

# Scrutiny Committee

Date: **Wednesday 30 March 2022**

Time: **10 am**

Venue: **Council Chamber, County Hall, Martineau Lane,  
Norwich NR1 2DH**

## Membership:

Cllr Steve Morpew (Chair)	
Cllr Lana Hemsall (V Chair)	
Cllr Carl Annison	Cllr Keith Kiddie
Cllr Lesley Bambridge	Cllr Ed Maxfield
Cllr Graham Carpenter	Cllr Jamie Osborn
Cllr Barry Duffin	Cllr Richard Price
Cllr Philip Duigan	Cllr Brian Watkins
Cllr Mark Kiddle-Morris	

## Parent Governor Representatives

Mr Giles Hankinson  
Vacancy

## Church Representatives

Mrs Julie O'Connor  
Mr Paul Dunning

## 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](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](mailto: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 required to wear face masks when they are moving around the room but may remove them once seated. 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](#).

## **A g e n d a**

- 1. To receive apologies and details of any substitute members attending**
- 2. 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.

- 3. To receive any items of business which the Chair decides should be considered as a matter of urgency**

#### **4. Public Question Time**

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm on Friday 25 March 2022**. For guidance on submitting a public question, please visit <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee>

#### **5. Local Member Issues/Questions**

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm on Friday 25 March 2022**

#### **6. Call in of Decision by the Norfolk Parking Partnership: Finance Update**

**To Follow**

#### **7. Mental Health Services for Children and Young People**

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Report by the Executive Director of Children's Services

#### **8. Performance Review Panels – 6 Month Review**

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

#### **9. Update from the Chair of the Norfolk Countywide Community Safety Partnership (NCCSP) Scrutiny Sub Panel**

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Report from the Executive Director of Community and Environmental Services

#### **10. Scrutiny Committee Forward Work Programme**

**Page 41**

Report by the Director of Governance

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

Date Agenda Published: 22 March 2022



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# Scrutiny Committee

Item No: 7

**Report Title:** Mental Health Services for Children and Young People

**Date of Meeting:** 30 March 2022

**Responsible Cabinet Member:** Cllr John Fisher (Cabinet Member for Children's Services)

**Responsible Director:** Sara Tough, Executive Director of Children's Services

## Executive Summary

An update on Mental Health Services for Children and Young People was requested by the committee as part of the 2021 Scrutiny work programming round. This session should act as an introduction to the service, an outline of partnership working arrangements, and a discussion around the impact of the pandemic upon delivery and key challenges for the service moving forward.

## Recommendations

Members are asked to:

1. Consider the information and update set out in the report, providing feedback and recommendations where appropriate.
2. Consider the future overview and scrutiny arrangements of items related to mental health services for children and young people as set out in Para. 1.7 of this report.

### 1. Background and Context

- 1.1. Across Norfolk & Waveney all system partners for CYP Mental Health have signed up to a CYP Alliance Agreement, including Children's Services, N&W CCG, NHS and VCSE providers.
- 1.2. As part of this agreement the Children's and Young People Strategic Alliance Board was established which governs the delivery of all services

for children and young people, including emotional wellbeing and mental health support, which is led by the CYP Mental Health Alliance Executive Management Group (CYPMH Alliance EMG).

- 1.3. The purpose of the CYP MH Alliance EMG is to oversee effective delivery of integrated services across Norfolk and Waveney, drive improvement within the system, promote collaborative working and to collectively manage performance and risk.
- 1.4. The CYP MH Alliance EMG membership comprises of senior leaders and executives from organisations focused on children and young people's (CYP) mental health service delivery from both statutory and non-statutory providers.
- 1.5. There are clear jurisdictional issues for member-led overview and scrutiny arrangements for integrated health services that are delivered jointly with NHS and system partners. As always, there is a need to coordinate effectively across NCC governance arrangements to ensure that items are directed to the most appropriate scrutiny body.
- 1.6. At NCC, democratic scrutiny of health, social care and local authority public health services currently takes place via two committees:
  - **Norfolk Health Overview and Scrutiny Committee** – Has responsibility to scrutinize all services commissioned by NHS organisations, and all integrated NHS/NCC social care and public health services.
  - **Scrutiny Committee** – Has responsibility to scrutinize all NCC commissioned social care and public health services.
- 1.7. With items such as this, where jurisdiction is unclear and overlaps, members are asked to consider the most appropriate governance body for further scrutiny to take place.

## **2. Current Service Provision**

- 2.1. Across Norfolk & Waveney, there is an ambition to deliver support to CYP and their families in an integrated way. This is through an Alliance agreement and a shared vision (Thrive Conceptual Framework – see below) and collective commitment to ensure any child with a wellbeing or mental health need will be supported with interventions appropriate to meet those needs.



- 2.2. The CYP MH offer is for CYP from birth to their 25th birthday. Services are therefore commissioned to reflect this with a range of statutory and VCSE providers to meet the needs of under 14s- and 14–25-year-olds, ranging from “Getting Advice” to “Getting Risk Support”
- 2.3. Key providers include NSFT, Ormiston Families, Mancroft Advice Project, MIND and YMCA.
- 2.4. The CCG are considering how to best meet the needs of CYP prior to referral into community providers. In Norfolk and Waveney 6 new Mental Health Support Teams (MHSTs) are currently delivering interventions and whole school approaches, to CYP with a mild or emerging need across 120 schools. There are plans to expand this initiative by an additional 4 teams over the next two years with an ambition for all 10 MHSTs having the capacity to support 5000 children by 2025.
- 2.5. The CCG also commissions a digital / online counselling provision called ‘Kooth’ for CYP to access during extended hours and to also have access to moderated forums and self-help materials. In addition, a wide variety of VCSE and private organisations are commissioned to target specific areas of work.
- 2.6. The system is also working in partnership with the local authority through several initiatives. Children can access support from Cambridge Community Services, which hosts the Healthy Child Programme and Just One Norfolk / Just One Number, these services provide advice and guidance and low-level interventions ranging from “Getting Advice” to “Getting Help”. In addition, several new trainee therapeutic roles (systemic family practitioners, and children’s wellbeing practitioners) have been embedded within children’s services for the first time in 2022.

### 3. National Context

- 3.1. National trends and data suggest that the mental health of children and young people (CYP) in England is deteriorating. Local data also suggests

this is the case for CYP in Norfolk & Waveney. According to the latest update of the NHS Digital children and young people's mental health survey (NHS Digital, 2021) probable rates of mental health disorders have increased to one in six 6- to 16-year-olds in 2021 from one in nine, in 2017. In older adolescents / young adults (aged 17 to 19 years old) this rate rose from one in 10 (2017) to one in six (2021). Examining changes between those repeating the survey in 2017 to 2021, 39.2 % of 1- to 16-year-olds had experienced deterioration in mental health compared to 21.8% experiencing an improvement. For the older age range (17 – 23-year-olds) 52.5% experienced deterioration and only 15/20% improvement.

- 3.2. 75% of adults with a diagnosable mental health problem experience their first symptoms prior to the age of 24 (Kessler et al., 2005) with an average 10-year delay between onset of first symptoms and getting help. This requires a system-wide approach to identify those at risk and to ensure we intervene as early as possible to prevent mental health difficulties from escalating.

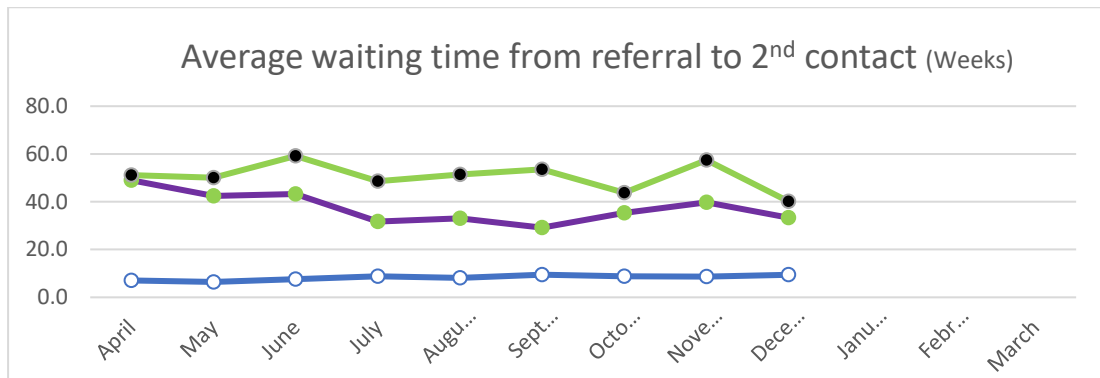
## 4. Local Position and Current Performance

- 4.1. Norfolk and Waveney are ranked highest in the country for number of CYP referrals to mental health services. This is likely to be a combination of large rural areas with urban centres, including Norwich, King's Lynn, Lowestoft and Great Yarmouth and a number of socioeconomic factors including deprivation and unemployment.
- 4.2. Nationally, a minimum of 35% of CYP predicted to have a MH need, should be accessing support by 2021. In Norfolk and Waveney, the latest figures suggest 42.8% of CYP with a MH need have accessed treatment in the last 12 months, this has increased from 28% in the previous year. This reflects the significant increase on focussed initiatives and increased financial investment across our community providers.

