

People and Communities Select Committee

Date: **17 September 2021**

Time: **10am**

Venue: **Council Chamber, County Hall, Norwich, NR1 2UA**

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://youtu.be/POwg6AZq7B8>

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 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](#).

Persons attending the meeting are requested to turn off mobile phones

Membership:

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

Cllr Tim Adams	Cllr Julian Kirk
Cllr Claire Bowes	Cllr Paul Neale
Cllr Ed Connolly	Cllr Mike Smith-Clare
Cllr Michael Dalby	Cllr Alison Thomas
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

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

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 16 July 2021

Page 4

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 14 September 2021**

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 14 September 2021**

7 Special Educational Needs (SEND): Performance Framework Page **36**

Report by the Executive Director of Children's Services

8 Care Quality and Market Position Task and Finish Group - record of work undertaken Page **49**

Report by the Executive Director of Adult Social Services

9 Forward Work Programme Page **106**

Report by the Executive Director of Adult Social Services

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

Date Agenda Published 9 September 2021



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**People and Communities Select Committee
Minutes of the Meeting Held on 16 July 2021 at 1pm
in the Council Chamber, County Hall, Norwich**

Present:

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

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

Substitute Members Present:

Cllr Phillip Duigan for Cllr Ed Connolly

Also Present

Michael Bateman	Assistant Director, SEND Strategic Improvement and Early Effectiveness
James Bullion	Executive Director of Adult Social Services
Chris Butwright	Assistant Director of Public Health Prevention & Policy
Cllr Andrew Jamieson	Cabinet Member for Finance
Anne-Louise Schofield	Commissioning Manager - Children & Young People
Louise Smith	Director of Public Health
Phil Watson	Director of Children's Social Care
James Wilson	Director of Quality and Transformation, Children's Services

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Ed Connolly (Cllr Phillip Duigan substituting) and Cllr Paul Neale.

2. Minutes of last meeting

- 2.1 The minutes of the meeting held on 29 January 2021 were agreed as an accurate record and signed by the Chair.

3. Declarations of Interest

- 3.1 No interests were declared.

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

6.1 No Member questions were received.

7. Special Educational Needs (SEND): Performance Framework

7.1.1 The Committee received the report which was the third in a developing SEND performance framework in a series of reports scheduled for each Committee meeting over a 2-year period (the March report was deferred pending the local elections). The requirement to provide these regular reports followed on from recommendations by the Local Government & Social Care Ombudsman and the improvement work linked to the Council's Written Statement of Action with Ofsted/Care Quality Commission.

7.1.2 The Assistant Director of SEND Strategic Improvement and Early Effectiveness introduced the report to the Committee:

- Since the start of this series of reports, officers had broadened the remit to bring in information related to the statement of action and area SEND strategy and transformation programme.
- The Assistant Director of SEND Strategic Improvement and Early Effectiveness discussed the trends seen in the data as shown on page 28 of the report.
- Some issues were reported around complaints data being reported as a snapshot despite being recorded cumulatively across a financial year. Future reports would show complaints data on an average monthly and annual cumulative basis based on a calendar year in order to report more accurately.

7.2 The following points were discussed and noted

- A Committee member asked how children who did not meet the threshold for diagnosis would be supported. The Assistant Director of SEND Strategic Improvement and Early Effectiveness replied that it was important that professionals supporting children with SEND did not link diagnosis to provision. Specialist provision such as speech and language therapists and specialist teachers could recommend provision to support children while diagnoses were pending.
- Cllr Julian Kirk arrived at 13.10.
- A Committee Member raised concerns discussed at Health Overview and Scrutiny Committee that neurodevelopmental assessments were being delayed while professionals waited for information from schools; the Assistant Director of SEND Strategic Improvement and Early Effectiveness would look into this issue with the Head Teacher Association.
- The Assistant Director of SEND Strategic Improvement and Early Effectiveness confirmed performance, related to the completion of Education Health and Care Plans (EHCPs) completed within 20 weeks, had risen from 8% (at the time of the Ofsted SEND inspection) to 50% cumulative for the year to date. However, he pointed out that since the report had been published the latest figures had been produced showing a slight dip to 49%. Further, that whilst the teams were on target to achieve 60% by end of this calendar year (as agreed with Ofsted) there were ongoing capacity issues which could impact on this good progress; primarily capacity issues related to was related to the availability of educational

psychologists and the ongoing rise in referrals (from an average of around 60 per month historically to 100 plus per month year to date). A piece of work had been completed to assess Norfolk's educational psychology capacity, with statistical neighbour authorities, and a business case was now being developed to look at options to address this

- Schools received funding to support the needs of children with SEND, and teams were looking at ways to be flexible where additional funding for schools could support children without the need for an EHCP.
- One of the lessons learned and set out in the Ofsted Area SEND Inspection had been the need to improve engagement with families and service users; work had been done to engage further with Family Voice Norfolk (Norfolk Carer Forum) and other SEND parent carer groups. Throughout the pandemic and lockdowns, closer working relationships had developed with these groups which officers were keen to continue with and build on moving forward.
- Officers were asked why there were fluctuations in the time taken to arrange alternative education provision; the Assistant Director of SEND Strategic Improvement and Early Effectiveness replied that there had been capacity issues in some provision and home tutoring could sometimes be delayed while a specialist tutor was sought.
- Officers were asked why the number of referrals for EHCP had increased. This was a national issue and the Department for Education were carrying out a national SEND review due to be published in Autumn/Winter of 2021. Reasons which could be impacting on the increase in referrals were the higher number of children being born with complex needs and the current legislative framework having a low threshold for referral and assessment.
- The special schools in Norfolk were all rated good and outstanding, but it was important to ensure that all alternative provision was of this quality. A wide range of provision came under the definition of specialist provision; officers were reviewing the alternative provision sector.

7.3 The Joint Committee **RESOLVED**:

1. To **note** the ongoing content of the SEND performance framework and **agree** ongoing reporting at all subsequent meetings through to Spring 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

8. Vulnerable Adolescents

8.1.1 The Committee received the report outlining how Norfolk County Council had prioritised and invested in vulnerable adolescents, to maximise opportunities and have the highest possible aspirations for these young people. The report outlined how outcomes were being achieved through building on existing good practice, introducing new services, and developing and ensuring governance provided the required strategic oversight and shared understanding of the impact and difference this was making for young people in the County.

8.1.2 The Director of Children's Social Care introduced the report to the Committee:

- In addition to existing challenges, pandemic lockdowns had left young people with less places of safety and refuge leaving them more open to even greater risk. Norfolk's aim was to change the trajectory and invest in new ways of

working with vulnerable young people that would make a difference.

- As nationally, in Norfolk, serious youth violence was now more prevalent, more young people were going missing and more were becoming involved in County Lines.
- Young people were too often being put in care and excluded from school which could increase their vulnerability.
- The Director of Children's Social Care outlined the services which would make up the response as set out in part 2 of the report from page 48-54.
- Norfolk had been awarded additional external funding via bids to help vulnerable adolescents in many innovative ways for example to access employment, education and training, to codesign with communities ways to reduce youth violence, and to put in place a trauma informed systemic approach to support children and young people.
- As these were new services being introduced, data was not yet available, but officers were confident that they would make a difference as they had used what had worked well elsewhere and used evidence-based models.

8.2 The following points were discussed and noted:

- It was raised as a concern that there were no beds in England specialised for adolescents with eating disorders. The Director of Children's Social Care replied that the design of service and bids for funding had factored in the need for mental health support and clinical psychology and ensuring the need to have resource to meet the need of adolescents facing emotional trauma. The issue around provision for adolescents with eating disorders was prevalent and the department was working with partners to find a solution and see how provision could be provided by Children's Services and the Clinical Commissioning Group.
- The Vice-Chair praised the trauma informed approach and queried how long it would take to embed culture change. The Director of Children's Social Care replied that the funding bid for the trauma informed work had been submitted and it was expected that this would be implemented in the Autumn of 2021.
- Over time, caseloads in children's services social care had been brought down through transformation work and were now in line with the expected levels.
- It was pointed out that poverty was not referenced as an influencing factor of vulnerability and risk in the report. The Director of Quality and Transformation, Children's Services, replied that the paper was focussed on the work of specialist services but Children's Services did recognise this link and a piece of work was underway focussed on the economic wellbeing of young people and families in Norfolk.
- Cllr Alison Thomas declared a Non-Pecuniary interest as her daughter was a social worker.
- The definition of "missing" from residential or foster placements was being debated; missing episodes were a statutory reporting figure but there were concerns that the problem was overrepresented in the data as most incidences related to children and young people who broke curfew. Discussions were being held with police around how this data was recorded, and officers were working with other local authorities on the approaches they took moving towards a "risk sensible" approach. Consistency of messaging to staff and partners, collective decision making, and a culture of learning and supportive leadership would be important moving forward with such an approach.
- There were good relationships with Norfolk Police, health and other partners, and ongoing discussions were held with them about plans for future direction in this area.

8.3 The Committee **RESOLVED**

1. To **note** the work being undertaken by Norfolk Children's Service and its partners to improve outcomes for the most vulnerable adolescents and **provide any comments** to steer the direction of the work.
2. To **encourage** Norfolk Children's Services to push opportunities for adolescents and NCC as a whole to ensure that young people are fully aware of all opportunities for them
3. To **welcome** the exchanging and encouraging of new ideas for the benefit of adolescents and congratulated officers on the work carried out so far.

9. **Project ADDER, Drug and Alcohol Commissioning 2021-2022**

9.1.1 The Committee received the report giving detail on Project ADDER, a nationally funded joint Home Office and Public Health England initiative to pilot a new intensive whole system approach to tackling drug misuse. Greater Norwich Had been selected for the pilot as a location worst affected by drug misuse. The pilot would run alongside national activity to disrupt the middle market supply of drugs, and existing local services.

9.1.2 The Assistant Director of Public Health Prevention & Policy and The Commissioning Manager, Children & Young People, introduced the report and gave a presentation to the Committee (see appendix A):

- The pilot would focus on pathways and integrated working to bring about enforcement and treatment in partnership with a range of organisations to develop a best practice approach.
- Project ADDER was being nationally evaluated and had a national monitoring framework in place.
- In Norfolk, 51% of drug deaths were in people of an older age bracket; ward level data would be used to inform project work.
- Looking at teachable moments, diverting people and supporting them with their vulnerability would be part of the approach; many drug users were also vulnerable adults or adolescents so finding ways to support them with their vulnerabilities as well as their drug use and putting in place a trauma based approach would be an important part of the project.
- Police officers in the Greater Norwich area were being provided with and trained in the administration of Naloxone.

9.2 The following points were discussed and noted:

- The Chair noted that a small additional funding allocation would be split between Great Yarmouth, King's Lynn and Thetford. The Assistant Director of Public Health Prevention & Policy confirmed this was the case and asked for the Committee's support in writing a letter of support on extending the additional allocation funding beyond this financial year, 2021-22, and into future years.
- Officers were working to national reporting requirements focussing on outcomes for services and the individuals being supported. A national evaluation would be carried out meaning there would be a high amount of scrutiny on this project.
- A Member asked about the provision of drug consumption rooms, clean needles and education on injecting safely. The Commissioning Manager, Children & Young People, replied that provision of drug consumption rooms was not in national legislation or policy so was not provided by project ADDER,

however, throughout the drug and alcohol service and project ADDER there was a harm reduction and minimisation approach, and users would have access to clean needles and yellow disposal boxes.

- Case numbers in the ADDER project would be around 200-250 and each staff member would have much lower case numbers than in other drug and alcohol services.
- Officers were working with User Voice, a voluntary provider who specialised in working with people in the criminal justice sector; this provider would help ensure the local authority's approach was right for the people it aimed to support.
- Workers from a variety of organisations would be located in the pilot centre on Prince of Wales road to deliver 1:1 support, intervention, group activities and outreach support.
- A communication lead had joined the drug and alcohol team who would look at awareness raising and engagement. Discussions were being held with organisations who were interested in taking up the Council's drug and alcohol training.

9.3 The Committee **RESOLVED**

1. To **note** the progress made to date on the delivery of pilot Project Adder.
2. To **welcome** the allocation of one year's funding for other areas in Norfolk and to **write to** Public Health England asking them to consider extending the funding to future years.

10. Strategic and financial planning 2022-23

10.1.1 The Committee received the report forming an important part of the process of preparing the 2022-23 Budget and representing a key opportunity for the Select Committee to provide its views on the approach to developing budget proposals for the services within its remit.

10.1.2 Cllr Andrew Jamieson, the Cabinet Member for Finance, gave a presentation to the Committee, see appendix B:

- Cabinet considered the overall budget and the process at its meeting on 5 July 2021.
- From the week beginning 19 July 2021, Cabinet Members would start the first of a series of budget challenges with key spending departments to talk about savings and what would be needed need to balance the revenue budget.
- The Cabinet Member for Finance would return to a future Select Committee meeting to discuss proposals once they had gone to consultation.
- Table two on page 86 of the report outlined pressures in the Medium-Term Financial Savings.
- A fair funding solution for business rates reform and adult social care was still being awaited.
- Each department had a Covid risk reserve for departmental risk pressures
- Transformation would allow the Council to deliver more effective services.

10.2 The following points were discussed and noted:

- The Cabinet Member for Finance confirmed that Adult Social Care Services had put in £6.3m of additional pressures, in addition to demographic growth, to allow for care providers to pay their staff the national living wage. Pressure remained in this sector due to vacancies and turnover, and because a proportion of staff

had returned to Europe following Brexit.

- The Cabinet Member for Finance was asked if anything was built into budget planning for savings brought about from a reduced use of buildings from more staff working from home; the Cabinet Member for Finance replied that through staff surveys it had been identified that most staff would be coming to their office two days a week and working from home 3 days a week. It was important to balance staff members' desire to work from home with the need to team build and network. This change in way of working would give savings of approximately £2.3m.
- The terminology on page 73 to describe the Public Health Grant, "uncontrollable expenditure", was queried. The Director of Public Health clarified that this referred to the fact that the expenditure of this grant was ringfenced for Public Health activity.
- The Cabinet Member for Finance clarified that there were more savings proposed in year 1 than years 2, 3, and 4 as there was more clarity in the detail of finances known for 2021-22 than for years further ahead and therefore this could be planned more precisely.
- Cllr Mike Smith-Clare asked how the manifesto pledge of £5m for community and youth investment and a carer fund would be funded; the Cabinet Member for Finance confirmed that this was in the Medium-Term financial strategy and agreed to email detail to Cllr Smith-Clare.
- A Member asked whether the current model of outsourcing some services to third party providers was the best approach. The Cabinet Member for Finance clarified that many services were best provided by the third sector. This had been shown by the good service they provided throughout the pandemic.
- A Committee member asked if there would be a lower receipt of Council Tax than projected due to the higher number of people on universal credit following the pandemic. The Cabinet Member for Finance replied that a deficit had been calculated based on the collection rate guided by District, City and Borough Councils.
- The Cabinet Member for Finance clarified that in order to consider going to referendum to request a higher increase in Council Tax, the Council would need to be close to not balancing the budget; there were Covid, general and departmental reserves built in to mitigate against this eventuality.
- Officers were asked what checks were in place to ensure funding was used to pay staff above the minimum wage. The Executive Director of Adult Social Services replied that random audits of care providers were carried out to see they were complying with living wage requirements. The Council were able to pay providers enough so that they could pay staff £9 per hr.
- Cllr Michael Dalby declared an interest as a senior carer.
- The Chair thanked the Cabinet Member for Finance for attending the meeting and answering questions posed by Committee Members.

