

People and Communities Select Committee

Date: 12 July 2022

Time: 10am

Venue: Council Chamber, County Hall, Norwich

Advice for members of the public:

This meeting will be held in public and in person.

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

However, if you wish to attend in person it would be helpful if, you could indicate in advance that it is your intention to do so as public seating will be limited. This can be done by emailing committees@norfolk.gov.uk.

The Government has removed all COVID 19 restrictions and moved towards living with COVID-19, just as we live with other respiratory infections. However, to ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

Persons attending the meeting are requested to turn off mobile phones

Membership:

Cllr Fabian Eagle (Chair)

Cllr Fran Whymark (Vice-Chair)

Cllr Claire Bowes

Cllr Tim Adams

Cllr Ed Connolly

Cllr Michael Dalby

Cllr Lana Hempsall

Cllr Brenda Jones

Cllr Mark Kiddle-Morris

Cllr Julian Kirk

Cllr Paul Neale

Cllr Alison Thomas

Cllr Mike Smith-Clare

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

Hollie Adams on 01603 223029

or email committees@norfolk.gov.uk

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A g e n d a

1 To receive apologies and details of any substitute members attending

2 Minutes

Page **5**

To agree the minutes of the meeting held on 27 May 2022

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 Thursday 7 July 2022**

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

6 Local Member Issues/Questions

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Thursday 7 July 2022**

7 Education White Paper Page **17**

Report by the Executive Director of Children's Services

8 Post 16 Transport Policy Page **27**

Report by the Executive Director of Children's Services

9 Special Educational Needs (SEND): Performance Framework & DfE SEND Review Green Paper Page **54**

Report by the Executive Director of Children's Services

10 Delivering a Social Care Quality Framework for Norfolk Page **81**

Report by the Executive Director of Adult Social Services

11 Market Position Statement Page **92**

Report by the Executive Director of Adult Social Services

12 Forward Work Programme Page **153**

Report by the Executive Director of Adult Social Services

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

Date Agenda Published 4 July 2022



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**People and Communities Select Committee
Minutes of the Meeting Held on 27 May 2022 at 10am
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 Ed Connolly	Cllr Paul Neale
Cllr Brenda Jones	

Substitute Members Present:

Cllr Michael Chenery of Horsbrugh for Cllr Alison Thomas
Cllr Phillip Duigan for Cllr Lana Hemsall
Cllr Vic Thomson for Cllr Michael Dalby
Cllr Maxine Webb for Cllr Mike Smith-Clare

Also Present

Michael Bateman	Assistant Director, SEND Strategic Improvement and Early Effectiveness
Debbie Bartlett	Director of Strategy and Transformation, Adult Social Services
James Bullion	Executive Director of Adult Social Services
Paula Hawley-Evans	Public Health Consultant
Leon Ringer	Finance Business Partner (Adult Social Care)
Louise Smith	Director of Public Health

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Michael Dalby (Cllr Vic Thomson substituting), Cllr Lana Hemsall (Cllr Phillip Duigan substituting), Cllr Mike Smith-Clare (Cllr Maxine Webb substituting) and Cllr Alison Thomas (Cllr Michael Chenery of Horsbrugh substituting).

2. Minutes of last meeting

- 2.1 The minutes of the meeting held on 18 March 2022 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 The Executive Director of Adult Social Services gave an update to the Committee:
- At the November 2021 meeting of People and Communities Committee, engagement work with the disabled community about the approach to charging following a judicial review and changes to the minimum income guarantee was outlined.
 - At this meeting the Committee heard from the Disability Norfolk Network Group and other community groups about the impact of this policy development on them.
 - The outcome of this Committee meeting was that a learning event would be established for Committee Members to hear about the experience of disabled people and people using social care. Engagement events had been held and there was the potential for a face-to-face event to be held with the Committee on the 18 July 2022.
 - The Executive Director of Adult Social Services asked the Committee if they agreed to join this event which would be co-designed with people with experience of social care. He felt it would also be helpful to work with some Committee Members on the structure of this session which would be a learning event and was planned to take place at The Nest, Horsford. . The Committee agreed with this suggestion.

5. Public Questions

- 5.1 No public questions were received.

6. Member Questions and Issues

- 6.1.1 Claire Bowes asked why there appeared to be difficulties and delays in blue badge renewals. She cited the example of an elderly resident in her constituency who had experienced delays in having his blue badge renewed. She was concerned about other residents who might not be as persistent in ensuring their badges were renewed as this gentleman had been.
- 6.1.2 The Executive Director of Adult Social Services was not aware of any changes to the Blue Badge process but was happy to discuss this with the department in community services who managed this service. He was also happy to follow up on the individual case that Cllr Bowes raised.
- 6.2.1 Cllr Paul Neale asked about the steering group for Newton Europe. He asked when more details about this group and its make-up would be available.
- 6.2.2 The Executive Director of Adult Social Services **agreed** to send Committee Members a briefing note on the arrangements of the Connecting Communities steering group, which included the Cabinet Member for Adult Social Care, Public Health and Prevention, the Deputy Cabinet Member for Adult Social Care, Public Health and Prevention, Cabinet Member for Finance and Cabinet Member for Innovation, Transformation and Performance. It was an administration Member oversight group, however, he believed it would be possible for the issues discussed to be made more broadly available. The Chair **agreed** that this could be discussed at future Committee meetings if necessary.

7. Strategic and Financial Planning 2023-24

7.1.1 The Committee received the report forming an important part of the process of developing the 2023-24 Budget and representing a key opportunity for the Select Committee to provide its views on priorities and the approach to preparing budget proposals for the services within its remit.

7.1.2 The Cabinet Member for Finance introduced the report to the Committee:

- Funding used to fight the pandemic was no longer in the system and the Council had to focus on core services. Savings would come via a series of challenging conversations with spending departments and as a result of the size of the funding gap this financial year, 2022-23, work would start early, with the first of these challenges having taken place.
- Strategic and financial planning should be seen alongside the strategic review and the paper outlining the next stage of the strategy, Better Together for Norfolk. The three papers taken together gave a clear indication of what the Council was aiming for and concentrating on, which was maintaining and evolving services for all of Norfolk while caring for the most vulnerable.
- It was now possible to return to the task set when the Cabinet system was introduced, to redesign the way that services are delivered, and it was expected that the strategic review would lead to a major reshaping of some departments.
- Table 9 of the report set out the proposed time frame; three budget challenges had already taken place so far this year. Table 10 of the report showed the savings sought by each department. Table 5 set out the forecast 2023-24 net revenue budget.
- This year, 2022-23, savings were looking to be carried out in 2 phases, with the first £15m savings found early. Savings needed at this stage would be consulted on in July 2022 if required. Second, a £45m, target would be set which would largely be found from transformation, with £15m from internal staff reorganisation and the balance from transformation programmes, in part flowing from the reorganisations.
- Significant risks and unforeseeable cost pressures remained in 2022-23 from continued Covid-19 impacts and lack of long-term financial settlements to deal with changing Government policies around the role of local government. While a county deal was on the cards, it came with additional layers of local government demand which added risk to Norfolk's collective pocket.
- Risks had been analysed as far as possible and were shown in the report. Each proposal would be risk assessed before coming to Cabinet and Council.

7.2 The following points were discussed and noted:

- A Committee Member asked the Cabinet Member for Finance how confident he was that economic and inflation pressures would remain at £22m with inflation and economic pressures worsening, and whether the current budget was sustainable. The Cabinet Member for Finance replied that inflation pressures were all provided and allowed for with flex within the budget. The budget would be protected from this risk by providing services more effectively and efficiently.
- A Committee Member noted that individuals with less than £100,000 in savings and assets would be eligible for help from their local council towards their care and asked what would be done to tell Government that more money was needed. The Cabinet Member for Finance replied that Government money promised from the rise in national insurance contributions was now expected to come to social services as well as the NHS, so over the longer-term, budgets would be augmented by this.

- In response to a query, the Cabinet Member for Finance confirmed that the Newton Europe steering group was an operational group to challenge and ensure that Newton Europe were working as they should. He **agreed** that the Committee should be informed about this work and believed that this could be reported to future Committee meetings.
- The recent increase in inflation was noted and its impact on the budget queried. The Cabinet Member for Finance clarified that the budget process would take additional pressures into account, however there was limited scope to provide for them through lack of additional government funding.
- The Executive Director of Adult Social Services reported that in 2022-23 and 2023-24 assumptions had been made about connecting communities making savings; intervening with people earlier by using data and technology to spot people at risk and maximising the number of people going through reablement would reduce ongoing need levels. The department was also looking at how work with the voluntary sector and community groups would increase prevention work.
- The Cabinet Member for Finance confirmed that Cabinet were reviewing the budget position through the year and confirmed that inflation rates were now more than what was provided in the Medium Term Financial Strategy however there was considerable flex in the numbers. Government was alert to the issues and Cabinet would continue to alert them; as the figure for 2022-23 was not yet set this gave scope to continue to push government.
- A Committee Member raised the proposed savings of £14m in Children's Services as a concern, raising the potential risk of the department not being able to meet its statutory responsibilities. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, noted that some services were provide voluntarily because they met needs early. There were risks in the service however the process being followed aimed to balance these risks.
- A Committee Member asked if the Council's response to levelling up could impact on the budget. The Cabinet Member for Finance agreed and hoped that District, Borough and County councils could work together to achieve levelling up funding.
- The Cabinet Member for Finance clarified that at the current stage of the strategic review he did not expect Executive Directors to provide a top-down number of suggested staff reductions. He clarified that there was a churn rate in the organisation of around 12% per year through usual staff retirement and leaving the organisation, which would easily meet the predicted overall 5% reduction in staffing. The Executive Director of Adult Social Services noted that revenue could not be saved without an impact on jobs, however reassured Committee that the intention was to identify duplication of roles and develop a more enabling management culture rather than targeting frontline practitioners.
- A Committee Member **asked** for information in future reports about development of new practices and services and their impact. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, **agreed** to add this to the July "Special Educational Needs (SEND): Performance Framework" report.

7.3 The Committee:

1. **Considered** the Budget and Medium-Term Financial Strategy position as reported to Cabinet in April 2022 (Appendix 1 of the report), noting in particular the following elements as set out in the appended report, which form the

context for 2023-24 budget setting:

- a. the budget gap for 2023-24 and the Medium-Term Financial Strategy (MTFS) period.
 - b. The Departmental saving targets.
 - c. The outline timetable and approach to developing the 2023-24 Budget.
2. **Considered** and **commented** on the overall service strategies as set out within the 2022-23 Budget Book.
3. **Considered** and **commented** on the key issues for 2023-24 budget setting and the broad areas the Select Committee would recommend exploring for savings development as they pertain to the services within the Select Committee's remit, in order to provide input to the 2023-24 budget process and inform the saving proposals put forward to Cabinet later in the year. In particular the Committee is asked to consider savings opportunities under the following headings:
- a. New initiatives which would deliver savings;
 - b. Activities which could be ceased in order to deliver a saving;
 - c. Activities which the Council should seek to maintain at the current level as far as possible (i.e. areas where the Committee considers there is limited scope for savings);
 - d. Commercialisation opportunities.

8 ASD Winter and Covid Recovery

- 8.1.1 The Committee received the report setting out the approach to recovery from the long period of sustained pressure experienced in the health and care system which had impacted on workload and backlogs for Adult Social Services.
- 8.1.2 The Director of Strategy and Transformation, Adult Social Services introduced the report to the Committee:
- Work was undertaken with staff to determine how to address recovery from Covid-19; the principle and approach for this was set out in the report.
 - The report set out the work carried out so far on this. For example, in May 2022, a "SAFE" event, "Sustainable Adults Future Event", was carried out where teams were asked to work on areas where they felt under pressure to give influence on these areas. At the end of this, findings would be gathered and worked through.
 - The importance of supporting staff wellbeing was highlighted, recognising that many staff had worked in isolated ways over the last 18 months. Ways to provide team support remotely were being created and ways to support wellbeing.
 - Recruitment and retention continued to be an issue, therefore new ways of addressing the activity backlog were being trialled including drawing on the skills of professionals, such as providers carrying out reviews.
- 8.2 The following points were discussed and noted:
- A Committee Member noted that the Community Care Resilience Team would be expanded to provide additional capacity to tackle the backlog of reviews and asked how much this would reduce the backlog. The Executive Director of Adult Social Services replied that as the holding list was tackled

and reduced, this would increase the number of people requiring a review, meaning the number of reviews required would initially increase. The backlog may take up to two years to be tackled.

- The percentage of staff sickness related to mental health was noted and it was queried what was being done to address this. The Director of Strategy and Transformation, Adult Social Services, replied that an internal staff wellbeing coordinator was being provided to provide support to teams, the Norfolk support line was available, and a mental wellbeing week had recent been held.
- The Director of Strategy and Transformation, Adult Social Services, confirmed that the process of external providers carrying out reviews had been shaped by the Principal Social Worker with advice to ensure this was Care Act compliant so there was tight governance was in place. The reviews carried out by providers would still be required to be signed off by Adult Social Care teams..
- The stress which could be caused for staff by reorganisations and by supporting people with a high level of need was noted by a Committee Member. The Executive Director of Adult Social Services **agreed** to reflect back to staff that Committee Members were concerned for their wellbeing.
- A Committee Member voiced their concern that there would not be adequate funding provided to Adult Social Care to address the issues caused by the cost-of-living crisis.
- The Vice Chair felt that the department must spend lots of money on agency costs and suggested that the Council could set up its own consultancy, providing it with a source of workers as well as income by providing workers for other organisations. The Director of Strategy and Transformation, Adult Social Services, agreed that this could be an option to consider; in the wider Integrated Care System, workforce was an issue and it was important to think about how all skills could be used across the system to support integration and reduce silo working.
- The length of the increased petrol allowance was queried. It was confirmed that the 12p per hour uplift had been agreed for 6 months of the financial year. The Executive Director of Adult Social Services confirmed that most incentives in place were related to market recovery; a sustainability plan exercise and market position statement was being undertaken to identify a fair cost of care.
- The Director of Strategy and Transformation, Adult Social Services, discussed the work to support retention, including an updated induction process and support given to managers to legitimise and prioritise wellbeing support and opportunities for staff feedback.
- The Chair noted recruitment campaigns by Norfolk on social media and queried what was being done to combat competition by other local authorities some of whom may mimic the campaigns.
- The Chair asked about collaboration with district councils if there was an accessible contact number for support. The Executive Director of Adult Social Services confirmed that the number for support was the Council's contact number, 0344 800 8020. Health and Wellbeing Board partnerships had been set up in each District Council area.
- It was queried if there was a way for staff with concerns about their line manager to express concerns. The Director of Strategy and Transformation, Adult Social Services, confirmed there was a whistleblowing policy as well as a culture within the department allowing people to raise concerns outside

of their team. She **suggested** that Committee members could join future Adult Social Services meetings to hear issues being discussed.

- The Executive Director of Adult Social Services confirmed that social worker vacancies were a national issue as the number of students doing social work had decreased. The Norfolk apprenticeship scheme had been expanded over the last years so that local people could work for Adult Social Care and gain social work qualifications. The Executive Director of Adult Social Services confirmed that the department worked with schools and colleges to propose social work as a career.
- The Director of Strategy and Transformation, Adult Social Services, **agreed** to send videos to members of the Committee showing people speaking about social work as a career.

8.3 The Committee **considered** the report and recommendations to develop or refine the approach set out for recovery planning

Cllr Tim Adams left the meeting at 11:21.

9 Social Care Reform: Implications of the National Charging Proposals

9.1.1 The Committee received the report setting out the Implications of the Charging Reform aspects of the wider proposed Social Care Policy Reform being undertaken.

9.1.2 The Committee received a presentation from Finance Business Partner (Adult Social Care), shown at appendix A of the report.

9.2 The following points were discussed and noted:

- Officers were asked if there was a system to claw back assets from peoples' estates. The Finance Business Partner (Adult Social Care) confirmed there was a deferred payments process in place which would not change. The assets taken into account depended on the care being received, for example if someone was receiving domiciliary care their home was disregarded from their assets, whereas if they were receiving care in a care home their home would come into the scope of their assets.
- A Committee Member raised issues about providers of care potentially not passing on all enhancements to the people working for them due to financial struggles. The Finance Business Partner (Adult Social Care) replied that the Government had set out the expectations on cost as part of the Health and Care levy, which was that £36bn would be generated, of which social care would receive £5bn. Local Authority allocations were not yet indicated. Organisations, including the County Councils Network, were concerned about the level of funding and a report had been released showing a potential shortfall in the level of this funding.
- Officers recognised that the fair cost of care exercise would need to bring forward what a sustainable market would look like by identifying what carers needed to be paid to be attracted into the industry. £500m would be invested into workforce development of the care industry workforce.
- Anyone being provided with care services would have a care account created on their behalf by the Council. Anyone who was currently self-funded would be eligible for this service. From the day that a person approached the Council for support, the cost paid towards eligible care would be counted towards their £86,000 care cap. Once this cap was reached, the individual would be eligible for living costs to be funded.