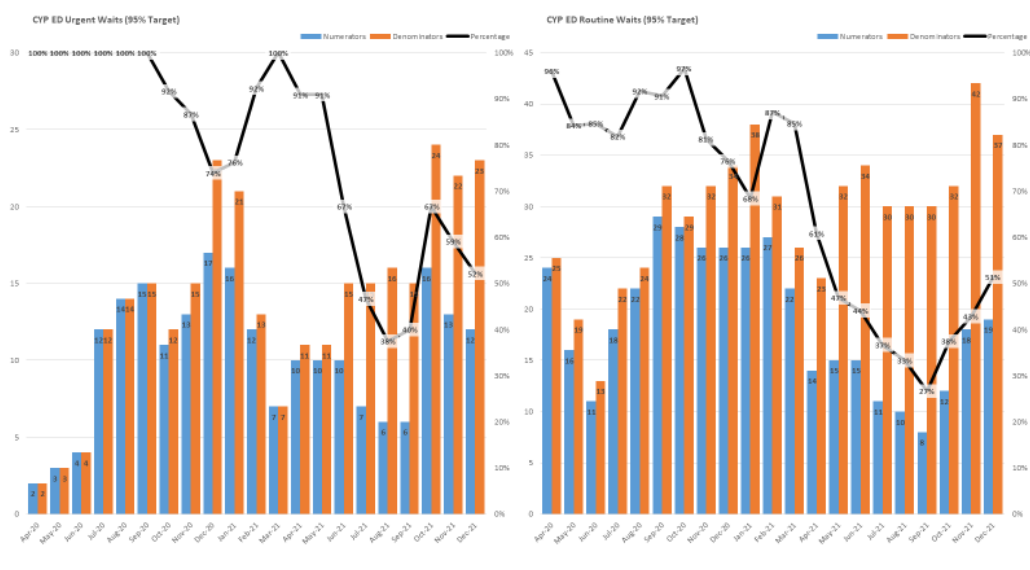




- 4.3. However, across Norfolk and Waveney there are approximately 3900 CYP awaiting assessment and treatment following a referral to early intervention or specialist services. This is representative of the national picture and not isolated to Norfolk and Waveney.
- 4.4. Whilst we are aware of significant numbers of CYP waiting to access treatment, there has been a gradual decline in the length of time CYP wait to access their first treatment session (seen below as '2<sup>nd</sup> Contact'), and this continues to demonstrate a downward trajectory



- 4.5. Since the pandemic, the number and acuity of referrals to Eating Disorder Teams have increased significantly. Overall referrals have more than doubled, with those requiring 'urgent' support quadrupled. Recent analysis indicates this increased demand has stabilised and will continue to create significant demand on teams. This has had a detrimental impact on the team's ability to meet the access and waiting time standard (one week for 'urgent' referral to treatment, and four weeks for 'routine').



## **5. National and Local Impact of the Pandemic on CYP Mental Health**

- 5.1. Children and young people's behavioural and emotional difficulties have continually increased from levels reported pre and at the start of the COVID pandemic. Parent / Carer anxiety, stress and depression has also increased since November 2020, which is likely to also impact on the mental health of CYP. Referral rates and levels of acuity suggest that during the acute phases of the pandemic CYP and families put off seeking help until their difficulties escalated or they were in crisis through fear of burdening the health service.
- 5.2. This was exacerbated by having decreased support and experiencing loneliness. Over the course of the pandemic there has been increasing numbers of contacts relating to self-harm and sleep difficulties. Of those that had already been seeking help for mental health difficulties.
- 5.3. Many CYP (some studies estimate as high as 83%) reported that their condition had worsened and approximately a quarter said they were unable to access mental health support as they had done before.
- 5.4. Hypothesised reasons for the negative impact of the pandemic and long-lasting impact on CYP MH include:
  - Disruption to normal routine and life generally, interrupting their social and emotional development
  - Reduced access to services / intervention due to workforce / capacity issues (including increased staff absence)
  - Employment loss and lack of vocational / education-based activities
  - Intensification of known risk factors (e.g., socio-economic status, bereavement, social isolation)
  - Reduction in social, educational, and other support structures
  - Reduction in meaningful activities, exercise, and social activities
  - Those with previous mental health difficulties, autism, learning disabilities and neurodevelopmental disorders may be more vulnerable
  - Direct experience of contracting COVID and / or impacted by consequences of COVID on others
  - Increased family stress and family discord

## **6. Key issues and System Challenges**

- 6.1. There are a number of key issues and significant challenges identified across the system which negatively contribute to the emotional wellbeing and mental health of CYP across Norfolk & Waveney. These are set out below.

### **Improving access to services**

- 6.2. Access to emotional wellbeing and mental health support is currently complex and difficult to navigate for both professionals, CYP and their families. The CCG is therefore working with alliance partners to develop an integrated front door (IFD) into CYP MH services which will enable CYP and families to be referred into the right service at the right time.
- 6.3. Senior Practitioners will triage all emotional wellbeing and mental health referrals on behalf of the system, provide advice and guidance where appropriate, or allocate to the most suitable therapeutic offer to meet the individual's needs. There is an expectation that the development of the IFD will eradicate the bouncing of referrals across the system and provide clarity and confidence to parents, professionals and CYP that they are referring into one place and will get the support they need. This transformational programme of work is scheduled to go live between Oct 22 / Jan 23.

### **Historical long waits with improvement plans in place to address**

- 6.4. There are a considerable number of CYP waiting for emotional wellbeing and mental health support across the system. Providers are committed to ensure that level of risk is managed and that CYP with escalating needs are prioritised. The CCG has also identified additional resource to fund several waiting list initiatives to target key areas of concern. This includes:
  - Additional capacity commissioned to support NSFTs Central Youth Team, from UK Counselling and The Matthew Project, providing 1,500 hours each of therapeutic time to offer group or 1:1 work to CYP waiting for treatment.
  - Additional support from the YMCA has also been commissioned to provide increased capacity to support NSFTs under 14 teams using person centred counselling, family and play therapy and mediation to reduce crisis and prevent escalation.
  - Additional 'step down' support for CYP completing treatment with NSFT is also being explored.
  - A waiting list initiative is also being mobilised within Ormiston Families using agency workers to provide counselling and group work to CYP aged 5-18.

### **Increasing capacity to meet significant increase in demand on services**

- 6.5. Demand for CYP Mental Health services currently outweighs the capacity available, this is due to a number of factors including increase in demand and acuity, recruitment issues, and suboptimal pathways. There are currently multiple streams of work being undertaken to increase the capacity available.
- 6.6. A demand and capacity model is being built to fully understand the type and level of need within the system, treatment offers available and capacity required to meet this need. Further to this, NSFT is working towards standardising their pathways across Norfolk and Waveney to

ensure that every CYP accepted into their service have their needs met in a consistent way. Furthermore, Ormiston Families is also reviewing its clinical model to ensure the right treatment offers are available to meet need.

- 6.7. The integrated front door will only be successful if there is sufficient capacity with appropriate treatment offers sitting behind it. Existing key providers including NSFT, MAP, Ormiston Families, Kooth and Mind have had in excess of £1.5m increased funding to increase existing capacity in 21/22. For 22/23 the CCG is commissioning additional capacity through the following initiatives:

- Development of a Talking Therapies Collaborative to enable us to spot purchase VCSE therapeutic support through a Lead Provider.
- Broader VCSE youth support around socio-economic factors that impact on young people's lives and wellbeing.
- Online guided self-help such as Silver Cloud and My Transitions.
- Mobilisation of 2 further Mental Health Support Teams (MHST) in schools; supporting an additional 1000 CYP this year.