10.3 The Committee

1. **CONSIDERED** the Budget and Medium-Term Financial Strategy position as reported to Cabinet (Appendix 1 of the report), which forms the context for 2022-23 budget setting.
2. **CONSIDERED** the overall service strategies as set out within this report.
3. **CONSIDERED** the key issues for 2022-23 budget setting and the broad areas the Select Committee would recommend for savings development as they pertain to the services within the Select Committee's remit, in order to

provide input to the 2022-23 budget process and inform the saving proposals put forward to Cabinet later in the year.

11 Integrated Care System Developments

- 11.1.1 The Committee received the report giving details on the local transition to an Integrated Care System with national guidance and local progress accelerating actions that will have a long-term effect on Norfolk's health and care system.
- 11.1.2 The Executive Director of Adult Social Services introduced the report to Committee and gave a presentation, see appendix C.
- 11.2 The following points were discussed and noted
- A Committee Member asked how service user voices were being heard and listened to. The Executive Director of Adult Social Services replied that there was an ICS Stakeholder Group in place.
 - The Chair agreed that a more integrated way of working was needed and hoped that this model would be successful in achieving this.
 - The Executive Director of Adult Social Services explained that there was an expectation is that the three hospitals would work together across Norfolk and the Mental Health Trust would have stronger links with other organisations.
 - The Vice-Chair noted that the Council and health service working together would result in positive outcomes.
 - Cllr Alison Thomas declared a non-pecuniary interest as a governor of the Norfolk and Norwich University Hospital.
 - It was agreed that moving to a more joined up approach would achieve positive outcomes for people in Norfolk. The Executive Director of Adult Social Services replied that the local health leadership valued NCC as a partner, and its Health and Well Being Board as they key partnership, and was keen to continue good working relationships within the new ICS.
 - The Chair took a poll and determined that the Committee were in favour of a system with district based borders as opposed to hospital-based areas, with one abstention.
- 11.3 The Committee **RESOLVED** to
- a) **Support** the continued cross-departmental work of Adult Social Services, Children's Services and Public Health to develop NCC's role and ambitions within the ICS.
 - b) **Help to shape** the opportunities and challenges the ICS brings for NCC in preparation for the next report to Cabinet in September 2021

12 Covid Update

- 12.1 The Director of Public Health gave a verbal update to the Committee:
- At the beginning of July 2021, 100 cases of Covid-19 were seen per day; in the past fortnight, Norfolk had entered its third wave of the pandemic and cases were doubling every few days. There were 500 cases reported a day at the time of reporting.
 - Cases were predominantly seen in 19-22-year olds, spreading to younger children and adults up to 30. Previous waves also started in younger populations and spread to older adults.

- An increased number of outbreaks were being seen; there were 50 at the time of reporting, with a significant number linked to educational establishments due to the high amount of testing, and hospitality venues.
- Football and less well controlled events linked to this had been linked to outbreaks and sharp rises in cases had been seen in some areas that previously had low rates such as Great Yarmouth which was now seeing a rate similar to the average for the East of England.
- The number of people in hospital with Covid-19 was increasing, with 3 people in Intensive Care, and 16 in-patients. This number was increasing daily. The numbers were high in the community but lower in hospital as in previous waves, showing a good impact from the vaccination programme. It was anticipated that the number of cases and hospital admissions would continue to increase. It was not possible to estimate when the cases would start to reduce.
- Communications were released on the 16 July reiterating the Council's strategy and approach to managing Covid-19. National legislative restrictions were set to cease on Monday 19 July but the message from Norfolk County Council was that a controlled return to activity should be observed. This would include staff returning to work bases gradually based on risk assessments, and a call to people to continue to take personal measures where possible such as wearing masks and using hand sanitiser.

12.2 The Select Committee **NOTED** the update.

13. Forward Work Programme

13.1 The Committee received and considered the forward work programme.

13.2 The Committee **AGREED** the forward plan with the following additions:

- A report would be brought providing an update to the budget report in November 2021 as discussed by the Cabinet Member for Finance.
- A report would be brought looking at staff retainment and recruitment in Adult Social Services and Children's Services in January 2022.

The Meeting Closed at 16:23

**Cllr Fabian Eagle, Chair,
People and Communities Select Committee**



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People and Communities Select Committee

16th July 2021

GREATER NORWICH PROJECT ADDER

Christopher Butwright: Assistant Director Public Health, Prevention and Policy.
Anne-Louise Schofield: Public Health, Commissioning Manager

Project ADDER

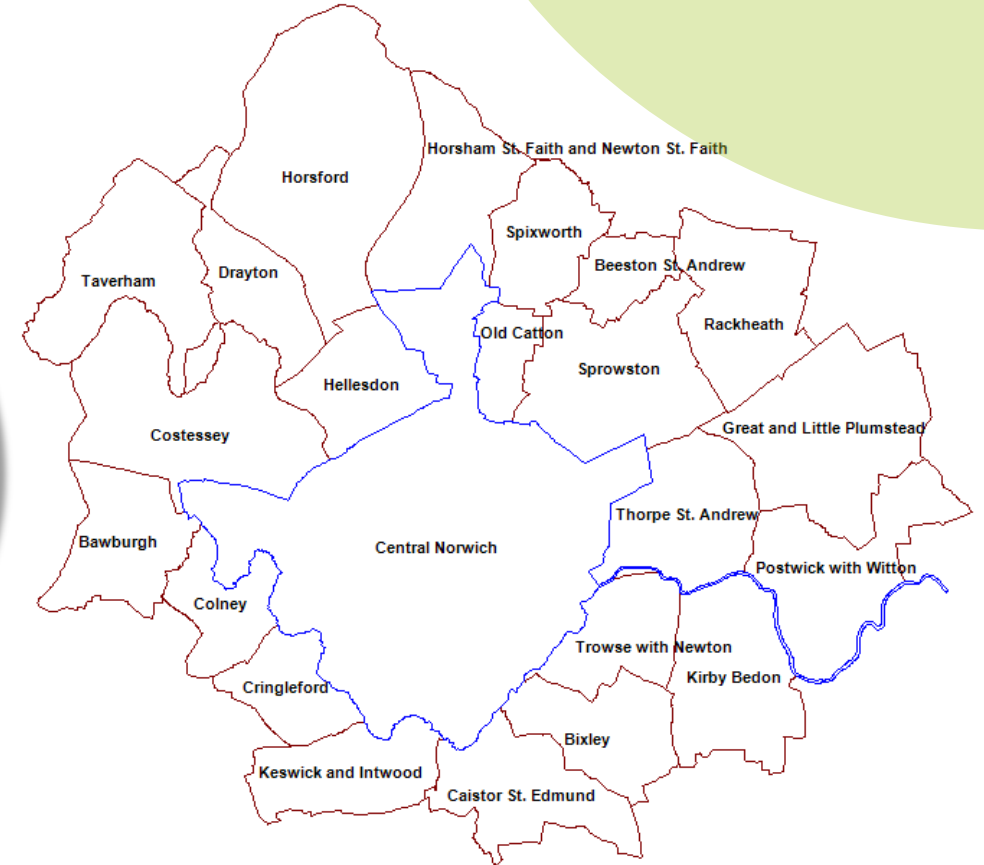
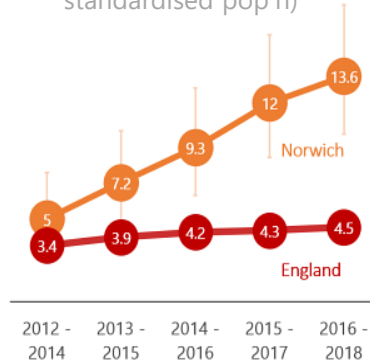
(Addiction, Diversion, Disruption, Enforcement and Recovery)

- ADDER is a nationally funded joint HO/PHE initiative to pilot an intensive whole system approach to tackling drug misuse, alongside national activity to disrupt the middle market supply of drugs.
- ADDER co-ordinates law enforcement activity, alongside expanded diversionary activity and treatment/recovery provision.
- Greater Norwich is an ADDER pilot area.
- The project is building on and expanding existing multi-agency partnership working in the local areas to drive sustained health and crime related outcomes.
- ADDER will run until the end of FY 22/23.
- The project will be underpinned by a national evaluation and monitoring framework. - move up.

Why is ADDER needed in Greater Norwich

- The mortality rate from drug deaths in Norwich is growing and is the England average. Between 2016-2018 there were 152 drug related deaths, with 1/3rd being in Norwich
- It is estimated that in 2019/20, 45% of Norfolk's opiate and crack users in treatment, were accessing treatment in Norwich.
- Intelligence indicates that heroin and crack cocaine purities have increased in the last five years.
- Norfolk Constabulary's response to county lines was initiated in December 2016.
- In Norfolk there were 52 active lines with 32 of these in Norwich.

Mortality Trend (per 100,000 age standardised pop'n)

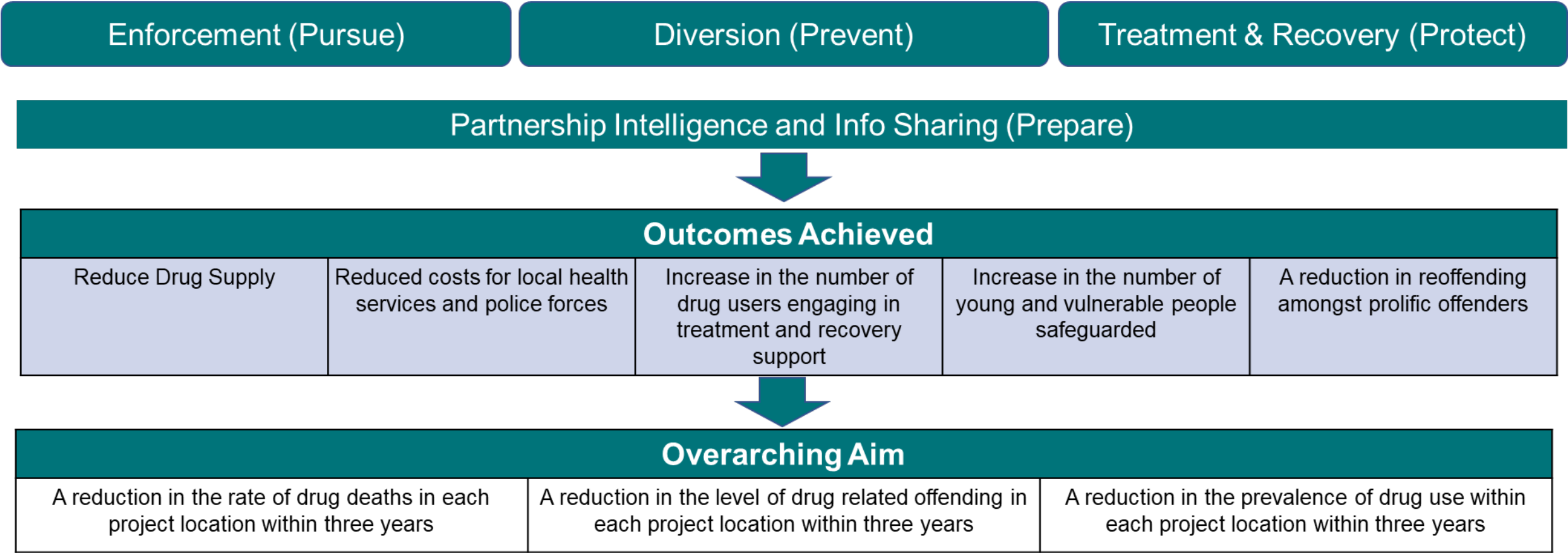


Greater Norwich ADDER Delivery Area

Norfolk's Ambitions for ADDER

- To create an all-age integrated and dynamic team targeting people involved with illicit drugs and criminal justice system to be diverted into effective treatment
- Statutory and VCSE Organisations will work collaboratively to engage people to make demonstrable changes through to recovery.
- To further develop the prevention offer that will support young people, families and adults to build resilience and freedom from drugs and/or criminality

Greater Norwich ADDER Delivery Model



Key Interventions

Enforcement	Diversion	Treatment & Recovery
<ul style="list-style-type: none"> Progress Operation OROCHI Methodology and add further capacity to investigation teams. 	<ul style="list-style-type: none"> Enhanced in-reach provision into Prison and Police Investigation centres (PIC). <ul style="list-style-type: none"> Drug Treatment Staff Youth Offending Team Diversion Workers Young Adults Worker 	<ul style="list-style-type: none"> Proactive outreach model of provision Psychological team Drug Treatment and access of detox and rehabilitation. (inpatient and community)
<ul style="list-style-type: none"> Intelligence led targeted communications to drug users/dealers. 	<ul style="list-style-type: none"> Out of court disposal and Drug testing on arrest interventions 	<ul style="list-style-type: none"> Enhanced recovery Housing Employment Support
<ul style="list-style-type: none"> Increase use of Drug Testing on Arrest (DTOA) 	<ul style="list-style-type: none"> Wonder + - female offender diversion scheme 	<ul style="list-style-type: none"> Co-ordination of wraparound support
<ul style="list-style-type: none"> Enhanced Naloxone Offer in police and community hotpots. 	<ul style="list-style-type: none"> Court Orders (Drug Rehabilitation Requirements (DRR)) 	<ul style="list-style-type: none"> Improved access to pharmacological provision
<ul style="list-style-type: none"> VARAC (Vulnerable Adult Risk Assessment Conference) 		<ul style="list-style-type: none"> improved access to physical health pathways

Positive Outcomes

User Voice are currently working with over 20 service users to set up a council, which will enable a coproduction approach to be embedded in ADDER.

