so important.
- Sharon represented unpaid carers through the organisation Carers' Voice. Carers of those with learning disabilities were concerned that the people they were caring for were vulnerable and unable to advocate for themselves.
- Contacting the Council was daunting, and people were not always aware of the decisions made and why; documents were not always easy to understand or available in easy read versions.
- The reference group was an opportunity to look at some of these issues and build trust.
- The group asked that work would be co-produced so that everyone could be fully aware of the impact of decisions by being equal partners.

7.2.5 Alex Stewart from Healthwatch Norfolk spoke to the Committee:

- Through his work in this area, Alex noted that the overwhelming issue being raised was communication. He noted for example that if there was a change of social worker, a person's story often had to be told again from the beginning.
- It would be important to establish what was meant by co-production so that everyone was clear on this.
- Meetings had been successful in setting out what would be achieved and Healthwatch were keen to continue to be involved.

7.2.6 The Executive Director of Adult Social Services replied to the comments made by representatives at the meeting.

- The judicial review raised a point about employment discrimination noting that if a person was severely disabled, they would receive a benefit called enhanced PIP (Personal Independence Payment) which had to be taken into account by the Council. However, if a person was employed, their earnings would be disregarded. The Judge stated this was discrimination. Following this judgement, the Council had amended the interim guidance to disregard enhanced PIP however this change did not disregard employment benefit. This was a point which would be raised in lobbying when the Government's White Paper was released.
- Regarding the comments on age discrimination, The Executive Director of Adult Social Services clarified that different amounts paid by people of different ages was built into the MIG rules, which were suggested by Government.
- The Chair **asked** for bullet points covering key information on this topic to be sent to the Committee to help with lobbying and discussing with MPs.

7.3 The following points were discussed and noted:

- Committee Members thanked those who had attended the meeting in person and by video link to speak to the Committee.
- Officers were asked what would be done to help Councillors understand the difficulties experienced by people with disabilities and their families and carers. The Executive Director of Adult Social Services suggested that Councillors spoke to people and visited community groups; Officers would help facilitate this if needed.

- A Committee Member noted that the Cabinet Member for Adult Social Care, Public Health and Prevention was not present at the meeting and asked the Taylor family what their opinion was of this. Judith Taylor replied that the Cabinet Member for Adult Social Care, Public Health and Prevention did not engage with the disabled community, and noted that Cllr Gurney, Deputy Cabinet Member for Adult Social Care, Public Health and Prevention had been asked to take over the aspect of his role related to disabilities.
- Cllr Gurney, Deputy Cabinet Member for Adult Social Care, Public Health and Prevention, spoke to the members of the DNNG and Carer's Voice present at the meeting and the Committee. She assured them that she took this issue very seriously. When appointed as Deputy Cabinet Member, due to the Cabinet Member's large workload including integrated healthcare and public health, she was given her own areas of work to take forward which included working with people with disabilities. So far, she had attended a meeting with the DNNG on zoom and intended to meet with them in person. She spoke of her experience of looking after people with disabilities as a carer for her father and working in a home for elderly people with mental health difficulties.
- A Committee Member queried how much had been repaid to people following changes to the interim guidance. The Executive Director of Adult Social Services **agreed** to circulate a response to Committee Members.
- Members of the DNNG and Carers Voice were asked what they felt the Council was doing right. They responded that officers were listening and engaging; further work was needed to ensure Councillors were listening and understanding by speaking with people with disabilities, their carers and families. The Director of Strategy & Transformation, Adult Social Services, suggested that a joint learning session could be facilitated between Councillors and service users and carers. This would be an opportunity to co-design a learning event for councillors to learn about "walking in disabled people's shoes".
- Teresa Hewitt noted that if Councillors engaged with service users, visiting people in their homes and in care homes on a regular basis they would have the opportunity to see how the money they were investing was being used.
- It was noted that there were still barriers in place, and it was important to look at how these could be overcome. The Executive Director of Adult Social Services agreed that more structured work was needed around engagement. He noted that children's services had a more formal process in place around engagement in corporate parenting and he would have discussions with the department.
- A Committee Member raised concerns with a statement on page 32 of the report which stated, "The judge said that we didn't mean to be unfair and we couldn't have known that our policy was going to be unfair". Cllr Shelagh Gurney said that she had worked with the Making It Real group to make an easy read document covering the judicial review and that the phrase was a statement of fact from the judicial review.
- Anne Landamore felt that severe disability premium being taken into account in MIG calculations while salary was not was unfair. The Executive Director of Adult Social Services noted that in his judgement, the Judge was urging the Council to engage with people so that when the MIG was set its implications could be fully understood.
- It was requested that cross party Councillors were involved in engagement work with service users.
- Cllr Tony White, the Disability Member Champion, said that it had been good to hear the comments of people who had attended the meeting and he intended to plan some visits.

- 7.4 The Committee **AGREED** to:
- a) **Note** the completion of reimbursement
 - b) **Note** the update on the work currently in progress
 - c) **Agree** to receive a further report on the engagement at a subsequent meeting, including clarity on national reforms and the implications for charging and next steps

8. Covid-19 Update

- 8.1 The Committee received a presentation from the Programme Director, Local Outbreak Control, Public Health; see appendix B:

- There was a incident rate in Norfolk of 316 confirmed positive cases; the England average was 385 confirmed positive cases. Norfolk was the lowest county in the region for case rates.
- There had been a significant increase in cases in school age children, but Norfolk had followed the England average and trend, with Norfolk case rates decreasing.
- There had been a decrease in the positivity rate in the number of people being tested for Covid-19.
- Hospitalisations and deaths remained relatively low in Norfolk compared to the high case rates, following the national trend
- A local outbreak management plan was in place as in all areas in the country; the local outbreak management plan was a multi-agency plan which brought in in summer 2020 and updated regularly. Norfolk continued with its overarching aim for people to protect themselves, others and Norfolk as shown on slide 4
- An engagement board was in place to deliver the outbreak management plan consisting of the Leader of Norfolk County Council, seven District Council representatives and senior officers.
- The Health Protection Board was chaired by the Director of Public Health and involved senior officers
- Local coordination groups were in place based on district council footprints where district council, police and other colleagues came together to respond to local outbreaks and needs
- Norfolk had consistently been in the top 10 of outcomes for contact tracing.
- Norfolk County Council continued to support businesses in Norfolk in a multi-agency approach to reduce transmission of Covid-19.
- The Council would continue to support the booster programme and second jab for young people.
- The national situation was being monitored to see if the Government's "Plan B" would need to be enacted; locally this would result in actions such as status entry into venues, mandated face coverings and working from home.
- In schools work was being carried out around increased vaccination uptake, increased ventilation, asymptomatic testing, social distancing and virtual meetings where needed.

- 8.2 The following points were discussed and noted:

- The issue of vaccine hesitancy was raised and the impact of this in Norfolk particularly on the uptake of the booster vaccine. The Programme Director, Local Outbreak Control, replied that data would start to become available on the uptake of the booster vaccine soon but it was known that there were some parts of the population who were vaccine hesitant. Officers were working with these people to address their concerns.

- A Committee Member asked if the Council could do more to enforce social distancing, mask wearing and other Covid-19 prevention methods. The Programme Director, Local Outbreak Control, agreed to take this question to the engagement board, but added that there were communications campaigns being carried out and due to be launched in the festive season which were Norfolk focussed reminding people of Covid-safe behaviours.
- The Programme Director, Local Outbreak Control, confirmed that Norfolk University of Arts and University of East Anglia sat on the local coordination groups, and regular meetings were held with these institutions when there were Covid-19 outbreaks; work continued with them to encourage vaccine uptake.
- Noting reported cases of people receiving positive lateral flow tests but negative PCR tests, reports of testing issues were queried. Gurney confirmed that there were no reported issues with testing in Norfolk, but also noted that PCR testing was more accurate than lateral flow testing.

8.3 The Committee **NOTED** the presentation.

9. Carers Charter progress report

9.1.1 The Committee received the report setting out the important work completed across 2021 towards the Council's commitments in the Carers Charter.

9.1.2 The Director of Strategy & Transformation, Adult Social Services, reported that this group involved carers, Councillors and other representatives, chaired by an independent chair, Bill Armstrong. Since the charter started, there was greater understanding of what it meant to be a carer and increased services for carers in Adult Social Care. The report set out what had been achieved through the year and areas to look at in the future.

9.1.3 Cllr Shelagh Gurney wished to highlight Bill Armstrong's commitment to the group and in his role as Chair.

9.2 The following points were discussed and noted:

- It was pointed out that the Carers' Charter didn't mention respite care. The Director of Strategy & Transformation confirmed that some people had had respite cancelled at short notice and officers were in the process of reinstating respite services and restoring people's confidence in booking respite.
- Cllr Adams proposed that the Committee took part in the national campaign to increase the weekly allowance for carers and lobby the Government. There was no seconder and so the proposal was not voted on.
- It was noted as positive that contact with schools regarding young carers had improved over the years. The Executive Director of Adult Social Services confirmed that Norfolk held a list of young carers.
- The Chair reported that he had been in contact with a farm park in North Norfolk who had offered to put on an event for young carers in the area.
- The Director of Strategy & Transformation confirmed that the parent carer statistics in the report were national statistics; it was challenging to collect this data locally, but it was an aim to do so.
- A Committee member noted from the report that 76% of families didn't visit the GP about their child's disability or condition and asked what more could be done to help those most at need. The Director of Strategy & Transformation pointed out that officers use the term carer but many people didn't use that

term to refer to themselves, so the language used needed to be changed to help reach out to more people.

- The Vice-Chair agreed that it was important to identify people who did not recognise they were carers and provide them with support.
- The Chair pointed out that 12% of the population of Norfolk were carers

9.3 The Committee:

- a) **ENDORSED** the 2021 Carers Charter progress report;
- b) **REVIEWED** the working group's focus areas for 2022.

10. Strategic and financial planning 2022-23

10.1.1 The Committee received the report which responded to feedback from Select Committees in July 2021 and provided an opportunity for the Select Committee to give its views on the detailed budget proposals for the services within its remit and which are being taken forward to public consultation (subject to Cabinet decisions 8 November 2021).

10.1.2 Cllr Jamieson, the Cabinet Member for Finance, introduced the report to Committee:

- Council had published its initial budget savings proposal 2022-23 to begin the consultation process later in November 2021.
- Key points were that current planning reflected the proposed savings programme of £24.5m with the aim to look for a further savings of £5m in the current financial year 2021-22. Subject to consultation, the council was planning on an increase in council tax of 3%.
- The spending review had provided a multi-year settlement which, assuming it was mirrored by a multi-year settlement in local government spending review, would help the council set a sustainable medium term financial strategy
- There were no proposed changes in the way that services would be delivered that required consultation.
- £24.5m new savings proposed so far was intertwined with Adult Social Services' vision was to support people to be independent, resilient and well, combined with prevention and early intervention, development of alternative care and more in-house care helping Children's Services control their costs. Both of these key, demand led departments had been impacted by the pandemic and cost pressures would include adult and children's social care pressures driven by demand and additional cost pressures of purchasing care provision.
- Norfolk County Council welcomed the Government announcement of £4.8bn funding for local authorities. However, £4.8bn had become £1.6bn per year with no uplift in the public health grant and no resolution of the high needs block deficit.
- The final figure to be received from government could vary depending on how the formula was used to determine what proportion of the £1.6bn would come to Norfolk and this would not be known until mid-December 2021.
- Executive Directors would be asked to identify up to a further £5m savings in the short term should Government funding prove insufficient.
- A multiyear settlement would allow management to look at transformational savings by a review of how services were delivered and how people were used. External analysis was in place to look at service delivery in 2022.
- Government confirmed in its social care announcement that it expects demographic and unit cost pressures to be met through council tax, social care precept and long-term efficiencies which required funding each year. Each year

demographics represented an £18-20m cost increase for Norfolk.

- Consultation would go out for a 2.99% increase in council tax consisting of a 1% adult social care precept increase and 1.99% council tax increase in line with core spending power guidelines assumed in the spending review.

10.1.3 Cllr Tony White left the meeting at 15:55

10.2 The following points were discussed and noted:

- The Cabinet Member for Finance clarified that Adult Social Care was the largest department, which was why it had the largest savings. There was an ongoing transformation programme in place within the department to identify more effective and economically viable ways to deliver services. The Executive Director of Adult Social Services added that every scheme of 60-70 flats saved £200,000 on the purchase of care budget. A 10-year programme for 3000 homes was in place however planning their location and size could cause problems if objections were received during the planning process.
- The Cabinet Member was asked if he thought the current and successive Governments had been taking the Adult Social Care crisis seriously. The Cabinet Member for Finance replied that Adult Social Care and Social Care reform had been anticipated for many years. The recent announcement from Government had partially solved the problem and he awaited further updates. The department were looking at how things could be done in a better way, which were more economically effective and better for service users.
- A Committee member asked why the decision had been taken not to raise the social care precept by the additional 1% which was available. The Cabinet Member for Finance replied that Cabinet had decided not to move forward with raising adult social care precept by the additional 1% deferred from 2020-21 in the light of rising costs incurred by residents such as national insurance, inflation and energy prices.
- The Cabinet Member for Finance confirmed that there were ongoing conversations with NorseCare and all suppliers of care to ensure the Council was receiving good value for money. The NorseCare contract was a “block” contract; through discussion with NorseCare there was an opportunity to agree for some beds to be sold privately to individuals, reducing the cost to the Council and reducing staff costs.
- The Executive Director of Children’s Services clarified that North Yorkshire was a £5m investment from Government which the Council had put match funding into; this work started in mid-2021 and efficiencies from this work were built into the savings proposals for the next few years.
- the Executive Director of Adult Social Services confirmed that there was a modest saving of £100,000 for recruitment and retention in adult social care.
- The Executive Director of Adult Social Services reported that there was a programme of £5.5m over 3 years to improve the adult social care “front door” by integrating with the NHS to provide support to people earlier and looking at digital end to end contact with service users.