- It was noted that it would be important to engage with self-funders who may be interested in having a care account before the changes came into effect in October 2023. The Director of Strategy and Transformation, Adult Social Services, reported that the department had been engaging with voluntary sector partners such as Age UK who advised to seek advice from organisations on how best to communicate these changes to people receiving care. The fair cost of care exercise would also ensure a two way engagement.
- Issues regarding care reviews not happening as often as they should was raised and discussed and the need to ensure the right skills were in place to support people transitioning from children's to adults' social services.
- Work would be carried out to ensure the care accounts were user friendly.
- A Committee Member asked how transfer of care would work between different countries of the UK. The Finance Business Partner (Adult Social Care) **agreed** to provide a written answer.
- It was suggested that training be provided to Councillors on this in the future.
- The Vice-Chair asked if standardised information would be provided across national systems. The Finance Business Partner (Adult Social Care) replied that the Government had provided information on the "minimum viable product" to show what was required of care accounts.
- The Director of Strategy and Transformation, Adult Social Services, confirmed that different methods, including the provision of an app, were being considered.
- It was not yet known if funding would be provided based on need; Government had said they would not be using the "Relative Needs Formula" moving forward but had committed to consult on this.
- The Chair asked if care providers had been spoken to about the upcoming changes. The Finance Business Partner (Adult Social Care) confirmed that care providers that the Council commissioned were being engaged with through the fair cost of care exercise but it would be important to understand those who the Council did not currently engage with.

9.3 The Committee **discussed** and **considered** the strategic implications of the implementation of the proposed National Social Care Charging Reform for Norfolk Adult Social Care

9.4 The Committee took a break from 12:10 – 12:20

10. Health Improvement

10.1.1 The Committee received the report setting out the work of the Council's Public Health Team on health improvement focusing on healthy lifestyles, a key priority for the Council as set out in 'Better Together, For Norfolk' 2021-2025 which states our ambition for all Norfolk residents to achieve 'healthy, fulfilling, and independent lives'.

10.1.2 The Public Health Consultant introduced the report to Committee and gave a presentation; see Appendix A of the report at page 82 of the agenda:

- There was a focus on fact that too many people in Norfolk were impacted by poor diet, lack of exercise, smoking and alcohol which had been exacerbated by the pandemic.
- Two thirds of adults in Norfolk were overweight or obese, which was in line with the national average, however was still considered too high.
- Rates of admission to hospital due to alcohol related issues were worse in

Norwich and Kings Lynn and West Norfolk.

- Physical inactivity levels were worse in Great Yarmouth, impacted by the higher population of older people.
- The prevalence of smoking in Norfolk was in line with national average however for some groups was higher, such as those who were pregnant or with mental health conditions.
- The “ready for change” digital platform would launch in June 2022 to help people make healthy changes themselves and also help professionals provide support.
- The department were working with the NHS on tobacco dependency programmes with the ambition that by 2024 all inpatients would have access to smoking cessation services.
- £3.5m was invested annually in the programmes referenced in the report and presentation, including investment in the NHS Health Checks catch-up programme. The Chair and Vice Chair put themselves forward to have a health check as part of this.
- Appendix 1 of the report outlined all commissioned work underway around healthy lifestyles.

10.2 The following points were discussed and noted:

- The effects of drug misuse on society and the Council were raised and it was queried why this was not shown in the report. The Director of Public Health replied that work commissioned on drug addiction was specialised and had its own funding stream. She would be happy to bring forward a policy conversation on developing these services and noted that a report on drug services was on the forward plan for a future meeting of the Committee.
- The Director of Public Health discussed that increasingly dangerous levels of alcohol consumption were being seen, which was over-normalised, and increased levels of people being admitted to hospital for alcohol related reasons. One of the outcomes of the pandemic was an increase in alcohol consumption and alcohol related deaths.
- The impact of education on health outcomes was discussed, and the importance of thinking about the wider social context and having protective factors such as having a supportive family, a job, housing and access to good food.
- The Director of Public Health confirmed that most of Public Health’s engagement with the education sector was through the school nursing service. They were also partners in the Flourish work of Children’s Service.
- There was a discussion around poverty’s impact on health outcomes. The Public Health Consultant noted the wider determinants of health of which poverty was a factor; working with the voluntary sector would be important to help develop programmes.
- The Director of Public Health discussed that alcohol dependency was impacted by the culture which normalised a high level of alcohol consumption. West Norfolk District Council were leading a community alcohol partnership to address street drinking and drinking in young people. Anyone could refer to addiction services however these services also provided outreach services and would be asked to increase the proportion of their clients with an alcohol addiction.
- A Committee Member noted that there was no information about disability and inequality, including health checks for people with learning disabilities, included in the report and suggested it would have been helpful. Officers thanked the Committee Member for this suggestion.

- The lower incidence of alcohol related incidents and hospital admissions in rural areas was noted. The Public Health Consultant felt that this could be related to under reporting as well there not being easy access to hospitals in these areas.
- The Director of Public Health confirmed that alcohol related hospital admissions were related to a range of information including weekend binge drinking and incidents during the week.
- The connection between revenue generated from taxes on tobacco and alcohol and the Government's priority to challenge the problems they caused was queried. The Director of Public Health replied that the public sector spent more on the consequences caused by tobacco and drinking than it received in taxes.
- Minimum unit pricing for alcohol was raised and discussed. The Director of Public Health noted that people engaging in the most harmful drinking would seek the cheapest alcohol they could buy and this could also be a gateway into drinking for young people, meaning that a minimum unit price for alcohol could be a good option for tackling alcohol abuse.
- The Government's healthy eating initiative on banning junk food in meal deals was queried. The Public Health Consultant confirmed that this had been delayed.
- The Chairman noted that people could seek a lower price for food by going direct to producers.

10.3 The Committee **agreed** to:

1. **Affirm** the importance of healthy lifestyles to improve health outcomes, and the crucial role of prevention.
2. **Support** the continuation of the services currently commissioned by public health and the provision of continued investment in health checks and healthy lifestyle services that support Norfolk residents live healthier lives.
3. **Receive** a further report on how we intend to develop services to make them more effective.

11. **Special Educational Needs (SEND): Performance Framework**

- 11.1.1 The Committee received the regular report providing a range of performance data regarding services and provision for Special Educational Needs & Disability (SEND). This was being reported to Committee over a 2 year period (which began in November 2020) following recommendations by the Local Government & Social Care Ombudsman (LGSCO) in 2020 following their published investigation report.
- 11.1.2 The Assistant Director, SEND Strategic Improvement and Early Effectiveness introduced the report to Committee:
 - The report included an update on the outcome of quality assurance audits to show improvement over the past 12 months and a high level summary of the Government's Special Educational Needs and Disability (SEND) review, which was out for review. At the time of writing the report, the Government were extending the consultation period. The deadline was now 22 July 2022 as more accessible versions of the green paper had been produced.
- 11.2 The following points were discussed and noted:
 - The Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed that the table on page 96 of the report showed initial

Education Health and Care Plan assessments but did not include annual reviews, whereas the appendix of the report conflated the performance related to compliance and included annual review data.

- Cllr Paul Neale left the meeting at 13:05
- The figures for tribunal appeals were not included in the report however would be available in time for the July 2022 report. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, did not expect that the tribunal figures would have reduced from the figures seen in 2020-21 and may have increased.
- The Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed that complaints received were mostly in relation to poor service and accessibility; most tribunal activity was related to placements. There was a time lag in the new SEND provision becoming available. A Committee Member noted that most tribunal appeals resulted in children receiving the placement of parental choice. The Assistant Director, SEND Strategic Improvement and Early Effectiveness agreed that tribunal was the last resort and mediation was used to try and resolve issues before reaching this stage.
- A Committee Member suggested that work was needed to communicate better to families the expectation was around placements, i.e. that a specific time frame was in place before a placement would become available, as she had heard that parents were more often simply told that a space was not available. The Assistant Director, SEND Strategic Improvement and Early Effectiveness would discuss communicating placement decisions with families at the next written statement of action board meeting.
- The Vice-Chair asked if there was any early feedback from the SEND survey. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, replied that the survey had concluded, and the results were being analysed. There had been 1200 responses from parents, professionals and young people completed in full. A further 900 responses had been partially submitted and this information would be provided separately to identify if the themes in these submissions were true. The information would be available for the next meeting.
- The plan to reduce reliance on Education Health and Care Plans (EHCP) was queried. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, replied that this would involve working with SEND coordinators in schools to help them work more effectively to support children outside of the EHCP process.
- Concerns were raised about savings within Children's Services taking provision out of SEND. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, clarified that the high needs block funding was separate to the Council's general fund budget which was where the savings would come from. Extra SEND support funding had been put into the high needs block. Government were setting out in the green paper reforms that they wanted to make to make SEND support more effective, including whether funding in school budgets for such support should be reconsidered, i.e. increased.

11.3 The Committee **agreed**:

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.

12 Forward Work Plan

- 12.1 The Committee received and considered the forward work plan.
- 12.2 The Chair and Vice-Chair would discuss with officers to reduce the number of items on the July 2022 agenda. Some items requested by Committee Members would be brought as written Member briefings rather than Committee reports.

The Meeting Closed at 13:25

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



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People and Communities Select Committee

Item No: 7

Report Title: The Schools White Paper

Date of Meeting: 12 July 2022

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

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

Executive Summary

Government published a Schools White Paper in March 2022. A short overview presentation will be provided for committee to aid future policy discussion and development.

Recommendations

The Select Committee is asked to:

1. Note national policy development.

1. Background and Purpose

- 1.1 The Government published the Schools White Paper on 28 March 2022.
- 1.2 Norfolk County Council has an established approach and policy regarding the Education Landscape. This was agreed by Cabinet in early 2020.

2. Proposal

- 2.1 Officers will provide a brief overview of the Schools White Paper using a presentation.
- 2.2 The Executive Director for Children's Services in discussion with the Cabinet Member for Children's Services will respond to the initial requests by the Department for Education as plans are being developed during the Autumn Term.

2.3 Norfolk County Council's response will be based on existing policy.

2.4 Members of the committee are invited to comment on the presentation.

3. Impact of the Proposal

3.1 As a result of discussions with stakeholders and members, Norfolk County Council will be able to respond to changing national policy.

4. Evidence and Reasons for Decision

4.1 Not applicable – Paper and presentation are for information only.

5. Alternative Options

5.1 Not applicable – Paper and presentation are for information only.

6. Financial Implications

6.1 Not applicable – Paper and presentation are for information only.

7. Resource Implications

7.1 Staff:

Not applicable – Paper and presentation are for information only.

7.2 Property:

Not applicable – Paper and presentation are for information only.

7.3 IT:

Not applicable – Paper and presentation are for information only.

8. Other Implications

8.1 Legal Implications:

Not applicable – Paper and presentation are for information only.

8.2 Human Rights Implications:

Not applicable – Paper and presentation are for information only.

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

Not applicable – Paper and presentation are for information only.

8.4 Data Protection Impact Assessments (DPIA):

Not applicable – Paper and presentation are for information only.

8.5 Health and Safety implications (where appropriate):

Not applicable – Paper and presentation are for information only.

8.6 Sustainability implications (where appropriate):

Not applicable – Paper and presentation are for information only.

8.7 Any Other Implications:

Not applicable – Paper and presentation are for information only.

9. Risk Implications / Assessment

9.1 Not applicable – Paper and presentation are for information only. Implications and risk assessments will be undertaken as part of any policy developments

10. Recommendations

The Select Committee is asked to:

1. Note national policy development.

11. Background Papers

11.1 Education Landscape and School Place Sufficiency 13 Jan 2020 [Page 757](#)

11.2 “Opportunity for all: strong schools with great teachers for your child.”

<https://www.gov.uk/government/publications/opportunity-for-all-strong-schools-with-great-teachers-for-your-child>

11.2 “Building strong academy trusts”

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/987336/Building_strong_academy_trusts_guidance.pdf

11.3 “Local authority-established multi-academy trusts: registration of interest”

<https://www.gov.uk/government/publications/local-authority-established-mats-registration-of-interest>

11.4 “Implementing school system reform in 2022 to 2023”

<https://www.gov.uk/government/publications/implementing-school-system-reform-in-2022-to-2023>

Officer Contact

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

Officer name: Sebastian Gasse

Telephone no: 01603 307714

Email: sebastian.gasse@norfolk.gov.uk



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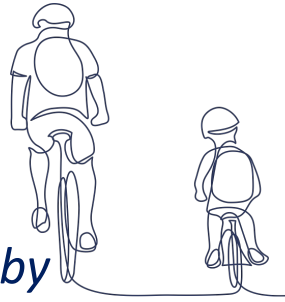
Norfolk County Council

Norfolk and the Schools White Paper

Considering Implications...



Chapter 1 - Excellent Teacher for every Child



► Teaching Quality/Excellent Teachers made not born/Quality Early Years/Recruitment and Retention

- How do we make the most of the policy initiatives and opportunities?
 - e.g. ECF – how do we support implementation in schools of all sizes & with different levels of capacity?
 - Investment in EY Workforce
 - Recruitment & Retention outside of priority EIAs

- *500k evidence-based¹ teacher training and development opportunities across ITT, NPQs, ECF by 2024, incl. three new NPQs (Leading Literacy, EY Leadership, SENCO²)*
- *£180m investment in the EY workforce*
- *Establishing the Institute of Teaching as England's flagship teacher training provider*
- *Reforming ITT by re-accrediting all ITT providers vs a new quality threshold*
- *Recruiting the best teachers*
 - *Raise teacher starting salaries to £30k*
 - *New Physics ITT course for engineers*
- *Retaining the best teachers*
 - *Levelling up premiums*
 - *Continuing to champion flex-working*

Support & Challenge for LA Maintained Schools

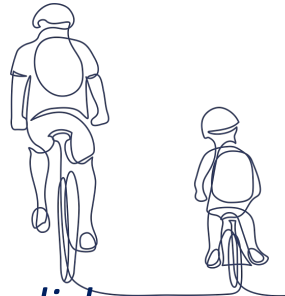
Chapter 2 – Delivering High Standards of Curriculum, Attendance and Behaviour



- ▶ **Broad, Ambitious, Knowledge-rich curriculum /Behaviour Attendance/ Enriched/ High Quality extra-curricular provision**
- ▶ How do we capitalise on
 - ▶ B&A initiatives/Hubs & funding?
 - ▶ Length of school day directive?
 - ▶ Funding for sports, arts, music & culture?
 - ▶ Mental Health Support Teams?
- *A new arms-length curriculum body to work with teachers across the UK to co-create free, optional, adaptable digital resources*
- *Improved behaviour and attendance from new national behaviour survey and attendance data solutions, strengthened regs., Behaviour & Culture NPQ funding*
- *A new national expectation for the length of the schools week for all mainstream state-funded schools*
- *Support for an enriched education through funding for sports, arts, music, culture*
- *Improved safety and wellbeing from new Mental Health Support Teams and strengthened RSE and Health education and statutory safeguarding guidance*

Support & Challenge for LA Maintained Schools

Chapter 3 – Targeted support for every child who needs it

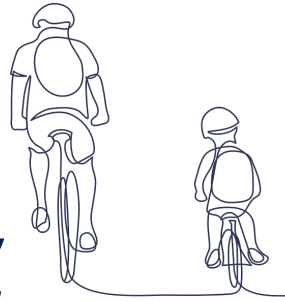


► Addressing gaps in outcomes

- How should key policies affect Norfolk Schools?
- Do we recognise our gaps?
- Stubborn gaps and new post COVID challenges

- *Parent pledge: any child that falls behind in English or maths will receive timely and evidence-based support*
- *Education Endowment Foundation re-endowed to secure its future*
- *£55 million for our Accelerator Fund to scale-up the best interventions*
- *Menu of recommended evidence-based approaches to inform use of the Pupil Premium, Recovery Premium and implementation of the Parent Pledge*
- *Up to 6 million tutoring packages by 2024 (~100 million hours of tutoring when combined with 16-19 tuition)*
- *Reform of the SEND and Children's Social Care systems*

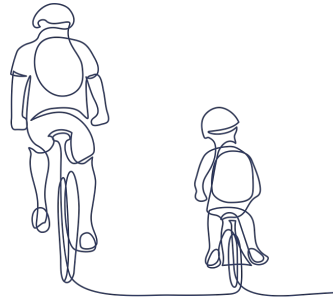
Chapter 4 – A fairer and stronger school system



National promotion of strong MAT model, accountability at all levels

- ▶ 2030 timescale – no acceleration of pace?
 - ▶ LA roles clarified
 - ▶ Autonomy – Centralisation – “LA established MATs”
 - ▶ Collaboration Standard
- *A fully trust led system with a single regulatory approach, through growth of strong trusts and establishment of new ones, including trusts established by LAs*
 - *By 2030 all pupils will be taught in a strong MAT or their school planning to join one*
 - *Clear roles across the school system with LAs empowered to champion children's' interests and a new collaborative standard requiring trusts to work with other partners*
 - *Education Investment Areas (EIAs) to receive increased funding (extra in priority areas)*
 - *Digital infrastructure investment so all schools can take advantage of modern tech*

Guidance for 2022/23



- ▶ “Building strong academy trusts”
- ▶ “Local authority-established multi-academy trusts: registration of interest”
- ▶ “Implementing school system reform in 2022 to 2023”
- ▶ Establish Area Plan (EIA) – Autumn 2022
- ▶ Focus on trust capacity
- ▶ Significant system change – Time, Effort, Cost

People and Communities Select Committee

Item No: 8

Report Title: Post 16 Transport Policy

Date of Meeting: 12 July 2022

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

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

Executive Summary

Recommendations and Action Required

The Select Committee is asked to:

1. Comment on a proposed development of the policy for post 16 students

1. Background and Purpose

- 1.1 Post 16 Transport was last considered at People and Community Committee at the end of January 2021.
- 1.2 There was a request during those meetings to ensure that the policy was fully reviewed. Due to disruptions caused by the COVID pandemic, this review has taken longer than originally anticipated. An updated policy draft has now been produced and is attached for the consideration of this Committee.
- 1.3 The policy is kept up to date and in line with statutory requirements, an updated policy statement is published on the Norfolk County Council website by the end of May each year, covering the following academic year.
- 1.4 A number of options were considered. However, both [statutory guidance](#) and budget constraints limit the options for change.