Norfolk Youth Offending Team have received positive feedback from professionals relating to ADDER work in the Police Investigation Centre.

Over 300 Police officers covering the greater Norwich area are being trained to Naloxone & in overdose awareness.

Over 70 people are now engaged in ADDER treatment, recovery and wider support interventions.

Multi-agency delivery based secured and due to be open by the end of July.

ADDER service users have fed back that they are feeling more supported than before.

Universal Funding

- New 1-year national funding programme for additional drug treatment and harm reduction activity – linked to reducing crime.
- Norfolk has received £580,000
- Supporting the implementation of positive interventions across wider Norfolk locations.

Next Steps

- Mental Health Pathways, in development with Norfolk & Suffolk Foundation Trust.
- Official launch event.
- National Visit – the Norwich pilot is sponsored by the Home Office Director of Crime Prevention, who will be visiting Norwich in August.
- Roll out of wider supportive funds for ADDER clients, covering:
 - Housing access and retention
 - Recovery Projects
 - Benefits and Grant Advice and Guidance.



Project **ADDER**

Addiction, Diversion,
Disruption, Enforcement
and Recovery

2022-23 Budget: Select Committee strategic and financial planning 2022-23

Cllr Andrew Jamieson, Cabinet Member for Finance

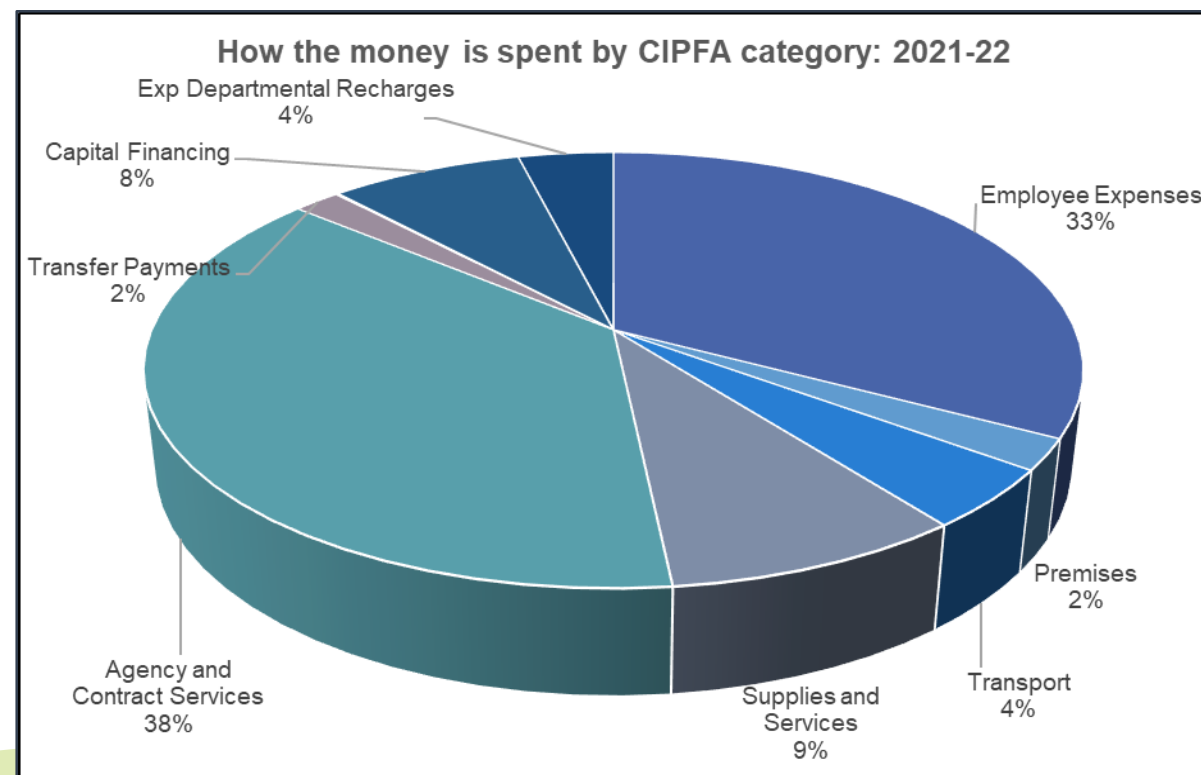
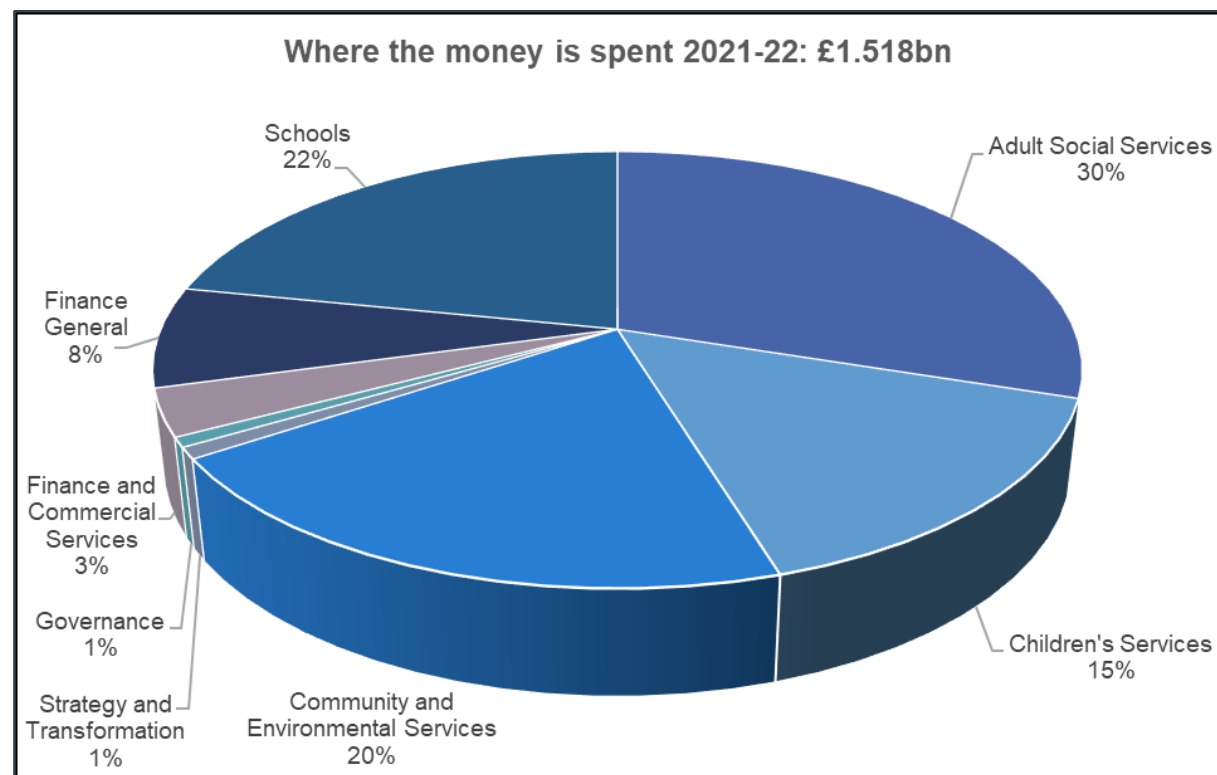
July 2021

2022-23 Budget process

Activity/Milestone	Time frame
Cabinet review of the financial planning position for 2022-26 – including formal allocation of targets	5 July 2021
Select Committee input to 2022-23 Budget development	12, 14, 16 July 2021
Cabinet considers emerging proposals and service budget strategies	6 September 2021
Cabinet considers full savings proposals and agrees proposals for public consultation	4 October 2021
Public consultation on 2022-23 Budget and council tax and Adult Social Care precept options	TBC October to December 2021
Reporting to Cabinet as appropriate on Government funding announcements / changes to planning assumptions	November – December 2021
Provisional Local Government Finance Settlement announced including provisional council tax and precept arrangements	TBC around 5 December 2021
Confirmation of District council tax base and business rate forecasts	31 January 2022
Cabinet considers outcomes of service and financial planning, EQIA and consultation feedback and agrees revenue budget and capital programme recommendations to County Council	31 January 2022
Final Local Government Finance Settlement	TBC January / February 2022
Scrutiny Committee 2022-23 Budget scrutiny	16 February 2022
County Council agrees Medium Term Financial Strategy 2022-23 to 2025-26, revenue budget, capital programme and level of council tax for 2022-23	21 February 2022

2021-22 Budget context

The graphs indicate how the Council's gross 2021-22 Budget is spent by service and type of spend. The scale of the budget provides important context when considering 2022-23 savings.



Medium Term Financial Strategy: Key assumptions

The Medium Term Financial Strategy (MTFS) agreed in February 2021 reflected the following assumptions:

- Significant cost pressures as set out in the appended report, however further pressures may emerge through the process;
- COVID-19 pressures cease after 2021-22;
- 2021-22 funding levels continue in 2022-23 (excluding COVID-19 funding);
- Pay inflation assumed at 3%;
- 1.99% council tax increase in all years, 1% ASC precept increase (2022-23 only);
- Limited tax base growth (0.5% in 2022-23, 0.75% 2023-24 and 1.0% thereafter);
- Collection fund deficit £2.4m 2022-23, £0.6m 2023-24, £0 2024-25.

	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m	Total £m
Cost pressures and funding decreases	58.164	45.629	40.522	31.372	175.687
Change in forecast council tax income	-16.882	-14.390	-14.822	-14.604	-60.697
Existing planned savings in 2021-22 MTFS	-2.245	-1.600	-2.500	0.000	-6.345
Gap as reported to July 2021 Cabinet	39.037	29.639	23.200	16.768	108.645

Medium Term Financial Strategy:

Existing savings

- Planned savings already included in the 2021-25 MTFS agreed by Council in February total £47.524m.
- Savings to close the forecast 2022-23 MTFS gap of £39.037m are required **in addition** to existing savings of £2.245m.

	2021-22 £m	2022-23 £m	2023-24 £m	2024-25 £m	Total £m
Adult Social Services	-17.858	4.275	2.000	0.000	-11.583
Children's Services	-11.300	-6.900	-3.500	-2.500	-24.200
Community and Environmental Services	-8.288	-0.466	0.000	0.000	-8.754
Strategy and Transformation	-0.553	-0.180	0.000	0.000	-0.733
Governance	-0.353	0.000	0.000	0.000	-0.353
Finance and Commercial Services	-1.927	0.026	-0.100	0.000	-2.001
Finance General	-0.900	1.000	0.000	0.000	0.100
Grand Total	-41.179	-2.245	-1.600	-2.500	-47.524

Medium Term Financial Strategy:

Saving targets for 2022-23

- Savings targets agreed by Cabinet 05/07/2021.
- Uncertainty around funding (fair funding, social care reform) and additional cost pressures.
- Detailed funding allocations for 2022-23 unlikely before late autumn 2022.
- Risks include COVID-19 pressures persisting into 2022-23.
- **Freezing council tax would add approximately £8.8m to the savings target to be found in 2022-23.**

	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m	Total £m
Adult Social Services	17.700	13.600	10.700	7.800	49.800
Children's Services	8.700	6.500	5.000	3.600	23.800
Community and Environmental Services	8.700	6.500	5.100	3.700	24.000
Strategy and Transformation	0.500	0.400	0.300	0.200	1.400
Governance	0.400	0.300	0.300	0.200	1.200
Finance and Commercial Services	1.800	1.300	1.000	0.700	4.800
Finance General	1.300	1.000	0.800	0.600	3.700
Total savings target	39.100	29.600	23.200	16.800	108.700

Options to address any shortfall in savings to close the 2022-23 Budget gap will include:

- Government providing additional funding;
- Corporate / centrally identified savings opportunities; and
- Service departments identifying further savings at a later stage in the process.

Suggested lines of enquiry

Suggested **key questions for Select Committee** to consider:

1. What learning from the pandemic can be used to assist us in finding financial savings?
2. What areas of the Council's operations could benefit from the transformation programme?
3. Where can Members see scope for 'de-siloing', both internally and with partners?
4. What ideas are there for rationalising the property estate as we focus our operation on County Hall and other hubs?

Further considerations for saving proposals:

- **Long-term implications:** What is the likely impact on preventative services, invest to save, third-party income?
- **Strategic fit:** What are the links to wider organisational strategy and objectives?
- **Synergy:** Any alignment to other savings, and Smarter Working initiatives – which could be an opportunity to go bigger/share overheads?
- **Replicability:** Could this type of saving be repeated in any other service?
- **Key risks:** Including:
 - the extent it is in our gift – i.e. could be difficult, but in our power to deliver, or relies on cost avoidance/people's behaviours/culture change etc.
 - Wider risks and acceptability.
 - Double counting and overlap with other departments?
- **Challenges and costs:** Are the costs of implementation all included?
- **Consultation:** Does it require a policy change?
- **Equity:** Does it create a policy, employment or service delivery imbalance between service departments and service users?

Norfolk County Council in our Integrated Care System

People and Communities Select Committee
16 July 2021

James Bullion
Executive Director Adult Social Services

The purpose of an Integrated Care System

Integrated Care Systems (ICSs) are developing across the Country, with the overarching purpose of:

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development



Our local ICS has three key goals, which are:

1. **To make sure that people can live as healthy a life as possible.** This means preventing avoidable illness and tackling the root causes of poor health – how healthy you are should not depend on where you live.
2. **To make sure that you only have to tell your story once.** Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.
3. **To make Norfolk and Waveney the best place to work in health and care.** Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

Norfolk County Council Support

In October, Cabinet agreed NCC's support for, and commitment to becoming part of our local ICS.

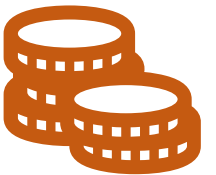
A set of NCC principles to guide our development within the ICS and opportunities it presents were agreed:

Opportunity to strengthen how we unite around a common purpose; helping to achieve greater social outcomes for our residents and the delivery of our health and wellbeing aims; ensuring those aims and social care principles and outcomes are incorporated into system plans; leading a focus on the social and economic development and environmental sustainability links to health and wellbeing.

Creating a collaborative culture (within and outside of formal governance structures) in how we work together; strengthening the role and voice of local government services in planning and new ways of working; embedding prevention across all organisational strategies and policies; working with to partners to identify areas of joint commissioning; seeking a greater level of collaborative development of outcome-based models with partners.

Empowering our communities; shaping how we work together at a more local level; further ensuring the citizen is at the heart of their own joined-up health and care; developing joint approaches to engaging and listening with people; enabling decisions to be taken closer to our communities; establishing structures and processes that bring all partners with responsibility for the wider determinants of health together.