10.3 The Committee **CONSIDERED** and **COMMENTED** on the budget proposals for the services within its remit which are being taken forward to public consultation, to inform Cabinet’s recommendations to County Council on the 2022-23 Budget in February 2022.

11. Special Educational Needs (SEND): Performance Framework

- 11.1.1 The Committee received the regular report to the People and Communities Select Committee providing a range of performance data regarding services and provision for Special Educational Needs & Disability (SEND). Information was being reported to Committee over a 2-year period (which began in November 2020) following recommendations by the Local Government & Social Care Ombudsman (LGSCO) in 2020 following their published investigation report.
- 11.1.2 The Assistant Director, SEND Strategic Improvement and Early Effectiveness introduced the report to the Committee:
- the standard reporting showed an overall positive trend however the datasets showed a slight time lag of children being logged following the summer holiday.
 - Education Health and Care Plans (EHCP) showed sustained performance; it was unlikely that the target of 60% would be met however reaching 53% from 8% when originally inspected was good progress.
 - Page 125 of the report showed the new content requested by councillors
 - A correction on was highlighted on page 130 of the report: cumulative overspend related to 2019-20 year.
- 11.2 The following points were discussed and noted:
- Officers were asked why complaints about EHCP had increased. The Assistant Director of SEND Strategic Improvement and Early Effectiveness confirmed that most complaints were around timescales of completion and the type of placement given. The EHCP team were involved in around 8000 cases per year, therefore the number of complaints received were low in comparison.
 - The Executive Director of Children's Services reported that an increase in demand was being seen, with more children being referred for specialist provision, as reflected nationally. Engagement was carried out with families however sometimes they had a different opinion on what provision should be provided for their children than the Council. A national solution was needed to address the challenge faced in this area.
 - The reasoning behind progressing to tribunal was queried given the low success rate and cost involved for the Council. The Assistant Director of SEND Strategic Improvement and Early Effectiveness **agreed** to find out the exact cost to the Council of tribunals per year and send this to Cllr Brenda Jones.
 - The Council was investing capital in building new special schools so that children could benefit from reduced travel time and were trying to manage admissions into these provisions carefully so that those who needed the places most would get the most benefit from this capital investment.
 - The Executive Director of Children's Services noted that tribunals could order for a child to be given a place in a school where there was not space; this could leave children waiting for a space.
 - Discrepancy in data in table 2.24 of the report was queried; the Assistant Director of SEND Strategic Improvement and Early Effectiveness; the orange line was related to a national trial where 18 months ago, tribunals trialled cases where there was a dispute around health or children's social care. This couldn't be upheld as the 2014 Act of Parliament didn't allow this, but it did allow for an extra layer of mitigation.
 - Officers confirmed that there had been extra investment in EHCP coordinators however there was a need for more educational psychologists to provide earlier interventions to support children in their families, schools and to provide support to schools to help children earlier. This would prevent a trajectory towards specialist provision being the only solution.
 - The funding given to schools had reduced over the past decade meaning they

had less money available to support families around parenting and whole school interventions. A national review was ongoing which was due in spring 2022.

- Regarding changes to home to school transport outlined in the report, officers confirmed that child and young person need and parental preference would be taken into account. Engagement work had been carried out with schools to look at opportunities for group travel schemes to be introduced where appropriate.

11.3 The Committee:

1. **NOTED** the ongoing content of the SEND performance framework and agree ongoing reporting at all subsequent meetings through to Summer 2022, complying with the outcome of the LGSCO report.
2. **AGREED** 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.

12. Forward Work Programme

- 12.1 The Committee considered and **AGREED** the forward work programme with the addition of work on adult social care engagement as discussed in item 7.

The Meeting Closed at 16:57

Cllr Fabian Eagle, Chair,
People and Communities Select Committee



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**People and Communities Select Committee
19 November 2021**

Item 6; Member Questions

Question from Cllr Maxine Webb:

P126 2.23 says “At the January Committee meeting, data on “the number of appeals lodged, the outcomes of these and comparison to previous years” for future reports. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, agreed to include this in future reports.”

Thank you for starting to include this data, however, while the November report now gives the number of appeals lodged, the reasons and comparison to previous years, it does not include the outcomes. Could this missing data please be sent to members and included in future reports?

Response from the Chairman

The Assistant Director for SEND Strategic Improvement apologises for the omission of ‘outcomes’ data within the Tribunal information section of the November committee report. This will be rectified in future reports. However, to ensure there is no delay in this information being available for the Committee and also for Cllr Webb a separate briefing note is being sent to Members and Cllr Webb to provide this initial information. This will be in the public domain via subsequent reports.

People and Communities Select Committee

Item No. 7

Report title:	Special Educational Needs (SEND): Performance Framework
Date of meeting:	21 January 2022
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

This is the regular report to the People and Communities Select Committee providing a range of performance data regarding services and provision for Special Educational Needs & Disability (SEND). We are reporting to Committee over a 2 year period (which began in November 2020) following recommendations by the Local Government & Social Care Ombudsman (LGSCO) in 2020 following their published investigation report.

The report to Committee this month updates those data sets (**within Appendix 1**) and illustrates ongoing improvement across the majority of these elements of our SEND services. There are of course ongoing challenges to maintain current improvements and to improve even more, in particular due to the ongoing increase in EHCP referrals and our operational team capacity.

Executive Summary

This is the sixth report on a developing SEND performance framework in a series of reports scheduled for each Committee meeting over a 2 year period. The first report, in November 2020, followed on from recommendations by the Local Government & Social Care Ombudsman (LGSCO) in their 2020 published investigation report. Subsequently it has been determined that reporting on the data set required by the LGSCO is expanded to take account of Norfolk's Area SEND Strategy and our Written Statement of Action response to the Area Ofsted/Care Quality Commission (CQC) SEND Inspection.

The report to Committee this January is significant as it contains the outturn figures for Education Health and Care Plan performance, providing a key marker on our progress towards the target of 90% of initial assessments completed on time by the end of 2022. Therefore, in addition to the regular reporting of a range of performance data in line with the LGSCO recommendations we are providing the latest EHCP data for both initial assessments and annual reviews.

As we conclude 2021 and look ahead to 2022 for SEND in Norfolk we are anticipating the national SEND review outcomes and also the re-inspection of SEND in Norfolk via Ofsted/CQC. Therefore, this report provides a series of data to illustrate the ongoing trends for SEND in Norfolk within both the SEN Support and EHCP cohorts; providing a baseline ahead of these developments in 2022.

Actions required

- 1. To note the ongoing content of the SEND performance framework and agree ongoing reporting at all subsequent meetings through to Summer 2022; 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 as part of the council's overall transformation of special educational needs services and provision.
- 1.2** There are currently three elements to our SEND strategic improvement work, each of which constitutes major programme management, these are:
 - Area SEND Strategy (2019-2022)
 - SEND & Alternative Provision Transformation Programme (2019-2024)
 - Ofsted/CQC Written Statement of Action (2020-2022)
- 1.3** A common theme across all three of these SEND strategic improvement programmes is the focus on improvement in Education Health & Care Plan performance and quality, alongside our focus on building more specialist provision and ensuring that local mainstream inclusive education options are increased for families across early years, schools and colleges.
- 1.4** The report to Committee this November marks a full year of reporting on a data set determined by the LGSCO which, overall, illustrates progress in relation to EHCP timescales, arranging provision and dealing with associated complaints. Over the course of the last year this regular reporting has been developed to ensure that, in addition to the LGSCO prescribed data set, we are also providing updates on the outcome of the Ofsted/CQC Area SEND Inspection.
- 1.5** The Department for Education has now set out a clear commitment to publish the outcome of the long awaited national SEND review this Spring; following on from the previous dates for publication of spring and autumn 2021 which were delayed. We are confident that there will not be a further delay for a number of reasons: the Children and Families Minister, Will Quince, has written an open letter to parents/carers of children and young people with SEND setting out this commitment, publication on the DfE website confirming members of the SEND review group and their terms of reference and also a conference being held in March 2023 with the lead civil servants from the DfE for SEND to promote the outcome of the review. This delay has caused a certain amount of uncertainty, however, we have continued to delivery locally on our SEND improvement plans and we look forward to aligning these to the direction of travel nationally as the year progresses.

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 **Appendix 1** provides the full table of data for each category requested by the LGSCO; including context data regarding the overall pupil population for the county and month my month comparison.

2.3 The latest full data set is for end of September 2021 and below is the latest summary which illustrates improvement across the main data sets:

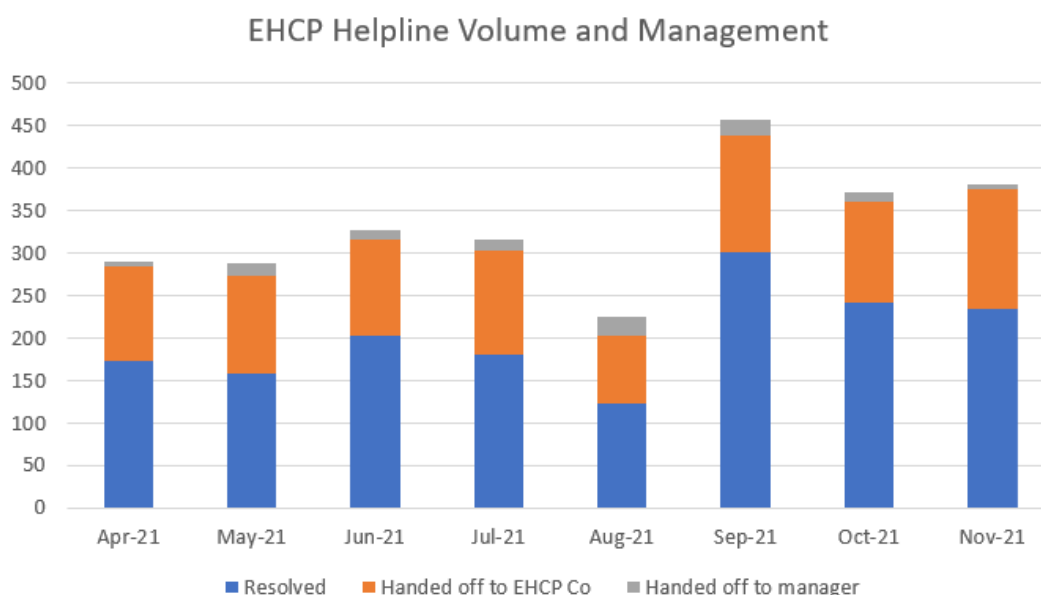
<i>Measure Description</i>	<i>Baseline July 20</i>	<i>Baseline March 21</i>
<i>School Numbers - All (Mainstream & specials)</i>	116,617	117,596
<i>School Numbers - EHCP (Mainstream & specials)</i>	3,435	4,019
<i>School Numbers - % EHCP</i>	2.9%	3.4%
<i>School Numbers - Stat School Age - All (Mainstream & specials)</i>	107,793	108,565
<i>School Numbers - Stat School Age - EHCP (Mainstream & specials)</i>	3,222	3,795
<i>School Numbers - Stat School Age - % EHCP</i>	3.0%	3.5%

- Number of Children 'out of education' with EHCP, has decreased from 76 in September 2021 to 56 in November 2021. This is the pattern that we anticipated when we set out, in the November report to Committee, that each September the figures will be higher following the summer break. We are confident that an overall reduction is now being sustained within this category; this follows the pattern of reduction during the course of the previous academic year and reflects the fact that whilst the LA have the duty to arrange provision we are also reliant on mainstream schools assisting us with swift admission and transition arrangements and the alternative provision market having sufficient capacity.
- Average time in days for arranging alternative education provision for children who have been out of education (All CME cases), has seen a rise in the latest figures with November almost doubling from the previously reported September figure to 32.5. This may be attributed to the rise in referrals seen following the summer break and the cohort 'working through' placement finding. Figures for January/February will confirm if this is the case, as was the pattern during the 2020/2021 academic year
And,

- Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales continues to reduce from the original baseline figure of 261 at November 2020 to the lowest figure recorded to date of 179 in October 2021, meaning that we are getting ever closer to the target of 139 days.
- Average time taken to produce (final EHCP and) EHC plan review compared with statutory timescales: increased from 54% in January 2021, within timescale, for all EHCP children and young people (including LAC) to 67% in September 2021 and although there has been a slight reduction to 64% in October 2021, with the pattern showing this overall increase in performance. Further on in this report is more information regarding EHCP initial assessments and annual reviews.
- Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process shows a further 18 complaints during October and November 2021, with the average per month reducing slightly and in line with the average rate during last year.

2.4

The High Needs SEND Service, which has responsibility for EHCP assessments, reviews and specialist placements, has been monitoring complaints over the past 12 months. This tracking within the Service has confirmed that in the previous year 202 formal complaints were received regarding the Service's work within EHCPs but that this has now reduced by more than 50% to 99 complaints this period. The graph below illustrates how the service has been able to respond more effectively to parent/carers queries and concerns via the new EHCP helpline and increasingly resolving these at an earlier point:



2.5

This is clear evidence of the positive impact of the investment in additional EHCP co-ordinators and reviewing officers made a year ago. The reduction in caseloads for individual members of staff gives them a greater opportunity to be more responsive to parental queries and concerns and to address these swiftly. There is still a great deal of work to do in this regard, however, the results are encouraging and we have confidence that this can be

sustained. An example of this can be seen in this feedback that the High Needs SEND Service received via their December EHCP satisfaction survey (1 of 64 received):

“Karen Humphrey was helpful and caring. She was always available to help.

I have been very satisfied with the speed of the EHCP being finalised.

I am very pleased with the comprehensive nature of the report and appropriate end of KS1 goals. The EHCP Coordinator responded very quickly, even in the evening to respond and satisfy my concerns. I am grateful that I did not have to fight to get the right plan for my daughter, that the professional bodies came together so well to produce a fitting EHCP”.

2.6 In addition to the data requirements set out by the LGSCO we are also required to produce 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.