### **Collaborative Working and Shared Responsibility to address the emotional wellbeing and mental health needs of CYP**

- 6.8. Evidence suggests that Mental Health, and particularly the mental health of CYP is often driven by wider societal and environmental factors, and these are challenges which the entire system has a role to play in addressing. CYP also tell us that many of the triggers for their own poor MH are as a result of an unaddressed parental mental health needs, struggles relating to family finances or job security, and school related stressors e.g. peer relationships, bullying and exams.
- 6.9. If we encourage the wider system, for example, education professionals, family support and social work colleagues, community services such as libraries and sports groups, to recognise the positive role they can, and already do, play in building resilience and coping strategies in CYP they come into contact with, there is likely to be a significant positive impact on reducing CYP presentations into specialist services. In addition to this, focussing on whole family approaches across our system and offering holistic support to parents we know are struggling, we believe, will have a significant positive impact on the wellbeing of our younger population and will have benefit for generations to come.
- 6.10. System partners must continue to develop closer working relationships, particularly between social care and specialist mental health services, especially where CYP present with significant complexity e.g., comorbid SEND needs and/or family safeguarding needs. Whilst steps have been taken to improve the integration and working relationships across both specialist statutory sectors there is more to do to establish a shared language and integrated practice model.

## **Developing a workforce to meet current and future need**

- 6.11. Despite increased investment into services, the providers have significant vacancies for experienced staff to provide specialist mental health interventions. The system is committed to developing a growing workforce and take advantage of training opportunities for new roles, such as Children's Wellbeing Practitioners, Recruit to Train, Clinical Associate Psychologists and Youth Intensive Psychological Practitioners.
- 6.12. In addition to new roles, to achieve integrated working and utilising the wider system workforce to support CYP with their emotional wellbeing and mental health we will need robust training initiatives, as well as significant cultural shifts around the medicalisation of MH needs, to enable the communities and professionals in which children learn and live to 'be the intervention'. To support this ambition, we are.
- Developing a local Training Academy and Centre of Excellence for system partners to share learning and training opportunities to improve CYP emotional wellbeing and mental health.
  - Embedding MH Champions across education and primary care.
  - Embedding new specialist mental health roles within children's services.

## **Supporting CYP with unprecedented increase in referrals and acuity**

- 6.13. Since the pandemic the level of acuity and CYP presenting in crisis has risen dramatically. This has been compounded by a significant number of mental health beds being closed in the region (45/159). This has resulted in a number of CYP being supported in acute paediatric wards for longer lengths of stay than is required and many high risk CYP being managed in the community without the additional capacity to manage them, putting significant pressure on existing teams.
- 6.14. To try and manage the increased demand NSFT's Crisis Assessment and Intensive Support Team (CAIST) expanded their offer to provide support to acute paediatric wards caring for patients with mental health needs. The CCG has now commissioned the Acute Trusts to host mental health workers within their wards, so that the community crisis team (CAIST) can focus on crisis assessment and intensive support and support high risk patients in the community. Additional key roles within CAIST have also been agreed to ensure that crisis provision is more robust, including Consultant Psychiatrist, Safeguarding Lead and Peer Support Workers.
- 6.15. Children's Services is leading on the development of an integrated practice model in partnership with the CCG and NSFT to offer an integrated response to CYP who present in crisis. This includes risk assessment, care planning and short-term respite opportunities for CYP and their families, with the aim of:

- Reducing admissions to specialist mental health beds and acute paediatric wards
  - Reducing reliance on long-term care placements
  - Eliminating inappropriate provision
  - Keeping families together
  - Developing smooth transitions to ongoing support
  - Preventing reoccurring crisis and readmissions by building a sustainable and resilient plan
- 6.16. The CCG is also working with the regional CAMHS provider collaborative to develop alternatives to admissions, so that CYP can be managed at home safely with intensive support, rather than being admitted to an inpatient unit. Outcomes for CYP and their families are often better for those CYP who can be safely managed in the community rather than being isolated from friends and family in a mental health unit, therefore working as a system to meet the needs of these CYP will be essential to achieving this ambition.

### **Transforming eating disorder provision to provide early and effective care**

- 6.17. There is a national access and waiting time standard that all “routine” cases should be assessed and in treatment within 4 weeks and all “urgent” cases within 1 week. Since the pandemic, eating disorder referrals have more than doubled, and urgent cases have more than quadrupled, putting significant pressure on the team and the national access standards not being met. The system has also seen record levels of CYP requiring medical stabilisation.
- 6.18. To address the significant increase in demand and acuity since the pandemic, the system has been developing an All Age Eating Disorder Strategy to transform the way services are delivered. This includes:
- A dedicated integrated front door for any individual presenting with an eating related issue.
  - Commissioning of VCSE support for CYP with an emerging or low risk presentation and step down for CYP who have completed NICE concordant care.
  - A Day Unit as an alternative to admission.
  - Development of an Avoidant Restrictive Food Intake Disorder (ARFID) pathway.
  - Online guided self-help for CYP with binge eating or bulimia.
  - Support for parent and carers.
- 6.19. The aim of the new service model is to ensure that all CYP with any type of eating disorder or disordered eating can access the most appropriate support within waiting time standards. Evidence indicates that CYP who access early help for their eating disorder are more likely to make a full recovery.

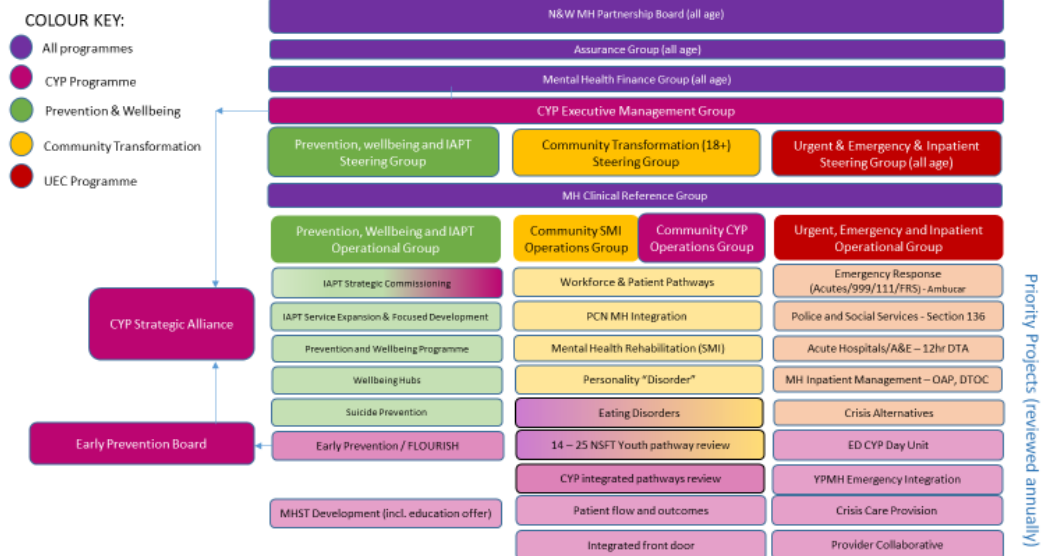
## **Managing safe and effective transitions**

- 6.20. We know transitions are a particularly challenging time for CYP and their families, such as transition from early year's services to primary school, from primary to secondary school, and then to college, university or leaving home and working.
- 6.21. There are also numerous transitions throughout the provision of mental health support, from those accessed in primary care to early intervention and more specialist support.
- 6.22. During these transitional points, there is a risk for CYP to 'fall through the gap'. We are therefore working closely with colleagues across the system to develop robust processes, and age-appropriate offers to ensure CYP and their families feel safe and supported during these times of elevated risk.

## **7. Transformation of Services**

- 7.1. Commissioners work closely with CYP with lived experience through a participation and social recovery model to ensure services are transformed and delivered to meet their needs. Through this model a CYP mental health charter has been developed which clearly articulates what CYP want and helps inform the transformation programme. Key messages from the charter are as follows:
  - Services will care
  - Staff will support and be well supported themselves
  - Right help, right time, right way
  - Treatment will be personalised to meet individual needs
  - Communication will be effective
  - Young people will have a voice
- 7.2. Across our system there is now a significant programme of work to improve the quality of the current offer for CYP and their families, whilst delivering ambitions set out in the NHS Long Term Plan for CYP mental health. This programme has been designed and is being delivered in an integrated way across the system, including partners from social care, public health, education, VCSE, primary care and acute services.
- 7.3. The diagram below highlights the all age mental health transformation programme across Norfolk & Waveney, with shared accountability structures for CYP and adult services, with finance, assurance, and partnership board (dark purple) having oversight of CYP specific programmes of work as equal partners in the delivery of MH support across our system:

## N&W Transformation Programmes Governance



- 7.4. This integrated way of working is reflected across the system governance with CYP MH feeding into many multi-agency boards and oversight groups, including the CYP strategic alliance board, the health and wellbeing board (both of which are chaired by the local authority), and the all-age MH partnership board.