Utilising financial structures that support integration and joint working between professionals and organisations; shaping how financial structures and our allocation of resource across organisations will support integration; making the most of opportunities to use joint financial ways of working to unlock opportunities; embed further aims that could reduce demand for high cost care whilst improving care market sustainability and quality.



Key considerations for us before April 2022

- Adapting our existing arrangements into the ICS such as joint commissioning arrangements, joint delivery integrations and integration partnerships
- Development of a strong prevention approach in local places
- Ensuring our presence in ICS Governance arrangements
- Consideration of a 'deeper' strategic relationship with health services
- Consideration of formal arrangements for joint mental health and community health services
- Development of a stronger joint approach to health leadership

What's next?

- The Health and Care Bill – which will put ICSs on a statutory footing for April 2022 - was introduced in the House of Commons on 6 July 2021, with the Second reading taking place this week.
- Locally there is work to do in terms of establishing the governance arrangements and transitioning to the new arrangements
- NCC Cabinet will be presented with a paper in September 2021 to discuss our developing policy position and proposals for our role in the ICS
- NCC continue to support the development of our ICS and are committed to being a strong and equal partner to the NHS

The People and Communities Select Committee is asked to:

- Support the continued cross-departmental work of Adult Social Services, Children's Services and Public Health to develop NCC's role and ambitions within the ICS.
- Help to shape the opportunities and challenges the ICS brings for NCC in preparation for the next report to Cabinet in September 2021

People and Communities Select Committee

Item No. 7

Report title:	Special Educational Needs (SEND): Performance Framework
Date of meeting:	17 September 2021
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. Subsequently it has been determined that this reporting, on the data set requested 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.

At previous meetings of the Committee the initial LGSCO set of data has been provided as a benchmark, this has been updated at each Committee meeting for comparison and most recently we have included the latest Education Health & Care Plan (EHCP) performance data. In the July 2021 report to Committee we provided a commentary on the performance trajectory for the LGSCO data set and the EHCP performance, illustrating improvements, and also set out the initial outcomes from a new quality assurance framework for EHCP.

The report to Committee this September updates those data sets (**within Appendix 1**) and commentary on the ongoing improvement and an update on the further development of the quality assurance framework. There is also confirmation of the opening of the new special school in Great Yarmouth, as the first of three special schools currently being built across the county.

Future reports will provide information regarding work to reduce the backlog of annual reviews when we are confident that this data is reliable. Currently we believe that will be possible within the November report to Committee.

Executive Summary

This is the fourth 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 September updates the core data set (**within Appendix 1**) with the areas for improvement in line with the LGSCO recommendations. In addition, we have updated the commentary to illustrate the ongoing improvement within these and also the ongoing improvement for Education Health & Care Plan (EHCP) initial assessments and the further development of the EHCP quality assurance framework.

This month we are also able to provide confirmation of the opening of the new special school in Great Yarmouth, as the first of three special schools currently being built across the county

Therefore, the report today sets out the latest data set and clearly illustrates current, and ongoing, improvement to EHCP related services. There is a need to also set out a note of caution regarding our current performance improvement due to the ongoing increase in EHCP referrals and our operational team capacity in dealing with this rise.

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 There are a range of data sets that Children's Services have developed in recent years to underpin our performance improvement work and sufficiency planning, However, the outcome of LGSCO and Ofsted/CQC reporting in 2020 requires an additional focus on SEND improvement data.
- 1.5 We are currently anticipating the long awaited outcome of the National SEND Review from the Department for Education, previously planned for reporting and consultation in the spring of 2021 and now scheduled for the autumn of 2021. The Committee should anticipate content in subsequent reports regarding our EHCP performance to set out those future recommendations from the DfE and the implications for our current SEND strategic improvement work in Norfolk.

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 As the Local Government Ombudsman has recommended that these figures are provided to Committee until Spring/Summer 2022 we will continue to provide commentary on the trends that emerge from the tracking of these data sets. The latest full data set is for end of July 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 20</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 reduced from 66 within initial baseline in November 2020 (note: 51 in previous report to Committee May 2021 data) to 49 in latest July 2021 data
- Average time in days for arranging alternative education provision for children who have been out of education (All CME cases), has reduced from 30.1 days within initial baseline in November 2020 (note: 25.9 in previous report to Committee May 2021 data) to 18.5 in latest July 2021 data
And,
- Average time for EHCP cohort has now also reduced from 77 days within initial baseline in November 2020 (note: 84 days in previous report to Committee May 2021 data) to 24.3 days in latest July 2021 data
- Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales has improved from taking 261 days within initial baseline in November 2020 (note: 235 in previous report to Committee May 2021 data) to 194 days in latest July 2021 data [noting that the statutory timescale is 139 days]

However,

- Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process has increased from a cumulative figure of 20 at June 2020 to a cumulative figure of 37 at June 2021 (monthly breakdown for 2021 is: April = 10, May = 12, June = 15). However, noting that the average rate of these complaints being upheld is currently 54% within the financial year to date.

- 2.4 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.
- 2.5 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 in spring/summer 2022.
- 2.6 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. The SEN2 data set, submitted to DfE in January this year and published nationally in May this year, confirms Norfolk's published performance for the 2020 calendar year as 21%. As can be seen from the table below this has now increased to 52% (cumulative calendar year to date, with 60% in July) following the investment in more staffing capacity and the implementation of a new operating model for the High Needs SEND Service.

Final EHCP - 2021										
2021	Month by Month			Quarterly			Cumulative			
	Number Including Exception	On Time Including Exception	% On Time Including Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	Average number of days to issue Final
January (All - Old & New)	62	25	40.3	213	108	50.7	62	25	40.3	226
February (All)	63	36	57.1				125	61	48.8	224
March (All)	88	47	53.4				213	108	50.7	203
April (All)	90	46	51.1	269	129	48.0	303	154	50.8	227
May (All)	80	36	45.0				383	190	49.6	233
June (All)	99	47	47.5				482	237	49.2	224
July (All)	93	56	60.2	164	101	61.6	575	293	51.0	193
August (All)	71	45	63.4				646	338	52.3	188
September (All)										
October (All)										
November (All)										
December (All)										
Year 2021							646	338	52.3	
Target									90.0	139

Therefore, our trajectory is currently on target for EHCP performance within 20 weeks:

- 2019 Norfolk Performance = 8%
- 2020 Norfolk Performance = 21%
- 2020 National Average = 58%
- 2021 Norfolk Performance (to date) = 52%
- 2021 Norfolk Target = 60%
- 2022 Norfolk Target = 90%

2.7 However, as stated in the report to Committee in July, we are experiencing increasing referral rates for EHCP and also capacity issues within Educational Psychology teams; there is a risk that these elements impact on performance trajectory if we are not able to address these dual pressures. Work continues to understand the ongoing rise in EHCP referrals from schools and parents, when there are other options available to access advice, guidance and funding at 'SEN Support' in addition to our review of Educational Psychology capacity.

2.8 In January the Committee requested that we start to include information regarding the quality of Education Health & Care Plans in addition to timescales and in the July Committee report we set out the initial outcomes from the new EHCP Quality Assurance model. We have repeated this information in this report, below, to ensure that we remind Committee of this approach so that when we return to this at subsequent reports this approach is fully understood:

2.17 The outcome of the first phase of testing the new approach to quality assurance case audits has been completed and was reported to the Written Statement of Action Executive Board on 18 June 2021. A summary of that report shows the following:

- Initial audit sample using EHCP assessment/plans from November/December 2020, total of 102 cases sampled (note: Ofsted inspection sampled a total of 7 cases during Norfolk inspection in 2020)
- Audit's co-ordinated through the Children's Services EHCP QA Manager, EHCP Team and Designated Clinical Officer within CCG
- Issues identified with data needing to be 'cleaned' to ensure accurate audit outcomes, for example the web-based tool automatically generates a 'requires improvement' outcome if not all data fields are complete. Therefore, the 'total' of 14% Good cases identified, and confirmed, will likely increase when data issue is fixed.

Of those cases that could be assessed fully the summary extract from the first QA reports outlines the following:

Practice strengths:

- **Section A** – capturing the views, interests and aspirations of the CYP and their parents/carers.
- **Section B** – outlining the CYP's needs over the 4 broad areas of SEN.
- EHCPs for children of **nursery age and key stage one**.

Key areas for development:

- **Drafting Protocols/Exemplars** – so all EHCPs match shared understanding of what 'good' quality looks like in every section.
- **Section F** – meeting statutory requirements around specification and quantification; reducing the length of this section by applying agreed drafting criteria; and ensuring B referencing in place (clearly evidencing all needs have related provision and a SMART outcome).
- **Section E** – ensuring a consistent approach to drafting SMART outcomes, laying the foundation for effective annual reviews of EHCPs.
- **Social Care input** – assessing impact of new procedure/advice template.

Note: the letters above relate to the different sections within an EHCP

- A. All About Me, eg child/young person contact Information, child/parent views
- B. Special Educational Needs
- C. Health SEN
- D. Social Care SEN
- E. Outcomes
- F. Education - provision
- G. Health – provision
- H. Social Care – provision
- I. Education Placement
- J. Personal Budget
- K. Advice and Information

2.18 Future reports to this committee will update on the further roll-out of this quality assurance process.

- 2.9 At the most recent meeting of the Written Statement of Action Executive Board (July 2021) a further report on the development of the EHCP QA Framework was presented. This focussed on the draft of the overall procedure that will be used by the operational services; a key aspect of this approach was acknowledgement of the involvement of parents/carers in this process to further increase quality. The extract below from the draft procedures illustrates the approach that will be taking during the new academic year:



- 2.10 In the July report to Committee we reminded Members of the council investment of £120 million to build new special schools and increase the number of specialist resource bases across the county. We also provided a summary of the refreshed Area SEND Strategy; noting this month that the strategy is being presented to the Health & Wellbeing Board and seeking their endorsement of the four priorities and to assist with the implementation of the action plan. We have set out the summary again below for ease of reference:



Our priorities

- Priority 1** Working together with children and young people (CYP) with SEND
- Priority 2** Improving what is in place for families and professionals to support CYP with SEND
- Priority 3** Communicating the SEND services and support available in Norfolk
- Priority 4** Preparing young people for adult life



- 2.11 Also, within the July report to Committee we set out the progress in building the three new special schools and this month we are pleased to confirm the opening of the first of these special schools, Bure Park (Great Yarmouth) special schools for or Social Emotional & Mental Health difficulties (SEMH) for boys age 5 to 16 (total places 86):

Executive Headteacher & Head of School



Hayley Ross &
Keith Bates
Bure Park Academy

Bure Park Specialist Academy

"I am extremely excited and honoured to be the Head of School at Bure Park Specialist Academy. I started my career in education at our sister school, Eaton Hall Specialist Academy, a number of years ago and having worked in other local schools, I returned to Eaton Hall as a senior leader in 2019. It is the outstanding provision I have seen every day, the dedicated teams I have led and worked alongside and the positive difference I have seen made to the pupils' everyday lives that I promise to replicate at Bure Park.

Throughout my teaching career, I have been driven by two things; an unwavering enthusiasm for the work I do and an absolute commitment to ensuring that every pupil in my care is given the best possible opportunities to be successful. The pupils that attend our school will have struggled in education in a variety of ways. It's our responsibility to ensure that we remove any obstacles that prevent them from enjoying their time at school, that we create a safe space to learn and thrive and that they leave with the confidence, skills and life chances they are entitled to. Our pupils deserve the best teachers, the best care and an outstanding education and I am very much looking forward to providing this."

Hayley Ross - Head of School

- 2.12 Details of the new school, and all the new specialist provision being developed, is available within Norfolk's SEND 'Local Offer' website (with a link within Section 8). This month we would like to draw attention to a refresh of this website within our Written Statement of Action improvement plan. The website has been reviewed with direct input from parents/carers and the new design, layout and functionality is as a direct result of this feedback.

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

- 4.1 There are no direct financial implications relating to the development of a new SEND performance framework. If the performance framework highlights areas of service and provision that need to be addressed, these will be considered as part of the overall Children's Services Transformation Programme. For example, additional capacity for the Education High Needs SEND Service, which oversees EHCP's, has already been identified and secured.

5. Resource Implications

Staff: / 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

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

[SEND Local Offer - Norfolk County Council](#)

Appendix 1 – July Data Set for EHCP Performance

Officer Contact

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

Officer name: Michael Bateman, **Tel No.:** 07768 165536
Assistant Director, SEND
Strategic Improvement
and Early Effectiveness

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 September 21 : SEND Performance Framework Appendix 1

Serial	Measure Description	Jul-20	Nov-20	Dec-20	Jan-21	Mar-21	May-21	Jul-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
1b	Number of children out of education - EHCP	-	66	65	56	65	51	49
1c	Percentage - EHCP in cohort of all CME	-	9.4%	10.9%	10.3%	12.4%	11.8%	12.7%
1d	Number of children out of education - LAC	-	-	-	11	11	8	10
1e	Percentage - LAC in cohort of all CME	-	-	-	2.0%	2.1%	1.9%	2.6%
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories	41.0	132	51	80	128	96	67
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories	37.1 days	30.1 days	22.8 days	23.3 days	19.8 days	25.9 days	18.5 days
2b	Average time - EHCP-issued cases only	4	23	4	7	11	9	6
2b	Average time - EHCP-issued cases only	98.3 days	76.9 days	44.5 days	38.7 days	46.1 days	84.1 days	24.3 days
2c	Average time - LAC Cases only	-	-	-	-	-	-	-
2c	Average time - LAC Cases only	-	-	-	-	-	-	-

People & Communities Select Committee September 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
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
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)
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)
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
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

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

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
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

***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:	Care Quality and Market Position Task and Finish Group – record of work undertaken
Date of meeting:	17 September 2021
Responsible Cabinet Member:	Cllr Bill Borrett (Cabinet Member for Adult Social Care, Public Health and Prevention)
Responsible Director:	James Bullion, Executive Director of Adult Social Services

Executive Summary

The People and Communities Select Committee agreed that a Care Quality and Market Position Task and Finish Group should be set up to undertake a deep dive into how care quality and market stability could be improved. This work was completed earlier this year. This paper summarises the work completed by the group and the key findings and outcomes.