2.7 The Executive Board (WSoA SEND Improvement Board) which includes cross-party Members, continues to meet on a monthly basis alongside senior leaders across NCC, the CCG, education and health providers and the Chair of the parent carer forum (Family Voice Norfolk). On a bi-monthly basis the Board is attended by representatives from the Department for Education and NHS England as part of their ongoing scrutiny, support and challenge on behalf of Ofsted/CQC prior to re-inspection later this year.

2.8 At the time of our Ofsted/CQC SEND inspection, which took place in March 2020, a total of 8% of EHCP's were completed within the required 20 week timescale (based on the national published figures at that time) and 21% for the subsequent reporting period. These figures are taken directly from the SEN2 data set, submitted to DfE in January each year and published nationally each May. Ahead of the next annual cycle of reporting to the DfE we can now confirm to Committee the final outturn figure for 2021 which confirms that we have sustained the improvement at 53% and the table below sets out the detail on this final cumulative figure.

Final EHCP - 2021													
2021	Month by Month				Quarterly				Cumulative				Days
	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Average number of days to issue Final
January (All - Old & New)	62	25	40.3	43.1	213	108	50.7	54.8	62	25	40.3	43.1	226
February (All)	63	36	57.1	63.2					125	61	48.8	53.0	224
March (All)	88	47	53.4	57.3					213	108	50.7	54.8	203
April (All)	90	46	51.1	54.1	269	129	48.0	51.2	303	154	50.8	54.6	227
May (All)	80	36	45.0	50.7					383	190	49.6	53.8	233
June (All)	99	47	47.5	49.0					482	237	49.2	52.8	224
July (All)	93	56	60.2	63.6	268	152	56.7	59.1	575	293	51.0	54.6	193
August (All)	71	45	63.4	65.2					646	338	52.3	55.8	188
September (All)	104	51	49.0	51.0					750	389	51.9	55.1	206
October (All)	70	44	62.9	62.5	275	157	57.1	51.1	820	433	52.8	55.7	179
November (All)	98	50	51.0	32.3					918	483	52.6	53.9	206
December (All)	107	63	58.9	56.5					1025	546	53.3	54.2	183
Year 2021									1025	546	53.3	54.2	
Target											90.0		

2.9 Therefore, we can now confirm the outturn for the 2021 calendar year is 53%, and this is in the context of the position during the Ofsted/CQC Area SEND Inspection for EHCP performance within 20 weeks:

- 2019 Norfolk Performance = 8%
- 2020 Norfolk Performance = 21%
- 2020 National Average = 58%
- **2021 Norfolk Performance (out turn) = 53%**
- 2021 Norfolk Target = 60%
- 2022 Norfolk Target = 90%

2.10 This final performance illustrates that the combination of additional investment in staffing and the revised operating model put in place by the Assistant Director for High Needs SEND Service has directly led to this performance improvement. We believe that the Assistant Director and her team should be congratulated for this significant improvement from the low performance in 2019 and 2020.

2.11 We are confident that the outturn of 53% will be close to the national average, which will be confirmed in May when the national data sets are published. We are also confident that Ofsted/CQC will reflect positively on this improvement within the context of the Area SEND Inspection re-visit, to assess our progress across the 109 actions within the Written Statement of Action, later this year.

2.12 Also, this performance improvement must be considered within the context of the ongoing increase in referrals for new assessments. The blue line, within the graph below, illustrates the rise in referrals over the course of the past two calendar years:



2.13 The issue of capacity for the operational teams (EHCP co-ordinators and Educational Psychologists in particular) is not only an issue for the initial assessment for EHCP but also for the ongoing work related to the annual review of EHCPs. In 2019 the number of new assessments was 655 and this rose to 1253 in 2020, with the total number of EHCPs increasing from 6689 to 7753 across those two years. We anticipate that when we complete the annual statistical return to DfE later this month that EHCP in Norfolk will have risen to somewhere between 8000 and 8500.

The operational team with responsibility for this area of work (High Needs SEND Service) are increasingly focussed on reducing annual review backlog, to build on the current success of improving EHCP initial assessments.

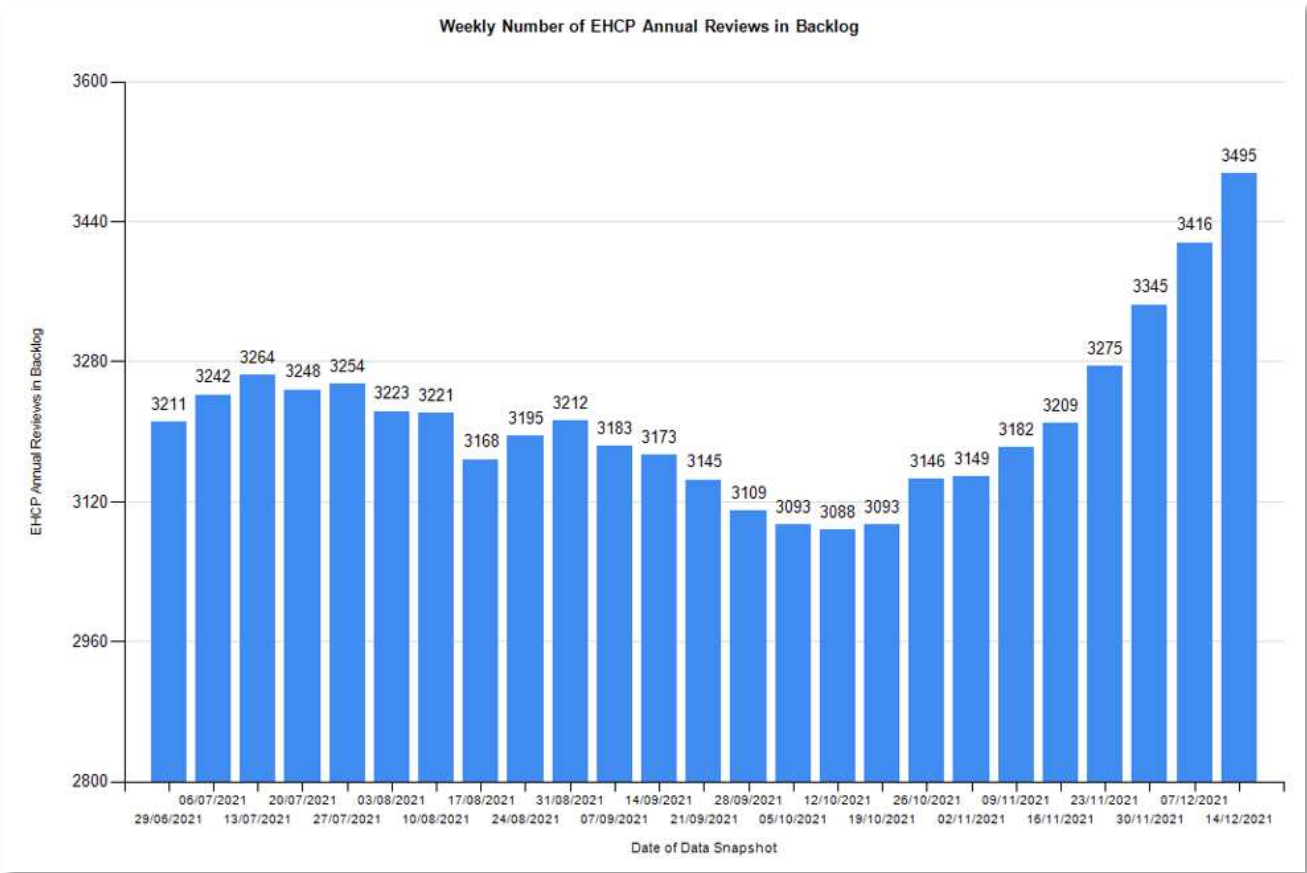
2.14

Total EHCP CYP September 2021	
8355	
Upcoming or Backlog	CYP
Upcoming	5194 (62.2%)
Backlog	3161 (37.8%)
Total	8355
Year Group	CYP
School Age	4897 (58.6%)
Post 16	3390 (40.6%)
Early Years	68 (0.8%)
Total	8355

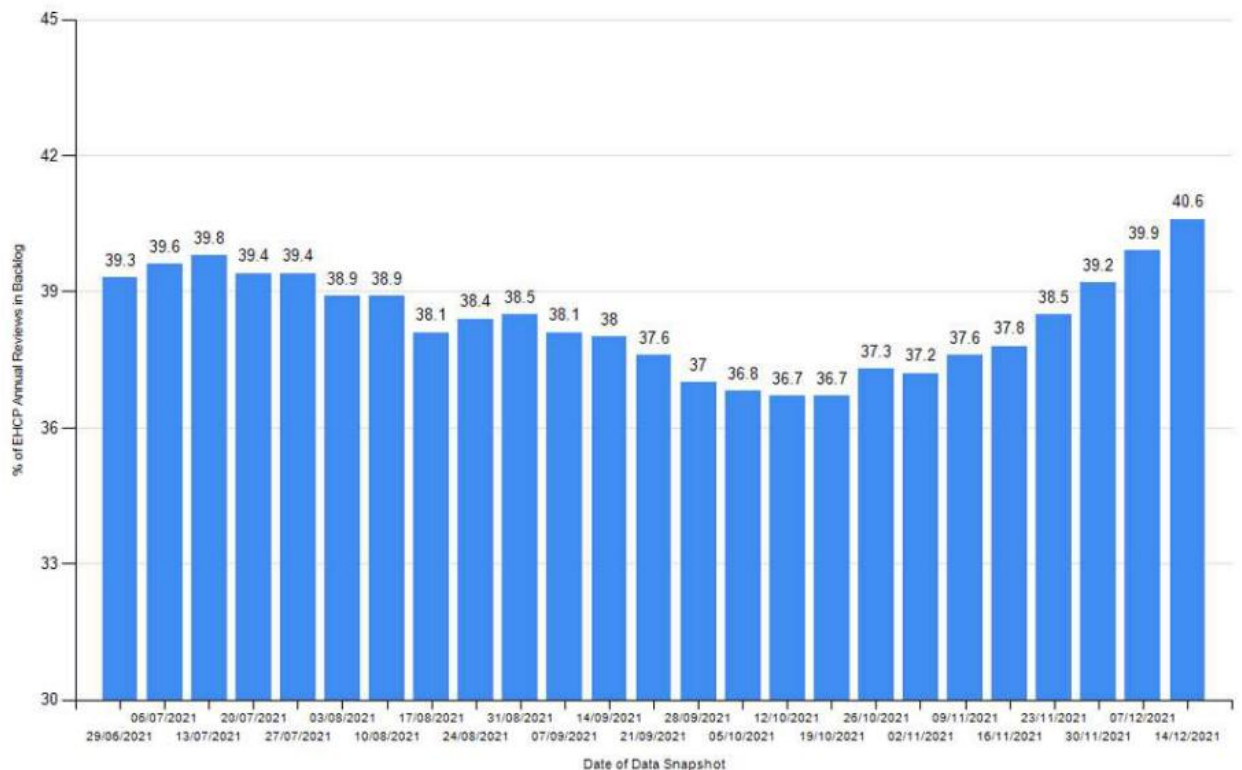
Total EHCP CYP as at 16/12/2021	
8599	
Upcoming or Backlog	CYP
Upcoming	5054 (58.8%)
Backlog	3545 (41.2%)
Total	8599
Year Group	CYP
School Age	5140 (59.8%)
Post 16	3353 (39.0%)
Early Years	106 (1.2%)
Total	8599

The report to Committee in November set out the annual review backlog information for the first time. The first table above was used in that report and the second table is the latest position. As can be seen, the overall cohort has increased and this has impacted on the ability to drive down the backlog further. The High Needs SEND Service are focussing on ways to increase performance, however, as has been stated previously the overall capacity of the team is a) tested by the ongoing rise in EHCP and b) are the same team that have achieved the significant improvement in EHCP initial assessment timescales.

2.15



Weekly Percentage of EHCP Annual Reviews in Backlog



2.16 We continue to anticipate the outcome of the national SEND review and the DfE have now signalled clearly that this will be published in the spring of 2022 and that a green paper with subsequent legislative changes should be expected. We will study the recommendations when they are published and work with our key partners in health, education providers and parent/carers groups to ensure a co-ordinated response. This response is likely to coincide with the re-inspection of Norfolk as part of the Ofsted/CQC Area SEND inspection framework; Ofsted has recently set out plans for these re-inspections following delays to their programme caused by COVID. EHCP performance and quality are key aspects of our response within the Written Statement of Action and we will be ensuring that the inspection team have evidence of our improvement along with a commentary on the challenges that remain.