2. Proposal

- 2.1 The new draft policy is attached to this paper as Appendix A. There are few changes suggested compared to previous policies.
- Young people who require financial support to enable them to attend education or training are able to apply for a bursary for 16-19-year-olds from the educational establishment. This is a national government scheme.
 - The bursary scheme for 16–19-year-olds is designed to assist with education-related costs including transport.
 - The low-income discount in the current policy should be removed in recognition that the Local Authority is not required to provide additional assistance in addition to the bursary funding.
- 2.2 Once the People and Select Committee have had the opportunity to comment on the attached policy, those comments will be included in the Individual Cabinet Member Decision paper which will be requesting that the decision maker submit proposals on this for public consultation.

3. Impact of the Proposal

- 3.1 The proposed policy enables Norfolk County Council to discharge its statutory duties in relation to
- Promoting effective participation in education and training of young people who are subject to the duty to participate.
 - Ensure that as part of the September Guarantee, every young person is offered a suitable place in education or training.
 - Preparing and publishing an annual transport policy statement specifying the arrangements for the provision of transport, or otherwise that the authority considers necessary, to make to facilitate the attendance of all persons of sixth form age receiving education or training.
 - Those with the most severe disabilities with no other means of transportation are able to undertake further education and training after their 19th birthday to help them move towards more independent living.
- 3.2 In drafting this proposed policy, the Council has had regard to the following matters;
- The needs of those for whom it would not be reasonably practicable to access education or training provision if no arrangements were made.
 - The need to ensure that young people have reasonable opportunities to choose between different establishments at which education and training is provided.

- The distance from the learner's home to establishments of education and training.
 - The journey time to access different establishments.
 - The cost of transport to the establishments in question.
 - Alternative means of facilitating attendance at establishments.
 - Preferences based on religion.
- 3.3 The proposed policy takes account of the rural nature of the county and the landscape of providers with a largely centralised training offer in urban areas.
- 3.4 The policy is supported through the Sustainable Transport Strategy.

4. Consultation

- 4.1 We will consult on this policy through our normal online consultation survey and will ensure that we promote this with relevant education and training institutions. This will include guidance to make it accessible to students with additional needs.

5. Evidence and Reasons for Decision

- 5.1 Stakeholder views including those of student and staff at schools and colleges have been considered in devising the new draft policy.
- 5.2 The current network of core routes is serving Norfolk young people by providing at least access to at least one academic and one vocational training provider.
- 5.3 The government guidance "Post-16 transport and travel support to education and training Statutory guidance for local authorities" has been used to consider policy options
- 5.4 The student contribution to the travel assistance provided by Norfolk County Council is set at £576 per annum for the 2022/23 academic year. This compares favourably to other authorities and rural areas.

6. Alternative Options

- 6.1 An alternative to the core routes policy could be to rely entirely on public transport.
- 6.2 It is judged that for young people in rural areas this would result in no available transport to a post 16 provider offering a suitable range of courses. Therefore, there is a risk that the Local Authority would fail in its statutory duties set out above.
- 6.3 A reduction in the support offered to students could also significantly increase the number of young people Not in Education, Employment or Training (NEET).

7. Financial Implications

- 7.1 Norfolk County Council provides a substantial subsidy for Post 16 Transport, amounting to approx. £700k for mainstream students and £2.3m for students with EHC Plans. These subsidies will continue to be required.
- 7.2 The discontinuation of the low income discount would result in additional income of £15k.

8. Resource Implications

8.1 Staff:

No additional staffing requirements are expected at this stage, but these will be assessed for any policy put to cabinet as decision maker.

8.2 Property:

No additional property requirements are expected at this stage, but these will be assessed for any policy put to cabinet as decision maker.

8.3 IT:

No additional IT requirements are expected at this stage, but these will be assessed for any policy put to cabinet as decision maker.

9. Other Implications

9.1 Legal Implications:

The draft policy complies with statutory guidance for local authorities.

9.2 Human Rights Implications:

No new Human rights implications are expected, but these will be assessed for any policy put to cabinet as decision maker.

9.3 Equality Impact Assessment (EqIA) (this must be included):

The policy suggestions pose no change to people with protected characteristics under the Equalities Act, but full assessment will be conducted for any policy put to cabinet as decision maker.

9.4 Data Protection Impact Assessments (DPIA):

No changes are proposed that affect data protection arrangements under this policy. However, implications for data protection will be assessed for any policy put to cabinet as decision maker.

9.5 Health and Safety implications (where appropriate):

There are no new Health and Safety Implications. However, implications for health and safety will be assessed for any policy put to cabinet as decision maker.

9.6 Sustainability implications (where appropriate):

The draft policy promotes a range of sustainable travel options.

When implemented, the policy will take account of Norfolk's Sustainable Home to School Transport Strategy.

9.7 Any Other Implications:

n/a

10. Risk Implications / Assessment

10.1 No significant risks arise from a discussion of policy proposals at People and Community Select Committee. Risk implications will need to be assessed if a policy is put to cabinet following public consultation.

11. Recommendations

The Select Committee is asked to:

1. Comment on a proposed development of the policy for post 16 students

12. Background Papers

12.1 [Post-16 transport and travel support to education and training Statutory guidance for local authorities](#)

12.2 [Sustainable School Travel Strategy](#)

Officer Contact

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

Officer name: Sebastian Gasse

Telephone no: 01603 307714

Email: Sebastian.gasse@norfolk.gov.uk



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Appendix A – Proposed Draft Policy



Norfolk County Council

Norfolk County Council

Post16 Transport Policy Statement 2022-23

Effective from 1st September 2022

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1. Introduction

Local authorities do not have to provide free or subsidised post 16 travel assistance but do have a duty to prepare and publish an annual transport policy statement, specifying the arrangements for the provision of transport or other assistance that the authority considers it necessary to make, to facilitate the attendance of all persons of sixth form age receiving education or training.

All young people carrying on their education post 16 must re-apply for travel assistance.

‘Sixth form age’ refers to those young people who are over 16 years of age but under 19 (school years 12,13 and 14).

Local authorities also have a duty to encourage, enable and assist young people with learning difficulties / disabilities to participate in education and training, up to the age of 25.

This policy uses the term ‘Post 16’ to include both learners of sixth form age and those with learning difficulties / disabilities up to the age of 25.

This policy document specifies the assistance that Norfolk County Council considers necessary to facilitate the attendance of Post 16 learners receiving education or training.

Education or training refers to learning or training at a school, further education institution, a council maintained or assisted institution providing higher or further education, an establishment funded directly by the Education Skills Funding Agency or other learning providers as determined by Norfolk County Council.

2. Summary of Policy Statement and Main Objectives

Norfolk County Council offers a post 16 travel scheme which provides a level of support for students to access post 16 education at a school sixth form, sixth form college or further education learning establishment. Where to find information about separate arrangements made by the further education establishments in Norfolk and by the various transport operators is explained in sections 2 and 3.

Support under Norfolk County Council’s post 16 travel scheme may be in one of the following ways:

- Subsidised bus or train pass

- Subsidised specialist transport e.g. taxi
- Personalised Travel Grant
- Subsidised moped loan
- Cycle Allowance

Subsidised bus and train passes are provided on existing local bus or train services, or on education transport contract vehicles, which operate along defined core routes. It is the family's responsibility to make provision to reach the nearest pick-up point.

The Council will determine which type of support you are eligible for.

3. Discounted tickets for young people from public transport providers

Travel may be cheaper and more flexible, and will probably include evening and weekend usage, if you buy your pass direct from the operator. We would strongly recommend you contact your local transport providers first to see how their prices and deals compare with our post -16 travel scheme.

For more information click here:

[Discounts offered by bus and train operators - Norfolk County Council](#)

Or visit www.norfolk.gov.uk/post16transport and click our section on 'Local bus and train operator discounts'.

4. Travel support from schools and colleges

Some post 16 establishments have negotiated further discounts directly with transport providers which may be more cost-effective for students, so it is worth checking with the establishment as well.

In some cases post 16 establishments provide their own bus services so again check with the school/college first.

For more information click here:

[Travel options for college or sixth form](#)

Or visit www.norfolk.gov.uk/post16transport and click our section on 'Travel options by college or sixth form'.

5. The 16-19 Bursary Fund

The 16 to 19 Bursary Fund provides financial support to help young people overcome specific barriers to participation so they can remain in education.

There are 2 types of 16 to 19 bursaries:

1. A vulnerable bursary of up to £1,200 a year for young people in one of the defined vulnerable groups below:
 - in care
 - care leavers
 - in receipt of Income Support, or Universal Credit in place of Income Support, in their own right
 - in receipt of Employment and Support Allowance or Universal Credit and Disability Living or Personal Independence Payments in their own right
 - discretionary bursaries which institutions award to meet individual needs, for example, help with the cost of transport, meals, books and equipment
2. Discretionary bursaries which institutions award to meet individual needs, for example, help with the cost of transport, meals, books and equipment

To be eligible for the discretionary bursary young people must:

- be aged 16 or over but under 19 at 31 August 2022 or
- be aged 19 or over at 31 August 2022 and have an Education, Health and Care Plan (EHCP)
- be aged 19 or over at 31 August 2022 and continuing on a study programme they began aged 16 to 18 ('19+ continuers)
- be studying a programme that is subject to inspection by a public body which assures quality (such as Ofsted), the provision must also be funded by either a Government funding agency or the local authority

Schools and colleges are responsible for managing both types of bursary. Young people who want to apply for support from the bursary fund should contact their chosen school or college to make an application.

Further information can be found at www.gov.uk/ and search for post 16 bursaries.

6. Young parents / Care to Learn

If you are a young parent under 20, Care to Learn can help pay for your childcare and related travel costs, up to £160 per child per week, while you're learning.

Care to Learn can help with the cost of:

- childcare, including deposit and registration fees
- a childcare 'taster' session (up to 5 days)
- keeping your childcare place over the summer holidays
- taking your child to the childcare provider

Types of childcare

The childcare provider must be Ofsted registered and can be a:

- childminder
- pre-school playgroup
- day nursery
- out of school club

If your child needs specialist childcare, the provider must also be on the Care Quality Commission's register for specialist provision.

If you want a relative to get Care to Learn for looking after your child they need to be both:

- providing registered childcare for children they're not related to
- living apart from you and your child

Payments

Childcare payments go directly to your childcare provider. Before your childcare provider can be paid:

- your childcare provider needs to confirm your child's attendance
- your school or college needs to confirm that you're attending your course

Payments for travel costs go to your school or college - they'll either pay you or arrange travel for you.

Attendance

Payments will stop if:

- you stop attending your course
- you finish your course
- your child stops attending childcare

Eligibility

You can get Care to Learn if:

- you're a parent under 20 at the start of your course
- you're the main carer for your child
- you live in England
- you're either a British citizen or a national of a [European Economic Area \(EEA\) country](#)
- your course is publicly funded (check with your school or college)
- your childcare provider is registered with Ofsted or the Care Quality Commission

Type of course

Care to Learn is only available for courses in England that have some public funding.

This includes courses that take place in:

- schools
- school 6th forms
- 6th form colleges
- other colleges and learning providers, including Foundation Learning
- your community at Children's Centres

Young parents are also entitled to apply for an Under 19 Bus Only Ticket or for those aged 19 and over can apply for the 19 – 25 card.

For more information please visit <https://www.gov.uk/care-to-learn/how-to-claim>

7. Norfolk County Council's support for young people with special educational needs or disabilities

Students aged 16 – 25 years old who have Special Educational Needs and Disability (SEND) and have an Education Health and Care (EHC) Plan will be entitled to travel assistance to attend sixth form or college if:

- They are attending the nearest educational establishment that can meet their needs
- The educational establishment is named in their EHC Plan by the local authority as such
- They live over the qualifying three-mile distance.

Norfolk County Council may make an annual travel assessment of students aged 19 to 25 to consider whether there is no other means of access to education. Where it is assessed that the young person needs transport to be provided, then it is provided for free.

Norfolk County Council will provide transport support up to the end of the course year in which the student is 25, as long as they retain a current EHC Plan and have no other means of transport.

All students are expected to undertake travel independence training to enable them to progress to using public transport unless they are assessed by Norfolk County Council as being unlikely to benefit from such training – See section 12 regarding travel training.

8. Norfolk County Council's support for young people without special educational needs

To qualify for the post 16 travel scheme, students must:

- **Live in Norfolk**
- **Live at least three miles** from the sixth form or college as measured by the shortest walking route using roads and public rights of way, unless:
 - i) A student has mobility problems or a severe medical condition which would prevent them walking the distance required
 - ii) A student has associated health and safety issues related to their special educational needs which mean that they could not reasonably be expected to walk the distance required even if accompanied.
- **Be under 19 years old** at 1st September. Transport will be provided up to the end of the course year in which the student reaches the age of 19.

- **Be attending a full-time course** (i.e. a minimum of 540 hours per year of supervised study - approximately 14 hours per week)
- **Be attending a state-funded:**
 - school sixth form
 - sixth form college
 - further education college
 - a specialist college (for courses available in that specialism only)
 - a specialist training provider (funded by the Education Skills and Funding Agency)
- **Travel** on a core route determined by Norfolk County Council. Transport will not be agreed to any alternative college, sixth form college, sixth form or other learning establishment even if the qualification or course is not available at the designated core route establishment.

Information on core routes is available by calling 0344 800 8020, or at www.norfolk.gov.uk/post16transport

Students can live and travel from outside the core route area but will only receive transport support from Norfolk County Council once they are on a core route.

- **Transport** support is provided to the main college/sixth form site. Transport to any satellite sites is the responsibility of the college or sixth form concerned and students/parents should contact the college/sixth form direct to discuss access arrangements.
- **Transport** support will be provided for standard academic terms only and at the start and end of the standard college/sixth form day. Access to courses outside of these times will have to be discussed directly with the establishments attended. Transport support does not include evening or weekend provision.
- Norfolk County Council does not provide transport support for post16 students attending denominational establishments on faith grounds.

Subsidised travel is available on existing local bus or train services, or education transport contract vehicles, to students who are eligible for post16 transport support.

Transport services generally operate from defined points or as a 'main road' type of service. It is the family's responsibility to make provision to reach the nearest pick-up point.

Transport may be provided in smaller vehicles if it has been assessed that the person has a difficulty or disability that prevents them from travelling safely using bus or train services, for example:

- Any significant mobility difficulties (e.g. physical inability to board a bus)
- Any significant sensory or communication difficulties
- If the person is 'at risk' to themselves or others in using public transport or school buses independently

All students are expected to undertake travel independence training to enable them to progress to using public transport, unless they are assessed by Norfolk County Council as being unlikely to benefit from such training – See section 12 regarding travel training.

This scheme does not apply to higher education courses such as degrees or higher diploma courses, or work placements. For workplace apprenticeships transport support should be considered by the individual training provider.

If a student fails to produce a valid pass when travelling they will be refused travel or charged the standard fare for that journey.

All passes issued by Norfolk County Council are smart passes which means they should be scanned on the electronic ticket machine on the bus. If they are damaged and no longer work then a replacement will need to be requested. All replacement travel passes (for damaged and lost passes) cost £12.00. Fares will not be reimbursed while students wait for a new pass.

9. Moped Loan Scheme

Norfolk County Council supports a moped loan scheme for students who are not able to easily access a core route for their journey, as long as they live within the core route area of the establishment they wish to attend. All applications are assessed individually and Norfolk County Council retains the right not to support cases where there is reason to believe that:

- This is not a suitable travel mode for a particular journey

- An applicant is not suitable for this mode of travel
- The journey in question is served by other transport arrangements.