## 8. Measuring Impact

- 8.1. For this significant programme of transformation, it is essential that we are able to demonstrate impact and positive outcomes for CYP and their families. The routine collection and monitoring of outcome measures across interventions will enable us to better understand the effectiveness of treatment offers and ensure that the system continues to improve the quality of care provided to CYP across Norfolk & Waveney.
- 8.2. It is essential CYP can hold us to account and that service developments focus on the key areas that matter to them. Therefore, using the Charter as a framework the alliance will continually seek feedback from CYP across the system to ensure we are having a positive impact on their emotional wellbeing and mental health.
- 8.3. Evidence suggests that when CYP and their families are supported holistically and at the earliest opportunity e.g., within the first 1001 days, mental health and wellbeing related outcomes are improved and there is less likelihood the CYP will require ongoing support into adulthood. Therefore, it is essential that the system continues to work collaboratively - recognising that every part of the system has a role to play in supporting CYP emotional wellbeing and mental health.



**9. Financial Implications**

9.1. None

**10. Resource Implications**

10.1. Staff: None

10.2. Property: None

10.3. IT: None

**11. Other Implications**

11.1. Legal Implications

**None**

11.2. Human Rights implications

**None**

11.3. Equality Impact Assessment (EqIA) (this must be included)

**N/A**

11.4. Data Protection Impact Assessments (DPIA)

**N/A**

11.5. Health and Safety implications (where appropriate)

**N/A**

11.6. Sustainability implications (where appropriate)

**N/A**

11.7. Any other implications

**12. Risk Implications/Assessment**

12.1. None

**13. Select Committee comments**

13.1. None

**14. Recommendations**

Members are asked to:

1. Consider the information and update set out in the report, providing feedback and recommendations where appropriate.
2. Consider the future overview and scrutiny arrangements of items related to mental health services for children and young people as set out in Para. 1.7 of this report.

## **15. Background Papers**

### **15.1. Appendix A – CAMHS Strategy: High Level Overview of Key Initiatives**

#### **Officer Contact**

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

**Officer name:** Peter Randall

**Tel no.:** 01603 307570

**Email address:** [peter.randall@norfolk.gov.uk](mailto:peter.randall@norfolk.gov.uk)



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# Flourishing in Norfolk

CAMHS Strategy - High Level  
Overview of Key Initiatives

## What CYP/Families/Professionals said:

CYP want the opportunity to manage their emotional wellbeing and be more resilient, but are often unsure of where to access support

## What we did:

- Commissioned Kooth to provide online support to 11-25 year olds offering; messaging and online chat support, articles on self-help and a moderated peer to peer forum
- Developed a Norfolk & Waveney CYP mental health leaflet, providing information on help available now, including self-help techniques. Sent out to all new referrals and promoted on JON and public media campaigns
- Just One Norfolk (Jon) website providing lots of local information on emotional wellbeing and self-help

## Outcome:

More than 425 CYP log on each to access support (72% out of hours), with 100% of users saying they would recommend Kooth

CYP are able to access immediate support and self-help

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## What CYP/Families/Professionals said:

CYP would rather access support from friends, family, school and their community

## What we did:

- Mobilised 6 Mental Health Support Teams (MHSTs) in schools, each team supports up to 20 schools / 8000 CYP. A further 4 teams to be rolled out over the next 2 years.
- Have commissioned additional support from VCSE providers including MAP, Ormiston Families, Mind and YMCA
- Adult Primary Care mental health practitioners are trained to meet the needs of 14 years and upwards

## Outcome:

CYP are able to access early help for their emotional wellbeing and mental health in a familiar setting and are supported to access more specialist support if required

Additional 1750 CYP supported each year

CYP 14+ can access mental health advice, guidance and support within their local primary care practice

## What CYP/Families/Professionals said:

Professionals are hampered by a complex system that bounces children around, often forcing young people to deteriorate before they get the right support

## What we did:

- Developing an integrated front door as one access point for all emotional wellbeing and mental health available to all professionals, CYP and their families. Due to be operational September 2022.
- Joint triage process developed across system partners and working well

## Outcome:

Will enable CYP to access the right level of support the first time, without professionals / CYP and families having to navigate a complex system

Reduces the number of CYP bouncing around the system and they are allocated to an appropriate pathway that meets their needs.

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## What CYP/Families/Professionals said:

Huge appetite from CYP and families to influence commissioning decisions but no consistent and inclusive co-production model

## What we did:

- Commissioned a co-production and social participation model to ensure the voices of CYP and their families are central to service development
- Co-produced an I-Thrive video with young people to explain the local offer in the context of the I-Thrive framework and where they would like service improvements

## Outcome:

Weekly meetings held with CYP 0-25 years across N&W to inform service developments and feedback via the CYP charter, as a central pool for co-production.

## **What CYP/Families/Professionals said:**

No local Gender Dysphoria service and long waits for specialist support

## **What we did:**

- Piloting a one year all age model to provide support and counselling to CYP and their families whilst they wait for tertiary specialist service

## **Outcome:**

CYP and their families have a safe space to talk about their feelings without being judged. This provides support and helps them make the right decision and determine whether or not they need further support in the future.

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## **What CYP/Families/Professionals said:**

Long waits for therapeutic mental health support

## **What we did:**

- N&W had more than 516 CYP in June waiting to be triaged to access early intervention support. Implemented a waiting list initiative to clear the backlog, additional investment of £688K
- Waiting list initiatives developed and invested an additional £800K to provide assessment and treatment to circa 1000 CYP

## **Outcome:**

All 516 CYP triaged, provided advice and guidance or ongoing therapeutic support within 6 months

Circa 1000 CYP on waiting lists will be supported, reducing the risk of CYP with a known mental health need

## What CYP/Families/Professionals said:

Limited parent / carer support

## What we did:

- Developing a parent / carer Eating disorder peer support group
- Commissioned BEAT (national eating disorder charity) to provide training to 32 families to support their children with an eating disorder and have commissioned an additional 64 places
- Recruited 2 peer support workers to be part of the community health teams and will be recruiting an additional 4 peer support workers in 2022

## Outcome:

Parent/carers feel more confident and skilled to support their children

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## What CYP/Families/Professionals said:

CYP and their families do not feel they get appropriate mental health support when admitted to an acute paediatric ward

## What we did:

- Now have assistant and senior mental health practitioners embedded within
- acute paediatric wards to provide therapeutic support and step down / transition to community or specialist provision

## Outcome:

CYP and their families have mental health input and not just physical health care on admission

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## What CYP/Families/Professionals said:

Teams work in silos

## What we did:

- Embedding Children's Wellbeing Practitioners in early help services and embedding social workers in mental health teams as part of service developments

## Outcome:

Cohesive, multi-agency support for CYP and their families





# Scrutiny Committee

Item No: 8

**Report Title:** Performance Review Panels – 6 month review

**Date of Meeting:** 30 March 2022

**Responsible Cabinet Member:** Cllr Shelagh Gurney (Deputy Cabinet Member for Adult Social Care, Public Health & Prevention) and Cllr Daniel Elmer, (Deputy Cabinet Member for Children's Services).

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

## Executive Summary

As requested by the Scrutiny Committee at the July 2021 meeting, this report outlines progress to date with regards to the establishment and ongoing activity of two Performance Review Panels (PRPs) providing overview to work in both Adult Social Care and Children's Services.

## Recommendations

Members of the Scrutiny Committee are asked to:

1. Note progress and activity from the two performance review panels over the last 6 months, providing feedback and recommendations where appropriate.
2. Note ongoing work to monitor service performance, supporting panel leadership in accordance with the panel's terms of reference.
3. Note the forward work programmes for the panel, providing feedback to the panel leadership around potential future items for the panels to consider.

## 1. Background and Purpose

- 1.1. In January 2020 the Local Government Association (LGA) undertook a review of the County Council's newly developing governance arrangements. The LGA's report included four key recommendations, one of which related to scrutiny and broader member ownership of children's services matters. It highlighted the need to 'Ensure both the scrutiny and wider corporate ownership of children's services matters meets the highest possible

standards, in order to achieve the best possible outcomes for Norfolk's young people and their families'.