2.17 In advance of the national SEND review and planning for re-inspection it will be helpful for Members to be aware of further details regarding our SEND cohort and the following information provides a summary of the EHCP and SEN Support cohorts and how these relate to the national picture:

Headline facts and figures - 2021

Summary

Number of EHC plans

430,697

Up from 390,100 (+10%) in 2020

[What is this?](#)

Initial requests for an EHC plan

75,951

Down from 82,300 (-10%) in 2019

[What is this?](#)

Number of new EHC plans

60,097

Up from 53,900 (+11%) in 2019

[What is this?](#)

Rate of EHC plans excluding exceptions issued within 20 weeks

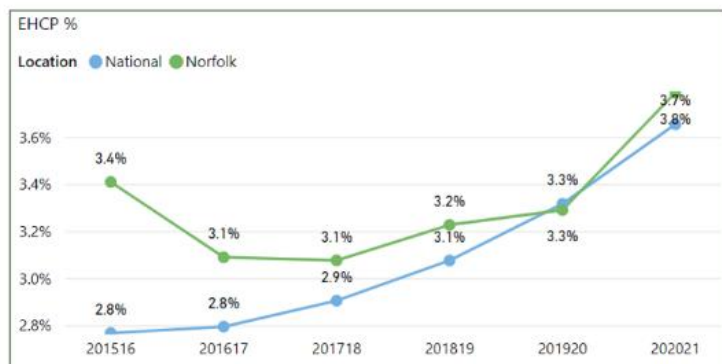
58.0%

Down from 60.4% in 2019

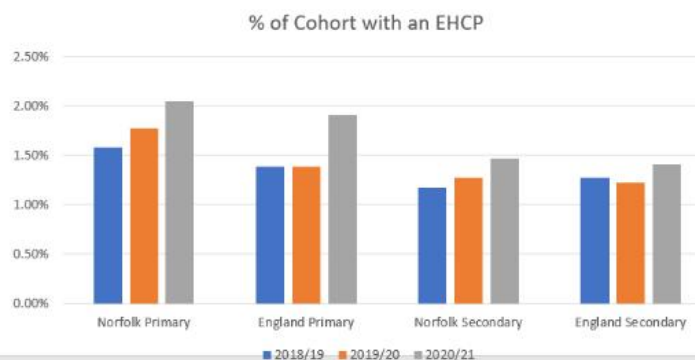
[What is this?](#)

2.18

The figures above set out the national position regarding EHCP as reported in 2021 and reflecting the previous year. Norfolk experienced similar patters and the data that will be published in May 2022 will reset this position and enable us to compare ourselves to the latest national position. In the meantime we continue to capture a range of data locally to ensure that our service and sufficiency planning continues on an iterative basis. With the table below showing the ongoing rise within both the SEN Support and EHCP cohorts:

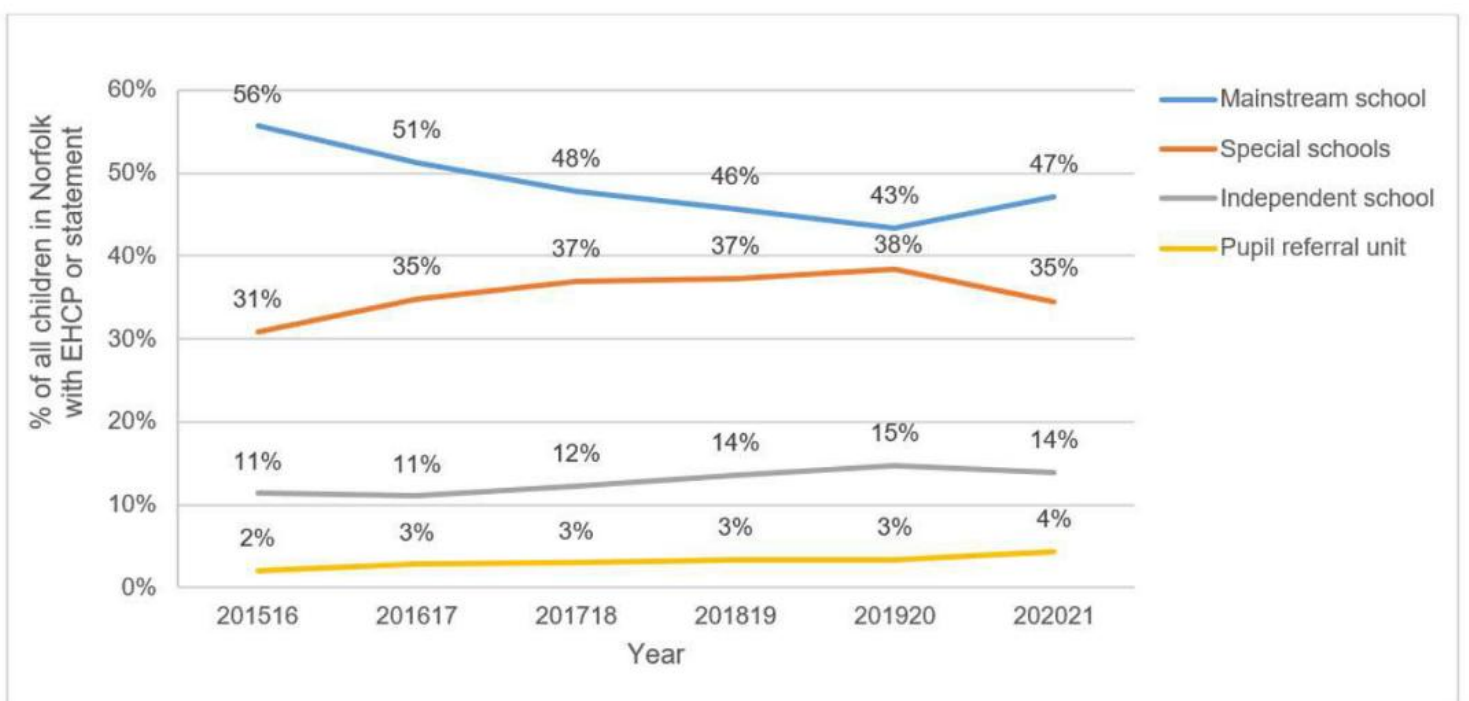


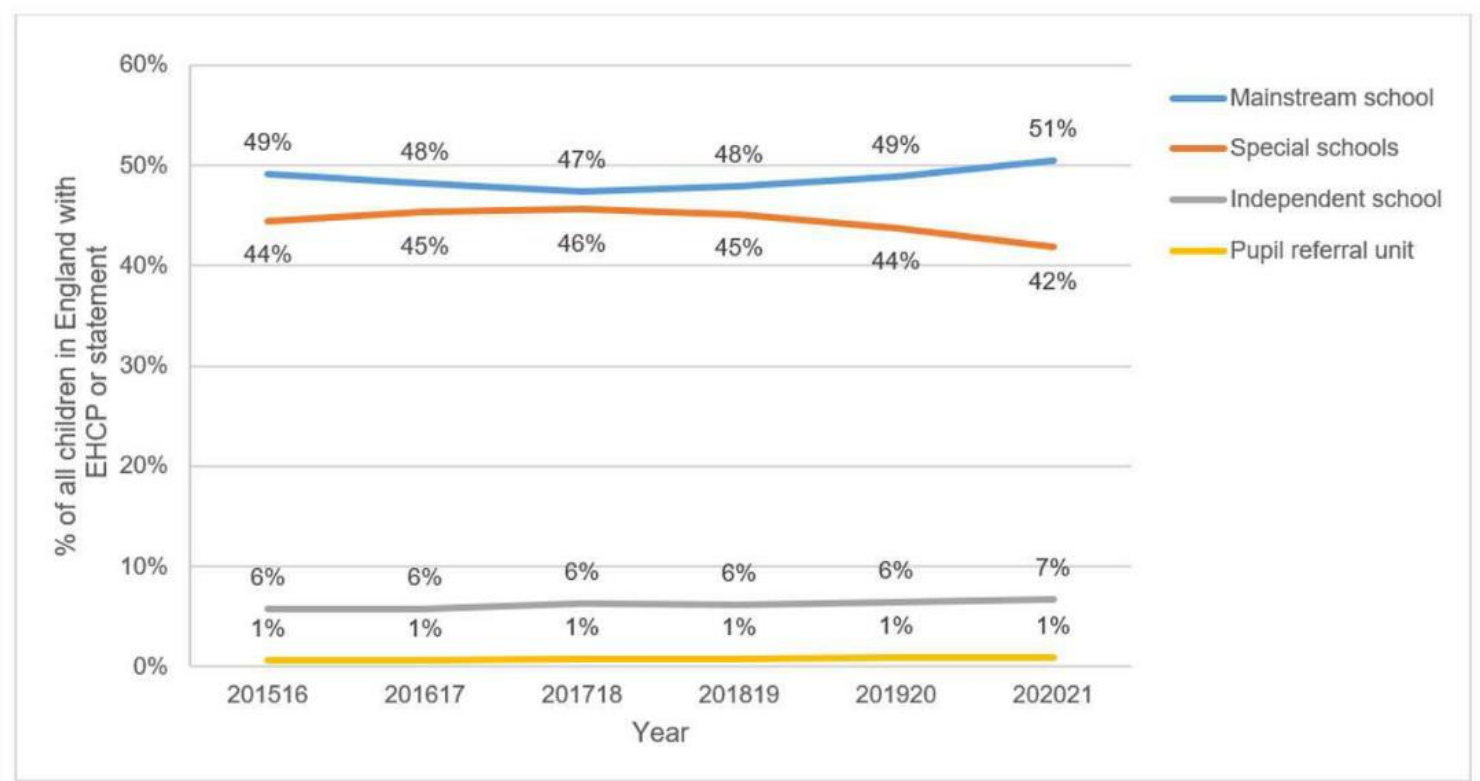
- Overall % at SEN Support above national, EHCP more in line.
- 2% of the primary school cohort now has an EHCP, compared to just over 1.5% two years ago.
- These pupils are now feeding through into secondary schools.



2.19

We continue to update our sufficiency plans to ensure that the ongoing council commitment of £120million for capital development can be assessed alongside the Norfolk SEND cohort 3 years on from the initial investment decision. The tables below set out the type of school placements currently being used within our EHCP cohort and the comparison nationally:

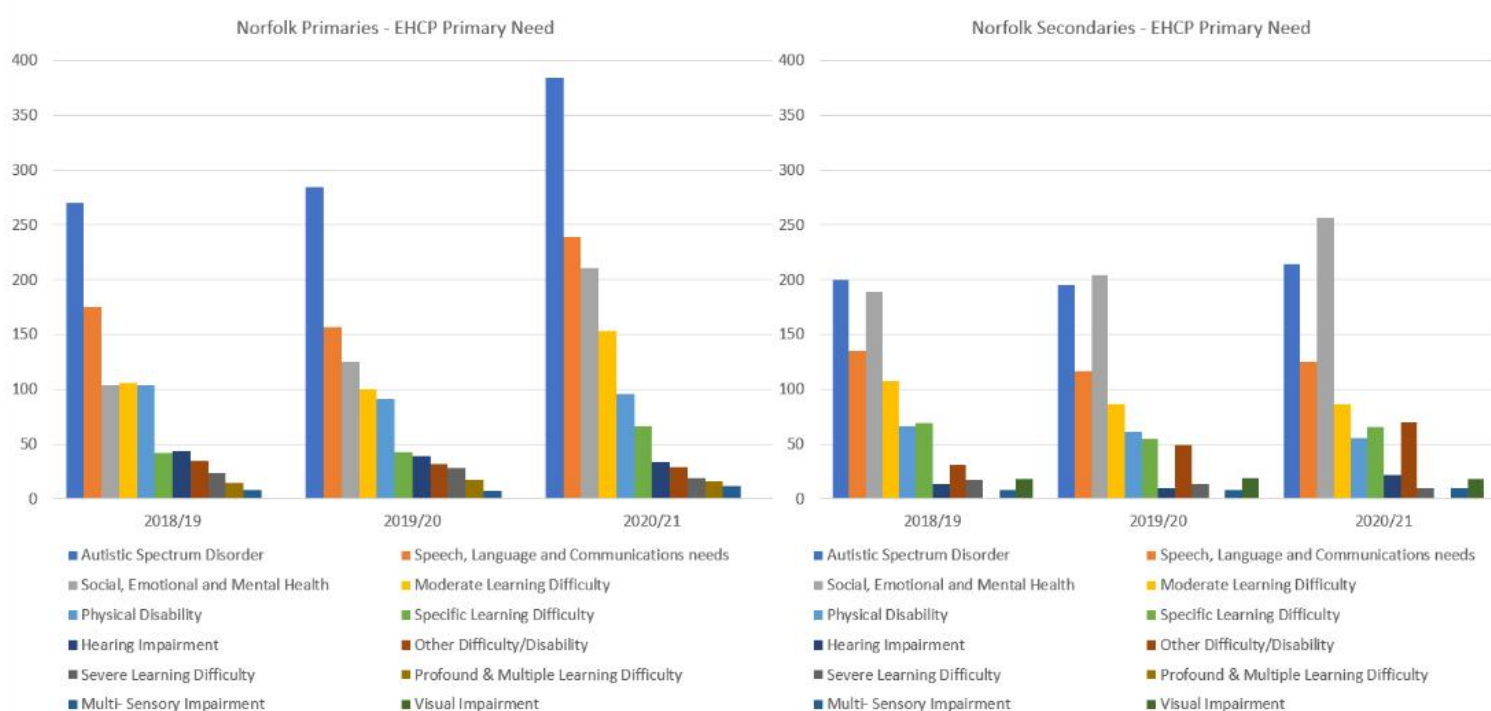




2.20 This information clearly demonstrates our ongoing over-reliance on the high cost independent specialist school sector and we continue to strive to reduce this as the new state funded special school move from opening to full capacity. The core business case remains true in that the state-funded special schools remain predominantly Good and Outstanding and offer good value for money.

2.21 The table below illustrates the ongoing rise in ASD (Autism Spectrum Disorder) and SEMH (Social Emotional and Mental Health) and supports the develop of our specialist provision to meet this need:

The profile of EHCPs is changing – ASD, SLCN and SEMH



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 until Spring/Summer 2022. 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. 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.
- 3.2 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 – Supply & Demand

- 4.1 Prior to the November report to Committee we had stated that there are no direct financial implications relating to the development of a new SEND performance framework. Also stating that 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 Transformation Programme (for example, additional capacity for the Education High Needs SEND Service, which oversees EHCP's, has already been identified and secured). However, as the scope of this regular report broadened to take account of the range of SEND strategic improvement work we determined that it was now appropriate to include budget context for SEND.
- 4.2 The report to Committee in November set out information relating to the High Needs Block budget and also the Home to School SEND Transport budget, setting out the significant budget pressure within both of these areas. This information is not repeated here, however, in the March Committee report we will provide an update. The update in March will benefit from relaying information planned to be reported to the Schools' Forum regarding the detailed High Needs Block recovery plan and also the outturn forecast for both budget areas. .