The cost of participating in this scheme is exactly the same as any other form of transport under the Post16 Transport Policy, i.e. the same parental contribution will apply.

For more information contact Norfolk County Council on 0344 800 8020.

For students who do not qualify for assistance under the Post16 Travel Scheme or who would like greater flexibility in travel to work, training or further education, Kickstart may be able to assist with a moped loan. For further information please see the [Kickstart website](#).

10. Cycle Allowance

The County Council wishes to support cycling to school as a 'healthy and green' alternative to motorised vehicle travel and a cycling allowance of £200 per year is available, reduced to pro-rata amounts for applications made after October half-term.

The allowance is available for any student who is eligible for support under this Post16 transport policy. This allowance will be payable in place of any other provision that would normally be made e.g. instead of a bus pass.

All applications are assessed individually and Norfolk County Council retains the right not to support cases where there is reason to believe that

- This is not a suitable travel mode for a particular journey
- An applicant is not suitable for this mode of travel.

Anyone applying for this type of grant must give consideration to how they will travel to their place of education at times when they feel that adverse weather conditions may make cycling undesirable for them. Norfolk County Council will not provide any alternative transport in such circumstances.

New applications for a cycle allowance will not be accepted after the last day of the spring term 2023.

For more information contact Norfolk County Council on 0344 800 8020.

11. Personalised Transport Budget

Following a pilot of a personalised transport budget, Norfolk County Council is implementing a Test and Learn approach for a new personalised transport budget scheme. Students already taking advantage of the existing scheme will be able to continue on the existing pilot scheme in the meantime until the end of their current phase of education/establishment.

12. Travel training

Travel independence training is available in nearly all special schools, secondary schools, colleges and training providers to equip students with learning difficulties or disabilities with the skills to travel independently to and from school or college.

A review will be undertaken for students with learning difficulties or disabilities who are transferring to Post16 education, to assess their ability to travel independently following a programme of travel training.

Re-assessment will take place as part of the referral for the EHCP review process.

The programme involves the use of training buddies who show students how to familiarise themselves with their new journeys as part of their transfer to Post16 education.

Students will be expected to undertake travel independence training unless they are assessed by professional advisers as being unlikely to benefit from this training.

Norfolk County Council will reserve the right to withdraw any specialist transport provision if students or families choose not to take part in the travel training programme or assessment.

13. Details of transport costs and subsidies

All students qualifying for support under Norfolk County Council's Post16 transport policy are required to pay an annual contribution towards the cost of their transport.

Students are required to pay a standard annual contribution of £576, which is approximately 55% of the average cost of mainstream transport. This represents an average charge of around £3.20 per day for a return journey if travelling 5 days a week (there is no reduction for travelling fewer days a week as this is an average cost and not dependent on how often a student travels, the distance or what type of transport they use).

There are different payment options:

- Annually
- Termly
- Half termly
- Pay no costs up front and pay the driver a subsidised fare each day (This is only available on local buses which charge fares)

All students who are eligible for specialist transport support, including those with learning difficulties or disabilities, will be required to pay the same financial contribution.

Payments need to be made in advance before any transport support can start. This means that payments should be made about 10 days before it is needed in order for a bus pass to be issued and sent to the student in time.

If a student is travelling in a taxi or minibus and does not need a bus pass, payment still needs to be made in advance in order for transport to continue the following term or half-term. If payment is not received in time, transport will not operate until it is received.

We will advise of payment due dates at the start of the year – no reminders are sent for subsequent payments.

We will not reimburse any transport expenses if a family has occurred travel costs due to a payment not being made on time.

The financial contribution does not apply to students who have an Education, Health and Care (EHC) Plan, who are in years 15 and above (i.e. usually the year in which they are 19 years old). Free transport will continue for these students up to the end of the year in which they become 25 years old, as long as they have a current EHC Plan and no other means of transport (see section 7).

14. When should students start to apply for transport support?

Students can apply for our post 16 travel scheme now for September 2022.

Please visit www.norfolk.gov.uk/post16transport or call Customer Services on 0344 800 8020.

Students are asked to make applications no later than the end of July. Applications made after this date may not be processed in time for the first day of term in September. It is better to make an application early even if the student does not 100% know where they will be attending, and then to contact us to change the establishment when they do know.

Late applications may result in a student having to pay for their transport while their application is being assessed and processed. Norfolk County Council will not refund any costs incurred in the interim period.

15. Refunds

Refunds of the financial contribution will be issued as follows:

- If the travel pass is returned or the travel arrangements are cancelled before the start of term in September, we will give a full refund
- If travel passes are returned or the travel arrangements are cancelled during the year we will give a pro-rata refund based on the amount paid less the time the travel pass/arrangement has been used, to the nearest full half-term, less a £12 administration fee
- No refunds are given for those paying every half-term
- For the period following May half-term, refunds will only be given if the travel pass is returned and received by Norfolk County Council, or the transport arrangements cancelled, by 31 May
- No refund will be given if the pass has been posted back but not received by Norfolk County Council unless proof of posting can be supplied.

Refunds will not be given for any day the transport does not operate.

We do not offer any refunds on travel costs incurred while waiting for travel arrangements to be made or the travel pass to arrive. Any request for a refund for bus or train tickets will be at the discretion of Norfolk County Council, e.g. if there was a significant delay in issuing the pass or the pass issued was incorrect and/or unusable.

16. What help can students apply for if they need to travel to a course that is beyond your Local Authority Area

If students need to travel to a course outside Norfolk any financial support would be limited to placements funded by the Local Authority due to special educational needs. The only exception to this is from Thetford to West Suffolk College in Bury St Edmunds which is defined as a core route.

17. What help is available for residential students who attend a further education institution and stay at the college all week

Specialist colleges have a separate residential bursary fund. Please apply direct to them for further information.

18. Appeals

Norfolk County Council operates an appeals procedure whereby any applicant who feels that the Post16 transport policy has not been applied correctly in their case may request a review of their application.

Applicants should write in the first instance to:

The Head of Passenger Transport

Norfolk County Council

County Hall

Norwich

NR1 2DH

Following a review of the decision by the Head of Passenger Transport, a further review request may be made by writing to them again, with any additional relevant information, asking that the case be referred to the appeal panel led by Children's Services Department, who will undertake a further review of the case.

The decision by senior officers in Children's Services will represent the full and final decision of Norfolk County Council.

Anyone remaining dissatisfied with Norfolk County Council's final decision may refer the matter to the Secretary of State for Education, however they will not usually consider cases unless they have been through the full review procedure of Norfolk County Council.

If the complainant is dissatisfied with the way in which the Department for Education has handled the case they can log a service complaint. Further information on the department's complaints process can be found on gov.uk at www.gov.uk/government/organisations/department-for-education/about/complaints-procedure. A service complaint will prompt consideration of how the case has been managed but there will not be a review of the substance of the decision made. The substance of the decision would only be considered if the complainant provided additional information relevant to the decision not to intervene.

If the complainant remains dissatisfied, they can ask their local MP to refer their case to the Parliamentary and Health Service Ombudsman (PHSO). If the PHSO accept a complaint for further consideration they could normally look at the department's handling of the case. The PHSO's role is not to reverse decision-making, but where it upholds a complaint, it can make recommendations to

the department to put things right. Information on the PHSO can be found online at: www.ombudsman.org.uk.

19. Contact Information

Information is available throughout the year from Norfolk County Council:

Customer Service Centre 0344 800 8020

Hours: Monday to Friday 9.00am to 5.00pm

You can also check out services and information on Norfolk County Council's website at

www.norfolk.gov.uk/post16transport

Public service routes can be checked with

- Traveline 0871 200 2233
- www.traveline.info

Further Education Colleges in Norfolk

Easton College

Tel: 01603 731200

Email: eastoninfo@ccn.ac.uk

Website: www.easton.ac.uk

Great Yarmouth, East Coast College

Tel: 0800 854695

Email: myfuture@gyc.ac.uk

Website: www.eastcoast.ac.uk

King's Lynn, The College of West Anglia

Tel: 01553 761144

Email: enquiries@cwa.ac.uk

Website: www.cwa.ac.uk

Norwich, Access Creative College

Tel: 0161 247 8063

Email: atm.norwich@accesstomusic.ac.uk

Website: www.accesscreative.ac.uk

Norwich, City College

Tel: 01603 773311

Email: information@ccn.ac.uk

Website: www.ccn.ac.uk

Norwich, University Technical College Norfolk

Tel: 01603 580280

Email: office@utcn.org.uk

Website: www.utcn.org.uk

Sixth Form Colleges in Norfolk

Gorleston, East Norfolk Sixth Form College

Tel: 01493 662234

Email: info@eastnorfolk.ac.uk

Website: www.eastnorfolk.ac.uk

North Walsham, Paston Sixth Form College

Tel: 01692 402334

Email: pastoninfo@ccn.ac.uk

Website: www.paston.ac.uk

School Sixth Forms in Norfolk

Attleborough Sixth Form

Tel: 01953 452335

Email: office@aan.norfolk.sch.uk

Website: www.aan.norfolk.sch.uk

Costessey, Ormiston Victory Academy Sixth Form

Tel: 01603 742310

Email: sixthform@ormistonvictoryacademy.co.uk

Website: www.ormistonvictoryacademy.co.uk

Dereham Sixth Form College

Tel: 01362 696884

Email: office@derehamsixthform.norfolk.sch.uk

Website: www.dsfc.org.uk

Diss Sixth Form

Tel: 01379 642424

Email: directorofsixth@disshigh.co.uk

Website: www.disshigh.norfolk.sch.uk/?p=sixth.form

Downham Market College (Athena Sixth Form College)

Tel: 01366 389100

Email: info@downhammarketacademy.co.uk

Website: www.downhammarketacademy.co.uk

Fakenham Sixth Form

Tel: 01328 862545

Email: sixthform@fakenhamacademy.org

Website: www.fakenhamacademy.org.uk/fakenham-sixth-form

Hellesdon Sixth Form

Tel: 01603 254344

Email: sixthform@hellesdon.net

Website: www.wensumtrust.org.uk/hellesdonhigh-sixth-form

King's Lynn, King Edward VII Sixth Form

Tel: 01553 773606

Email: office@kesacademy.co.uk

Website: www.kesacademy.co.uk/sixth-form

King's Lynn, Springwood Sixth Form

Tel: 01553 779407

Email: sixthformoffice@springwoodhighschool.co.uk

Website: www.springwoodhighschool.co.uk/

Norwich, City of Norwich School Sixth Form

Tel: 01603 274060

Email: office@cns-school.org

Website: www.cns-school.org/sixth-form

Norwich, Hewett Sixth Form

Tel: 01603 531564

Email: office@thehewettacademy.org

Website: www.inspirationtrust.org/hewett-sixth-form

Norwich, Jane Austen College

Tel: 01603 463800

Email: janeausten@inspirationtrust.org

Website: www.inspirationtrust.org/janeaustencollege

Norwich, Notre Dame Sixth Form

Tel: 01603 611431

Email: sixthform@ndhs.org.uk

Website: www.ndhs.org.uk

Norwich, Open Academy Sixth Form

Tel: 01603 481640

Email: office@open-academy.org.uk

Website: www.open-academy.org.uk/sixth-form/

Norwich, Sir Isaac Newton Sixth Form

Tel: 01603 280940

Email: sirisaac@inspirationtrust.org

Website: www.inspirationtrust.org/sirisaacnewtonsixthform

Reepham College

Tel: 01603 870328

Email: office@reephamcollege.com

Website: www.reephamcollege.com

Sheringham Sixth Form

Tel: 01263 820821

Email: rkeshavarz@sheringhamsixthform.co.uk

Website: www.sheringhamsixthform.co.uk

Sprowston Sixth Form

Tel: 01603 485266

Email: office@sprowstonhigh.org

Website: sprowstonhigh.school/sixth-form

Taverham Sixth Form

Tel: 01603 861758

Email: 6thform@taverhamhigh.org

Website: www.taverhamhigh.norfolk.sch.uk/Sixth-Form-Welcome

Thetford Academy Sixth Form

Tel: 01842 754875

Email: info@thetfordacademy.org.uk

Website: www.inspirationtrust.org/sixth

Thorpe St Andrew Sixth Form

Tel: 01603 497767

Email: sixthformtsa@yare-edu.org.uk

Website: thorpestandrewschool.org.uk/sixth-form/

Wymondham Academy Sixth Form

Tel: 01953 602078

Email: office@wh-at.net

Website: www.wymondhamhigh.co.uk/sixth-form-3

Wymondham College (Academy) Sixth Form

Tel: 01953 609000

Email: enquiries@wymondhamcollege.org

Website: www.wymondhamcollege.org/376/sixth-form-welcome

20. Consultation

Norfolk County Council consulted all residents and stakeholders in Autumn 2013 about its Post16 Travel Scheme, as part of its Putting People First consultation. There have been no changes to the policy since that time.

21. Make a Complaint – Norfolk County Council's Complaint Process

If you wish to make a complaint please visit the [Compliments and Complaints](#) section of our website and submit a request – from this page you will also see a link to our [Complaints policies and procedures](#) section which provides more details about Norfolk County Council's complaints process.

People and Communities Select Committee

Item No. 9

Report title:	Special Educational Needs (SEND): Performance Framework & DfE SEND Review Green Paper
Date of meeting:	12 July 2022
Responsible Cabinet Member:	Cllr John Fisher (Cabinet Member for Children's Services)
Responsible Director:	Sara Tough (Executive Director Children's Services)

Introduction from Cabinet Member

This is the regular report to the People and Communities Select Committee providing a range of performance data regarding services and provision for Special Educational Needs & Disability (SEND). We are reporting to Committee over a 2 year period (which began in November 2020) following recommendations by the Local Government & Social Care Ombudsman (LGSCO) in 2020 following their published investigation report. In all previous reports to this Committee we have incrementally increased the range of information provided to Committee, expanding the original 'brief' from the LGSCO and ensuring Committee had a broader sense of EHCP performance and context. Therefore, **the report for July Committee also includes updates on tribunals, cost savings from the first two new special schools and further information on the SEND Green paper as requested during the May committee discussion.**

Executive Summary

This is the penultimate 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. The report to Committee this month updates those data sets (**within Appendix 1**) and illustrates ongoing improvement across the majority of the indicators over the 2 year period. We are also able to provide updates on Tribunal and Annual Review activity and further information regarding the government's SEND Green Paper. We continue to anticipate the Ofsted/CQC revisit to assess progress within our Written Statement of Action programme and the outcome of this will be reported to the appropriate committee meeting when that has occurred.

Actions required

- 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.**
- 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.**

Background and Purpose

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.
 - 1.1
 - 1.2 There are currently three elements to our SEND strategic improvement work, each of which constitutes major programme management, these are:
 - Area SEND Strategy (2019-2022)
 - SEND & Alternative Provision Transformation Programme (2019-2024)
 - Ofsted/CQC Written Statement of Action (2020-2022)
 - 1.3 A common theme across all three of these SEND strategic improvement programmes is the focus on improvement in Education Health & Care Plan performance and quality, alongside our focus on building more specialist provision and ensuring that local mainstream inclusive education options are increased for families across early years, schools and colleges.
 - 1.4 The report to Committee this May will focus on the core data set, as recommended by the Local Government & Social Care Ombudsman (LGSCO), and with a summary of the outcome of the national SEND review within the SEND Green Paper.

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 by month comparison.
- 2.3 The latest full data set is a mix of data available up to end of January and February 2022 and below is the latest summary which illustrates improvement across the main data sets (noting that in the March report we also set a new baseline from December 2021):

Measure Description	Baseline March 21	Baseline Dec 21
<i>School Numbers - All (Mainstream & specials)</i>	117,596	117,933
<i>School Numbers - EHCP (Mainstream & specials)</i>	4,019	4,175
<i>School Numbers - % EHCP</i>	3.4%	3.5%
<i>School Numbers - Stat School Age - All (Mainstream & specials)</i>	108,565	109,276
<i>School Numbers - Stat School Age - EHCP (Mainstream & specials)</i>	3,795	3,931
<i>School Numbers - Stat School Age - % EHCP</i>	3.5%	3.6%

- Number of Children 'out of education' with EHCP, has reduced marginally, again, with a figure of 55 being an improvement of 1 on the previous month's figure and continuing the trend of lower figures than at the start of the autumn term and also lower than at this point in the previous year.
- Average time in days for arranging alternative education provision for children who have been out of education (All CME cases), within the latest figure for March showing an increase to 33.1 days (February 25.3 days) but below January (43 days). The average for the spring term is 33.8 days which is lower than at the point that we started monitoring this indicator 2 years ago when it was at 37.1 days. As stated in the May report the ability to reduce this figure further is dependent on generating more capacity within AP provision and this difficulty is acknowledged in the recent SEND Green Paper (see commentary on this further on in this report).
- Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales there has been a slight increase from the February figure of 207 days to the March figure of 211 days. However, this still represents good progress from the 263 days noted when we started monitoring this indicator for Committee two years ago.
- Average time taken to produce (final EHCP and) EHC plan review compared with statutory timescales: there is a plateauing of performance with 62% noted throughout the spring term months (compared with 54% in January 2021).