Actions required

The task and finish group supported a range of action areas to help address the issues identified. These have been developed and the following work areas have been set out to enhance quality of care and market development in Norfolk. Members are asked to note these:

- a) Strengthening the Integrated Quality Team to support permanent placements for temporary staff and increase the number of Quality Monitoring Officer roles to enable some catch up of assessment work following the pandemic
- b) A co-ordinated contract management approach, working with procurement, to ensure easy access to contract information, oversight of provider performance and a shared evidence base
- c) Review of contracts to strengthen quality and workforce measures and develop an ethical commissioning approach
- d) Implementing a quality improvement and escalation policy
- e) Strengthening roles to enable oversight of compliance
- f) Embedding a quality culture across all adult social care teams to ensure that quality is a focus in all roles and all staff understand the role that they can play through induction, training, forums, and communications
- g) Undertaking the cost of care reviews and adopting tools to support this
- h) Clarifying the financial parameters for providing temporary support
- i) Ensuring adequate wellbeing and reliance support for providers
- j) Implementing the Adult Social Care Workforce Strategy

Governance arrangements and mechanisms to review progress are through the Corporate Vital Signs, which monitors the percentage of providers judged good or outstanding by the Care Quality Commission and through reporting to the Adult Social Services Directors Leadership Team, Finance and Performance Board and the Norfolk and Waveney Care Market Programme Board.

Recommendation

It is recommended that the Performance Review Panel further considers the findings of the task and finish group as part of its assurance and performance monitoring role.

1. Background and Purpose

- 1.1. A report entitled 'Adult Social Services – Norfolk Care Market' was presented at the People and Communities Select Committee meeting on 31 January 2020. The report highlighted the significant challenges faced by both Norfolk County Council (the Council) and providers in developing a vibrant care market in Norfolk and detailed approaches that the Council was taking to help address these challenges.
- 1.2. It was agreed by Members of the Committee that a Care Quality and Market Position Task and Finish Group be set up to undertake a deep dive into how care quality and market stability could be improved. Task and Finish Group Members were tasked with looking at outcomes that could be achieved via changes to policy and Terms of Reference for the Task and Finish Group agreed at the People and Communities Select Committee in March 2020.
- 1.3. The establishment of the Task and Finish Group was put on hold during the COVID pandemic. The first meeting of this group was 20th January 2021, with work completed by the end of April 2021. This paper summarises the work completed by the group and the key finding and outcomes.

2. Terms of Reference and approach taken

- 2.1. Adult social care is the Council's biggest area of spend with 75% of the adult social care budget spent directly on care services at an estimated cost of £350m in 2021/22. The adult social care market is characterised by increasing demand, greater complexity of need, increased labour costs, labour shortages and reduced funding. There are rising levels of unmet need for domiciliary care and continuing pressure on fee levels. This is a national issue, it is not specific to Norfolk.
- 2.2. Over the last four years Adult Social Services has had to make savings in the region of £79.294 million, with a further savings target of £17.8m in 2021-22. The financial challenges have been exacerbated by the impact of Covid-19 and, in particular, changes to the way that social care is accessed, leading to a higher volume of hospital referrals, higher care prices and significant reliance on one-off funding.
- 2.3. These challenges have added to a market that was already under pressure before the pandemic. The temporary government funds to support providers to meet the additional cost pressures associated with Covid-19 have been welcomed but do not meet the loss of income faced by some providers who now have high numbers of vacant beds within their homes.
- 2.4. The quality of care provision across Norfolk has been identified as an area of concern, with a low percentage of services rated good or outstanding compared to the East of England and England averages.

- 2.5. During the pandemic both CQC and Norfolk County Council Quality Assurance in-person visits were suspended, with work taking place virtually and focus on safeguarding and areas of serious concern.
- 2.6. The March 2020 People and Communities Select Committee agreed the scope of the Care Quality and Market Position Task and Finish Group. The focus of the work was to:
- a) Carry out a deep dive, examining best practises and other initiatives and consider how the adult social care market position in Norfolk could be improved
 - b) Consider how to ensure quality in the market
 - c) Consider how to ensure financial viability within the market
 - d) Consider how to make working in the social care sector in Norfolk more attractive
- 2.7. The task and finish group set up three sessions, focusing on quality, workforce and financial viability. The presentations for each of these sessions are attached as Appendix 1. Each session included member and officer discussion, with the key areas for further focus included in the final presentation.

3. Key Findings

- 3.1. The sessions focused on the context and evidence, but also the role of the Council, recognising both the council's statutory role within the care market, but also that the market is predominantly private sector business. The Council therefore has statutory responsibility, but the action can be a mix of direct support, influencing and engagement and communication.

Examples of how the Council can undertake its responsibilities include:

Influence

- a) Developing and communicating the market position statement to help forecast future demand and shape the services required
- b) Promoting the care sector, the social care workforce, and careers
- c) Supporting a digital strategy including piloting new technologies

Engaging and communicating

- a) Early involvement of providers with policy changes and communication on new ways of working
- b) Providing advice and guidance and working across the health and social care sector

Direct support

- a) Being a good commissioner and customer
- b) Putting in place a programme of quality assurance reviews to support providers and help address issues
- c) Supporting campaigns, wellbeing support and ensuring advice networks are in place
- d) Developing strong contracts that promote quality provision
- e) Working to understand the fair price for care and reviewing prices annually
- f) Direct action to meet statutory responsibilities and ensure continuity of care
- g) Invest to shape the market to meet future needs – i.e., independent living
- h) Supporting training opportunities

3.2. The following areas were identified as key elements affecting the market and stimulation of quality care. It is important to note that these are not all unique to Norfolk and many issues are reflected at a regional and national level.

3.2.1 **Quality**

- a) Legacy of resource limited contract management, with poor quality care market provision and responsive management of concerns
- b) Gaps in meaningful market development, little growth in services fit for the future needs of people meeting the eligibility criteria for funded care
- c) During COVID-19, Infection Control outcomes improved over time, but overall quality standards are understood to have been impacted negatively
- d) Re-commencing proactive Provider Assessment and Market Management Solution (PAMMS) audits at an enhanced rate will be necessary to respond to legacy and COVID-19-rated quality deficits

3.2.2 **Workforce**

- a) Attracting sufficient skilled staff, with access to training is critical to encouraging care providers to feel confident to develop businesses to provide more complex care to meet the current need and to expand care services without jeopardising quality
- b) Low pay, and poorer terms and conditions compared to other sectors remains a national concern. Staff will move between jobs for very little additional money per hour. There is a wider need to address the current lack of parity of esteem that exists. In Norfolk, we are also faced with people being priced out of large areas of the county and therefore there are places in Norfolk where it is difficult for key workers to afford to live or work
- c) The need to encourage access to training and development to meet the increased acuity of needs being supported by the sector. A key focus in Norfolk is through the ESF funded Developing Skills in Health and Social Care Project
- d) Recruitment campaigns have had a positive impact during the pandemic, but this is against the rising challenge of significant staff shortages across multiple sectors and the re-opening of the hospitality and leisure sectors. Providers are reporting increasing difficulty attracting applications for jobs. Mandatory vaccination in care homes by 11th November 2021 is also expected to see a material number of staff leave their current employment
- e) A need to encourage more younger people into social care by developing Care Ambassador capacity; work with schools and colleges to attract people to work in the sector and widening focus on young carers, care leavers and people with lived experience to move into the sector

3.2.3 **Sustainability**

- a) The sector was already struggling pre pandemic and this position has been exacerbated as a result of COVID-19. Where future demand is not needed, businesses will need to reshape services
- b) As a Council we are not going to be able to support all at-risk providers – some are supplying services that are no longer delivering what is needed
- c) We want to ensure that the Market Position Statement is the go-to place for providing up to date commissioning intentions and market opportunities to help providers plan

- d) Better understanding of the self-funder market and care intentions for people in Norfolk could help market shaping
- e) In addition to PAMMS audits, some key providers for care in Norfolk may need more direct support to regain resilience and improve quality across their business and workforce

4. Actions and next steps

- 4.1. The task and finish group supported a range of action areas to help address the issues identified. These have been developed and the following work areas have been set out to enhance quality of care and market development in Norfolk. Members are asked to note these:
- a) Strengthening the Integrated Quality Team to support permanent placements for temporary staff and increase the number of Quality Monitoring Officer roles to enable some catch up of assessment work following the pandemic
 - b) A coordinated contract management approach, working with procurement, to ensure easy access to contract information, oversight of provider performance and a shared evidence base
 - c) Review of contracts to strengthen quality and workforce measures and develop an ethical commissioning approach
 - d) Implementing a quality improvement and escalation policy
 - e) Strengthening roles to enable oversight of compliance
 - f) Embedding a quality culture across all adult social care teams to ensure that quality is a focus in all roles and all staff understand the role that they can play through induction, training, forums and communications
 - g) Undertaking the cost of care reviews and adopting tools to support this
 - h) Clarifying the financial parameters for providing temporary support
 - i) Ensuring adequate wellbeing and reliance support for providers
 - j) Implementing the Adult Social Care Workforce Strategy
- 4.2. Governance arrangements and mechanisms to review progress are through the Corporate Vital Signs. This monitors the percentage of providers judged good or outstanding by the Care Quality Commission and through reporting to the Adult Social Services Directors Leadership Team; Finance and Performance Board and the Norfolk and Waveney Care Market Programme Board.

5. Recommendations

- 5.1. **It is recommended that the Performance Review Panel further considers the findings of the task and finish group as part of its assurance and performance monitoring role.**

6. Background Papers

- 6.1.
- [People and Communities Select Committee - 31 January 2020](#) (page 14)
 - [People and Communities Select Committee – 13 March 2020](#)

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

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

Care Quality and Market Development Task and Finish Group Quality - Deep Dive

16th March 2021

Tim Weller
Head of Integrated Quality Service



Context - Quality in the Norfolk care market

Where was it (pre-2018)?

- Responsive rather than proactive quality assurance approach,
- Sector-based contract management,
- Persistently non-compliant services (limited consequences),
- Gaps in meaningful market development, little growth,
- CQC enforcement deployed to cancel registration of care services.

Where is it (2018 onward)?

- Risk-based systematic audit introduced: PAMMS/Quality Monitoring Visits,
- Providers held accountable for quality deficits *and* supported to improve,
- Collaborative working with regulator / integrated working with Health,
- Proportionate, measured removal (by NCC) of provision failing to demonstrate capacity to improve,
- Impact of pandemic on quality improvement – COVID-19 recovery.

Pursuit of better Quality... driving out services with no capacity to improve non-compliant status.

Care setting closures 2018/20 (by care home or home care branches lost)

Reporting Year Closed	Provider Type	Outstanding	Good	Requires improvement	Inadequate	Not Rated
1.2018-19	1.Nursing Home	-	-	1	2	-
	2.Residential Home	-	2	1	4	3
	3.Home Care	-	4	3	1	10
Total		-	6	5	7	13
2.2019-20	1.Nursing Home	-	-	1	-	-
	2.Residential Home	-	3	-	5	1
	3.Home Care	-	3	2	1	3
Total		-	6	3	6	4
3.2020-21 (To End Dec)	1.Nursing Home	-	-	-	-	-
	2.Residential Home	-	3	-	4	-
	3.Home Care	-	2	2	1	-
Total		-	5	2	5	-
GRAND Total		-	17	10	18	17

Pursuit of better Quality... cont.

Care setting closures 2018/20 (by beds lost)

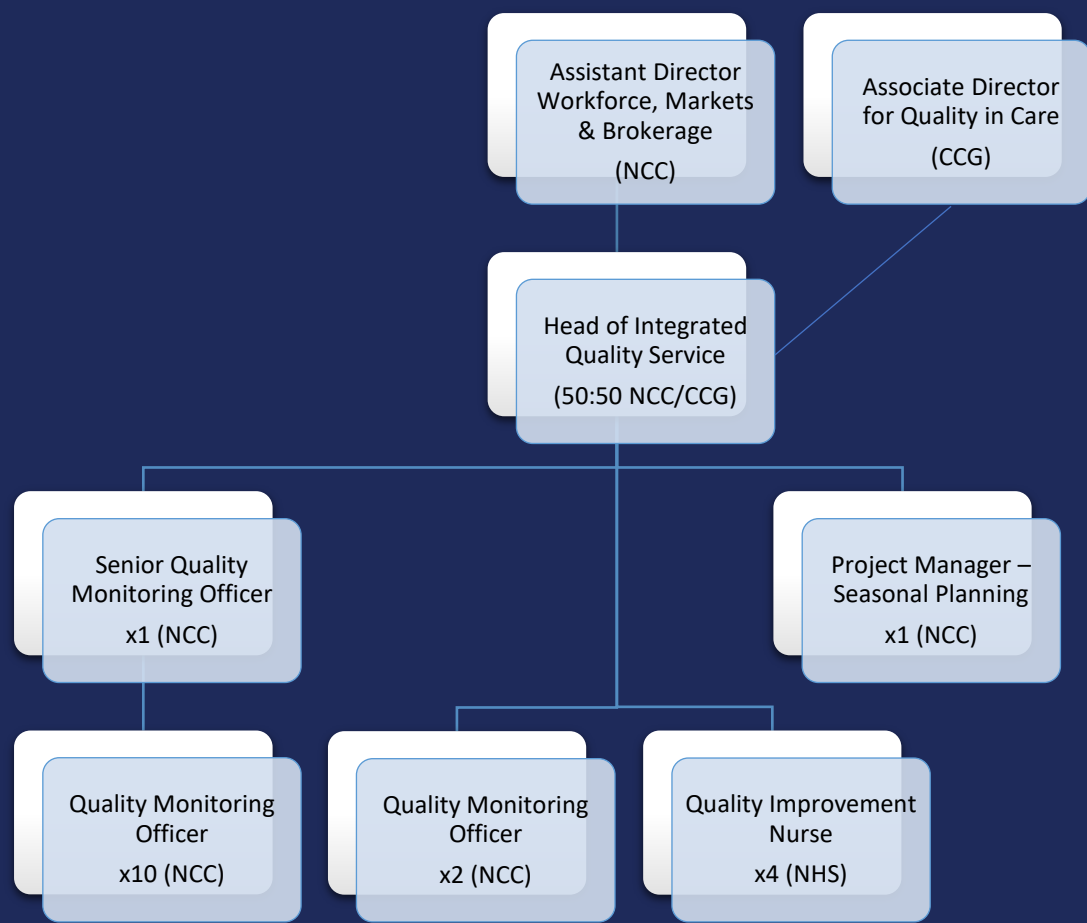
Reporting Year Closed	Provider Type	Outstanding	Good	Requires improvement	Inadequate	Not Rated	Total	% Beds Inadequate at Closure
1.2018-19	1.Nursing Home	0	0	28	33	0	61	54.1%
	2.Residential Home	0	23	8	82	5	118	69.5%
Total		0	23	36	115	5	179	64.2%
2.2019-20	1.Nursing Home	0	0	6	0	0	6	0.0%
	2.Residential Home	0	9	0	149	20	178	83.7%
Total		0	9	6	149	20	184	81.0%
3.2020-21 (To End Dec)	1.Nursing Home	0	0	0	0	0	0	0.0%
	2.Residential Home	0	18	0	69	0	87	79.3%
Total		0	18	0	69	0	87	79.3%
GRAND Total		0	50	42	333	25	450	74.0%