5. Resource Implications

Staff: / Property: / 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

- 7.1 To note the ongoing content of a 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.**
- 7.2 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.**

8. Background Papers

Appendix 1 – January Data Set for EHCP Performance

Officer Contact

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

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



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

People & Communities Select Committee November 21 : SEND Performance Framework Appendix 1

Serial	Measure Description	Jul-20	Nov-20	Dec-20	Jan-21	Mar-21	May-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21
-	School Numbers - All (Mainstream & specials)	116617	-	116572	-	117596	-	-				
-	School Numbers - EHCP (Mainstream & specials)	3435	-	3758	-	4019	-	-				
-	School Numbers - % EHCP	2.9%	-	3.2%	-	3.4%	-	-				
-	School Numbers - Stat School Age - All (Mainstream & specials)	107793	-	108593	-	108565	-	-				
-	School Numbers - Stat School Age - EHCP (Mainstream & specials)	3222	-	3401	-	3795	-	-				
-	School Numbers - Stat School Age - % EHCP	3.0%	-	3.1%	-	3.5%	-	-				
1a	Number of children out of education - ALL CME	521	702	595	542	525	431	387	426	577	597	512
1b	Number of children out of education - EHCP	-	66	65	56	65	51	49	57	76	59	56
1c	Percentage - EHCP in cohort of all CME	-	9.4%	10.9%	10.3%	12.4%	11.8%	12.7%	13.4%	13.2%	9.9%	10.9%
1d	Number of children out of education - LAC	-	-	-	11	11	8	10	14	18	13	16
1e	Percentage - LAC in cohort of all CME	-	-	-	2.0%	2.1%	1.9%	2.6%	3.3%	3.1%	2.2%	3.1%
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories All cases - number of pupils	41.0	132	51	80	128	96	67	8	147	172	65
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories All cases - average number of days	37.1 days	30.1 days	22.8 days	23.3 days	19.8 days	25.9 days	18.5 days	15.1	16.5	28.2 days	32.5 days
2b	Average time - EHCP-issued cases only. EHCP - number of pupils	4	23	4	7	11	9	6	nil	6	30	13
2b	Average time - EHCP-issued cases only. EHCP - average number of days	98.3 days	76.9 days	44.5 days	38.7 days	46.1 days	84.1 days	24.3 days	-	74.5	66.8 days	84.0 days

People & Communities Select Committee November 21 : SEND Performance Framework Appendix 1

3	Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales	263.3 days 37.6 weeks	260.9 days 37.3 weeks	229.6 days 32.8 weeks	215.9 days 30.8 weeks	205.6 days 29.4 weeks	235.2 days 33.6 weeks	193.5 days 27.6 weeks	188.4 days 26.9 weeks	203.1 days 29.4 weeks	179.0 days 25.6 weeks	
4	Average time taken to produce (final EHC plans and) EHC plan reviews compared with statutory timescales	(12/08/2020 - 56% in time)	55% in time	56% in time	54% in time	55% in time	59% in time	63% in time	66% in time	67% in time	64% in time	
3a	<i>Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales. For LAC pupils only</i>	-	-	-	NA (Only 2 LAC in calc)	NA (Only 3 LAC in calc)	NA (No LAC in calcs)	NA (No LAC in calc)	173 days (only 2 LAC in calc)	122.3 days (only 2 LAC in calc)	147.6 days (only 9 LAC in calc)	
4a	<i>Average time taken to produce (final EHC plans and) EHC plan reviews compared with statutory timescales. For LAC pupils only</i>	-	-	-	54% in time (248 LAC in calc)	53% in time (255 LAC in calc)	57% in time (247 LAC in calc)	68% in time (254 LAC in calc)	73% in time (254 LAC in calc)	67% in time (256 LAC in calc)	67% in time (261 LAC in calc)	
5a	Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process Cumulative - FY (April-March)	34	63	73	83	111	22	53	62	71	80	89
5a	Number of "Local Outcome" Upheld complaints about EHC plans and education provision from NCC complaints process Cumulative - FY (April-March)	24	37	42	47	61	12	26	30	35	40	42

5b	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.	1	3	4	4	5	1	2	4	4	4	5
5b	Number of "LGO Outcome" Upheld complaints about EHC plans and education provision from NCC Cumulative - FY (April-March)	1	3	3	3	4	1	2	2	2	2	2

***Note : Children Missing Education (CME) Definition:**

2. Children missing education 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. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.
4. Local authorities have a duty under section 436A of the Education Act 1996 to make arrangements to establish the identities of children in their area who are not registered pupils at a school and are not receiving suitable education otherwise. This duty only relates to children of compulsory school age².

People and Communities Select Committee

Item No: 8

Report Title: Adults and Children's Services – Key Workforce Challenges

Date of Meeting: 21st January 2022

Responsible Cabinet Member: Cllr Bill Borrett (Cabinet Member for Adult Social Care, Public Health & Prevention) and John Fisher (Cabinet Member for Children's Services)

Responsible Director: James Bullion (Executive Director of Adult Social Services) and Sara Tough (Executive Director of Children's Services)

Executive Summary

The recruitment and retention of social workers continues to be the primary recruitment challenge for both Adult Social Services and Children's Services, notwithstanding significant efforts to date to address the situation. This report summarises the national and local context and sets out current recruitment and retention programmes of work.

Recommendations:

- a) **Select Committee is asked to note the content of this report and the attached Appendix A** *(appendix to follow)*

1. Background and Purpose

- 1.1 There is a national shortage of social workers, and the remote and rural nature of Norfolk adds to the challenge of successfully attracting and retaining social workers to work for the council.
- 1.2 The length of the Covid Pandemic has exacerbated the difficulties in the recruitment and retention of social workers at Norfolk County Council due to workload pressures, the difficulty of remote working whilst providing good quality social care, and the increased complexity of the work, especially in the field of safeguarding and mental health.
- 1.3 The purpose of this report is to provide oversight to the committee of the recruitment and retention challenge and the activities in progress to address the situation.
- 1.4 More details of the challenges and relevant statistics are attached at Appendix A. *(appendix to follow)*

2. Recommendations

Recommendations

- 2.1 Select Committee are asked to note the contents of the report and the attached Appendix A. *(appendix to follow)*

Officer Contact

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

Officer Name:	Paul Wardle	Gavin Cooke
Tel No:	01603 495935	01603 228944
Email:	paul.wardle@norfolk.gov.uk	gavin.cooke@norfolk.gov.uk



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People and Communities Select Committee

Item No: 9

Report Title: Norfolk Health and Wellbeing Profiles 2021 – District and Electoral Division – Joint Strategic Needs Assessment (JSNA)

Date of Meeting: 21 January 2022

Responsible Cabinet Member: Councillor Bill Borrett (Portfolio Holder for Adult Social Care, Public Health and Prevention)

Responsible Director: Tom McCabe (Executive Director of Community and Environmental Services)

Executive Summary

A new way of accessing information held on the Joint Strategic Needs Assessment (JSNA) has been introduced. It uses a dashboard which can be updated as data changes and which replaces the static profiles published annually. This is part of the work programme for 2021/22 signed off by the HWB and of a wider project to improve the availability of place-based health and wellbeing information on the JSNA. Electoral division profiles were released in May and these are now available with the district profiles so both can be found in one place. Profiles for Primary Care Networks (PCN) are being developed.

The publication of district and electoral division profiles will enable members to access key statistics for an area such as population, life expectancy, deprivation and crime.

Action Required

The Select Committee is asked to:

1. Note the introduction of district and electoral division profiles and promote their use by council members.

1. Background and Purpose

- 1.1 A new way of accessing information held on the Joint Strategic Needs Assessment (JSNA) has been introduced. It uses a dashboard which can be updated as data changes and which replaces the static profiles published annually. This is part of the work programme for 2021/22 signed off by the HWB and of a wider project to improve the availability of place-based health

and wellbeing information on the JSNA. Electoral division profiles were released in May and these are now available with the district profiles so both can be found in one place. Primary Care Network (PCN) Profiles are under development.

Instead of using static documents these profiles now use the Power BI system which can collate, manage and analyse data to reflect specific priorities, such as those of the Health and Wellbeing Board.

An engagement programme to raise members' and officers' awareness of what is available has been launched with sessions arranged at Local Delivery Groups (LDGs) and the Health and Wellbeing Board district council sub-group. Feedback on the profiles will be reviewed in the new year to ensure that they remain relevant, and we have listened and acted upon the feedback.

1.2 Purpose

To inform members what data and information is available for a given profile such as population, life expectancy, deprivation, crime, life stage information, lifestyle and long-term conditions. There are also Norfolk and England comparators to put the information into perspective.

2. Proposal

- 2.1 The Deputy Director of Public Health (Public Health Services) will outline what is available how to access it, what it can tell you about your area and how it can be used.

She will illustrate the above by giving a general overview and then focusing on the area represented by the Chair of the Committee (The Brecks Electoral Division).

3. Impact of the Proposal

- 3.1 The publication of district and electoral division profiles will enable members to access key statistics for an area such as population, life expectancy, deprivation and crime. This is supported by infographics, maps and references and includes a postcode lookup for those not sure what area to use.

4. Evidence and Reasons for Decision

- 4.1 These profiles replace the previous static reports enabling easier maintenance and improved access as well as providing resources to use in reports and papers.

5. Alternative Options

- 5.1 To continue to update static PDF documents but this was ruled out due to high maintenance and inconsistencies inherent in using static data which is not updated as regularly.

6. Financial Implications

- 6.1 None - resources within current budget

7. Resource Implications

- 7.1 **Staff:** Part of existing work programme as agreed by Health & Well Being Board
- 7.2 **Property:** N/A
- 7.3 **IT:** Uses an existing Power BI System

8. Other Implications

- 8.1 **Legal Implications:** N/A
- 8.2 **Human Rights Implications:** None
- 8.3 **Equality Impact Assessment (EqIA):** See Appendix A.
- 8.4 **Data Protection Impact Assessments (DPIA):** This is part of the JSNA work programme for which an impact assessment has been completed by the Strategy and Transformation Service.
- 8.5 **Health and Safety implications:** N/A
- 8.6 **Sustainability implications:** N/A
- 8.7 **Any Other Implications:** None

9. Risk Implications / Assessment

- 9.1 Risk that county and district members and officers will not be aware that the profiles have been issued and/or are unable to use them effectively.
Mitigation - an engagement programme to raise awareness and provide support & guidance has been developed.

10. Action Required

10.1 The Select Committee is asked to:

Note the introduction of district and electoral division profiles and promote their use by council members

11. Background Papers

11.1 None

Officer Contact

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

Officer name: Suzanne Meredith

Telephone no.: 01603 638456

Email: suzanne.meredith@norfolk.gov.uk



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Norfolk County Council

Appendix A. Norfolk Health and Wellbeing Profiles 2021 – LA District – JSNA

Equality Impact Assessment – Findings and Recommendations

December 2021

Suzanne Meredith

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

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

For help or information please contact equalities@norfolk.gov.uk.

1. The proposal

- 1.1 As part of a wider project to improve the availability of place-based health and wellbeing information on the Joint Strategic Needs Assessment (JSNA), we propose to publish a dashboard to the JSNA (accessed via <https://www.norfolkinsight.org.uk/>) which provides a Health and Wellbeing profile at District and Electoral division levels. This will change the format of this information from the current static PDF profiles. This work is part of the work programme signed off by the Health and Wellbeing Board for 2021.

2. Legal context

- 2.1 Public authorities are required by the Equality Act 2010 to give due regard to equality when exercising public functions¹. This is called the 'Public Sector Equality Duty'.
- 2.2 The purpose of an equality impact assessment is to consider the potential impact of a proposed change or issue on people with protected characteristics. If the assessment identifies any detrimental impact, this enables mitigating actions to be developed.
- 2.3 It is not always possible to adopt the course of action that will best promote the interests of people with protected characteristics. However, equality assessments enable informed decisions to be made that take every opportunity to minimise disadvantage.

3. Information about the people affected by the proposal

- 3.1 This proposal will primarily impact on anyone who chooses to access the JSNA on the Norfolk Insight website using an internet connection.
- 3.2 This includes residents, service users and/or staff with a range of protected characteristics, in relation to disability. Those with the following types of protected characteristics are most likely to be affected by the change in format that the information is provided in:
- People with mobility issues (e.g. wheelchair or cane users; people of short stature; people who do not have mobility in a limb etc)
 - Blind and partially sighted people
 - People who are D/deaf or hearing impaired
 - People with learning disabilities
 - People who have mental health issues
 - People who identify as neurodiverse (this refers to neurological differences including, for example, dyspraxia, dyslexia, Attention Deficit Hyperactivity Disorder, the autistic spectrum and others).

4. Potential impact

- 4.1 Based on the evidence available, this proposal is likely to have a positive impact on people with a disability that results in them using assistive technology in order to interpret information on their computer screen and deliver it in an accessible format.
- 4.2 The new dashboard conforms to required accessibility standards.

5. Conclusion

- 5.1 There is no legal impediment to going ahead with the proposal. It would be implemented in full accordance with due process, national guidance and policy. Similar proposals have been implemented elsewhere in the UK.
- 5.2 It is possible to conclude that the proposal may have a positive impact on some people with protected characteristics, for the reasons set out in this assessment.

6. Recommended actions

None.

7. Evidence used to inform this assessment

Reference any other evidence your analysis has drawn upon:

- Norfolk County Council's [Equality, Diversity and Inclusion Policy](#)
- Norfolk County Council's [Equality, Diversity and Inclusion Objectives](#)
- Demographic factors set out in [Norfolk's Story 2019](#)
- Norfolk County Council [Area Reports](#) on Norfolk's JSNA relating to protected characteristics:
- Equality Act 2010 and Public Sector Equality Duty codes of practice
- EN 301 549
- [Microsoft Power BI accessibility standards overview](#)

8. Further information

For further information about this equality impact assessment please contact elaine.brown@norfolk.gov.uk



If you need this document in large print, audio, Braille, alternative format or in a different language please contact elaine.brown@norfolk.gov.uk

Annex 1 – table of protected characteristics

The following table sets out details of each protected characteristic.