However, it was noted in the May Committee that this indicator (as determined by the LGSCO) was not helpful in the way that it combines initial assessment and review performance in one indicator. Therefore, as we near the end of the 2 year cycle of reporting to Committee it is important to set out the indicator for consistency but information regarding EHCP initial assessment performance and annual reviews later in this report should be referred to for more helpful metrics.

- Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process this indicator is based on a financial year and we can confirm the outturn figure for 21/22 as 123 total complaints (compared to 111).

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, meets on a bi-monthly basis, alongside senior leaders across NCC, the CCG, education and health providers and the Chair of the parent carer forum (Family Voice Norfolk). The Board is also 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-visit later this year.

2.6

The most recent available figures for EHCP initial assessments performance are up to end of April 2022 and, within this data, the conclusion of the first quarter of the new reporting year:

Final EHCP - 2022													
2022	Month by Month				Quarterly				Cumulative				Days
	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Average number of days to issue Final
January (All - Old & New)	85	40	47.1	48.1	296	157	53.0	54.9	85	40	47.1	48.1	208
February (All)	112	63	56.3	58.3					197	103	52.3	54.0	201
March (All)	99	54	54.5	56.8					296	157	53.0	54.9	208
April (All)	91	49	53.8	57.6	192	87	45.3	50.3	387	206	53.2	55.6	211
May (All)	101	38	37.6	43.2					488	244	50.0	53.2	233
June (All)													
July (All)													
August (All)													
September (All)													
October (All)													
November (All)													
December (All)													
Year 2022									488	244	50.0	53.2	
Target											90.0		

2.7

As can be seen this is the first set of data during the past 2 years of reporting to Committee where there has been a reduction in performance at 53%, with this being 1% below the outturn last year and 1% below first quarter this year. The May reduction in performance is directly related to the ongoing high referral rates and we have commented on this in previous reports to the Committee; EHCP co-ordinator capacity is a feature, however, Educational Psychology capacity is also a constant challenge as we continue to 'grow our own' and recruit to a further 3 FTE posts.

2.8

The current performance should be considered in the context of the performance that resulted in the Written Statement of Action serious weakness and related improvement plan:

- 2019 Norfolk Performance = 8%
- 2020 Norfolk Performance = 21%
- 2020 National Average = 58%
- **2021 Norfolk Performance (out turn) = 54%**
- **2021 National Average = 59.9%**
- 2021 Norfolk Target = 60%
- 2022 Norfolk Target = 90%
- 2022 Norfolk Quarter 1 actual = 55%

2.9

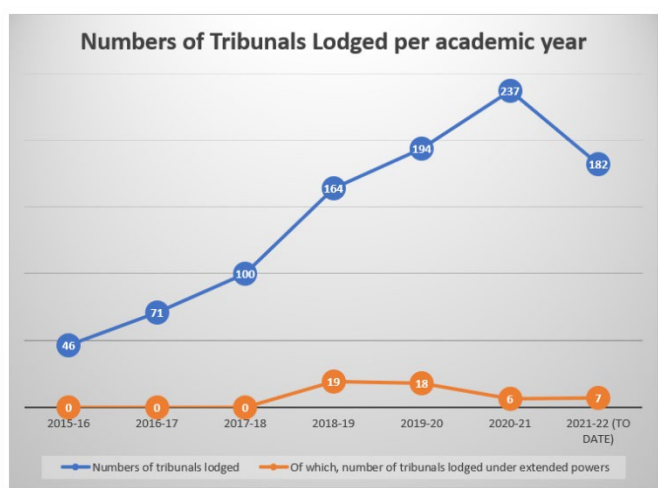
We also continue to monitor the annual review backlog and the following table sets out the latest data, compared to the December position last reported to Committee:

Total EHCP CYP as at 16/06/2022	
8842	
Annual Review Date Calculation Basis	CYP
First Issued + 11 Months	1868 (21.1%)
Last Review Meet Date + 12 Months	6974 (78.9%)
Total	8842
Year Group	CYP
Post 16	3075 (34.8%)
School Age	5558 (62.9%)
Early Years	209 (2.4%)
Total	8842
Review Date Year	CYP
2014	1 (0.0%)
2016	44 (0.5%)
2017	143 (1.6%)
2018	319 (3.6%)
2018	215 (2.4%)
2020	453 (5.1%)
2021	930 (10.5%)
2022	4227 (47.8%)
2023	2510 (28.4%)
Total	8842
Upcoming or Backlog	CYP
Backlog	3511 (39.7%)
Upcoming	5331 (60.3%)
Total	8842

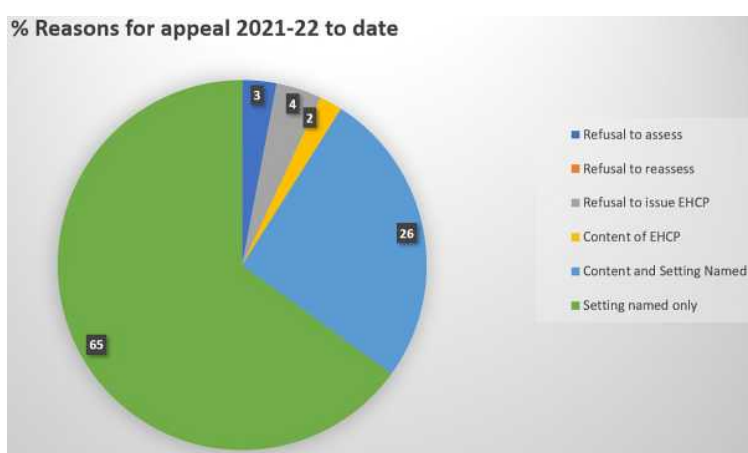
As can be seen there are 39% of cases in backlog, a slight reduction from the 41% figures reported in January committee.

2.10

The High Needs SEND Service who lead the performance improvement around EHCP also have responsibility for specialist placements and parental requests for special schools are the main reason for the high rate of Tribunal activity. Members in the May Committee requested latest information on Tribunals and the tables below provide the most relevant summary:

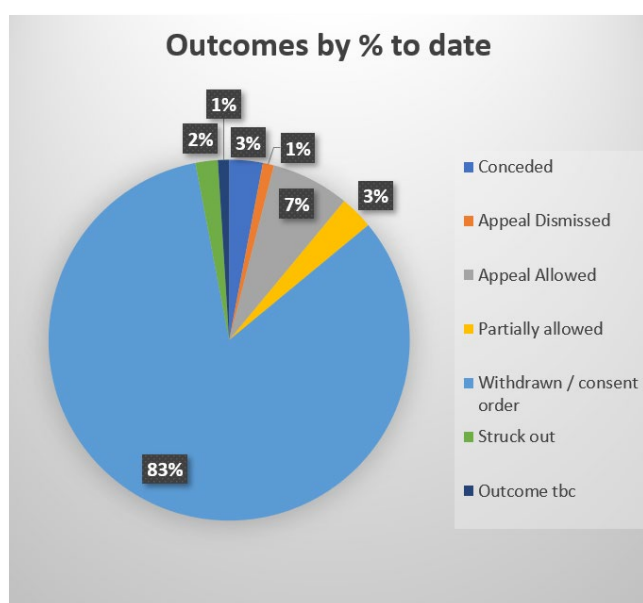


- 2.11 The increase year on year is significant and it should be noted that the graph above does not signify a reduction in the current year as these figures relate to latest data available within the current academic year. For example, at this same point last year there were 10 fewer Tribunals at 172.
- 2.12 This chart illustrates the key reason for Tribunal appeals by parents relating to the name of the setting and this, almost exclusively, means that we are not naming the special school of parental preference. Only 9% of cases have no link at all to placement.
- 2.13 It is not the case, however, that this means that we disagree fundamentally with parents on all occasions regarding special school 'vs' mainstream, rather that whilst we agree special school is needed we have a difference of opinion regarding the specific school. The £120 million investment to build special schools and specialist resources bases will relieve, rather than fully resolve, this tension when completed.



- 2.14 The chart below provides a summary of the outcome of Tribunal process, with 83% of appeals not proceeding to a full hearing. This is in part due to our mediation process where we try to resolve issues before the hearing date. Therefore, it is worth noting that of the 11% of cases that are decided by a Judge,

- 16 (61%) were allowed in favour of the parent
- 3 (12%) dismissed
- 7 (27%) were partially allowed (some aspects for parents, some for LA)



2.15 Also within the May Committee there was a request to provide a summary of the cost benefits accruing for the £120million capital investment in new special schools and specialist resource bases.

2.16 We have always been clear that new specialist provision, whilst primarily developed to ensure that we can meet children and young people need more effectively, should have the benefit of reducing budget pressure for the High Needs Block and SEN Transport budgets. Value for Money specialist provision closer to home is a benefit all round.

2.17 The first two new special schools opened in September and January this academic year (Bure Park for SEMH needs in Great Yarmouth and Duke of Lancaster for ASD needs in Fakenham, respectively) and both have ensured that we have avoided costs into the independent specialist sector and through reduced travel time/costs, for initial cohorts, and in summary:

School	High Needs Block saving	SEN Transport saving
Bure Park	£871,679	£126,929
Duke of Lancaster	£1,382,894	£205,403

2.18 As set out in the committee report in May the DfE published the SEND Green Paper in late March within a 15 week consultation, ending on 22 July.

2.19 During the July Committee meeting a presentation will be shared which sets out the detail of the proposals, enabling a summary of our views on the changes and our thinking ahead of responding formally to the 22 consultation questions.

2.20 We have engaged with our staff, partners and colleagues across the Eastern Region during April, May and June to gather feedback and to see where there are shared views regarding the benefits, challenges and potential pitfalls within the proposals. In addition to a Children's Services response on behalf of NCC we have been encouraging partner organisations and individual professionals to respond. We are aware that Norfolk's Parent Carer Forum, Family Voice Norfolk, will submit a response from their unique perspective and expect other parent/carers groups to do so also. We have contributed to a submission from the Local Government Association and from the Regional SEND Leads group.

2.21 To remind Members of the key elements of the proposal we have set out again the governments summary information and provided a link to the full Green Paper in the background papers section of this report.

2.22 The DfE have set out three key themes from their review and the way in which, in their opinion, they have created a 'vicious cycle':

There are three key challenges facing the SEND system

Challenge 1: outcomes for children and young people with SEN or in alternative provision are poor

Challenge 2: navigating the SEND system and alternative provision is not a positive experience for children, young people and their families

Challenge 3: despite unprecedented investment, the system is not delivering value for money for children, young people and families

The SEND Green paper summarises the government response to these challenges within eight key elements:

2.23

Summary of the SEND review: right support, right place, right time

Published 29 March 2022

- Setting **new national standards across education, health and care** to build on the foundations created through the Children and Families Act 2014, for a higher performing SEND system;
- A **simplified Education, Health and Care Plan (EHCP)** through digitising plans to make them more flexible, reducing bureaucracy and supporting parents to make informed choices via a list of appropriate placements tailored to their child's needs, meaning less time spent researching the right school;
- A new legal requirement for councils to introduce **'local inclusion plans'** that bring together early years, schools and post-16 education with health and care services, giving system partners more certainty on who is responsible and when;
- Improving oversight and transparency through the publication of new **'local inclusion dashboards'** to make roles and responsibilities of all partners within the system clearer for parents and young people, helping to drive better outcomes;
- A new **national framework for councils for banding and tariffs of High Needs**, to match the national standards and offer clarity on the level of support expected, and put the system on a financially sustainable footing in the future;
- **Changing the culture and practice in mainstream education** to be more inclusive and better at identifying and supporting needs, including through earlier intervention and improved targeted support;
- Improving workforce training through the introduction of a new **SENCo NPQ for school SENCos** and increasing the number of staff with an accredited level 3 qualification in early years settings; and
- A **reformed and integrated role for alternative provision (AP)**, with a new delivery model in every local area focused on early intervention. AP will form an integral part of local SEND systems with improvements to settings and more funding stability.

We believe that the government proposals do, overall, provide many opportunities for improvements to SEND nationally and locally. However, there are some specific proposals that do cause initial concern, either due to potential unintended consequences or related to the pragmatics of implementation. To illustrate this point, we welcome the theme regarding national standards and consistency, for example where this relates to banding systems and tariffs. We would be concerned, however, if the final 'shape' of the proposals within related legislation and revised regulations do not provide the clarity needed regarding the respective duties for education providers, the local authority and health system.

2.24

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 Autumn 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 Autumn term of 2022.
- 3.2 Further, that analysis of these range of performance measures will directly assist with any decision making regarding any policy changes needed over time as part of the overall SEND improvement programme.

4. Financial Implications – Supply & Demand

- 4.1 Prior to the November report to Committee we had stated that there are no direct financial implications relating to the development of a new SEND performance framework. Also stating that if the performance framework highlights areas of service and provision that need to be addressed, these will be considered as part of the overall Children's Services Transformation Programme (for example, additional capacity for the Education High Needs SEND Service, which oversees EHCP's, has already been identified and secured). However, as the scope of this regular report broadened to take account of the range of SEND strategic improvement work we determined that it was now appropriate to include budget context for SEND.
- 4.2 The report to Committee in November set out information relating to the High Needs Block budget and also the Home to School SEND Transport budget, setting out the significant budget pressure within both of these areas. This information is not repeated here, however, in the final report to Committee in September we will provide an update; ensuring that in the final report we are able to provide Members with the latest position for these budgets and in the context, as we know at that time, of the governments possible changes via the SEND Green Paper.

5. Resource Implications

Staff: / Property: / IT

n/a

6. Other Implications

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

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

7. Actions required

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

8. Background Papers

Appendix 1 – April Data Set for EHCP Performance

Link to DfE SEND Green Paper [SEND review right support right place right time-print ready.pdf](#)

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 July 2022 : SEND Performance Framework Appendix 1

Serial	Measure Description	Jul-20	Nov-20	Dec-20	Jan-21	Mar-21	May-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec 21	Jan 22	Feb-22	Mar-22	Apr-22
-	School Numbers - All (Mainstream & specials)	116617	-	116572	-	117596	-	-					117933	-	-	-	
-	School Numbers - EHCP (Mainstream & specials)	3435	-	3758	-	4019	-	-					4175	-	-	-	
-	School Numbers - % EHCP	2.9%	-	3.2%	-	3.4%	-	-					3.5%	-	-	-	
-	School Numbers - Stat School Age - All (Mainstream & specials)	107793	-	108593	-	108565	-	-					109276	-	-	-	
-	School Numbers - Stat School Age - EHCP (Mainstream & specials)	3222	-	3401	-	3795	-	-					3931	-	-	-	
-	School Numbers - Stat School Age - % EHCP	3.0%	-	3.1%	-	3.5%	-	-					3.6%	-	-	-	
1a	Number of children out of education - ALL CME	521	702	595	542	525	431	387	426	577	597	512	495	503	431	418	
1b	Number of children out of education - EHCP	-	66	65	56	65	51	49	57	76	59	56	60	72	56	55	
1c	Percentage - EHCP in cohort of all CME	-	9.4%	10.9%	10.3%	12.4%	11.8%	12.7%	13.4%	13.2%	9.9%	10.9%	12.1%	14.3%	13.0%	13.2%	
1d	Number of children out of education - LAC	-	-	-	11	11	8	10	14	18	13	16	12	19	13	16	
1e	Percentage - LAC in cohort of all CME	-	-	-	2.0%	2.1%	1.9%	2.6%	3.3%	3.1%	2.2%	3.1%	7.0%	7.0%	7.0%	3.8%	
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories All cases - number of pupils	41.0	132	51	80	128	96	67	8	147	172	65	22	53	82	44	
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories All cases - average number of days	37.1 days	30.1 days	22.8 days	23.3 days	19.8 days	25.9 days	18.5 days	15.1	16.5	28.2 days	32.5 days	25.6 days	43.1 days	25.3 days	33.0 Days	
2b	Average time - EHCP-issued cases only. EHCP - number of pupils	4	23	4	7	11	9	6	nil	6	30	13	4	17	11	8	
2b	Average time - EHCP-issued cases only. EHCP - average number of days	98.3 days	76.9 days	44.5 days	38.7 days	46.1 days	84.1 days	24.3 days	-	74.5	66.8 days	84.0 days	43.0 days	62.1 days	76.2 days	63.1 days	

People & Communities Select Committee July 2022 : SEND Performance Framework Appendix 1