“Sustainability of a quality care market isn’t about sustaining every care business”

Overview of lost provision:

- **Repeatedly non-compliant services ('yoyo' between Inadequate and Requires Improvement)**
- **Dated models of care delivery not promoting independence (particularly LD services)**
- **Ageing premises unattractive to purchasers other than for redevelopment purposes, impact of 'new' regulatory regime – prohibitive cost of transformation**
- **Providing services for those whose level of need is or will be ineligible for funded care**
- **Employers failing to recruit competent leadership**
- **Very small (single location, low capacity) independent providers unsustainable long term business models**

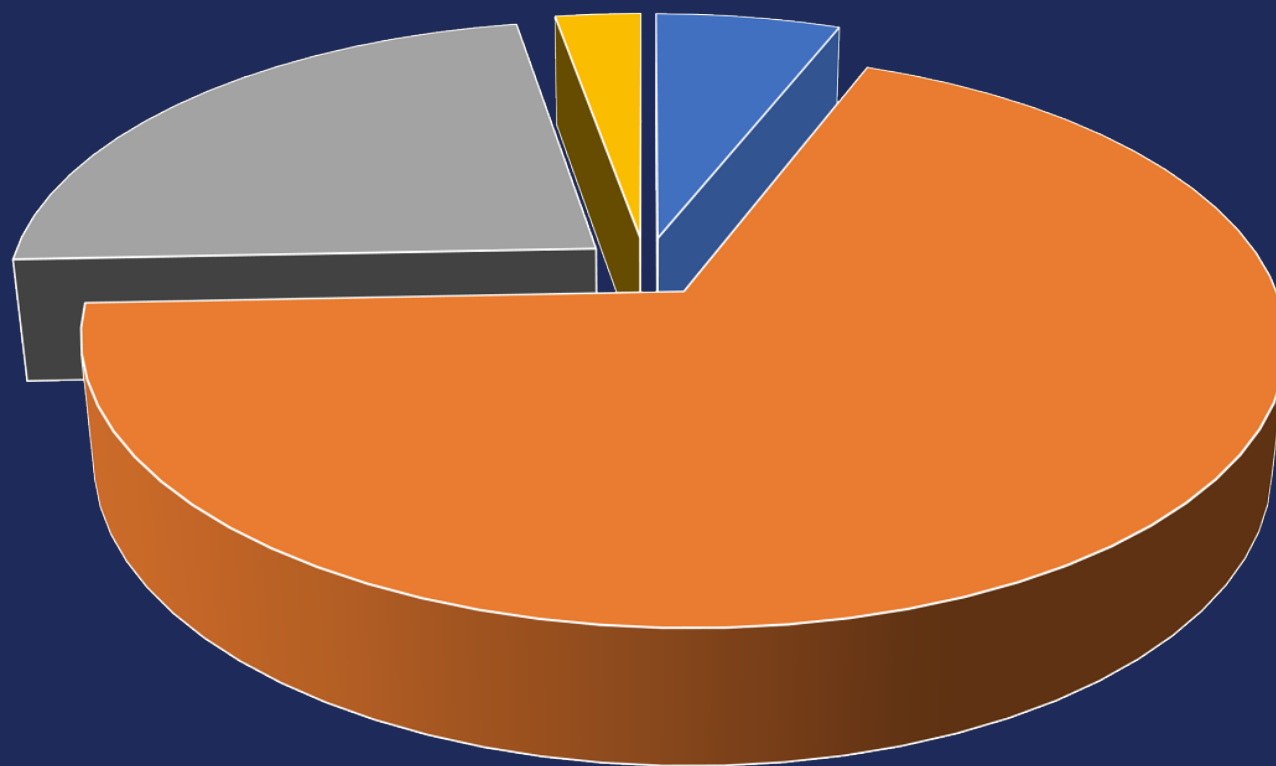
Restructured Integrated Quality Service (effective December 2019)



- Quality Assurance Team reconfigured and expanded to allow greater number of PAMMS audits to be conducted.
- Pandemic effectively redeployed the Team to Outbreak Management; supporting Public Health with COVID-19 response for the care market.
- Proposal to resume BAU Quality Assurance & Improvement function fully by April 2021 – handover work undertaken to make this achievable.

CQC Ratings February 2021

(all CQC registered providers in Norfolk)



Outstanding	28 (6%)
Good	318 (68%)
Requires Improvement	105 (22%)
Inadequate	17 (4%)

■ Outstanding ■ Good ■ RI ■ Inadeq

Pursuit of better Quality... moving forward

Enhanced QA&I activity proposed by Commissioning restructure significantly impacted by pandemic (outbreak management on behalf of Public Health/PHE Health Protection Teams). All but high profile activity ceased.

COVID-19 Recovery includes:

- Resume BAU systematic risk-based audit schedule PAMMS (March 2021)
- Drive improvement across sector with support from fully integrated team
- NoRCA - vehicle for communication with and engagement from care market
- EU workforce development project as agent to improve access to training, bespoke development of future social care leaders – free to care providers
- Consultation with market and delivery on Quality and Improvement Policy
- Bring Day Services into scope for proactive audit – learning lessons
- Continue to remove persistently non-compliant provision.

Pursuit of better Quality... moving forward, COVID-19 recovery

Covid-19 in all care settings current position (22/02/21):

Care settings with Outbreaks	133
Care settings with Situations	47
Total	180

At the peak of the current wave, a total of 248 incidents (outbreaks and situations) were being managed by the team.

- Care providers now well versed in implementing additional expectations of them triggered by COVID-19 (i.e. enhanced Infection Prevention and Control measures, familiarity with routine testing regimes for staff and clients, reporting requirements, etc.)
- No significant correlation between quality and outbreaks (i.e. non-compliant care services fare no worse than compliant services with incidences of COVID-19)

Discussion points:

Obstacles to quality improvement: Attracting (or nurturing) skilled health and care workforce, particularly leaders, into the County

Review of contracts: Can preclude NCC from taking measured action against all but the worst breaches.

Market development: Activity to encourage/support compliant providers to expand and develop their portfolios

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Market Shaping and the role of independent living / extra care

Headline evidence and forecasts

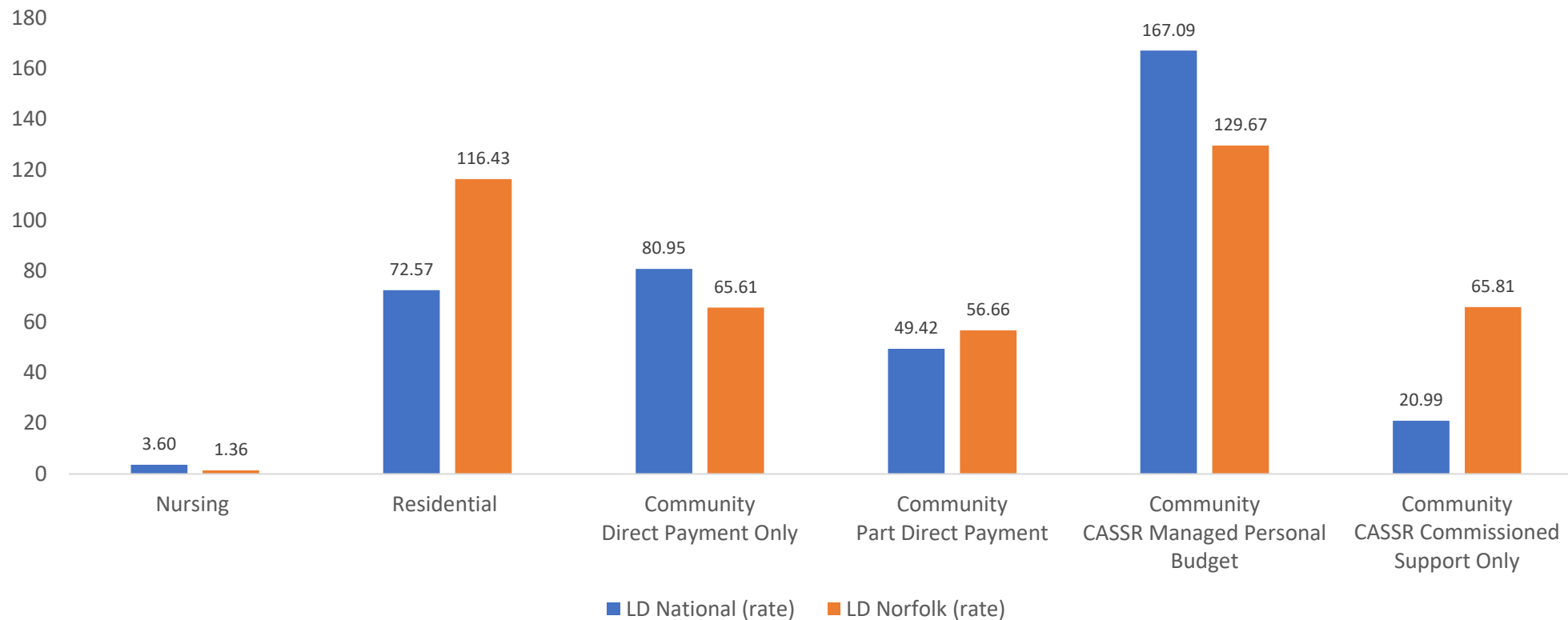
- By 2028 there will be an overprovision of c250 standard (council funded) residential care beds
- But under provision of enhanced care and nursing care
- 698 existing housing with care – forecast shortage by 2028 of 1135 independent living across Norfolk with affordable rent
- Use of residential care for 18-64 year olds is 60% higher than the national average

Shift in the market required to meet need in Norfolk

- More independent living provision for older and younger people to reduce need for residential care and give people more care choices
- Support a shift to more enhanced and specialist residential and nursing care to meet expected demand and improve quality

The below shows the impact that this can have on independence and personalisation

People aged 18-64 accessing services during 2018/19, with a primary support reason of Learning Disability, per 100,000 population (18-64) in different Adult Social Care settings.



Two programmes of work to increase choice and help reshape the Norfolk market

Older People – Independent Living

- 2800 units required by 2028 (including 1135 affordable rental)
- Fakenham opening – April 2021
- Acle planned opening 2022
- 14 further schemes/sites being explored
- £28.7m capital investment

Proposed Supported Living programme for people with mental health needs, learning disability and autism

- 165+ units over 3 years
- Complex Needs
- Progression and recovery
- Low level long term needs
- £18m capital investment

Market development and the impact of reshaping – challenges for the Council

- Ensuring programmes can provide the right level of coverage across the whole county
- Getting wide engagement across multi providers to meet the build demand and to support quality provision
- Balancing the council's responsibilities to facilitate a diverse, sustainable high quality market for the whole population – including those who pay for their own care
- Managing reshaping well – to improve quality and outcomes for individuals. Where possible engaging with existing providers to reshape but also recognising that this may mean some providers ceasing trading and some provision closing.

Care Quality Task and Finish Group Care market financial viability

29th April 2021

How to ensure financial viability in the market– Deep dive

- Context
 - Background and reminder of market failure and actions taken
 - Key issues
- Market Position Statement – headlines and potential impact
- Financial support to the market during the pandemic
- Provider risk dashboard
- Actions that NCC can take
- Review of the key findings from the Care Quality task and finish work
- Next steps and member steer on priorities

Context - Background

- Norfolk has:
 - 366 care settings comprising 9,639 beds across working age and older adults services.
 - 19 Extra Care Housing Schemes offering 741 tenancies.
 - 195 Supported living schemes offering 811 tenancies
 - 76 Home care framework providers of which 8 are block providers delivering care to circa. 3,500 council funded clients.
- The availability of provision is impacted upon by geographical location – securing staff in rural and coastal localities is far harder.
- Like all business, a change in circumstances such as changes in demand, rising costs aligned to business models and pressures such as staffing shortages can lead to the need to transform business or businesses that are no longer viable.
- NCC has a role set out within the Care Act to ensure its market shaping and commissioning activity:
 - Focuses on outcomes and wellbeing
 - Promotes quality services; including through workforce development and remuneration and ensuring appropriately resourced care and support
 - Supporting sustainability
 - Ensuring choice
 - Co-production with partners

Care setting closures 2018/20 (by care home or home care branches lost)

Reporting Year Closed	Provider Type	Outstanding	Good	Requires improvement	Inadequate	Not Rated
1.2018-19	1.Nursing Home	-	-	1	2	-
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Total		-	6	5	7	13
2.2019-20	1.Nursing Home	-	-	1	-	-
	2.Residential Home	-	3	-	5	1
	3.Home Care	-	3	2	1	3
Total		-	6	3	6	4
3.2020-21 (To End Dec)	1.Nursing Home	-	-	-	-	-
	2.Residential Home	-	3	-	4	-
	3.Home Care	-	2	2	1	-
Total		-	5	2	5	-
GRAND Total		-	17	10	18	17

Key Issues for market viability

- Market Position – demand and capacity in Norfolk– higher level of acuity and long term impact of Covid on the self funder market
- Cost of care - Prices and complexity of care
- Pay – workforce shortages and agency costs
- Accommodation and financing
- Expectation around profit
- Covid-19 – additional costs, business uncertainty and reliance on one-off funding

Market Position Statement – Demand and capacity in Norfolk

- Home First – more people to be supported to return home, remain at home. Need to ensure that home care providers have staff skilled and confident in meeting higher acuity of needs in the community. How can health and the social care sector work in a more integrated way to support this?
- Housing:
 - Improved access to general needs housing for people with lower level support needs
 - Increased supported living provision for working age adults with complex needs
 - Increase in the number of ECH units across all types of tenure – massive programme across both Councils
- Working with the sector to develop more specialist/enhanced care home provision. Both areas identified an over supply of residential provision but this masks a significant gap in the need for more specialist/enhanced provision.

For Norfolk it is estimated that by 2021 we will have (this was the pre-covid estimates so may now have changed)

254 more standard residential beds than is needed to meet expected demand

555 fewer enhanced residential beds than is needed to meet expected demand

289 fewer standard and enhanced nursing beds than is needed to meet expected demand

161 fewer CHC beds than is needed to meet expected demand.

1053 fewer self funder residential beds and 147 self funder nursing beds than is needed to meet demand

409 new beds are in development or planned.