- 1.2. With the intention of securing wider member engagement and oversight, it was proposed in July 2021 that two Performance Review Panels (PRPs) be established to provide a member-led review of performance in Children's Services/Adult Social Services in advance of independent external inspections, and to provide broader oversight of challenges facing the services.
- 1.3. At the Scrutiny Committee meeting held on the 21 July 2021 members considered the establishment of the Children's and Adult Social Care Performance Review Panels. The full report and associated minutes from this meeting can be found [here](#).
- 1.4. Unlike the previous Children's Services Scrutiny Sub-Panel, the two PRPs would be chaired by the relevant Deputy Cabinet Member and operate independently from the Scrutiny Committee, albeit with a clear reporting and work programming link between the two governance components.
- 1.5. Following discussion, the committee resolved to note the proposed Terms of Reference (and operating principles/membership of the two panels. The Committee also agreed to disband the previous Children's Services Scrutiny Sub-Panel. In addition, the committee approved inclusion of the quarterly reporting schedule to the Scrutiny Committee forward work programme as set out in the PRP Terms Reference and scheduled an additional six-month review to discuss progress and outline next steps.

## **2. Performance Review Panels – Overall membership and approach**

- 2.1. The Performance Review Panels are responsible for monitoring and providing challenge to Norfolk County Council's Children's/Adult Social Care functions, reviewing performance to improve service delivery and ensure readiness for future independent inspections (CQC/Ofsted).
- 2.2. The panels meet in private, though are tasked with updating regularly and publicly with the Scrutiny Committee. They have the authority to commission reports and request data from the relevant service areas, and may make recommendations to the Cabinet Member and senior officers.
- 2.3. The panels are chaired by the relevant Deputy Cabinet Member, with wider membership nominated by group leaders according to the following political composition: 3 Conservative (inc. Chair), 1 Labour, 1 Liberal Democrat.
- 2.4. The panels undertake performance review as standard. Additional deep dive pieces of work are scheduled through a standing work programming item on all agendas, and through recommendations from individual members, officers and bodies such as the Scrutiny Committee.

### **3. Children's Services Performance Review Panel**

- 3.1 The Children's Services PRP has now met on three occasions - in November and December 2021, and in January 2022. A fourth meeting is currently scheduled for the 22<sup>nd</sup> March 2022.
- 3.2 The membership for the panel is as follows:

#### **Children's Services PRP**

- Cllr Daniel Elmer (Chair)
- Cllr Jane James
- Cllr Fran Whymark
- Cllr Mike Smith-Clare
- Cllr Lucy Shires

- 3.3 Initial progress on the panel was delayed due to a short notice, focused visit by Ofsted.
- 3.4 As directed by the Deputy Cabinet Member and Chairman, the original intention was for the panel to meet every two-months, and in line with a four-month cycle of meetings. However, in practice meetings have occurred more frequently and may be reviewed going forward.
- 3.5 The first of these meetings enables regular challenge and oversight to high level performance data covering the whole Children's Services portfolio, while also providing members of the panel the opportunity to outline topics for further consideration. These should ideally include at least one area where improvement is required, and one area of outperformance where best practice can be learned from.
- 3.6 The second meeting in the cycle allows members to undertake a deep dive into the topics agreed as part of performance conversations, with officers providing narrative and data to support member challenge. All topics are subject to change, with the panel remaining flexible to ensure the ability to adapt to emerging and urgent topics for consideration. It was agreed by members that these deep dive topics would form the majority of the panel agenda allowing members to understand and scrutinise a theme in more detail and bringing in wider datasets to compliment the headline 'Vital Sign' performance indicator.
- 3.7 Minutes from specific PRP meetings are available upon request.
- 3.8 In terms of the specific topic areas and performance indicators where deep dive work has already taken place, a broad outline of these, alongside outcomes and recommendations, is detailed below.

#### **Performance indicator: The % of Children and Young People Subject to a Permanent Exclusion**

- 3.9 For the first two deep dive topics, members of the Children's Services PRP chose to highlight a series of performance indicators under the broader theme of 'inclusion'. It was agreed that this would be delivered in two parts, starting

at the November panel meeting, where panel members undertook a deep dive, receiving data and performance information around the subject of school exclusion rates. The associated performance indicator (above) is currently rated as a red (underperforming) measure for NCC.

- 3.10 Members received a report providing an overview of targets, with a focus on the specific expectations that will likely be tested by Ofsted at future inspections. Officers also set out the manner and methodology behind target setting, based on desired trajectories and outcomes for children and young people, best practice or comparators including those from national sources and statistical neighbours, along with the average for the eastern region.
- 3.11 The panel were appraised of roles and responsibilities for exclusions, historic and current performance (including trends in Primary and Secondary sectors). The strategies to increase Inclusion were outlined by officers including the Inclusion Hotline that has been successfully improving inclusion. The link to SEND and Alternative Provision transformation programmes was explained including the strategy for improvement. Reasons for exclusions were explored with the panel including the different demographic and vulnerable groups and associated strategies.

#### **Performance indicator: The % of Care Leavers Who are EET**

- 3.12 For the second performance indicator, members continued the broad theme of 'inclusion' with a look at young people progressing into employment, education and training, and in particular those more vulnerable young people or those facing additional barriers to employment and further learning. The relevant performance indicator presented the % of care leavers who are EET across the county, which is currently rated as a green (performing) indicator for NCC.
- 3.13 Additionally, members received a briefing around the wider subject of Not in Education, Employment and Training (NEET), linked to strategic direction and performance. This was supported through a discussion around the specific expectations which are likely to be tested by Ofsted in future inspections. The deep dive explored beyond the presented indicators to inform members around comparative information and strategies employed by Children's Services to support a positive trajectory for presented vital sign indicators.
- 3.14 The panel were presented with the different age bands and the strategy for promoting Education, Employment or Training in the key groups of 16-18 and Care Leavers in the 19-21 age group. Roles and responsibilities were explored with the panel including the tools to track Risk of NEET (RONI), particularly for vulnerable groups. The ambition to ensure all groups including Care Leavers to be EET was demonstrated with the planning, tools, projects and participation drivers that we as an LA are employing for our children and young people.

## **Inspection Frameworks**

3.15 Members of the Children's Services PRP received a briefing on the two main inspection frameworks for Children's Services. These are:

- Inspecting Local Authorities Children's Services (ILACS)
- Local Area SEND inspection

3.16 For ILACS, members were introduced to the three domains around which inspections would be focused, and the domains that would be under scrutiny. These are:

1. Help & Protection:

- Early identification of need and the Early Help offer
- Making good decisions and providing effective help
- Assessments and Plans are focused on sustainable progress for children.
- Effective planning balancing Need and Risk
- Effective multi-agency arrangements
- Good management oversight
- Focus on children's views
- Working effectively with Vulnerable Groups

2. Looked After Children (LAC) and Leaving Care

- We are making good decisions for children
- We are planning well for children, including pathways
- There is a culture of participation and direct work including child's voice
- We are helping and protecting children
- Promoting independence including skills & confidence, EET and accommodation for care leavers.

3. Leadership and Management

- Senior leaders across the service and political landscape scrutinise Childrens Services
- A learning culture is fostered and promoted
- There is a strong performance management culture
- The workforce is flourishing

3.16. Members of the panel discussed the likely composition of an ILACS inspection team and the schedule any inspection might follow.

3.17. Members further explored what constitutes a local area SEND inspection, and the process a joint inspection between Ofsted and the CQC would follow.

## **Ofsted Focused visit**

3.18. Members of the Children's Services PRP received a verbal update on the outcomes from the Ofsted Focused visit of Norfolk services for Children in Care.

3.19. The panel discussed findings with officers, providing feedback around next steps and future items for discussion at the panel.

## **4. Adult Social Services Performance Review Panel**

- 4.1. The Adult Social Care PRP has now met on four occasions – in September and November 2021, and in January and February 2022. A fifth meeting is currently scheduled for the 19<sup>th</sup> April.
- 4.2. The membership for the panel is as follows:

### **Adult Social Services PRP**

- Cllr Shelagh Gurney (Chair)
  - Cllr Mark Kiddle-Morris
  - Cllr Michael Dalby
  - Cllr Sharon Blundell
  - Cllr Brenda Jones
- 4.3. At its inaugural meeting, panel members approved a proposed programme of work and meetings through until April 2022, with meetings scheduled every six weeks.
  - 4.4. Minutes from specific PRP meetings are available upon request.
  - 4.5. The panel has covered a broad range of work, with specific deep dives undertaken on the following areas. A broad outline of the topic specific work, alongside outcomes and recommendations, is detailed below.