3	Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales	263.3 days 37.6 weeks	260.9 days 37.3 weeks	229.6 days 32.8 weeks	215.9 days 30.8 weeks	205.6 days 29.4 weeks	235.2 days 33.6 weeks	193.5 days 27.6 weeks	188.4 days 26.9 weeks	205.7 days 29.4 weeks	179.0 days 25.6 weeks	205.6 days 29.4 weeks	183 days 26.1 weeks	208.4 days 29.8 weeks	201.0 days 28.7 weeks	207.8 days 29.7 weeks	211.2 days 30.2 weeks
4	Average time taken to produce (final EHC plans and) EHC plan reviews compared with statutory timescales	(12/08/2020 - 56% in time)	55% in time	56% in time	54% in time	55% in time	59% in time	63% in time	66% in time	67% in time	64% in time	61% in time	61% in time	62% in time	61% in time	61% in time	62% in time
3a	<i>Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales. For LAC pupils only</i>	-	-	-	NA (Only 2 LAC in calc)	NA (Only 3 LAC in calc)	NA (No LAC in calcs)	NA (No LAC in calc)	173 days (only 2 LAC in calc)	122.3 days (only 2 LAC in calc)	147.6 days (only 9 LAC in calc)	227.0 days (only 6 LAC in calc)	135.2 days (only 6 LAC in calc)	NA (No LAC in calc)	138.5 days (only 4 LAC in calc)	NA (No LAC in calc)	139.0 days (only 1 LAC in calc)
4a	<i>Average time taken to produce (final EHC plans and) EHC plan reviews compared with statutory timescales. For LAC pupils only</i>	-	-	-	54% in time (248 LAC in calc)	53% in time (255 LAC in calc)	57% in time (247 LAC in calc)	68% in time (254 LAC in calc)	73% in time (254 LAC in calc)	67% in time (256 LAC in calc)	67% in time (261 LAC in calc)	61% in time (271 LAC in calc)	71% in time (272 LAC in calc)	75% in time (266 LAC in calc)	61% in time (266 LAC in calc)	75% in time (222 LAC in calc)	73% in time (223 LAC in calc)
5a	Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process Cumulative - FY (April-March)	34	63	73	83	111	22	53	62	71	80	89	96	104	109	123	9
5a	Number of "Local Outcome" Upheld complaints about EHC plans and education provision from NCC complaints process Cumulative - FY (April-March)	24	37	42	47	61	12	26	30	35	40	42	44	46	48	53	4

5b	Number of "LGO Outcome" Total Number of complaints about EHC plans and education provision from NCC Accumulative - FY (April-March) LGO Outcomes are not published in the public domain until 3 months after the final decision is made.	1	3	4	4	5	1	2	4	4	4	5	5	5	6		
5b	Number of "LGO Outcome" Upheld complaints about EHC plans and education provision from NCC Cumulative - FY (April-March)	1	3	3	3	4	1	2	2	2	2	2	2	2	3		

***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.



Norfolk County Council

People & Communities Select Committee June 2022

DfE SEND Review (Green Paper)





HM Government

SEND Review:

Right support

Right place

Right time



SEND Review:

Right support, right place, right time
Government consultation on the SEND and
alternative provision system in England

Presented to Parliament
by the Secretary of State for Education
by Command of Her Majesty

March 2022

Summary of the SEND review: right support, right place, right time

Published 29 March 2022

- Setting **new national standards across education, health and care** to build on the foundations created through the Children and Families Act 2014, for a higher performing SEND system;
- A **simplified Education, Health and Care Plan (EHCP)** through digitising plans to make them more flexible, reducing bureaucracy and supporting parents to make informed choices via a list of appropriate placements tailored to their child's needs, meaning less time spent researching the right school;
- A new legal requirement for councils to introduce **'local inclusion plans'** that bring together early years, schools and post-16 education with health and care services, giving system partners more certainty on who is responsible and when;
- Improving oversight and transparency through the publication of new **'local inclusion dashboards'** to make roles and responsibilities of all partners within the system clearer for parents and young people, helping to drive better outcomes;
- A new **national framework for councils for banding and tariffs of High Needs**, to match the national standards and offer clarity on the level of support expected, and put the system on a financially sustainable footing in the future;
- **Changing the culture and practice in mainstream education** to be more inclusive and better at identifying and supporting needs, including through earlier intervention and improved targeted support;
- Improving workforce training through the introduction of a new **SENCo NPQ for school SENCos** and increasing the number of staff with an accredited level 3 qualification in early years settings; and
- A **reformed and integrated role for alternative provision (AP)**, with a new delivery model in every local area focused on early intervention. AP will form an integral part of local SEND systems with improvements to settings and more funding stability.

A vicious cycle of late intervention, low confidence and inefficient resource allocation is driving these challenges



A single national SEND and alternative provision system

Legislate for new national system for SEND & AP and set National standards (+ amended SEN COP) for:

- How needs are identified and recorded, assessments and who should be involved.
- Set out full range of appropriate types of placements for meeting different needs
- They will bring clarity to when a child needs an EHCP and additionally whether they require specialist (*inc* AP)
- Which partners should fund specific support / provision
- Accessing and reviewing support in mainstream
- Standards on co-production
- Standards for EHCP reviews with greater emphasis on **time bound support** and achieving individual outcomes
- Standards for managing transition

Mandatory multi agency panels for EHCP processes

- **Statutory panels** re: requests for EHCPs and placement and funding decisions
- Representation from settings, health, SC and p/cs.
- Make **recommendations** to LA re: decisions to assess, issue EHCP and whether provision specified is in line with the national model.
- LA **must** take these into account when making final decisions

Introduce Local SEND Partnerships

- Legislate for SEND Partnerships **convened by LAs**, which bring together all education settings + H&SC partners and others (i.e. youth justice).
- Responsible for needs analysis of local area and production of a co-produced **Local Inclusion Plan**: strategic plan setting out provision to be commissioned in line with National Standards
- The LIP will inform the LO.
- More regional based commissioning, esp for high needs / low incidence
- Required to work alongside LSCB and ICS for integration

Burdens Assessment as part of this proposal

- Will consider capacity of LA to manage delivery of the change, such as **training and development needs of LA SEN officer teams**.

A single national SEND and alternative provision system

Digitised and standardised EHCPs and streamlined processes

- National EHCP digi template + processes with professional and parental portal access.
- Tech enabled for pics and vids and to produce data
- Make it clear input required from different services in contributing to the EHCP, including defining SC so as a minimum families are signposted to universal support
- Streamline EHC and social care assessments following SC Independent Review
- Consider if H1 and H2 distinctions remain useful
- Will make it clear who is responsible for providing and funding what
- Standardise Annual Review process with requirement to discuss and record whether step down to targeted support and cessation of EHCP is more appropriate for meeting child's needs.
- Change timescales for issuing draft EHCPs following AR following recent high court judgement

Amend process for naming settings on EHCP

- Parents provided with a “tailored list” from the Local Inclusion plan across **all types** of settings
- LA to allocate **first available place** in order of parental preference
- Mainstream presumption protected
- Will not affect existing placements

Earlier redress through national standards and Mandatory Mediation

- National standards will set how complaints should be dealt with and by whom
- Review of effectiveness of DDA rights of recourse
- Greater clarity on role of SENDIASS
- **Requirement** for LA and p/cs to engage in mediation, not just consider – “decision makers” **must attend**
- Possible **“independent review”** mechanisms, prior to a Tribunal – possibly via the EHCP “Mandatory panels” who could make binding legal judgements
- Tribunals reserved **only** when arrangements not in line with national standards, and tribunal decisions must be in line with such.
- Extended Tribunal powers remain

Excellent provision from early years to adulthood

Identification of need early in Early Years

- Upskill EYs practitioners on the EYFS 2 year progress check
- Increase number of trained / qualified SENCOs in EYS and Level 3 SEND-qualified practitioners

Excellent teaching and curriculum standard in mainstream schools & new SENCO qualification

- Increase of total investment in schools' budgets by £7bn by 24/25.
- 90% of children to reach expected standards in RWM at end of KS2
- Parent pledge (School's White Paper) on evidence based support when children fall behind
- New research on SEND classroom based practice
- Transform teach development and CPD pathways (ITT, Early Career Framework, NPQ's)
- Guidance on **effective deployment of TAs** as part of national standards
- Introduce new Leadership SENCO NPQ and ensure protected time for work with children and via SEN COP strengthen relationship with SEND Governor

Support families at each stage of child's journey

- Family hubs in 75 LAs expected to help families of children with SEND by referring to agencies / services within the hub network
- Expectation LAs will integrate **SEND provision** into their 0-2 year old offer
- Expand Supporting Families Programme to support families to access multi agency support
- Respite Innovation Funds – £30m for 10,000 additional places

Timely access to specialist support

- Senior mental health lead training to all state funded school / college by 2025
- MHSTs roll out
- **200+ Trainee Ed Psychs over 3 years (2020-2022)**
- **Autism diagnosis investment** £2.5m per year as part of NHS long term plan
- DfE and DoH to review national picture of **demand for therapies** and from diagnostic workforce
- Further clarify role of DCO and rename Designated Health Officer
- Strongly encourage DSCOs via SEN COP
- Testing MDTs of specialists (MH workers, SaLTs, FSWs) in AP – focussed currently on 22 serious violence hotspots to inform evidence of what works in AP

Excellent provision from early years to adulthood

Invest in high quality specialist placements where needed

- £2.6bn capital for new specialist provision
- Prioritise LAs in need of further provision and where a new school will help them reduce DSG deficits

Timeline for specialist settings to join a “strong trust”

- As per Schools White Paper, all schools in strong Trusts, including Special and AP
- Choice of joining specialist or mixed MATs

Transition to FE and Preparation for Adulthood

- National standards will include standards for transition.
- Expand “Common Transfer Files”
- SEND quals for FE teachers
- SEND link Governor role

Too many yp with SEND are not in sustained employment or HE. They may remain in education setting for longer than is beneficial as there is not a viable opportunity for them to progress to. This places financial pressure on LAs, esp. when in EHCP is in place.

- Improved careers guidance via Careers Hubs and support Careers Leaders to lead design and delivery of CEIAG tailored for those with SEND.
- £18m for 72,000 further Supported Internships
- Review of Post 16 quals below Level 2 simplified and high quality
- DWP pilot for “adjustment passports” owned by the yp setting out the support they need in HE or employment

We recognise some yp with more complex needs require different support. If support is not there, it can result in EHCPs being retained beyond the point at which a yp can achieve more within an educational setting. We will keep our approach to transitions to ASC “under review” and consider recommendations of the Independent Review of SC.

A reformed and integrated role for alternative provision

Key Principles

A national vision for AP enabling local areas to ensure that cyp with **challenging behaviour** or **with health needs** get **targeted support** in mainstream settings, or access to **time limited or transitional places** in AP schools.

- All AP schools will be ambitious in supporting cyp to stay in, or return to, mainstream schools / colleges
- AP Schools will provide the **leadership and expertise** to develop capacity in mainstream schools, building on strong behaviour cultures
- A distinct purpose that's different to special schools, primarily supporting cyp to stay in or reintegrate back into mainstream education
- Should **not** be used simply because a child has SEND or they are waiting for an EHCP or because there is no capacity in special schools

Propose to establish a delivery model for AP based on a three-tier system of support:

- **Targeted support in mainstream schools:** (i.e. "on call" advice for mainstream schools, coaching, delivering of self-regulation classes for small groups of 1:1 support)
- **Time limited placements in AP:** for those who need more intensive support to address behaviour or anxiety and re-engage in learning. Schools to use "off site direction" and children to be dual registered.
- **Transitional placements:** for those who will not return to their previous school but will be supported to transition to a different school when they are able, or to post 16.

Builds on ambition of SWP for children to be taught in **calm, orderly, safe and supportive schools** and links to revision of the **Behaviour in Schools guidance and stat guidance on exclusions**.

For those children and young people for whom a strong behaviour culture alone is not sufficient, high-quality alternative provision will deploy evidence-led strategies to re-engage them in education, improving their attendance and behaviour. This will provide a coherent, national vision for alternative provision and establish a delivery model for achieving it in every area. Over time, this new system will reduce the number of preventable exclusions and expensive long term placements, as needs will be identified and supported early. More children and young people will remain in mainstream schools, improving their experience, wellbeing, and outcomes.

System roles, accountabilities and funding reform

Accountability for LAs and MATs

- DfE to establish new **Regions Group** by summer 2022 integrating DfE and ESFA functions to lead **systems regulation**, and to hold LAs and MATs to account for local delivery in line with new national SEND standards.
- DfE to “support” LAs in the development of LIPs as additional layer of QA, (evidence based, forward facing, trend responsive and co-produced).
- DfE and LAs to enter into new **“funding agreements”** for HNBs. Transparency, VFM, and clarity on how spending aligns to new national SEND standards and circumstances when DfE will **intervene**.
- DfE to monitor delivery of LIPs against national standards and where “not in line” DfE will **“take action”**.
- Ladder of intervention will build on Safety Valve’s and Delivering Better Value initiatives.
- Intervention similar to that for Safeguarding: improvement plans, LA improvement pairings, imposed conditions .
- In extenuating circumstances, **change in leadership** will occur to control HNBs and manage local delivery.
- Will also act as a regulator for MATs and will define what is expected of Trusts for c/yp with SEND

Accountability for Health

- Statutory guidance to be issued to Integrated Care Boards (which will replace CCGs) re: how statutory responsibilities on SEND should be discharged.
- Requirement for a Executive Leader for SEND to sit on the board.
- Intervention powers for NHSE where ICBs are found to be failing.
- New NICE guidance issued on supporting children with severe and complex needs to support commissioners in planning and securing services.

Better use of data

- Introduction of new **local and national inclusion dashboards** – clear performance data across E, H and C.
- Will be used by the local SEND Partnerships for monitoring, planning and delivering services.
- Will work with the SEND sector to inform which data set against the national SEND Standards to use at national and LA level based on:
 - Outcomes and experiences (attainment and absence, tribunals, exclusions, EET)
 - Identification of need - % of types of need, % of pupils with EHCPs, EHCP timeliness and access to community health service inc. waiting times
 - VFM – high needs spending, surplus/deficit and % on in and out of area/

System roles, accountabilities and funding reform

Performance metrics for education providers

There is a perception that schools that do welcome pupils with SEND become 'magnet schools' and see increasing numbers attending which becomes unsustainable over time. The issues are complex, with a range of incentives pulling in different directions. We will need to continue to strike a balance between ensuring that inspection and performance metrics for education provision adequately speak to the complexity of the SEND cohort and ensuring they offer a true picture of performance to hold schools accountable for the outcomes of children with SEND, and their role in delivering these outcomes.

- Updates to school and college performance table to include contextual information about school alongside their results to show more easily who is "doing well" by SEND.
- To achieve "Outstanding" setting must show children with SEND achieve exceptionally well.
- All schools and FEs to be inspected at least once by end of summer 2025 under the new EIF.

New area SEND and AP Inspection Framework

- New framework due to launch 2023 with ongoing inspections.
- Areas under WSOA will be revisited under current framework.
- Will build accountability for delivery of the SEND standards.

Schools' notional SEND budgets

- Guidance to be issued to LAs on how to calculate notional SEND budgets to facilitate national consistency
- Will consider how far DfE can determine notional SEND budgets rather than LAs
- Will reconsider the £6k SEND notional threshold as part of implementation of national SEND standards and national bandings / tariffs

Funding reform

- New national framework for **banding and price tariffs** for high needs funding, matched to levels of need and type of education provision set out in the new national SEND standards.
 - Bandings will cluster types of education provision (aligned to need) according to the national standards.
 - Tariffs will set the rules and process that commissioners use to pay provider (i.e. pricing attributed to specific elements such as staffing)
 - Will build on examples in LAs and already working in the NHS.
 - Tariffs will give providers clarity on how much funding they should expect to receive and enables commissioners to determine the cost of places or services.
 - Will provide national consistency.
 - Will apply to all education provision, including independent sector.
- All specialist providers will need to ensure the provision they offer is in line with the national SEND Standards if they are to continue receiving placements funded by the LA.....*
- Guidelines for who pays for support and how LAs set funding levels.

Early Years Funding

- Will consider whether changes to SEND Inclusion fund or EYS funding system are needed to implement the new framework for bands and tariffs.

List of consultation questions

1. What key factors should be considered when developing national standards to ensure they deliver improved outcomes and experiences for children and young people with SEND and their families? This includes how the standards apply across education, health and care in a 0-25 system.
2. How should we develop the proposal for new local SEND partnerships to oversee the effective development of local inclusion plans whilst avoiding placing unnecessary burdens or duplicating current partnerships?
3. What factors would enable local authorities to successfully commission provision for low-incidence high cost need, and further education, across local authority boundaries?
4. What components of the EHCP should we consider reviewing or amending as we move to a standardised and digitised version?
5. Do you agree or disagree that we should introduce a new mandatory SENCo NPQ to replace the NASENCo?
6. Do you agree or disagree that we should introduce a new mandatory SENCo NPQ to replace the NASENCo?
7. Do you consider the current remedies available to the SEND Tribunal for disabled children who have been discriminated against by schools effective in putting children and young people's education back on track? Please give a reason for your answer with examples, if possible.
8. What steps should be taken to strengthen early years practice with regard to conducting the two-year-old progress check and integration with the Healthy Child Programme review?
9. To what extent do you agree or disagree that we should introduce a new mandatory SENCo NPQ to replace the NASENCo?
Strongly Agree, Agree, Neither Agree or Disagree, Disagree, Strongly Disagree
 - If you selected Disagree or Strongly Disagree, please tell us why.