Remember that people with multiple characteristics may face the most barriers:

Characteristic	Who this covers
Age	Adults and children etc, or specific/different age groups
Disability	<p>All disabled people including but not limited to:</p> <ul style="list-style-type: none"> • People with mobility issues (e.g. wheelchair or cane users; people of short stature; people who do not have mobility in a limb etc) • Blind and partially sighted people • People who are D/deaf or hearing impaired • People with learning disabilities • People who have mental health issues • People who identify as neurodiverse (this refers to neurological differences including, for example, dyspraxia, dyslexia, Attention Deficit Hyperactivity Disorder, the autistic spectrum and others).
People with a long-term health condition	People with long-term health conditions which meet the criteria of a disability.
Gender reassignment	<p>People who identify as transgender (defined as someone who is proposing to undergo, is undergoing or has undergone a process or part of a process to reassign their sex. It is not necessary for the person to be under medical supervision or undergoing surgery).</p> <p>You may also want to consider the needs of people who identify as non-binary (a spectrum of gender identities that are not exclusively masculine or feminine).</p>
Marriage/civil partnerships	People who are married or in a civil partnership. They may be of the opposite or same sex.
Pregnancy & Maternity	
Race	<p>Race can mean colour, nationality (including citizenship), or ethnic or national origins, which may not be the same as current nationality.</p> <p>A racial group can be made up of two or more distinct racial groups, for example black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies and Irish Travellers.</p>
Religion/belief	Belief means any religious or philosophical belief or no belief. To be protected, a belief must satisfy various criteria, including that it is a weighty and substantial aspect of human life and

Characteristic	Who this covers
	behaviour. Denominations or sects within a religion can be considered a protected religion or religious belief.
Sex	This covers men and women. You may also want to consider the needs of people who identify as intersex (people who have variations in sex characteristics).
Sexual orientation	People who identify as straight/heterosexual/lesbian, gay or bisexual.

¹ The Act states that public bodies must pay due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic¹ and people who do not share it;
- Foster good relations between people who share a relevant protected characteristic and people who do not share it.

The full Act is available [here](#).

Appendix B

Health and Wellbeing profiles

District and Electoral Division

Joint Strategic Needs Assessment (JSNA)

District and Electoral Division Dashboards

A new way of accessing information held on the Joint Strategic Needs Assessment (JSNA) has been introduced.

<https://www.norfolkinsight.org.uk/jsna/document-library/health-and-wellbeing-profiles/>

It enables members to access key statistics for an area such as population, life expectancy, deprivation and crime.

This is supported by maps for all the indicators included, references and a postcode lookup

Infographics and graphs are used to give visual representations of the data which could be used for reports or papers.

Dashboard can be updated as data changes and the static profiles published annually.

An engagement programme to raise members' and officers' awareness of what is available has been launched with sessions arranged at Local Delivery Groups (LDGs) and the Health and Wellbeing Board district council sub-group. Feedback on the profiles will be reviewed in the new year to ensure that they remain relevant, and we have listened and acted upon the feedback.



Norfolk Health and Wellbeing Profiles 2021

These profiles are based on the Health and Wellbeing Board priorities of:

- Tackling Health Inequalities
- Prioritising Prevention
- Integrating Ways of Working

Instructions

Please select an area from the drop down on each page - Select a district and this will display all the electoral divisions in that area, then you can either select one of these, or the district name again to view the district level information.

If you wish to know what area a certain postcode falls into then please go to the last page (page 12) and use the postcode look-up.

Once you have selected an area, use the page buttons at the bottom to navigate between pages.

The graphs display your area in black, the Norfolk average in green and the England average in yellow.

All indicators are also displayed on a map on page 10.

The data is the most up-to-date available and you can find source details on page 11.

For more data and analysis see: <http://www.norfolkinsight.org.uk/jsna/>
<https://fingertips.phe.org.uk/profile/health-profiles>

If you have any questions please contact Claire Gummerson (Advanced Public Health Information Officer) on: jsna@norfolk.gov.uk



Norfolk Health and Wellbeing Profiles

Area Selection

This dashboard creates data profiles for different geographical areas. You can choose to look at Norfolk county overall, a local authority district (i.e. Breckland, Broadland, Great Yarmouth, King's Lynn and West Norfolk, North Norfolk, Norwich, or South Norfolk) or a County Electoral Division (e.g. Feltwell or Sewell).

Select your Local Authority District area (or Norfolk County) here:

- ☐ Select all
- ☐ Breckland
- ☐ Broadland
- ☐ Great Yarmouth
- ☐ King's Lynn and West Norfolk
- ☐ Norfolk
- ☐ North Norfolk
- ☐ Norwich
- ☐ South Norfolk
- ☐ Sewell
- ☐ Sheringham
- ☐ South Norfolk
- ☐ South Smallburgh
- ☐ Sprowston
- ☐ Swaffham
- ☐ Taverham
- ☒ The Brecks
- ☐ Thetford East

Then select the District again to see the profile for that area as a whole, or choose one of the electoral divisions in that area.

You can also make this selection on each page.

Norfolk Health and Wellbeing Profiles

Population and Life Expectancy

Select your district area:

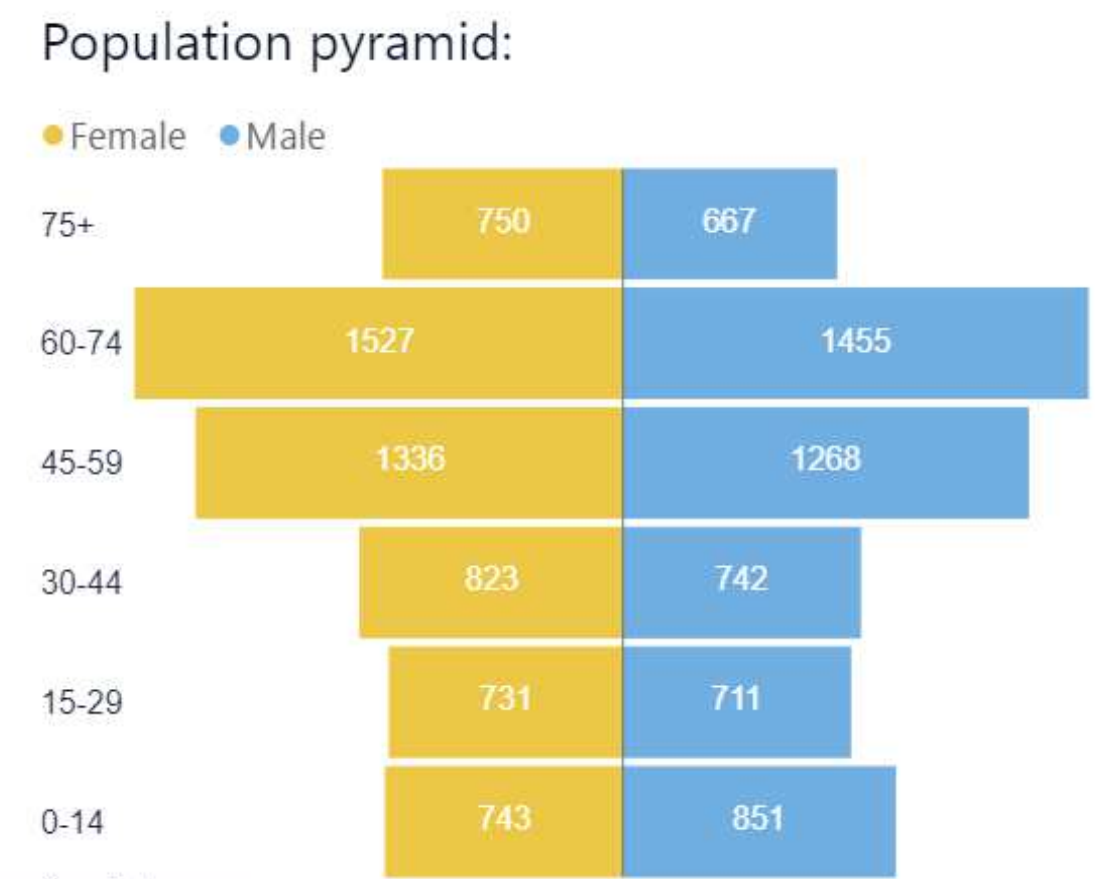
All

Select your electoral division (or distict) area:

The Brecks

Population

Total number of residents in this area: 11600



Life Expectancy (LE)

The average life expectancy of a **woman** in this area is: 84 years

The average life expectancy of a **man** in this area is: 80 years




● Selected area ● Norfolk ● England

Healthy Life Expectancy (HLE)

This indicator is an important summary measure of mortality and morbidity in itself. HLE shows the years a person can expect to live in good health (rather than with a disability or in poor health). This is only available at a Norfolk level. In Norfolk both men and women are expected to live to age 63 in good health.

This means that in this district, women can expect to live 22 years in poor health on average, and men can expect to live 18 years in poor health on average.



Norfolk Health and Wellbeing Profiles

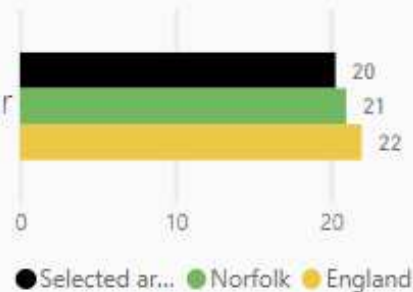
Deprivation and Crime

Deprivation and Poverty

Evidence says that people living in the most deprived areas face the worse health inequalities in relation to health access, experiences and outcomes.

What defines whether an area is a deprived area is based on a number of characteristics included in the 'Index of Multiple Deprivation' – including income , employment; education and training; health and disability; crime; barriers to housing and services; and living environment.

The level of deprivation in this area is is similar to the Norfolk average.



The Brecks ranks 38 out of the 84 electoral divisions in Norfolk (where 1 is the most deprived).

Select your district area:

Select your electoral division (or distict) area:

 ...

Crime and Antisocial Behaviour

Antisocial behaviour

Last year there were 100 recorded antisocial behaviour incidents in this area.

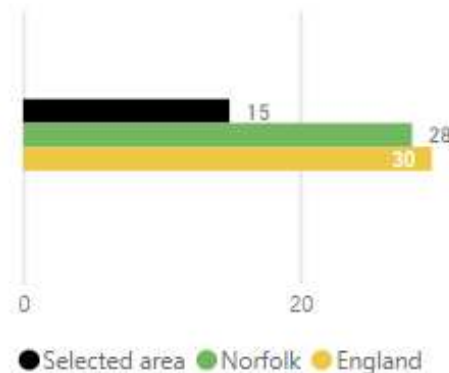
9
per 1,000



Violent Crime

Last year there were 171 recorded violent crimes in this area.

15
per 1,000



Domestic Abuse

Awaiting data

Norfolk Health and Wellbeing Profiles

Early Years

Select your district area: All

Select your electoral division (or district) area: The Brecks



Population

Every year around 90 babies are born in this area.

There are approximately 500 children aged 0-4 in this area. They make up 4% of the population (the Norfolk average is 5%).

Breastfeeding

There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection.

In this area:

48%

babies are breastfed at 6-8 weeks



A good level of development

This is a key measure of early years development across a wide range of developmental areas (physical development; and communication and language, and the early learning goals in the specific areas of mathematics and literacy).

In this area: **64%** reach expected level of development age 5

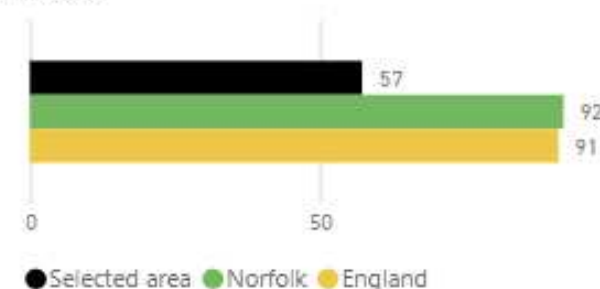
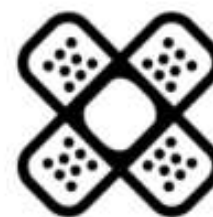


Accident and Injury hospital admissions

Injuries are a leading cause of hospitalisation and one of the main causes of premature mortality for children. They are also a source of long-term health issues, including mental health related to experience(s).

In this area:

57 per 10,000



There are approximately 27 children from this area (aged 0-14) admitted to hospital for accidents and injuries over the last 3 year/s.

Norfolk Health and Wellbeing Profiles

Children and Young People

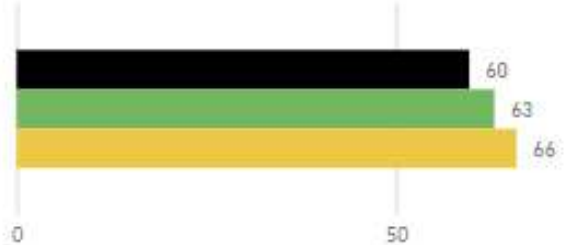
There are approximately 1600 children aged 5-19 in the area (the Norfolk average is 16% of the population).

GCSE Attainment

Children's education and development of skills contributes to the individual's and community resilience.

60%

achieving English and maths grades 9-4 (A*-C)



Selected area Norfolk England

Not in Education Employment or Training (NEET)

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

On average in Norfolk 3.8% of 17 and 18 year olds are NEET. In this area it is:

3%

of 17 and 18 year olds were NEET



Select your district area:

Select your electoral division (or district) area:

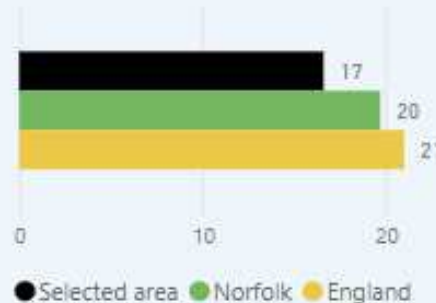
Norfolk County Council

Healthy Weight

There is concern about the rise of childhood obesity and the implications of obesity continuing into adulthood. As children get older, the risk of obesity in adulthood and future obesity-related ill health is increased.

17%

Year 6 children are obese



There are approximately 300 school age children who are obese in this area.

Teenage Pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. While it can be positive for some, for many teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child.