## **Safeguarding: Trends and Drivers of Safeguarding Activity**

- 4.6. Members received a high-level outline of safeguarding data and activity, supporting members of the Adult Social Services PRP in their work to provide scrutiny to the safeguarding service and discuss key challenges, overarching trends and strategy.
- 4.7. Discussion centred on the increases in activity, both in terms of volume and complexity. Review of the data evidenced that it was reasonable to state that substantive safeguarding work has increased by at least a third in the last two and a half calendar years
- 4.8. The impact of the pandemic was acknowledged, with many safeguarding concerns and Section 42 enquires being reported to Adult Social Care services later than prior to the pandemic, particularly for types of abuse, such as domestic abuse (and self-neglect), where lockdowns have increased the isolation of those experiencing abuse. Delayed referrals being presented at a more acute stage making preventative measures more difficult to implement or requiring crisis management.
- 4.9. In light of the above, the Panel covered how changes to team structures and new ways of working have been implemented to handle safeguarding issues more effectively; streamlining procedures to enable quicker case closures has been completed. It was explained that extensive work has also been completed with both Helleston and Julian Hospitals to support and encourage them to raise concerns appropriately.

## **Homefirst/Discharge to Assess (D2A): Partnership Working and the Impact on Social Care**

- 4.10. Members of the Adult Social Services Performance Review Panel received a paper from officers, setting out a broad overview of the Homefirst and Discharge to Assess (D2A) services, providing data and narrative around trends and progress. This included a discussion around service pathways, key challenges for the service and progress towards improvement.
- 4.11. Homefirst has been designed to manage discharges from hospitals effectively with aims to significantly reduce the overall use of short-term beds and/or ensure a shorter length of stay for people who need a short-term bed; delivering more 'wrap around' care to support people in their homes.
- 4.12. Expectation is that this creates better outcomes for people, as their needs are assessed once they are out of hospital, also giving Adult Social Services teams greater control over decisions about people's follow-on support.
- 4.13. At the peak of the pandemic Adult Social Services saw a large increase in hospital discharges (c.80%), which created increased pressure on short-term bed capacity, and the high number of people that need support continues. Initial issues around the accuracy of information and data provided for those being discharged, though recently improved, remain.
- 4.14. Initiatives have been implemented to support the Provider Market and work continues around meeting people's needs with Norfolk First Support at the forefront of supporting people. In addition, an extra 2000 hours of home care has been commissioned to help meet demand.

## **Norfolk Social Care Sector**

- 4.15. Members of the Adult Social Services PRP received an update on the broader Norfolk care market, identifying key challenges and pressures facing service delivery.
- 4.16. Panel considered the reasons behind the fragility of the Adult Social Care market in Norfolk, the actions being taken to mitigate, and identification of further actions and support needed to improve the stability of the market.
- 4.17. The continued high level of vacancies, and relatively low levels of pay across the sector were acknowledged as fundamental issues and current initiatives around making the sector more attractive were discussed.
- 4.18. It was highlighted that Providers are concerned that the current fee rate does not enable them to meet costs of service delivery and the quality of care expected. It was also explained that the level of acuity is also at a far higher level than witnessed previously.
- 4.19. Expectation is that the forthcoming Market Position Statement will include information useful to providers to better plan for future business decisions.
- 4.20. Priorities for the year ahead to drive performance include improved contract management and quality assurance processes. Additionally, increased market

support and engagement through NorCa co-production and a review our approaches to ensure robust implementation of the Market Sustainability and Fair Cost of Care Policy and Health and Social Care White Papers.

### **Norfolk Swift Response – Swifts and Night Owls**

- 4.21. Panel members received an overview of Norfolk Swift Response – Swifts and Nights Owls services, providing background and an outline of service provision, including trends and performance.
- 4.22. Norfolk Swift Response (NSR) is a 24-hour service for people living in Norfolk who have an urgent, unplanned care need at home but don't need emergency services. This is available to people living in the community over the age of 18 who require physical or practical support with daily living tasks.
- 4.23. NSR forms part of the department's delivery of the Ageing Well strategy and aims to deliver a 2-hour response to people in their homes as part of co-ordinated unplanned care across Norfolk. Any involvement aims to provide urgent social care need preventing an ambulance or other healthcare service being called, which potentially leads to a hospital admission. NSR can also refer people to other health and social care support, including provision of equipment which may prevent the need for a hospital admission.
- 4.24. Referral figures have declined throughout the pandemic, but NSR has still received over 7000 calls since April 2021. This has prevented over 4.1k emergency calls, 2.6k hospital admissions and 3.1k community health calls.

## **5. Work programming and ongoing performance monitoring**

- 5.1. The Performance Review Panel terms of Reference set out a clear work programming relationship with Scrutiny. While the panels are responsible for setting their own work programmes, the Scrutiny committee may suggest additional topics for the Panels to consider.
- 5.2. As outlined previously, day to day performance monitoring takes place as standard throughout meetings of the performance review panels. The work programmes represent more in depth pieces of work on specific topics.
- 5.3. The forward work programmes for each committee are set out below, along with an overview of performance indicators for each service. As per the recommendations for this paper, members of the Scrutiny Committee are invited to discuss potential future items for discussion at the panels.

### **Adult Social Care PRP**

- 5.4. As reported elsewhere, recovery actions will be taking place alongside continued business as usual, with realistic expectations about the pace at which significant impact on backlogs of work will be evidenced. These actions will stabilise services and lay the platform for longer-term recovery aligned to ongoing transformation goals.



- 5.5. Items for future review were discussed during February's Performance Review Panel and progress will continue to be reviewed at the panel, as it oversees departmental performance and improvement, and recovery against key indicators which form part of ongoing monitoring.
- 5.6. The current agreed work programme for the Adult Social Care Performance Review Panel is as follows:

<b>Tuesday 19<sup>th</sup> April 2022</b>	Value for money in the care market Benchmarking performance data Ongoing monitoring of ASC KPIs and performance data
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- 5.7. Future meeting dates are to be agreed at the meeting of the performance Review panel held on the 19 April.
- 5.8. An overview of available Adult Social Care vital signs performance data is included below. Members are invited to propose potential performance indicators for the panel to discuss in greater detail, alongside broader topics for deep-dive sessions.

Measures	Performance Q2	Performance Q3	Target	Trajectory	
% of providers judged good or outstanding by Care Quality Commission	72.8%	71.70%	78%	Deteriorating	↓
% of Learning Disability service users who are in employment	4.74%	4.63%	5.9%	Deteriorating	↓
% of Mental Health service users who are in employment	2.63%	2.83%	5%	Improving	↑
% of Reablement cases where the outcome is recorded as not requiring any ongoing social care support	86.21%	87.17%	68%	Improving	↑
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	28.05	25.17	16.9	Improving	↑
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	655.24	608.41	551.1	Improving	↑

### Children's Services Performance Review Panel

- 5.9. Members of the Children's Services PRP agreed a new forward programme of work at the March 22<sup>nd</sup> Panel meeting. The below is designed to retain flexibility to ensure the panel is able to adapt as necessary for any future potential Ofsted Review:

<b>Monday 23<sup>rd</sup> May 2022</b>	- % of Education Health and Care Plans completed within timescale
<b>Thursday 14<sup>th</sup> July 2022</b>	- Performance in Children's Services: Vital signs - Edge of care – decreasing the rate of looked-after children per 10,000 of the Overall 0-17 Population
<b>Thursday 15<sup>th</sup> September 2022</b>	- % of Cases with a current exploitation risk level which is below the original level of risk recorded at initial screening
<b>Tuesday 29<sup>th</sup> November 2022</b>	- Performance in Children's Services: Vital signs - Appropriate places for all children in care

5.10. An overview of Children's Services vital signs performance data is included below. Members are invited to propose potential performance indicators for the panel to discuss in greater detail, alongside broader topics for deep dive sessions.