- Suffolk has identified that it has too few care beds in Waveney. Norfolk has too few care beds in North and West Norfolk.

Cost of care and the price of care

- What we have learned from previous cost of care exercises
 - Continuing increase in acuity of need
 - Aligning with CQC expectations – recording/administration costs
 - Variation – different size and financing arrangements
 - Challenge with linking investment to actual practice – pay & T&Cs
- Price paid for care and self funding (what does this mean in practice)
 - Affordability – profit margins
 - Threshold
 - Hospital discharge – short term care and long term care costs
- Social care funding reforms
 - Care cap?
 - Removing the need to sell a home?
 - Market shape and choice?

Staff and pay

- Social care staff - staff aged 23 years and over are legally entitled to the National Living Wage which from April 2021 is £8.91 per hour. Which equates to £18,533 per annum based upon a 40 hour week.
- Staff under the age of 23 are legally entitled to the National Minimum Wage which is £8.36 per hour for staff aged 21 and 22 and £6.56 for staff aged 18 to 20 years of age.
- Norfolk CC provided a fee uplift rate for 2021-22 that made provision for providers to pay £9 per hour for care staff.
- The pay scale for a basic healthcare assistant in the NHS (band 2) for 2020/21 was £18,005 - £19,337. Expected that there will be a minimum of 2% uplift on this scale.
- Healthcare assistants delivering enhanced support requiring more clinical skills will be paid on a band 3 level which is a scale of £19,737 -£21,142. Expected that there will be a minimum of 2% uplift on this scale.
- Terms and conditions for other sectors are more favourable.

Provider Engagement Events

- Covid cost pressures that are expected to continue into long term:
 - PPE
 - Insurance
 - Impact on costs of delivering training due to meeting social distancing requirements
 - Increased costs of administering testing, visiting etc.
- Impact on income
 - Voids – some homes have been very badly affected and expect that it will take 12-24 months to get back to pre-covid occupancy levels.
 - Referrals lower than would be usual pre covid – but impacted by current hospital discharge arrangements?
- Operational practice
 - Concerns expressed that people are being moved into the home and then moved out to cheaper provision.
 - Limited understanding about the current D2A models in place and short term placements/choice
- Council support
 - Generally positive feedback from providers re: the support offered but a feeling that we could have done more to support providers with staff capacity issues during outbreaks.
- Technology
 - Many providers reported that the pandemic had forced them to adopt more digital solutions and that these had worked really well. Discussion about the move to digital care records, recording and CQC Interim Guidance on what good looks like for digital records.
- Importance of robust Business Continuity/Resilience plans

Covid -19 – Financial Support

Additional support for the market during 2020/21 has been significant (c£36m) but one-off and very uncertain and this uncertainty continues into 2021/22. Overall:

- £22.8m of ICF monies have been distributed.
- £6m premium payments (6% for April-end August and 3% in September)
- £2m workforce funding and £3m for rapid testing
- Provider support payments
- Fixed income levels for some sectors to support reduction in service
- Re-deployment of council staff to support the sector – support with completion of trackers, loading job vacancies onto the Norfolk Care Careers web-site etc.
- Block contracts for short term beds for homes that were at risk due to the level of voids.
- Significant drive on recruitment with local radio adverts running a minimum of 8 times a day 7 days a week.

Longer term support:

- Additional funding Quarter 1 – ICF - £3.860m and Rapid Testing £2.535m
- Fully funded training through the Developing Skills in Health and Social Care
- Continued recruitment support via Council Recruitment Officer.
- Council continues to lobby ADASS and Government Departments re sustainable funding for ASC to support initiatives such as parity of esteem for the social care workstream.

Covid -19 – Financial Support – Workforce Grant

- The workforce grant was a one-off and has not been repeated in April – however there is some learning from this
- Announced on 29th January – with spending required by 31st March
- Focused on supporting with short term costs and improving access to staff
 - Allocation of funds directly to providers to support agency costs, overtime, childcare – per bed or placement basis
 - Discretionary fund – on a claims basis to support additional costs (this was oversubscribed) and included groups that did not have access to other funds e.g. VCSE
 - Emergency agency staffing bank - limited uptake/but short time
 - Health and wellbeing support
 - Training and specialist equipment for 50 care homes to support falls management and free up staff time
 - Recruitment campaign – virtual recruitment events, radio and TV adverts and community advertising –linking into to the national 'Call to Care' initiative

Provider risk dashboard

- Established to proactively manage the impact of Covid-19 on the residential care market.
- It supports risk profiling of providers into low, moderate, high and substantial
- Those most at risk of failure are identified and appropriate support put in place, including the use of financial support.
- Procurement, Finance, Quality, Market Development and Commissioning working together to proactively target and support providers
- Risk profiling – Uses 4 indicators
 - Occupancy
 - Quality
 - % of occupancy that was NCC
 - % of those at Usual Price
- Clarifying NCC's role

What actions can NCC take?

Influence

Market position statement –to help meet future demand and shape service

Promoting the care sector and social care workforce and careers

Supporting a digital strategy including piloting new technologies

Engage and Communicate

Early involvement of providers with policy changes and communication on new ways of working

Providing advice and guidance and working across the health and social care sector

Direct support

Being a good commissioner/ customer

Quality reviews to help address issues

Supporting campaigns, wellbeing support, ensuring advice and guidance and networks

Strong contracts that promote quality provision

Annual uplift and fair price for care

Direct action to meet statutory responsibilities and ensure continuity of care

Investment to shape the market – i.e. housing

Training

Review of the key findings from the Care Quality Task and Finish Group

Quality:

- Legacy of poorly contract managed, poor quality care market provision with responsive management of concerns.
- Gaps in meaningful market development, little growth in services fit for the future needs of people meeting the eligibility criteria for funded care.
- During COVID-19, Infection Control outcomes improved over time, but overall quality standards are understood to have been impacted negatively.
- Re-commencing proactive PAMMS audits at enhanced rate will be necessary to respond to legacy and COVID-19-rated quality deficits.

Workforce:

- Low pay, poorer terms and conditions. Staff moving between jobs for very little additional money per hour. Wider need to address the current lack of parity of esteem that exists.
- The need to encourage access to training and development to meet the increased acuity of needs being supported by the sector. ESF Developing Skills in Health and Social Care Project
- Recruitment campaigns seem to have had a positive impact – how sustainable will this be with the re-opening of the hospitality and leisure sectors? How best to continue to promote careers in care?
- Do we have sufficient Care Ambassador capacity? Is there more that we can do with schools and colleges to attract people to work in the sector? Should we have more of a focus on young carers, care leavers and people with lived experience to move into the sector?

Sustainability:

- The sector was already struggling pre Covid and this position has been exacerbated as a result of Covid. Where future demand is not needed, business will need to reshape services.
- As a Council we are not going to be able to support all at risk providers – some are delivering services that are no longer delivering what is needed.
- We want to ensure that the Market Position Statement is the go to document providing up to date commissioning intentions and market opportunities to help providers plan.
- Better understanding of the self funder market and care intentions for people in Norfolk could help market shaping
- In addition to PAMMS audits, some key providers for care in Norfolk may need more direct support to regain resilience and improve quality across their business and workforce

Next Steps and recommendations

Reviewing work across quality, workforce and financial viability the following areas have been identified and are recommended:

Strengthening the Integrated Quality Team to support permanent placements for temporary staff and increase in QMO roles to enable some 'catch up' of PAMMS work following the pandemic

A coordinated contract management approach, working with procurement to ensure easy access to contract information, oversight of provider performance and shared evidence base

Review of contracts to strengthen quality and workforce measures

Strengthening roles to enable oversight of compliance

Embedding a quality culture across all adult social care teams to ensure quality is everyone's business and people understand the role that they can play (induction/QMF/Comms)

Undertaking the cost of care reviews

Clarifying the financial parameters for providing temporary support

Ensuring adequate wellbeing and resilience support for key providers

Care Quality Task and Finish Group Workforce

12th April 2021

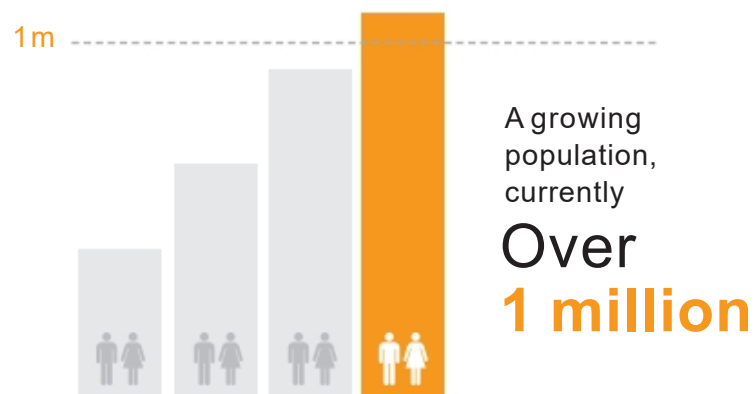
How to support the social care workforce to improve care quality in Norfolk – Deep dive

- Context
 - Norfolk's workforce profile
 - The council's statutory and strategic role
 - Key issues (comparison of local, regional and national strategy)
 - Relationship with health sector
 - Economic value
- Workforce Strategy – key themes and actions
- Focus on work already done
 - Recruitment campaign - Norfolk care careers and wellbeing and support
 - ESF Developing Skills in Health and Social Care Programme
 - Quality aspects of having an engaged workforce
- Discussion areas



Norfolk Social Care Workforce - Context

Overview of our community and social care workforce in Norfolk and Waveney



Almost **25%**
of our residents
are aged over 65

and this will
increase to
31% by 2037



Over
30,000
social care
workers

delivering care and
deployed across thousands
of locations including the
homes of people who
receive services



Tens of thousands of volunteers
providing services for vulnerable people



Over **114,000**
unpaid carers
(supporting children and adults)

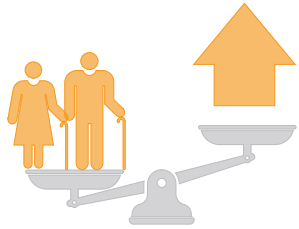


Over
£740 million
spent annually (commissioned
and self-funded care) on social
care services for more than
38,800 people



The context of social care in Norfolk and Waveney

The **older population** is **growing** but the proportion of working age people is decreasing



People are **living longer** with complex and often multi-faceted physical and mental health needs

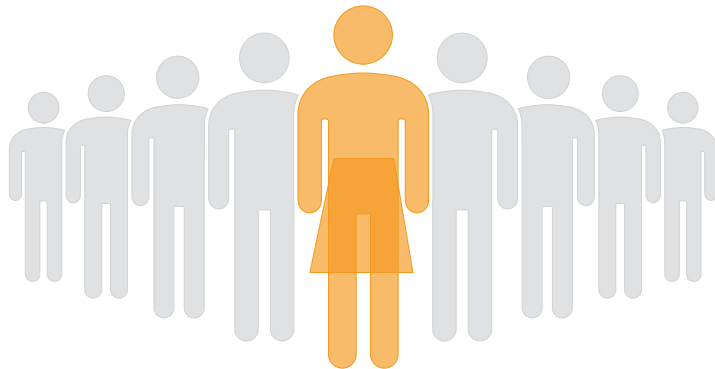


Overseas recruitment challenges and **Brexit**

High vacancy and turnover rates **amongst care workers** with hotspots in certain job roles and areas



Lack of diversity in our workforce



The impact of **COVID-19** on business resilience

Despite recent **improvements** social care has a poor public profile



Weak broadband connectivity

in many areas prevents effective use of technology

The Council's statutory responsibilities

Section 4 Care Act

- Local authorities must facilitate markets that offer a diverse range of high-quality and appropriate services. In doing so, they must have regard to ensuring the continuous improvement of those services and encouraging a workforce which effectively underpins the market through:
 - standards
 - skills
 - qualifications and apprenticeships
- The quality of services provided and the workforce providing them can have a significant effect on the wellbeing of people receiving care and support, and that of carers, and it is important to establish agreed understandable and clear criteria for quality and to ensure they are met.

Social care workforce - Scope

- This strategy covers individuals working for all types of social care service provider including day services/day opportunities, sheltered, supported and extra care housing, shared lives, residential and nursing homes, care at home including reablement and first response services, individual employers and personal assistants.
- It does not include the 30,000 people working in NHS organisations, those working in local authorities assessing need or organisations delivering specialist or infrastructure services.
- It is also important to recognise that the general public – as neighbours, citizens and workers – play an important part in supporting the more vulnerable members of our society in their day to day lives. Building on this valuable contribution, our strategy includes increasing general awareness and understanding of dementia, mental health, autism and safeguarding.
- COVID-19 has been a game changer for many providers. They have adapted workforce practices, made greater use of technology and developed constructive relationships with stakeholders and partners. We want to take forward these positive outcomes and build on that momentum. At the same time, we need to recognise the effect the pandemic has had on wellbeing and mental health so that we can take steps to mitigate its impact.

Why the need to act now

As part of the workforce consultation (November 2020) the draft Strategy was shared with providers, stakeholders and wider partners. A telephone survey for providers and a wider on-line survey for all partners resulted in broad agreement on those challenges which are currently felt to be the most intransigent and pressing.

Key Challenges from local perspective

- Growth in complexity of local caring needs
- Financial pressures on the entire system
- Pay and conditions for staff involved in the provision of direct care.
- Wellbeing of staff – pre and post Covid
- Image of social care - although improved as a result of providing care through the pandemic
- Contracting/funding models that deliver the care our citizen needs
- Recruiting and retaining staff – example nurses

Key Challenges from a national perspective

- Resources – the need to achieve economy, efficiency and effectiveness.
- Political and policy change – partnership working, efficiency targets, inspections, modernisation etc.
- Labour market – trends in the employment markets which have implications for the recruitment and retention.
- Demographic and social change – changes, such as the ageing population, which affect both the demand for services and the workforce supply.
- Technological change – new technologies which prompt changes in service delivery and ways of working and have implications for the skills needed in the workforce.

The strategy and five year plan identifies strategic priorities to overcome a number of these challenges and ensure continued high quality and person-centred care and support to local people and families.

How our approach fits within the wider health and social care system

- New Integrated Care Systems – 44 across England. For NCC our ICS covers the Norfolk and Waveney CCG footprint. It's aim is to help health providers and commissioners, social care and the voluntary and community sector to work collectively, as a whole system, to improve the health of people living in the area.
- The collective workforce of all these organisations is a major component of making the system work successfully. A committed workforce is essential for outstanding care and making transformational change to improve and sustain the population's health. We need to ensure that social care is a key part of this with a strong voice.
- So, our Adult Social Care Workforce Strategy is aligned to and a sub-section of, a more comprehensive systemwide #WeCareTogether People Plan led by Norfolk's Health and Care partnership. But also reflects the councils vision, objectives and financial planning arrangements and supports delivery of the Council Plan and priorities.
- All those involved in supporting the social care workforce will need to work collaboratively to ensure that we maximise existing capacity and resource, access new funding, avoid duplication and minimise waste.