NOTE: Teenage pregnancy data is not available at electoral division level

(Blank)

per 1,000 girls aged 15-17



In this area there were 50 pregnancies in women aged under 18 last year.



Norfolk Health and Wellbeing Profiles

Adult Lifestyle

There are approximately 6030 adults aged 20-64 living in this area; they make up 52% of the population (the Norfolk average is 54% of the population).

Central government's prevention strategy states that healthy choices are not always easy or obvious. There is a role for local authorities and partners to create the environment that makes healthy choices as easy as possible.

Smoking

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking is the leading cause of premature deaths.



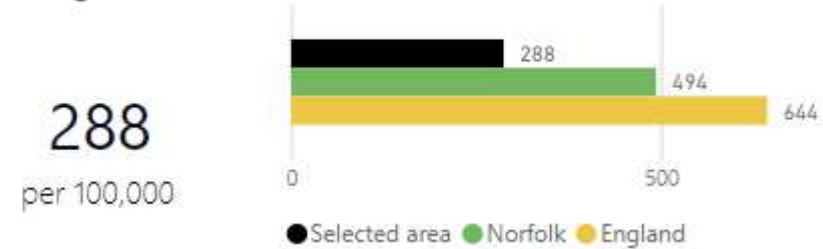
There are approximately 700 people who are smokers in this area.

Select your district area: All

Select your electoral division (or district) area: The Brecks

Alcohol

Alcohol is England's second biggest cause of premature deaths behind tobacco. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.



Over the last 3 year/s there were 103 hospital admissions for alcohol specific conditions from this area.

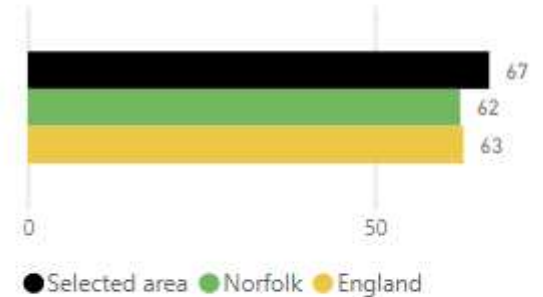
Healthy Weight

Excess weight in adults is recognised as a major determinant of premature mortality and avoidable ill health.



67%

of adults are overweight or obese



There are approximately 4000 people who are overweight or obese in this area.

Select your district area:

Select your electoral division (or district) area:

Norfolk Health and Wellbeing Profiles

Long-Term Conditions

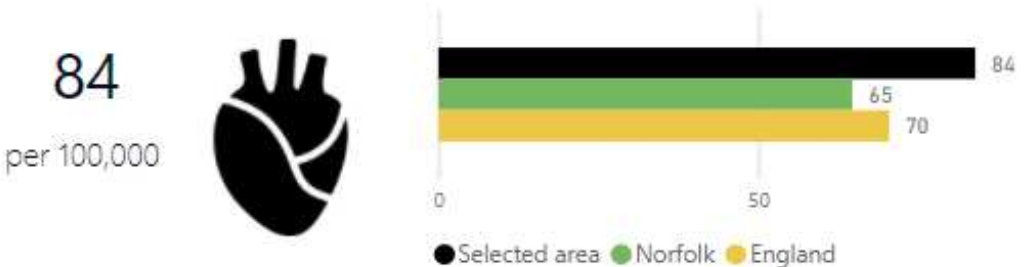
Research shows that the top four causes of ill health in Norfolk are:

Cancer - Rate of Preventable Cancer deaths:



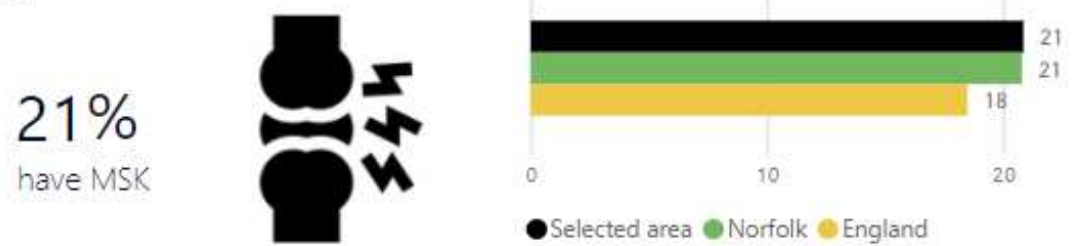
Over the last 7 years there have been 59 residents from this area who have died from cancer that was considered to be preventable.

Cardiovascular (Heart) Disease - Rate of All CVD deaths:



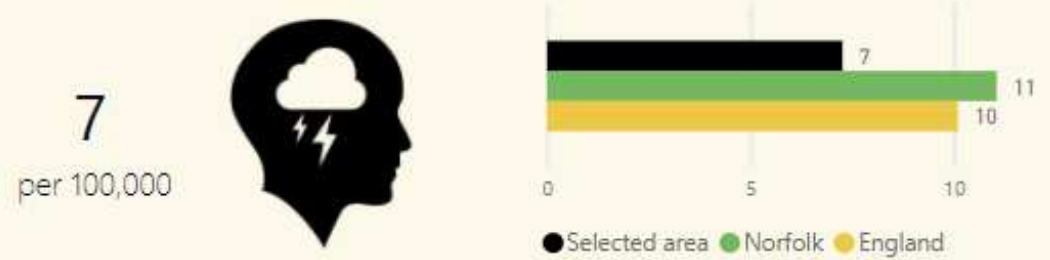
Over the last 7 years there have been 55 residents from this area who have died from cardiovascular disease.

Musculoskeletal - % of population suffering MSK conditions (conditions affect the bones, joints, muscles and spine)



There are approximately 2000 people with musculoskeletal conditions.

Mental Health - Rate of Suicide deaths:



Over the last 10 year/s there have been 9 residents from this area who have died by suicide.

Norfolk Health and Wellbeing Profiles

Older People

There are approximately 3470 people aged 65 and over living in this area, they make up 30% of the population (the Norfolk average is 25% of the population).

Hospital Admissions due to falls

Falls are the main cause of emergency hospital admissions for older people and significantly impact on long term outcomes. This is because they are a major contributor to people moving from their own home to assisted living.



In the last 6 years there were 320 hospital admissions due to falls from residents aged 65+ from this area.

Select your district area:

Select your electoral division (or distict) area:

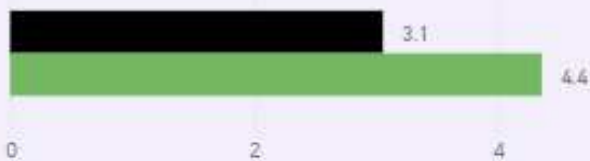


Dementia

Dementia is the main cause of late-life disability.

3%
of adults 65+
have dementia





Area	Prevalence
Selected area	3.1
Norfolk	4.4


● Selected area ● Norfolk

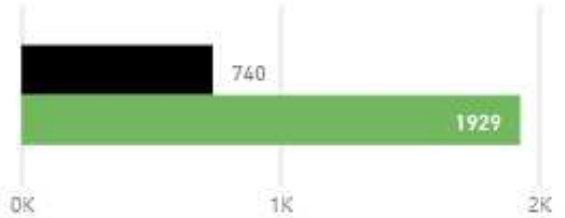
There are approximately 110 people aged 65+ living with dementia in this area.

Older People in Residential Social Care

A significant life event that happens to many people in older age is going into residential social care.

740
per 100,000





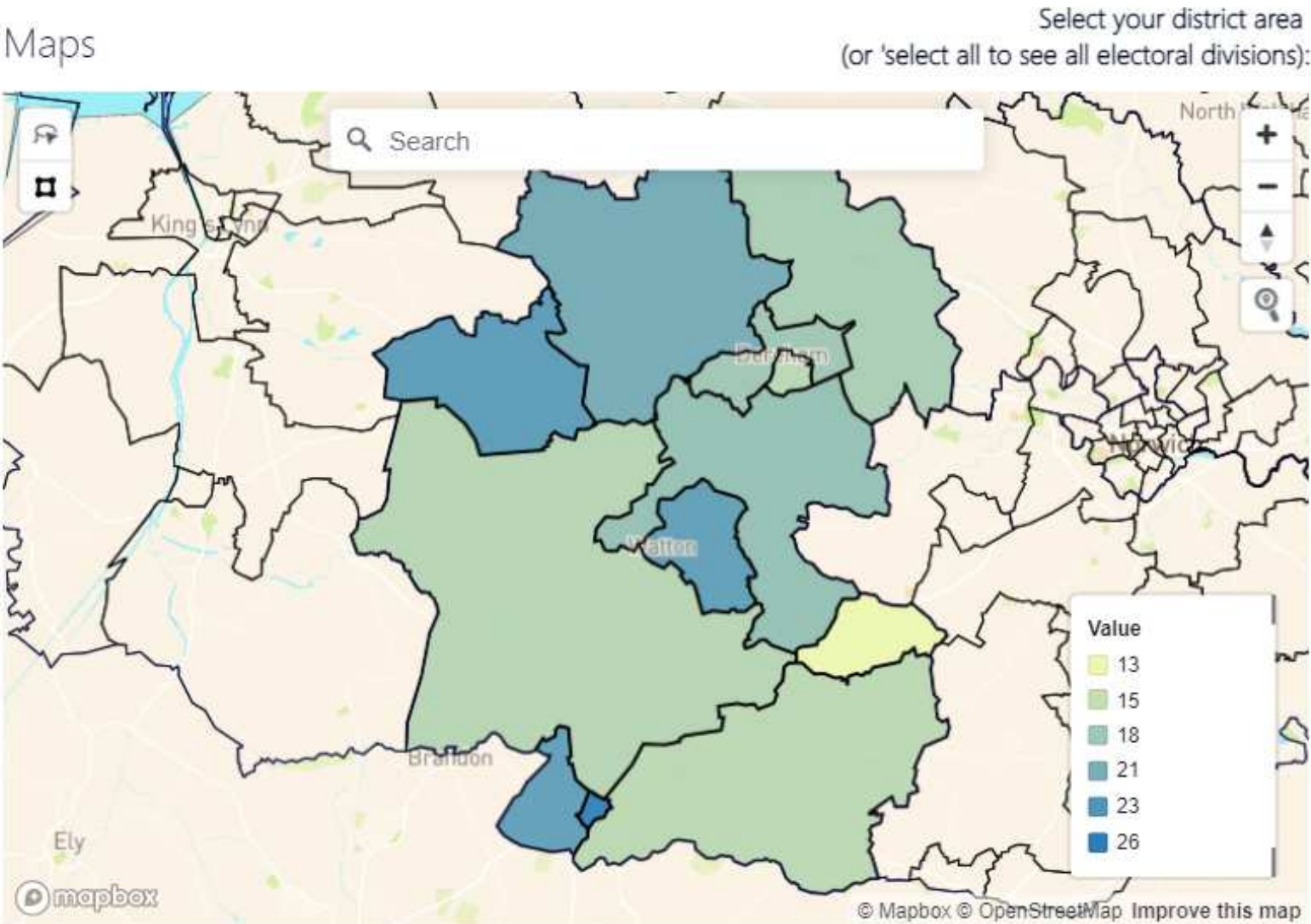
Area	People per 100,000
Selected area	740
Norfolk	1929

● Selected area ● Norfolk

There are around 30 older people living in NCC nursing or residential care in this area.

Icons from FlatIcons.com

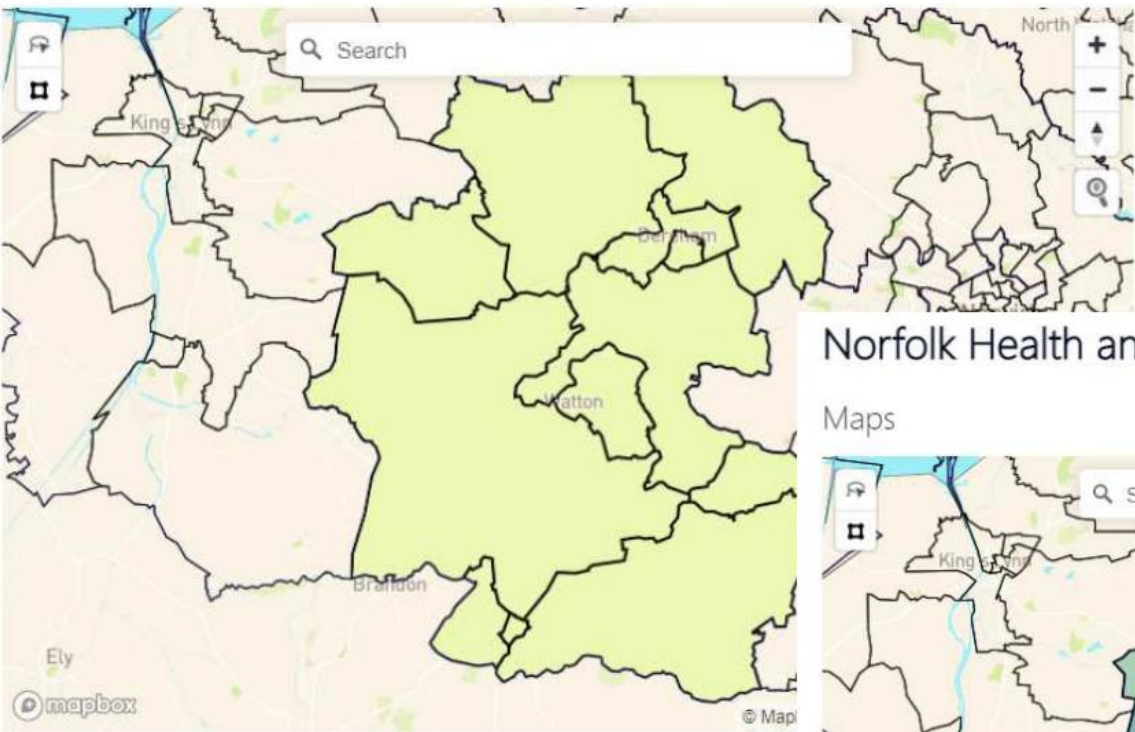
Maps



- Children, Early Years and Young People
 - % Eng & Maths GCSE/9-4
 - Births - General Fertility Rate
 - Breastfeeding prevalence at 6-8 weeks after birth - current method
 - Foundation Stage Profile: Good level of Development (%)
 - Hospital admissions caused by unintentional and deliberate injuries in chil...
 - ☒ Year 6: Prevalence of obesity (including severe obesity)
 - Yr 12 and 13 NEET
- Deprivation and Crime
 - Children in relative low income families (under 16s)
 - IMD 2019 Score
 - Rate of all crimes classed as anti-social behaviour per 1000 population
 - Violent crime - violence offences per 1,000 population
- Lifestyle
 - Admission episodes for alcohol-specific conditions
 - C16 - Percentage of adults (aged 18+) classified as overweight or obese
 - C17b - Percentage of physically inactive adults
 - Smoking Prevalence in adults (18+) - current smokers (APS)
- Long-term Conditions
 - E05b - Under 75 mortality rate from cancer considered preventable (2019 ...
 - Percentage reporting a long term Musculoskeletal (MSK) problem
 - Suicide rate
 - Under 75 mortality rate from all cardiovascular diseases
- Older People
 - Emergency hospital admissions due to falls in people aged 65 and over
 - Older people receiving long-term residential care (rate per 100,000)
 - Prevalence of Dementia in older people (65+)