Vital Sign	Target	Performance	DOT	Good Is	Frequency
% of schools judged good or outstanding by OFSTED	86.00%	83.00%	↓	↑	Monthly
% of pupils achieving at least the expected standard in Reading, Writing and Maths at age 11				↑	Annual
% of students achieving Grade 4 or above in GCSE English and Maths at age 16				↑	Annual
% of disadvantaged pupils achieving at least the expected standard in Reading, Writing and Maths at age 11				↓	Annual
% of children and young people subject to a Permanent Exclusion	0.06%	0.10%		↓	Annual
% of Care Leavers who are EET (19 - 21)	52.00%	58.50%	↑	↑	Monthly
% of family support referrals who have had a referral in the previous 12 months	15.00%	4.80%	↓	↓	Monthly
Decreasing the rate of Looked-After Children per 10,000 of the overall 0-17 population	62.3	62.7	↓	↓	Monthly
% of Referrals into social care who have had a referral to social care in the previous 12 months	20.00%	9.90%	↓	↓	Monthly
% of children starting a Child Protection Plan who have previously been subject to a Child Protection Plan (in the last 2 years)	11.00%	10.00%	↓	↓	Monthly
% of children achieving a Good Level of Development in the Early Years at age 5				↑	Annual
Avg. time (in days) between LA receiving court authority to place a child and deciding on a match to an adoptive family	221	191	↓	↓	Quarterly
% of cases with a current exploitation risk level which is below the original level of risk recorded at initial screening				↑	Monthly
% Attendance of Looked After Children	90.00%	91.50%	↑	↑	Termly
% of Looked After Children with up to date Personal Education Plan	95.00%	96.00%	↑	↑	Termly
% of pupils at SEN Support achieving Grade 4 or above in GCSE English and Maths at age 16				↑	Annual
Overall budget outturn (Annual)				↓	Annual
% SCARF transformation programme savings delivered				↑	Quarterly
% of Education, Health and Care Plans completed within Timescale	60.40%	53.40%	↓	↑	Monthly

## 6. Financial Implications

6.1. None

## 7. Resource Implications

7.1. **Staff:** None

7.2. **Property:** None

7.3. IT: None

## **8. Other Implications**

8.1. **Legal Implications:** None

8.2. **Human Rights implications:** None

8.3. **Equality Impact Assessment (EqIA):**N/A

8.4. **Data Protection Impact Assessments (DPIA):** N/A

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

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

8.7. **Any other implications:** N/A

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

9.1. None

## **10. Select Committee comments**

10.1. None

## **11. Recommendations**

11.1. Members are asked to:

- Note progress and activity from the two performance review panels over the last 6 months, providing feedback and recommendations where appropriate.
- Note ongoing work to monitor service performance, supporting panel leadership in accordance with the panel's terms of reference.
- Note the forward work programmes for the panel, providing feedback to the panel leadership around potential future items for the panels to consider.

## **12. Background Papers**

12.1. None

### **Officer Contact**

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

**Officer name:** Peter Randall, Democratic Support and Scrutiny Manager

**Telephone no.:** 01603 307570

**Email:** peter.randall@norfolk.gov.uk



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# Scrutiny Committee

Item No: 9

**Report title: Update from the Chair of the Norfolk Countywide Community Safety Partnership (NCCSP) Scrutiny Sub Panel**

**Date of meeting: 30 March 2022**

**Responsible Cabinet Member: N/A**

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

## Executive Summary

The Scrutiny Committee is asked to consider an update from the Chair of the NCCSP Scrutiny Sub Panel, Cllr Mark Kiddle-Morris.

## Recommendations:

To consider the progress being made by the Scrutiny Sub Panel and what recommendations (if any) it might make for its future work.

### 1. Background and Purpose

- 1.1. In June 2011 the Home Secretary gave permission for the seven Community Safety Partnerships (CSPs) in Norfolk to formally merge into one CSP for the whole of the county. Responsibility for scrutiny of the Norfolk Countywide Community Safety Partnership (NCCSP or “the Partnership”) lies with the County Council and this statutory scrutiny function is set out at paragraph 4 of Appendix 2A of the County Council’s Constitution, which can be viewed [here](#). Since the change of governance arrangements at the County Council in May 2019 this role has been undertaken by the Scrutiny Committee, through a dedicated Scrutiny Sub Panel.
- 1.2 Since the last update, the NCCSP Scrutiny Sub Panel (the “Sub Panel”) has met once, on 24 February 2022. The 16 December 2021 meeting was cancelled owing to the emerging situation with regard the coronavirus Omicron variant. The [agenda for the February Sub Panel meeting is available to view](#). The minutes will be published in due course.

### 2. Safer Norfolk Plan 2021-24

- 2.1. The Scrutiny Sub Panel has previously focussed on the Partnership’s development of a new three-year Community Safety Plan, called the Safer

Norfolk Plan 2021-24. This aims to address county-wide priorities as well as those significant risks and threats that exist at a local level.

- 2.2 When it met on 24 February 2022, Members reviewed the Partnership's Final Delivery Plan, which set out further details of the delivery structure and strategic links that will enable the Partnership to effectively target each priority. Acknowledging that this was a dynamic document, the Sub Panel noted that it had been agreed by all partners. The Sub Panel also noted that the Partnership had agreed to the Sub Panel's recommendation to extend the Delivery Plan period beyond 2024, to provide direction and certainty for partners while the next Community Safety Plan is being developed. The Sub Panel raised questions on all areas of the Delivery Plan, requesting specific additional information that will either be provided as written responses or incorporated into future reports. It also challenged the Partnership on the clarity of future progress reports and asked for these to show where the Partnership is nearly meeting the success measures set out in the Delivery Plan and where it is further away.
- 2.3 This was the first time since the launch of the new Plan that the Sub Panel has undertaken in-depth reviews of individual Partnership priorities.
- 2.4 Members received a report setting out the progress being made by the Partnership towards delivering agreed outcomes for the serious violence priority, focusing on domestic abuse and sexual violence. The Sub Panel noted the information provided and having raised several detailed questions agreed that written responses could be provided. Partnership Leads agreed to take back to the Partnership those comments made by Members about the Independent Advisory Group not appearing to be representative of all local communities in Norfolk and whether anything could be done to encourage and capture the voices of those parts of the community who might not be confident to engage.
- 2.5 Members also received a report setting out the progress being made by the Partnership towards delivering agreed outcomes for the Prevent priority. The Sub Panel noted the information provided and agreed that its requests for further information could be addressed in reports to the next meeting, to include:
- a) An update on the Prevent risk review and assessment;
  - b) How the Partnership is responding to the newer online methods of radicalisation;
  - c) An update on progress in addressing hate crime; and
  - d) The feedback and evaluation of the recent member training sessions on Prevent.
- 2.6 In addition to the appointment of a Chair and Vice-Chair and confirmation of the Terms of Reference, the following matters are programmed for consideration on 9 June 2022:
- Partnership priorities: Criminal Exploitation & Serious Violence  
A progress update on Partnership actions to target county lines.

- Partnership priority: Neighbourhood Crime  
A progress update on Partnership actions to target neighbourhood crime, with a focus on Project ADDER (Addiction, Diversion, Disruption, Enforcement, Recovery) and the Community Trigger Process.
- Partnership priority: Serious Violence  
An overview of the Domestic Homicide Review process.
- Partnership priority: Prevent  
To consider the additional information requested by the Sub Panel.

### **3. Proposal**

- 3.1 To consider the progress being made by the Scrutiny Sub Panel and what recommendations (if any) the Scrutiny Committee might make for its future work.

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

- 4.1 Regular review by the Scrutiny Committee will strengthen the governance of the Partnership's activity and support effective scrutiny.

### **5. Financial Implications**

- 5.1 None.

### **6. Resource Implications**

- 6.1 **Staff:** None.
- 6.2 **Property:** None.
- 6.3 **IT:** None.

### **7. Other Implications**

- 7.1 **Legal Implications:** None.
- 7.2 **Human Rights implications:** None.
- 7.3 **Equality Impact Assessment (EqIA) (this must be included):** None.
- 7.4 **Data Protection Impact Assessments (DPIA):** None.
- 7.5 **Health and Safety implications (where appropriate):** None.
- 7.6 **Sustainability implications (where appropriate):** None.
- 7.7 **Any other implications:** None.

### **8. Risk Implications/Assessment**

- 8.1 N/A.

### **9. Select Committee comments**

- 9.1 N/A.

## 10. Recommendations

10.1 To consider the progress being made by the Scrutiny Sub Panel and what recommendations (if any) it might make for its future work.