10. To what extent do you agree that we should strengthen the mandatory SENCo training requirement by requiring that headteachers must be satisfied that the SENCo is in the process of obtaining the relevant qualification when taking on the role?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

– If you selected Disagree or Strongly Disagree, please tell us why

11. To what extent do you agree or disagree that both specialist and mixed MATs should be allowed to coexist in the fully trust-led future? This would allow current local authority maintained special schools and alternative provision settings to join either type of MAT.

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

– If you selected Disagree or Strongly Disagree, please tell us why

12. What more can be done by employers, providers and government to ensure that those young people with SEND can access, participate in and be supported to achieve an apprenticeship, including through access routes like traineeships?

13. To what extent do you agree or disagree that this new vision for alternative provision will result in improved outcomes for children and young people?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

– If you selected Disagree or Strongly Disagree, please tell us why

14. What needs to be in place in order to distribute existing funding more effectively to alternative provision schools, to ensure they have the financial stability required to deliver our vision for more early intervention and re-integration?

15. To what extent do you agree or disagree that introducing a bespoke alternative provision performance framework, based on these 5 outcomes, will improve the quality of alternative provision?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

– If you selected Disagree or Strongly Disagree, please tell us why

16. To what extent do you agree or disagree that a statutory framework for pupil movements will improve oversight and transparency of placements into and out of alternative provision?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

– If you selected Disagree or Strongly Disagree, please tell us why

17. What are the key metrics we should capture and use to measure local and national performance? Please explain why you have selected these.

18. How can we best develop a national framework for funding bands and tariffs to achieve our objectives and mitigate unintended consequences and risks?

19. How can the National SEND Delivery Board work most effectively with local partnerships to ensure the proposals are implemented successfully?

20. What will make the biggest difference to successful implementation of these proposals? What do you see as the barriers to and enablers of success?

21. What support do local systems and delivery partners need to successfully transition and deliver the new national system?

22. Is there anything else you would like to say about the proposals in the green paper?

People and Communities Select Committee

Item No: 10

Report Title: Delivering a social care quality framework for Norfolk

Date of Meeting: 12 July 2022

Responsible Cabinet Member: Cllr Bill Borrett (Cabinet Member for Adult Social Care, Public Health & Prevention)

Responsible Director: James Bullion (Executive Director of Adult Social Services)

Executive Summary

The Care Act 2014 requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities. Although Norfolk County Council (the Council) does not directly provide care services, this influencing role is across all parts of the social care market, the majority of which is not directly commissioned by NCC. Since the introduction of this duty in April 2015, the Council has worked with private businesses to support the care market, including backing the creation of the Norfolk Care Association in January 2020 as an independent voice, representing and supporting social care organisations across Norfolk. The county of Norfolk has had a history of comparably low quality of care. The Council has identified improvement in care quality as a corporate vital sign, with the target for at least 85% of all types of care provision to be either good or outstanding by April 2024. Currently (end of April 2022), only 70.9% of care providers are rated good or outstanding. This compares to a national average of 83.7% and a regional average of 84.0%.

In 2021, Norfolk County Council set up a cross party Member led task and finish group to review care quality drivers and agreed an internal plan to support improvement. Progress against this plan was reported to People Select Committee in September 2021 and to Performance Panel in February 2022. This initial plan focused on actions for the Council, however quality of care is affected both positively and negatively by multiple factors and a more collaborative approach is needed to secure high performance in Norfolk.

At the end of April, stakeholders from across the Norfolk care system met to discuss the position of social care quality across the county and to develop an approach to work together to better understand the key drivers and coordinate and direct action.

Due to priorities for the People and Communities Select Committee in May, this item was delayed until the July meeting. Cabinet in June discussed and agreed the approach set out in this paper, which reflects the work set in motion by this committee.

Six key focal areas have been identified that will form the strategic framework for quality of care improvement. The agreed approach will create a Care Quality Programme Board operating as a joint committee within the ICS framework that can deliver a Norfolk wide care quality strategic framework. This framework will enable wide engagement, and a

collaborative approach to better understand the key drivers and coordinate and direct action to secure improvement.

Action Required

The Select Committee is asked to:

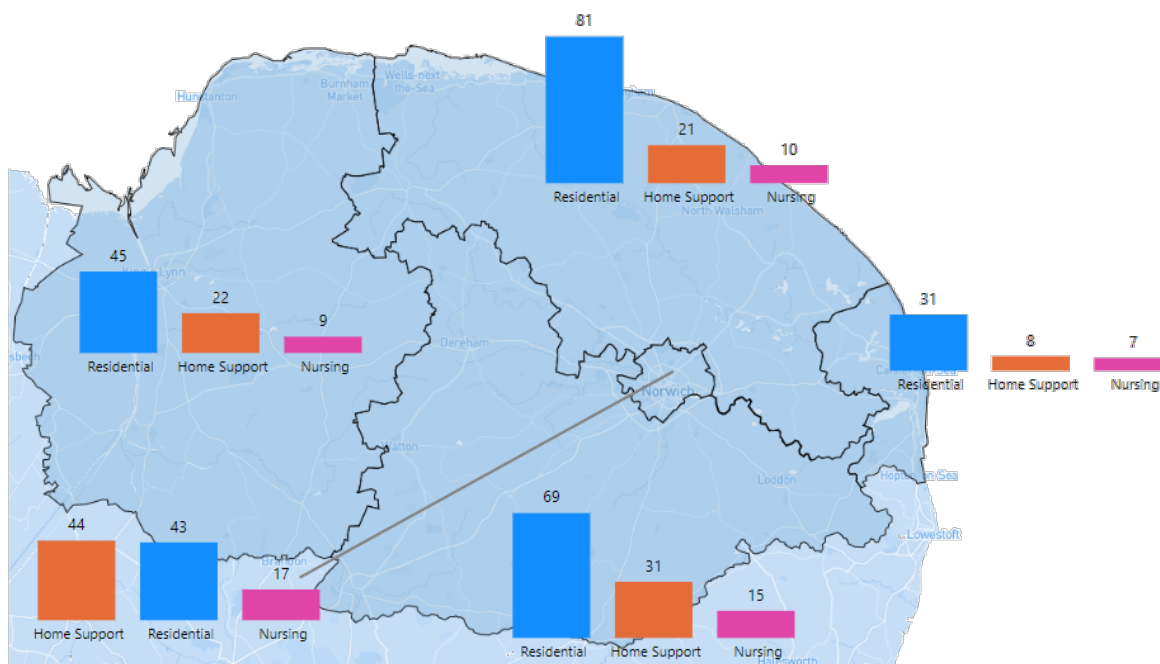
- a) **Discuss and note the actions that have been taken to develop the care quality approach to extend engagement and actions across the integrated care system**
- b) **To identify any further actions or areas of focus that should be considered as part of the continuing development and implementation of the strategic framework to support care quality improvement in Norfolk**

1. Background and Purpose

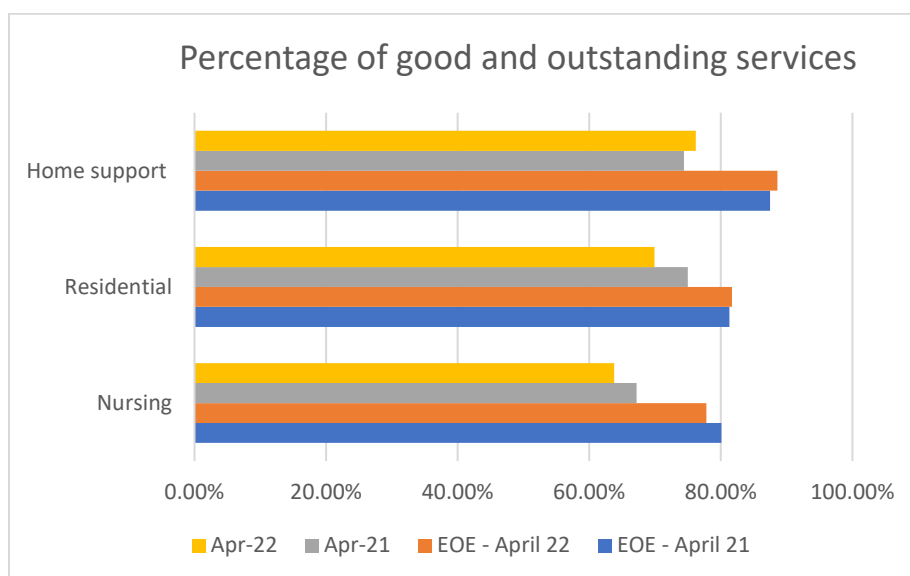
- 1.1 The county of Norfolk has had a history of comparably low quality of care. The Council has identified improvement in care quality as a corporate vital sign, with the target to reach 85% of all types of care provision either good or outstanding by April 2024.
- 1.2 In 2021 a cross party member led task and finish group met to review care quality drivers and agreed an internal plan to support improvement. Progress against this plan was reported to People Select Committee in September 2021 and to Performance Panel in February 2022.
- 1.3 This initial plan focused on actions for the Council, however quality of care is affected both positively and negatively by multiple factors and a more collaborative approach is needed to secure high performance in Norfolk. This will require a wider focus, with broader engagement and ownership from care providers, those that use care services and more widely across the emerging integrated care system.
- 1.4 Following an initial engagement event with stakeholders, Cabinet discussed and agreed the proposal to develop a Norfolk Care Quality Framework that enables wide engagement, analysis and actions with focus on the challenges, solutions and ownership from all stakeholders across the county.
- 1.5 This paper sets out the context for this work, it provides an update on the actions that have been undertaken to date and the proposed direction and governance to build a system approach for social care quality improvement across Norfolk

2 Care quality in Norfolk

- 2.1 Across Norfolk there are currently 453 care providers registered with the Care Quality Commission (CQC). Residential care provision accounts for 269 care providers; nursing 58 and 126 home support providers, which includes home care, extra care housing, supported living and shared lives.



- 2.2 Although Norfolk has a slightly higher % of outstanding care compared to other local authorities in our area, as at April 2022, only 70.9% of care providers were rated good or outstanding. This compares to a national average of 83.7% and a regional average of 84%. The table below shows comparative performance across types of care registration.



- 2.3 Norfolk faces challenges across all parts of the sector, but there is most disparity compared to the East of England across nursing provision and home support.
- 2.4 There is also significant variance across the county. For example, nursing is rated good or outstanding between a range of 55.5% and 66.7% across Norfolk, with the exception of Norwich where it is 81.8%. Likewise home support quality stands out in the West and North, where it is 81.8% and 86.4% respectively – but only 62.5% in the East.
- 2.5 This requires more focus at a place based level to understand variation in the models of care and support for social care across the system.

- 2.6 Despite the challenge, improvement is achievable. Although we want to aim for all care to reach these standards, pursuing the initial targets means that a net of 40 residential care homes would need to improve to good or where there is sustained inadequate provision – leave the care market. For both nursing and home support a net improvement of 11 care providers is needed.
- 2.7 The reasons for poor care quality are wide ranging. However, while there are challenges pertaining to Norfolk, these do not prevent high quality care as there are many areas across the country that have similar features, but better quality of care. Some of the challenges in Norfolk that will have an impact include:
- a) Geography – rurality presents key workforce challenges, for front line care workers, nurses and Registered Manager roles
 - b) Age and suitability of the care estate – presents higher costs and difficulty meeting contemporary care needs
 - c) Volume of providers – creates a wider reach for quality oversight and contract monitoring
 - d) Shortfall in available capacity – for some sectors this has led to tolerance of non-compliant care due to lack of alternatives
- 2.8 Historically, the Council's quality function had insufficient capacity to support the size and challenge of Norfolk. This has been addressed and although the pandemic required the Integrated Quality Service to support the care sector in different ways, the IQS activity has now been fully operational as intended for 12 months.
- 2.9 The price Norfolk pays for care compares well with other local authorities both regionally and nationally and it is not believed that this is a primary factor in care quality concerns.
- 2.10 Some of the wider challenges within the health and social care infrastructure could impact on the quality of social care services. Further evidence is needed to test views about variations in the Norfolk and Waveney health and social care system. These include:
- a) Variation in quality and access to health services in parts of the county; including primary care; mental health services and community nursing
 - b) Lower levels of continuing health care and funded nursing care compared to the region
 - c) Level of investment to support learning disability, autism and mental health services in the community – including support for Section 117
 - d) Clarity of vision for care sector as level of acuity of need increases
 - e) Lack of dementia services in Norfolk
 - f) High number of providers, especially independent providers within single locations, which increases opportunity for staff turnover

3 Actions undertaken

- 3.1 A cross party Member led task and finish groups was implemented last year and met over a three month period with agreement of an action plan. The progress against this plan was reported to People Select Committee in September 2021 and Performance Review Panel in February 2022. This plan focused on actions for Norfolk County Council. Despite continued pressures across adult social care, good

progress has been made against the key areas of work identified. This work, including progress and further areas for focus, is outlined in the table below:

Key actions	Progress and focus areas
Strengthening the Integrated Quality Service and implementing a quality improvement and escalation policy	Additional staff recruited and increase in permanent staff. Risk assessed schedule of PAMMS reviews with target of 24 reviews completed each month, alongside improvement support for providers. The service is expanding its remit to day services and domestic abuse projects and merging Positive Behavioural Support into PAMMS inspections for services for people with learning disabilities. In line with the new Quality Escalation and Improvement Policy, more focus on work to escalate actions where there is repeated non-compliance in services.
A coordinated contract management approach and strengthening of approaches to effectively monitor and manage compliance	Continued work to jointly review contracts through the oversight work, provider at risk working group and provider concern meetings. Improvements to the contract register implemented. Commencement of a wider corporate review of contract management and tools to support monitoring.
Review of contracts to strengthen quality and workforce measures and develop an ethical commissioning approach	Following initial scoping work, engagement of an independent user led organisation to develop an ethical commissioning framework to define the standards and principles that determine how we will conduct business in Norfolk.
Embedding a quality culture across all adult social care teams to ensure a care quality focus in all roles.	Strengthened the reporting function on LAS (the adult social care recording system) using a shared process with the Multi Agency Safeguarding Hub (MASH) to enable the work of the integrated quality service and MASH to be seen by practitioners. This will enable better recording, data sharing and evidence in support of practitioner decision making regarding placement.
Undertaking a cost of care review and adopting tools to support this	Members approved the outcomes of the co-produced cost of care review for older people residential and nursing provision as part of the budget decisions for 2022-23. The service, in conjunction with Childrens Services, is using the iESE Care Cubed costing tool to enable an evidence based approach to undertake targeted review of costs for working age adults complex care packages within residential and supported living services. As part of social care reform work, the service is undertaking the fair cost of care reviews – building on the work undertaken for older people residential and nursing care and undertaking the fair cost of care for home support. This will be reported to Cabinet as part of the new

	statutory Market Sustainability Report in the autumn.
Implementing the Adult Social Care Workforce Strategy	Working with system partners to implement the five year plan with a focus internally on ensuring an external workforce lead is in place, leading a two year recruitment campaign, working with NorCA and Norfolk and Suffolk Care Support Ltd to implement recruitment and retention initiatives including workshops with providers and schools and colleges, an earn as you learn initiative and piloting a Norfolk Care Academy approach to support the recruitment of new workers to the sector. Approved extension of the ESF part funded Developing Skills in Health and Social Care Programme.
Ensuring adequate wellbeing and resilience support for providers	Continued development of a wellbeing programme for social care providers and staff and communicating access to wider health resources for all social care staff

4 Building a system wide strategic framework for care quality improvement across Norfolk

- 4.1 The factors and challenges affecting the care market are varied and, as set out in Section 2 above, in order to explore and address these a more collaborative approach is needed. At the end of April, stakeholders from across the Norfolk care system met to discuss the position of social care quality across the county and to develop an approach to work together to better understand the key drivers and coordinate and direct action. This included representation from Norfolk Care Association (NorCA); Healthwatch Norfolk; Norfolk and Waveney Clinical Commissioning Group; CQC and Norfolk County Council.
- 4.2 A mission statement was proposed by partners.
- We want Norfolk to be a county where everyone can access good quality adult social care.
- Achieved by:
- Working together we will ensure good quality delivery and availability of care and support to the residents of Norfolk that need it. Supporting people to stay independent for longer in the most appropriate setting and ensuring good ongoing support and opportunity for those with more complex needs. We recognise that success needs a collective focus from all stakeholders to put care quality at the forefront of our agendas, policies and actions. Our mission is to work together to share ownership of this aim, to enable opportunities and to use our wider organisational resources to deliver care quality improvement for Norfolk.*
- 4.3 There is already considerable work being undertaken to support quality improvement, but it was agreed that a more collaborative approach is needed to enable system wider ownership and oversight. It was proposed that a joint board is set up within the Integrated Care System to enable oversight of existing work and new workstreams across all stakeholders. This will also enable coordination with partnership boards at

a place level, where there is a need to explore variations linked to population health and indeed community infrastructure and support within different parts of the county.