IndicatorName	Definition	Unit	Timeperiod
Year 6: Prevalence of obesity (including severe obesity)	The percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16-64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64)	Percentage points	2019/20

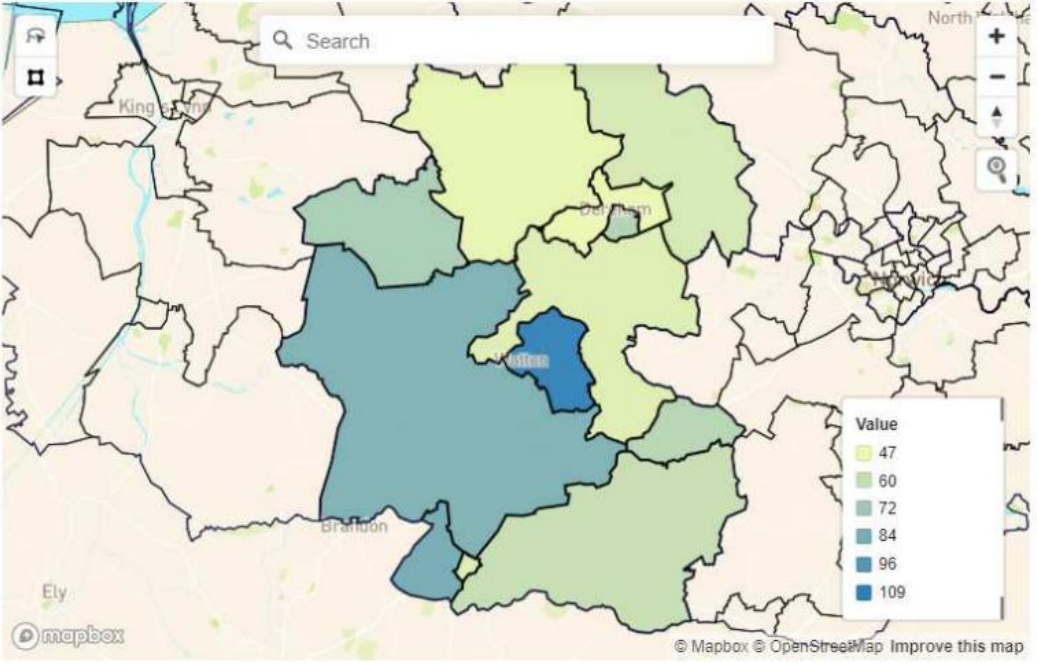
Maps



- ☐ Children, Early Years and Young People
 - ☐ % Eng & Maths GCSE/9-4
 - ☐ Births - General Fertility Rate
 - ☐ Breastfeeding prevalence at 6-8 weeks after birth - current method
 - ☐ Foundation Stage Profile: Good level of Development (%)
 - ☐ Hospital admissions caused by unintentional and deliberate injuries in chil...
 - ☐ Year 6: Prevalence of obesity (including severe obesity)
 - ☐ Yr 12 and 13 NEET
- ☐ Deprivation and Crime
 - ☐ Children in relative low income families (under 16s)
 - ☐ IMD 2019 Score

Norfolk Health and Wellbeing Profiles

Maps



- ☐ Children, Early Years and Young People
 - ☐ % Eng & Maths GCSE/9-4
 - ☐ Births - General Fertility Rate
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 - ☐ Year 6: Prevalence of obesity (including severe obesity)
 - ☐ Yr 12 and 13 NEET
- ☐ Deprivation and Crime
 - ☐ Children in relative low income families (under 16s)
 - ☐ IMD 2019 Score
 - ☐ Rate of all crimes classed as anti-social behaviour per 1000 population
 - ☐ Violent crime - violence offences per 1,000 population
- ☐ Lifestyle
 - ☐ Admission episodes for alcohol-specific conditions
 - ☐ C16 - Percentage of adults (aged 18+) classified as overweight or obese
 - ☐ C17b - Percentage of physically inactive adults
 - ☐ Smoking Prevalence in adults (18+) - current smokers (APS)
- ☒ Long-term Conditions
 - ☐ E05b - Under 75 mortality rate from cancer considered preventable (2019 ...
 - ☐ Percentage reporting a long term Musculoskeletal (MSK) problem
 - ☐ Suicide rate
 - ☒ Under 75 mortality rate from all cardiovascular diseases
- ☐ Older People
 - ☐ Emergency hospital admissions due to falls in people aged 65 and over
 - ☐ Older people receiving long-term residential care (rate per 100,000)
 - ☐ Prevalence of Dementia in older people (65+)

IndicatorName	Definition
C17b - Percentage of physically inactive adults	The number of respondents aged 16 and over who reported 30 moderate intensity equivalent minutes or more of physical activity in the previous 28 days expressed as a percentage of the total population aged 16 and over

IndicatorName	Definition	Unit	Timeperiod
Under 75 mortality rate from all cardiovascular diseases	Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years per 100,000 population.	per 100000	2017 - 19

Sources

Domain	IndicatorName	Owner	Timeperiod
Children, Early Years and Young People	% Eng & Maths GCSE/9-4	NCC	2019
Children, Early Years and Young People	Births - General Fertility Rate	ONS - NOMIS	2019
Children, Early Years and Young People	Breastfeeding prevalence at 6-8 weeks after birth - current method	CCS	2019/20
Children, Early Years and Young People	Foundation Stage Profile: Good level of Development (%)	NCC	2019
Children, Early Years and Young People	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	NHS Digital	2019/20
Children, Early Years and Young People	Under 18s conception rate / 1,000	ONS	2018
Children, Early Years and Young People	Year 6: Prevalence of obesity (including severe obesity)	ONS Annual Population Survey	2019/20
Children, Early Years and Young People	Yr 12 and 13 NEET	NCC	2020
Deprivation and Crime	Children in relative low income families (under 16s)	Department for Work and Pensions / HM Revenue and Customs	2018/19
Deprivation and Crime	IMD 2019 Score	The Ministry of Housing, Communities & Local Government	2019.0
Deprivation and Crime	Rate of all crimes classed as anti-social behaviour per 1000 population	Home Office	2020
Deprivation and Crime	Violent crime - violence offences per 1,000 population	ONS	2019/20
Lifestyle	Admission episodes for alcohol-specific conditions	Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.	2019/20
Lifestyle	C16 - Percentage of adults (aged 18+) classified as overweight or obese	Public Health England (based on Active Lives survey, Sport England)	2019/20
Lifestyle	C17b - Percentage of physically inactive adults	Public Health England (based on the Active Lives Adult Survey, Sport England)	2019/20
Lifestyle	Smoking Prevalence in adults (18+) - current smokers (APS)	Annual Population Survey	2019
Long-term Conditions	E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	Public Health England (based on ONS source data)	2017 - 19
Long-term Conditions	Percentage reporting a long term Musculoskeletal (MSK) problem	PHE, calculated using data from the GP Patient Survey	2020
Long-term Conditions	Suicide rate	ONS	2017 - 19
Long-term Conditions	Under 75 mortality rate from all cardiovascular diseases	Public Health England	2017 - 19
Older People	Emergency hospital admissions due to falls in people aged 65 and over	Hospital Episode Statistics. NHS England	2019/20
Older People	Older people receiving long-term residential care (rate per 100,000)	NCC Adult Social Care	2019/20

Complementary Resources

- ▶ **Norfolk JSNA** <https://www.norfolkinsight.org.uk/jsna/>
- ▶ **Norfolk Insight** <https://www.norfolkinsight.org.uk/>
- ▶ **Fingertips Public Health Profiles** <https://fingertips.phe.org.uk/>
- ▶ **Strategic Health Asset Planning and Evaluation (SHAPE)** <https://shapeatlas.net/>
- ▶ **Local Health** <https://www.localhealth.org.uk/>

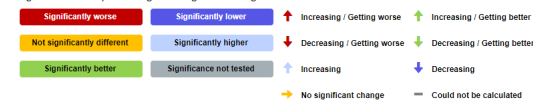


Public Health Outcomes Framework - at a glance summary

Great Yarmouth

Key

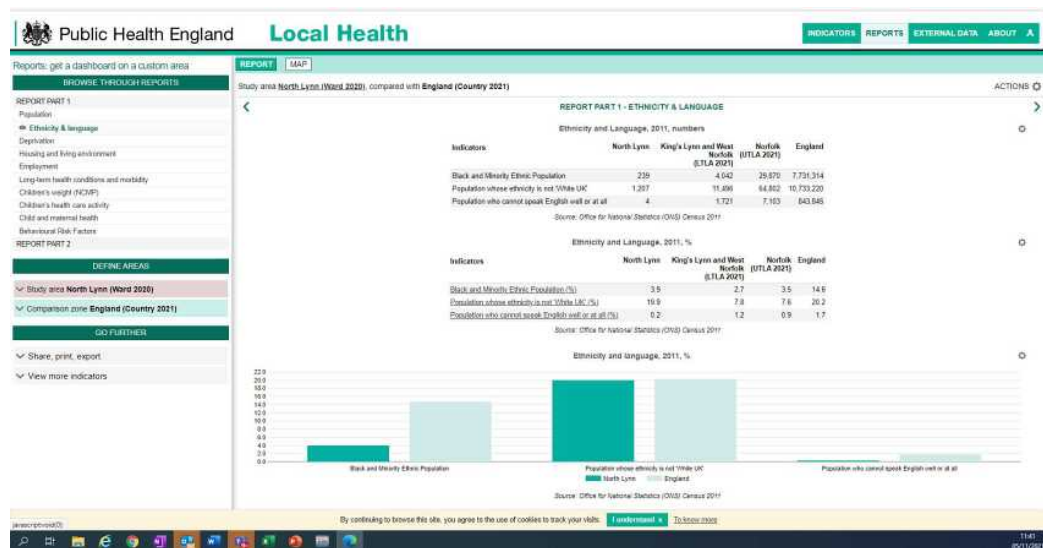
Significance compared to goal / England average:



Notes

- Indicators that are shaded blue rather than red/amber/green are presented in this way because it is not straightforward to determine for these indicators whether a high value is good or bad.
- In the change columns, prev refers to the change in value compared to the previous data point. Statistically significant changes highlighted in this column have been calculated by comparing the confidence intervals for the respective time points. If the confidence intervals do not overlap, the change has been flagged as significant.
- Recent trend refers to the analysis done in the Fingertips tool which tests for a statistical trend. Changes in this column are calculated using a chi-squared statistical test for trend. This is currently only available for certain indicator types; full details are available in the tool.
- Increases or decreases are only shown if they are statistically significant. Where no arrow is shown, no comparison has been made. This may be due to the fact that the required data to make the comparison is not available for the time point, or that no confidence interval values are available for the indicator.

A. Overarching indicators



If you have any feedback or
need any further help please
contact Norfolk's JSNA team
on

insight@norfolk.gov.uk

People and Communities Forward Work Programme, 2022-23

Date	Report	Issues for consideration	Cabinet Member	Exec Director
18 March 2022 (time tbc)	Special Educational Needs (SEND): Performance Framework	Performance data as required by the local government ombudsman to bring certain data to the Committee for the next 2 years and information on Education Health and Care plans (EHCPs) as prescribed by Ofsted.	Cllr. John Fisher	Sara Tough
	Integration between health and social care - reform, integration and the ICS		Cllr Bill Borrett	Louise Smith
27 May 2022	Special Educational Needs (SEND): Performance Framework	Performance data as required by the local government ombudsman to bring certain data to the Committee for the next 2 years and information on Education Health and Care plans (EHCPs) as prescribed by Ofsted.	Cllr. John Fisher	Sara Tough
15 July 2022	Special Educational Needs (SEND): Performance Framework	Performance data as required by the local government ombudsman to bring certain data to the Committee for the next 2 years and information on Education Health and Care plans (EHCPs) as prescribed by Ofsted.	Cllr. John Fisher	Sara Tough
16 September 2022	Special Educational Needs (SEND): Performance Framework	Performance data as required by the local government ombudsman to bring certain data to the Committee for the next 2 years and information on Education Health and Care plans (EHCPs) as prescribed by Ofsted.	Cllr. John Fisher	Sara Tough
18 November 2022	Special Educational Needs (SEND): Performance Framework	Performance data as required by the local government ombudsman to bring certain data to the Committee for the next 2 years and information on Education Health and Care plans (EHCPs) as prescribed by Ofsted.	Cllr. John Fisher	Sara Tough
20 January 2023				
17 March 2023				

Items also to be scheduled:

- SEND transformation programme and new SEND units - **month TBC**
- Report on response to mental health and bereavement provision across council services. - **Month TBC**
- Virtual school update – **Month TBC**