## 11. Background Papers

11.1 None.

### Officer Contact

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

**Officer name:** Jo Martin

**Tel no.:** 01603 223814

**Email address:** [jo.martin@norfolk.gov.uk](mailto:jo.martin@norfolk.gov.uk)



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# Scrutiny Committee

Item No: 10

**Report Title: Scrutiny Committee Forward Work Programme**

**Date of Meeting: 30 March 2022**

**Responsible Cabinet Member: None**

**Responsible Director: Director of Governance**

## Executive Summary

This paper sets out the current forward work programme for the Scrutiny Committee, outlining committee dates and items for consideration through to June 2022.

## Recommendations

Members of the committee are asked to:

1. Note the current Scrutiny Committee forward work programme and discuss potential future items for consideration.

## 1. Background and Purpose

- 1.1 Members agreed a forward programme of work at the meeting of the Scrutiny Committee on the 21 July 2021.
- 1.2 The work programme attached is amended frequently to better reflect officer pressures and changes to the Cabinet forward plan of decisions.
- 1.3 All topics are subject to change, with the committee remaining flexible to ensure the ability to adapt to emerging and urgent topics for consideration.
- 1.4 Members are advised that a further work programming session will be scheduled for May 2022, following the Full Council AGM.

## 2. Proposal

- 2.1 Members are asked to note the attached forward programme of work (**Appendix A**) and discuss potential further items for consideration.

## 3. Impact of the Proposal

- 3.1 Maintaining the proposed work programme will ensure that the Scrutiny Committee has a full schedule of work, and officers are well prepared to present to the committee.

## **4. Financial Implications**

- 4.1 None

## **5. Resource Implications**

### **5.1 Staff:**

The County Council is still dealing with the COVID crisis and the focus for Officers will be in supporting this work. Some Officers may be redeployed from their current roles elsewhere to support ongoing work during the pandemic and the Committee may need to be mindful of focusing requests on essential information at this time.

### **5.2 Property:**

None

### **5.3 IT:**

None

## **6. Other Implications**

### **6.1 Legal Implications:**

None

### **6.2 Human Rights Implications:**

None

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

None

### **6.4 Data Protection Impact Assessments (DPIA):**

None

## **6.5 Health and Safety implications (where appropriate):**

None

## **6.6 Sustainability implications (where appropriate):**

None

## **6.7 Any Other Implications:**

None

## **7. Risk Implications / Assessment**

7.1 None

## **8. Select Committee Comments**

8.1 None

## **9. Recommendations**

Members of the Scrutiny Committee are asked to:

1. Note the current Scrutiny Committee forward work programme and discuss potential future items for consideration.

## **10. Background Papers**

10.1 **Appendix A** – Scrutiny Committee Forward Programme of Work

### **Officer Contact**

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

**Officer name:** Peter Randall

**Telephone no.:** 01603 307570

**Email:** [peter.randall@norfolk.gov.uk](mailto:peter.randall@norfolk.gov.uk)



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## Scrutiny Committee Forward Work Programme

<b>Date</b>	<b>Report</b>	<b>Further notes/Comments</b>	<b>Better Together for Norfolk - Strategic Goal(s)*</b>	<b>Cabinet Member</b>	<b>Exec Director</b>
<b>30/03/22</b>	Six Month Review of Performance Review Panels	Agreed by the Scrutiny Committee at the meeting held on 21 July 2021	<ul style="list-style-type: none"> <li>- Better Opportunities for Children and Young People</li> <li>- Healthy, Fulfilling and Independent Lives</li> </ul>	Cllr Bill Borrett, Cabinet Member for Adult Social Care, Public Health and Prevention  & Cllr John Fisher, Cabinet Member for Children's Services	James Bullion, Executive Director of Adult Social Care  & Sarah Tough, Executive Director of Children's Services
	Children's Mental Health Services	Requested by the Committee as part of the 2021 work programming round.	<ul style="list-style-type: none"> <li>- Better Opportunities for Children and Young People</li> <li>- Healthy, Fulfilling and Independent Lives</li> </ul>	Cllr John Fisher, Cabinet Member for Children's Services	Sara Tough, Executive Director of Children's Services
	Update from the Chair of the Norfolk Community Safety Partnership	Standard item	<ul style="list-style-type: none"> <li>- Strong, Engaged and Inclusive Communities</li> </ul>	N/A	Tom McCabe, Executive Director of Community and

					Environmental Services
<b>20/04/22</b>	Better Together, for Norfolk – Delivering our Strategy	Requested by the Committee as part of the 2021 work programming round.	<ul style="list-style-type: none"> <li>- A Vibrant and Sustainable Economy</li> <li>- Better Opportunities for Children and Young People</li> <li>- Healthy, Fulfilling and Independent Lives</li> <li>- Strong, Engaged and Inclusive Communities</li> <li>- A Greener, More Resilient Future</li> </ul>	Cllr Andrew Proctor, Leader of the Council and Cabinet Member for Strategy and Governance	Paul Cracknell, Executive Director of Strategy and Transformation
	Strategic and Financial Planning 2023-24	Standard scene setting item for the annual budget setting process.	<ul style="list-style-type: none"> <li>- A Vibrant and Sustainable Economy</li> </ul>	Cllr Andrew Jamieson, Cabinet Member for Finance	Simon George, Executive Director of Finance and Commercial Services
	Monitoring of NCC Environment Policy – Development of Digital Dashboard	Requested by the Committee at the meeting held on the 24 November 2021.	<ul style="list-style-type: none"> <li>- A Greener, More Resilient Future</li> </ul>	Cllr Andy Grant, Cabinet Member for Environment and Waste	Tom McCabe, Executive Director of Community and Environmental Services
	County Farms – update on actions following committee	Requested by the Committee at the	<ul style="list-style-type: none"> <li>- A Greener, More Resilient Future</li> </ul>	Cllr Greg Peck, Cabinet Member for Commercial Services	Simon George, Executive Director of

		meeting held on the 22 September 2021.	<ul style="list-style-type: none"> <li>- A Vibrant and Sustainable Economy</li> <li>- Better Opportunities for Children and Young People</li> </ul>	and Asset Management	Finance and Commercial Services
<b>18/05/22</b>	NALEP - Update on Economic Renewal Strategy	Requested at the meeting of the Scrutiny Committee on the 22 September 2021	<ul style="list-style-type: none"> <li>- A Vibrant and Sustainable Economy</li> </ul>	Cllr Graham Plant, Deputy Leader and Cabinet Member for Growing the Economy	Tom McCabe, Executive Director of Community and Environmental Services
<b>23/06/22</b>	Local Transport Plan – implementation plan	Requested by the Committee as part of the 2021 work programming round.	<ul style="list-style-type: none"> <li>- A Greener, More Resilient Future</li> <li>- A Vibrant and Sustainable Economy</li> </ul>	Cllr Graham Plant, Deputy Leader and Cabinet Member for Growing the Economy	Tom McCabe, Executive Director of Community and Environmental Services
	Performance Review Panels – Quarterly Update	Agreed by the Scrutiny Committee at the meeting held on 21 July 2021	<ul style="list-style-type: none"> <li>- Better Opportunities for Children and Young People</li> <li>- Healthy, Fulfilling and Independent Lives</li> </ul>	Cllr Bill Borrett, Cabinet Member for Adult Social Care, Public Health and Prevention & Cllr John Fisher, Cabinet Member for Children’s Services	James Bullion, Executive Director of Adult Social Care & Sarah Tough, Executive Director of Children’s Services

*\*The ‘**Better Together for Norfolk – County Council Strategy 2021-25**’ outlines five strategic priorities. These are:*

- A Vibrant and Sustainable Economy*
- Better Opportunities for Children and Young People*
- Healthy, Fulfilling and Independent Lives*
- Strong, Engaged and Inclusive Communities*
- A Greener, More Resilient Future*

*When scheduling items for the work programme the committee should consider, where applicable, the item contributes to the above strategic goals and overall delivery of the County Council’s strategy for 2021-25.*

**Issues to be considered for addition to work programme:**

- Better Together for Norfolk – Corporate Strategy
- Implementation of New Technology in Adult Social Care
- Onshore Renewable Energy
- Waste Disposal
- Quality of Care & Care Market in Norfolk
- Norfolk Rural Strategy 2021-24
- Local Transport Plan
- Social Value in Procurement (pending review of the Cawston Park SAR at the Norfolk HOSC).
- People with Disabilities – Engagement and Charging Policy
- Update on Flood Prevention Activity
- Monitoring of NCC Environment Policy – Development of Digital Dashboard
- County Farms – update on actions following committee