Working with Partners



The economic impact

- The importance of the health and social care sector has been recognised in the New Anglia Learning and Enterprise Partnership Recovery and Re-start plan. LEP are facilitating partnerships across all parts of the local economy to redirect resources and capacity, create supply chains and stimulate growth.
- The introduction of the minimum wage, whilst welcomed has led to further cost pressures and pay uplifts at all grades. Even so, the care workforce is not generally highly paid and those seeking to claim additional benefits or credit, or having to find and pay for childcare, may find themselves out of pocket.
- The Carer's Allowance, for example is not paid to those with a weekly income of more than £128 a week after deductions. This creates a cliff edge for unpaid carers and can lead to significant financial disadvantage for those trying to balance a working life with the responsibilities of caring for a family member.
- The situation is further complicated by factors relating to rurality, social and economic deprivation and affordable housing meaning that some localities such as north and south Norfolk and south Waveney are more affected than others. A poor transport infrastructure can make it difficult to get to work and the costs of passing a driving test, keeping and running a car are all disincentives to join or remain in roles that involve visiting people who receive services.
- In 2019/20, Norfolk County Council purchased care services for 16,515 people (working age and older people). During the same period, Suffolk County Council purchased care services for 2,846 people in Waveney. If we include those funded by the NHS and self-funding, there are estimated to be more than 38,800 people who receive social care services across Norfolk and Waveney.

The economic impact - small changes can make a big differences

It is widely accepted that there is evidence of a strong connection between the wellbeing and training of healthcare staff and the quality of care people receive and their health outcomes.

- The value of the care provided in Norfolk and Waveney by our local unpaid carers is estimated to be between £573 m and £2.17 billion a year.
- In 2019-20, the combined annual spend - local authority (circa 50%), NHS (circa 5%) and self-funded (circa 45%) - on purchasing care services across Norfolk and Waveney is estimated to be over £740 million.
- As of November 2020, Skills for Care estimate the Gross Value Output (the value of goods and services produced by the social care economy) at £710 million for Norfolk and £600 million for Suffolk. This demonstrates the significant contribution made by the social care sector to the local economy. The total wage bill for the sector is estimated at £385 million and £322 million respectively

With the cost of care being so substantial, small improvement in efficiencies and capabilities of the workforce, productivity improvements by new ways of working such as embracing digitalisation and integration with health can have significant impact.

A well trained, more confident, competent and appropriately remunerated workforce would enable the social care sector to better manage the increasing acuity of needs within the services that they deliver. This should result in wider system benefits such as reduced ambulance call outs, reduced unplanned admissions, reduced re-admissions to hospital and more timely discharge out of hospital. Need to think about how best to monitor the impact of this to help inform future market shaping and the use of system wide resources.



Norfolk and Waveney
Adult Social Care Workforce Strategy

Living a Good Life

Excellence in Care 2021-2026

The strategy in action

- Our Workforce Strategy has two proposed Key Ambitions which will underpin our approach to both the development of this Strategy and its implementation.
 1. Growing and Transforming our Workforce:
 - Attracting people into the social care sector and developing and retaining those already working here. It also means being clear what is expected from a future adult social care workforce. For registered managers and owners, it means having the business skills and processes in place to expand and develop their services and to invest in their workforce.
 2. Valuing our Workforce:
 - Showing our workforce that we care and value them as our greatest asset.
- For the five-year plan, there are a total of five themes under which sit around 75 aspirations. Some of the aspirations are generic and if fully realised would benefit the full spectrum of the workforce supported by this strategy. Others are for specific groups of the workforce.
 1. Knowing our Workforce – eg data on workforce numbers, qualification levels, turnover, diversity, etc
 2. Supporting and Informing – eg dedicated advice, information and support on workforce matters
 3. Attraction, recruitment, retention and succession planning – eg raising awareness of social care careers, targeted recruitment campaigns, apprenticeships, talent pools and leadership development
 4. Business resilience, workplace practice and employee wellbeing – eg business health checks, access to employee wellbeing initiatives, facilitated peer support
 5. System-wide education and training – eg quality assurance for training providers, kitemarks for in-house trainers, portable education passports

Aspirations of the strategy – Examples of next 12 months workplans

- Working with stakeholders and partners, we are currently identifying priority areas for the next 12 months that will form the basis of the projects / change activity.
- **Knowing our Workforce:**
 - Scope, commission and regularly update key workforce metrics on social care workers and providers: numbers, qualifications, turnover, diversity, working patterns, existing/future workforce requirements; areas of risk
 - Work with providers and partners to map and understand the range of IT/digital training available in order to plug gaps, reduce duplication and identify future skills needs
- **Supporting and Informing:**
 - Establish Norfolk Care Association Ltd (NorCA) as the voice for social care organisations providing services to residents in Norfolk and develop close links with Suffolk Association of Independent Care Providers to support providers in the Waveney area
 - Develop our collective understanding of the potential of assistive technology and equipment available for the benefit of people who receive services, particularly those wishing to remain in the home
 - Promote unpaid carer-friendly employment practices
- **Attraction, recruitment, retention and succession planning:**
 - Develop and promote the CARE brand to help positively re-frame careers in social care building on the national campaign 'When you Care - Every Day Makes a Difference' - ensuring that the communication channels, images and media chosen are differentiated according to target group
 - System-wide recruitment campaigns focused on: place / geographical locations, particular roles (e.g. home care workers), demographics (e.g. school leaver/career changer/return to work) and increasing workforce diversity (e.g. ethnicity, gender)

Aspirations of the strategy – Examples of next 12 months workplans

- **Business resilience, workplace practice and employee wellbeing:**
 - Support providers to extend and develop their use of technology
 - Improving our digital literacy: Help social care providers develop their use of video-conferencing and other systems to expand and enhance training, development and supervision as part of their workforce development offer
 - Work with local neighbourhoods and micro-enterprises to increase the supply of Personal Assistant services
 - Work with commissioning teams to promote strategy through contracts and specifications
 - Work alongside Commissioning and Contract Management teams to look at new commissioning frameworks and fully funded models of care
 - Support the development of a system wide approach to volunteer recruitment
- **System-wide education and training:**
 - Increase take up of apprenticeships for new and existing workforce through promotion with providers and the general public, shared levy and support accessing funding
 - Use European Social Fund and matched funding to develop and deliver training programmes
 - Work with partners to extend, catalogue and 'join up' the range of e-learning material available to support our respective workforces including unpaid carers, volunteers and Personal Assistants
 - Regular reviews with partners and commissioners to identify 'hot spots': new skills and roles needed within the social care workforce and pro-actively planning how to meet those needs
 - Develop a system-wide consistent approach to inclusion, diversity and equality through training



Improvement work the Council is already focused on

Ways the council supports workforce development



Supporting
recruitment
into social
care jobs



Wellbeing
support



NORCA and
Norfolk and
Suffolk Care
Support

Developing Skills in Health and Social Care - Workforce development programme

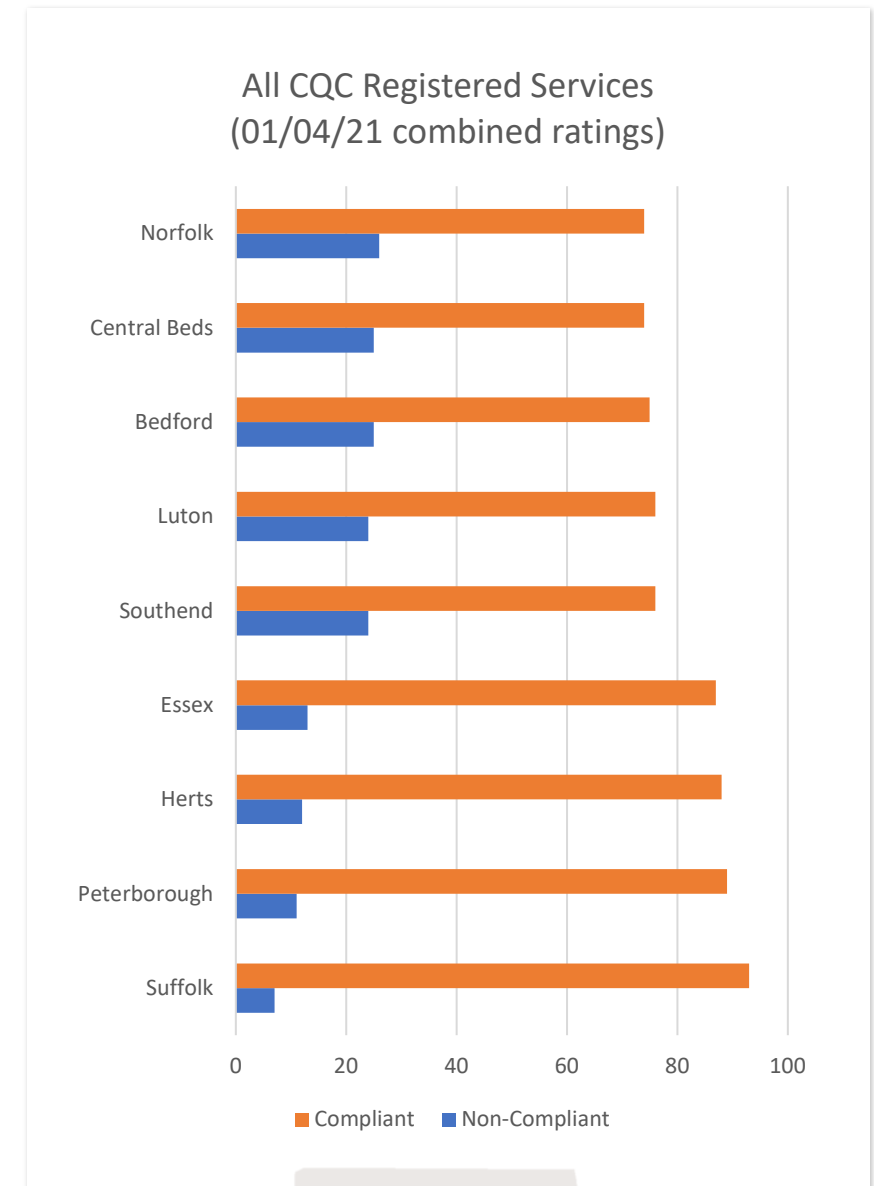
Working in partnership with Suffolk, Norfolk County Council is providing access to fully funded qualifications in health and social care through the **developing skills in health and social care (DSHSC) project**.

With up to £7.58 million funding secured, including £3.79 million coming from the **European Social Fund**, the DSHSC project aims to upskill 6,100 members of the workforce between September 2020-22. The project represents a significant short-term investment but a key priority is to ensure that there is a sustainable legacy of education and training within the social care sector across the longer-term.

- **Developing skills in health and social care**
 - Currently less than half of the social care workforce in Norfolk and Suffolk have any relevant qualifications. With a rising complexity and demand for care, maintaining existing levels of employment and skills will not be enough.
 - The aim of the project is to empower people working in the sector to develop new skills and confidence. This will enable them to continue providing high-quality care to local people.
 - The project will fully fund a range of qualifications which will be provided by local partners:
 - Functional skills in Maths, English and IT
 - Level 1 Qualification embedding the Care Certificate
 - Level 1 Course in strengths based and person-centred approaches
 - Standalone Level 2 Units in Dementia, End of Life Care, Mental Health and Learning Disabilities and Autism
 - Bespoke Level 4 Aspiring Manager qualification tailored to specific leadership skills currently lacking in the sector
 - All participants will have access to ongoing 1:1 mentoring and support. This will help participants complete their qualification and progress onto higher learning opportunities.
 - The project will help to improve recruitment and retention and progress wider workforce development priorities across the system.

Workforce Impact on Quality

- Whilst challenging to correlate in finite terms, effective recruitment and retention of a caring and skilled adult social care workforce has a key role to play in delivering high quality care.
- By CQC ratings, Norfolk's percentage of compliant provision ranks jointly bottom with Central Bedford and Bedfordshire in the East of England.
- A shortage of high calibre health and social care leaders (to fill Registered Manager posts) has the single largest role to play in quality outcomes across the care market.
- Our challenge is to ensure the workforce has the right number of people, with the right skills knowledge and behaviours, to deliver the quality and compassionate care Norfolk and Waveney citizens deserve.



Discussion areas members may wish to consider

- The role of NCC to enable and influence actions to address social care workforce issues in Norfolk
- Considering the priority levers for the council to support its statutory role
- Ways that the council could promote the value of the social care workforce to different audiences
 - People who could work in the sector
 - Employers and the impact of investment in the workforce to improve retention and care quality
 - The Norfolk economy
 - Political
 - Integration with Health
 - Affordable housing
 - Greater Health funding

Date	Report	Issues for consideration	Cabinet Member	Exec Director
19 November 2021	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
	Music Service	(date TBC)	Cllr. John Fisher	Sara Tough
	Carers Charter	This report will set out the important work completed across 2021 towards the Council's commitments in the Carers Charter.	Cllr. Bill Borrett	James Bullion
	Digital inclusion and learning	Access to technology for children in education, removing digital barriers, including an update on work undertaken to give all access during covid.	Cllr. John Fisher	Sara Tough Geoff Connell
	Strategic and financial planning 2022-23		Cllr Andrew Jamieson	Simon George
	Adult Social Services Charging Policy for Non-Residential Care	Recommendation from Scrutiny Committee; Committee to look into next steps of the Cabinet decision relating to 'Adult Social Services Charging policy for non-residential care – next steps following the Judicial review'	Cllr Bill Borrett	James Bullion
21 January 2021	Workforce Strategy	Retainment and recruitment of staff in Adult's and Children's Services; review of what can be done to support recruitment and retainment of staff across the two departments.	Cllr Bill Borrett	James Bullion
			Cllr John Fisher	Sara Tough
18 March 2022				

Items also to be scheduled:

- SEND transformation programme and new SEND units - **month TBC**
- Report on number of looked after children and care leavers Not in Education, Employment or Training and how this is being addressed - **Month TBC**
- Report on response to mental health and bereavement provision across council services. - **Month TBC**
- Virtual school update – **Month TBC**
- Report on outdoor learning – **2022; month TBC**
- Home to school transport policy - **TBC**