- 4.4 Six key focal areas have been identified that will form the strategic framework for quality of care improvement.



4.4.1 **Provider and workforce – quality improvement and sustainability need to be driven by care providers**

Key features identified:

- a) NorCA co-production at the heart of this to ensure improvement is market-led
- b) Workforce was felt to be the top priority – with focus on system support for delivering the Norfolk and Waveney adult social care workforce strategy and prioritising training, including beyond the Developing Skills in Health and Social Care programme – specific challenges focused on workforce capacity and quality of leadership
- c) Commission work to support market led analysis and quality improvement priorities
- d) Improving provider engagement
- e) Delivering the fair cost of care reviews and market sustainability reporting as part of the social care reform work

4.4.2 **Individual, family and carer feedback – quality challenges need to be enabled by a stronger voice for people who use care services in Norfolk, their families and carers**

Key features identified:

- a) Involvement of Healthwatch Norfolk
- b) Focus on engagement
- c) Embedding systematic feedback and feedback cycles
- d) Focusing on feedback and actions within contract monitoring

4.4.3 Commissioning and contract management – quality expectations need to be set and providers held to account by strong council functions

Key features identified:

- a) Prioritise and incentivise quality within commissioning strategies
- b) Review of contracts and specifications with strong contract management
- c) Develop and embed the ethical commissioning charter
- d) Proactively commission new services, where there is low availability of quality choices, to provide alternative good and outstanding care options
- e) Co-ordination with CCG contracts within the social care market

4.4.4 Quality monitoring and improvement – quality monitoring needs to be delivered through proactive and collaborative work with the care sector to support and sustain improvement and ensure safeguards

Key features identified:

- a) Continued focus within the Integrated Quality Services delivering the PAMMS programme of work
- b) Build on provide support models and leadership
- c) Embedding the quality improvement and escalation policy following consultation
- d) Embedding integration of quality within the adult social care records system to continue to improve join up across operational teams
- e) Targeted work with commissioning to focus on sustained inadequate provision

4.4.5 Health services to support care provision – quality health provision is needed to ensure health and social care services are well connected and can deliver the best outcomes to local people

Key features identified:

- a) Address health inequalities – and understanding the impact of variation in services and investment
- b) Review variation in quality across Norfolk and place based focus
- c) Joined up approach that ensures the right social care services are matched to individuals needs
- d) Strong health input and access to universal services
- e) Nursing and nursing associate strategies

4.4.6 Operational measures – a quality culture is needed to ensure that all interactions with individuals, care providers, families and carers supports proactive improvement to delivery and quality of care

Key features identified:

- a) Adult Social Care recovery actions and improvements to holding lists and reviews
- b) Embedding a quality culture within training and induction
- c) Ensuring an evidence based approach

5 Governance arrangements

- 5.1 Following direction and agreement by Cabinet, work has commenced to create a Care Quality Programme Board operating within the ICS framework. This will replace the Care Market Programme Board.
- 5.2 Although many of the care quality areas defined in Section 4 above are already identified and underway the programme board will work alongside these enabling reporting to the joint committee to ensure oversight of actions, deliverables and progress.
- 5.3 For areas where there is not current work in place, representatives will be identified to lead each workstream, to scope the strategic direction and priority actions and will be supported to develop new working groups.
- 5.4 The work will deliver a co-produced strategy setting out the ambition for care quality in Norfolk and defining the key measures being taken by all stakeholders across the ICS to deliver high quality care.

6 Impact of the Proposal

- 6.1 The proposal is to reset the wider system approach to improve care quality in Norfolk, with the target of at least 85% of social care provision rated good or outstanding by April 2024. The focus will enable closer examination of some of the variations in care quality across the geography of the county and the reasons for this. By adopting an integrated approach to the oversight of care quality, we will aim to enable ownership and related actions across relevant partner organisations, and also enable awareness of local issues as part of the place-based Health and Wellbeing Partnerships.

7 Evidence and Reasons for Decision

- 7.1 The quality of social care provision in Norfolk is low compared to the rest of the region and nationally. A different approach is needed to increase awareness and ownership of the reasons for poorer care quality and a joint approach to addressing change.

8 Alternative Options

- 8.1 None identified.

9 Financial Implications

- 9.1 The approach requires resources from officers across partner organisations to prioritise this agenda. Individual projects may also have resources implications, which will need to be assessed as part of business cases and within budget constraints.

- 9.2 No additional funding is being sought as part of the adoption of the care quality framework.

10 Resource Implications

- 10.1 **Staff:** Commitment of officer time to enable the proposed approach and joint working across the ICS
- 10.2 **Property:** None identified
- 10.3 **IT:** None identified

11 Other Implications

- 11.1 **Legal Implications:** The approach supports the Council's statutory duties within the Care Act 2014 to deliver a sustainable care market. The framework will operate across multi organisations, but within the governance arrangements of each individual organisation.
- 11.2 **Human Rights Implications:** None identified
- 11.3 **Equality Impact Assessment (EqIA) (this must be included):**
The purpose of the programme of work is to ensure availability of high quality social care provision to all residents of Norfolk, regardless of need or location. One of the aims of the work will be to identify variations in care quality and actions to help support improvement.
- 11.4 **Data Protection Impact Assessments (DPIA):** None identified

12 Risk Implications / Assessment

- 12.1 The risks for delivery will be identified and monitored as part of the development of the care quality framework

13 Action Required

- 13.1 **The Select Committee is asked to:**
- a) **Discuss and note the actions that have been taken to develop the care quality approach to extend engagement and actions across the integrated care system**
 - b) **To identify any further actions or areas of focus that should be considered as part of the continuing development and implementation of the strategic framework to support care quality improvement in Norfolk**

14. Background Papers

- 14.1 None

Officer Contact

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

Officer name: Susanne Baldwin, Assistant Director Workforce, Markets and Brokerage

Telephone no.: 01603 306827

Email: Susanne.baldwin@norfolk.gov.uk



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People and Communities Select Committee

Item No: 11

Report Title: Market Position Statement

Date of Meeting: 12 July 2022

Responsible Cabinet Member: Cllr Bill Borrett (Cabinet Member for Adult Social Care, Public Health & Prevention)

Responsible Director: James Bullion (Executive Director of Adult Social Services)

Executive Summary

We want people living in Norfolk are able to access the right service, in the right place at the right time. The Market Position Statement (MPS) is an essential document detailing what a Council must do to ensure that there is a vibrant and sustainable market. A MPS is required to ensure local authorities meet their market shaping duties under the Care Act and should outline:

- a) What support and care services people need and how they should be provided
- b) The support and services available at present, and what is not available that needs to be
- c) What the future of care and support will be like locally, how it will be funded and purchased
- d) How commissioners want to shape the opportunities that will be available

Norfolk's MPS has been developed to include key messages to providers up-front in the document with more detail about the types of services needed, where they are needed, and volume required in the market analysis section of the MPS. The report is structured around six key aims:

- a) Access to the right high-quality support, in the right place, at the right time.
Supporting people to live independently for longer
- b) Passionate, well-trained, supported staff with opportunities for a great career in social care
- c) At least 85% of commissioned provision to be rated good or outstanding by 2024
- d) Working together to shape a sustainable market that provides choice of high quality provision
- e) Working together to design a better more efficient sector
- f) Working together to design a lower carbon sector

The MPS identifies the current challenges in meeting these aims and our ambition to address them.

Covid has had, and continues to have, a significant impact on the care market. Demand modelling undertaken pre Covid is now very much out of date and the market is not yet

sufficiently stable for this modelling work to be reviewed. We will therefore need to update this document during the year both in terms of spend and activity to provide a more robust picture of demand and service supply.

We are keen to develop this MPS at a place-based level and will be working with commissioners during the year to develop this. Information at place level is something that providers have said that they want included in future MPS's.

This MPS has been developed in a format that meets the Public Sector Accessibility requirements. Further work will be undertaken during the year to develop the MPS into a format that supports it to be a more interactive on-line version. The intention, as part of the move to a more place-based structure, will be to have links embedded within the MPS that will take you to the latest dashboards that are regularly updated. Going forward we want providers to be able to access information that will be current and useful to help inform their business plans.

Action Required

The Select Committee is asked to:

- a) Identify any further actions or areas of focus that should be considered as part of the continuing development and implementation of the Market Position Statement to support market shaping in Norfolk**
- b) Consider and approve the Adult Social Care Market Position Statement update (Appendix 1) for publication**

1. Background and Purpose

- 1.1 The Market Position Statement (MPS) is an essential document detailing what a Council must do to ensure that there is a vibrant and sustainable market. A MPS is required to ensure local authorities meet their market shaping duties under the Care Act 2014. A MPS should outline:
 - a) What support and care services people need and how they should be provided
 - b) The support and services available at present, and what is not available that needs to be
 - c) What the future of care and support will be like locally, how it will be funded and purchased
 - d) How commissioners want to shape the opportunities that will be available.
- 1.2 This MPS has been developed with key messages to providers up-front with greater detail about the types of service needed, where they are needed and volume required in the market analysis section of the MPS.
- 1.3 The MPS is structured around six key aims:
 - a) Access to the right high quality support, in the right place, at the right time. Supporting people to live independently for longer
 - b) Passionate, well-trained, supported staff with opportunities for a great career in social care
 - c) At least 85% of commissioned provision to be rated good or outstanding by 2024

- d) Working together to shape a sustainable market that provides choice of high quality provision
- e) Working together to design a better more efficient sector
- f) Working together to design a lower carbon sector

The MPS identifies the current challenges in meeting these aims and our ambition to address them.

- 1.4 This MPS has been developed in a period of instability resulting from the Covid pandemic. More work needs to be undertaken during 2022 to ensure that this MPS remains a robust assessment of the market to guide our market shaping duties.
- 1.5 The financial data included within this MPS is 2020-21 as this is the last full year data available. The financial position for 2021-22 will be available in the autumn and the spend and activity tables will be refreshed then.
- 1.6 We held a focus group with providers to go through the current MPS and to identify how this could be improved upon. The responses received were that:
 - a) Overall it contained the right information but that it would be good to not just focus on what we want, but also to reflect on what was achieved and what has worked well
 - b) They would like information at geographical levels as Norfolk is a very diverse county. Understanding what is needed in different parts of Norfolk will help them to plan and/or encourage them to bid for new work
 - c) They were keen for it to be developed in a format that meant that they could click on the contents page to go directly to the sections of interest to them
 - d) They understood that the detailed modelling required to review some of our dashboards, such as the older adult residential services dashboard, has not been possible given the flux in the market as a result of Covid. They are keen for data such as this to be developed at the earliest opportunity.

2 Proposal

- 2.1 Norfolk's MPS sets out our key messages to the market, our key aims for the social care sector and the key challenges that will impact on market stability and our ambition to mitigate these challenges.
- 2.2 The MPS includes sections for all our commissioning activities which include specific challenges, current supply and demand, and the key messages to providers. It is suggested, as part of the further development of this document during the year, that there are links from these sections to commissioning intentions and more detailed data for the service area.
- 2.3 We have included a section 'Working together -let's have the conversation' in the MPS that highlights wider Council support to the sector. This section identifies how we can best work together to deliver the changes needed both in service quality and the service model required to meet needs. This section also details the offer around:
 - a) Quality
 - b) Training and development

- c) Enhanced Health and Wellbeing in Care in-reach support
- d) Integrated community equipment service
- e) Digital
- f) Assistive Technology
- g) Integrated Care System.

3 Impact of the Proposal

- 3.1 During the year we will continue to work with providers, commissioners, communications and the web-design team to further develop the MPS to be a document that will be well regarded and well used.
- 3.2 That the MPS becomes a useful tool for providers in their business planning and a useful tool for commissioners as part of their market shaping duties.

4 Evidence and Reasons for Decision

- 4.1 Market Position Statements currently include data on spend and activity that is over a year old. The intention to develop the MPS during the year to include links to live dashboards will be far more useful for providers as part of their business planning, especially if we are able to develop the dashboards at place level.

5 Alternative Options

- 5.1 None identified

6 Financial Implications

- 6.1 A robust MPS should help to identify service gaps, areas of duplication, market saturation etc. all of which should support more robust Council and provider business planning to ensure best use of resource available.

7 Resource Implications

7.1 Staff:

The production of the MPS in the format detailed within this report will draw on adult social services and corporate resources including:

- a) Corporate communications support to deliver a more professional looking document, easy to interact with
- b) I&A support to link to key dashboards via the MPS
- c) Six monthly updating and review of the information within the MPS to ensure that it remains current

7.2 Property:

N/A

7.3 IT:
N/A

8 Other Implications

8.1 Legal Implications:
None identified

8.2 Human Rights Implications:
None identified

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

8.3.1 The MPS is a document which outlines what support and care services people need and how these should be provided. A key aim is that people living in Norfolk are able to access the right service, in the right place at the right time. All services commissioned should provide equity of access for people regardless of gender, faith, sexuality ethnicity and disability.

8.3.2 In any Local Authority area there will be people who require more specialist provision to ensure that their needs are met. We do not expect that people will be judged by their diagnosis; through strength based assessments, people will be supported to identify the right service that is most appropriate to delivering the outcomes that they aspire to achieve.

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

8.5 Health and Safety implications (where appropriate):
None identified

8.6 Sustainability implications (where appropriate):
None identified

8.7 Any Other Implications:
None identified

9 Risk Implications / Assessment

9.1 The Market Position Statement sets out information about the shape of the market and council intentions at a point in time. There is a risk that there will be changes to the agenda, service demand, policy direction, social care and health priorities and capacity that will change the MPS.

10 Recommendations

The Select Committee is asked to:

- a) Identify any further actions or areas of focus that should be considered as part of the continuing development and implementation of the Market Position Statement to support market shaping in Norfolk
- b) Consider and approve the Adult Social Care Market Position Statement update (Appendix 1) for publication

11 Background Papers

11.1 None

Officer Contact

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

Officer name: Gary Heathcote, Director of Commissioning
Telephone no.: 01603 973863
Email: gary.heathcote@norfolk.gov.uk



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Market Position Statement 2022-23





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Our key messages to providers

Quality:

We want at least 85% of services commissioned to be rated good or outstanding by 2024.

Domestic Abuse – support in safe accommodation:

We have New Burdens Funding to increase the amount and flexibility of safe accommodation with the aim of supporting all who need it.

Complex Care:

As people live longer, we want to work with providers to develop affordable, high quality, residential and nursing provision that can care for people with complex needs, including advanced dementia.

Let's get digital!

We will bid for resources that will drive forward the digital transformation of the care sector.

Care at home:

Home First is a key priority and we need to ensure that the home support market has the capacity and capability to support people to be independent, resilient and well. We are developing our strategic approach to this sector and would want provider engagement to inform this new model.

Voluntary, community and social enterprise sector:

Through our Connecting Communities programme we want to unlock the potential and opportunity of the VCSE in supporting the care market and supporting people's needs at the right time.

Housing:

- We are investing in independent living housing and existing housing with care schemes to be a viable alternative to standard residential provision.
- We have an ambitious programme to develop 181 units of supported living for working age adults by 2024 and want to work with providers interested in moving into this space.

Services for adults with mental ill-health conditions:

There is a gap in specialist mental health provision (home care, supported living and residential) in West Norfolk, Great Yarmouth and rural and coastal North Norfolk, which we want to work with providers to address.

Day services for adults with disabilities:

We want to ensure that people who want to work are given every opportunity to do so. We want day services that can support people to become work ready.



About this Market Position Statement

What is a Market Position Statement?

A Market Position Statement (MPS) is an important part of what a council must do to help to make sure that there is a choice of different types of service and support available.

The MPS outlines:

- What support and care services people need and how they should be provided.
- The support and services available at present, and what is not available but needs to be.
- What support and care services the council thinks will be needed in the future.
- What the future of care and support will be like locally, how it will be funded and purchased.
- How commissioners want to shape the opportunities that will be available.

The main aim of a MPS is to encourage commissioners, people who use services, carers and provider organisations to work together to explain what care services and support is needed in the area and why. The test of a good MPS is how well it is used by providers and the Council once produced. If it does not contain information that providers find useful then it will not be used.

How has this year's Market Position Statement been developed?

Although Covid has continued to impact on usual operations, a provider focus group was held in September 2021 to review the structure and content of the current MPS.

The feedback received was that the MPS needed to:

- Include information at a more local rather than Norfolk wide level. This is not something that we have been able to do for this version of the MPS but as we get clarity on best "place" areas to use, we will refresh the MPS to deliver this.
- Identify the commissioning intentions and future tender opportunities to enable providers to develop their business plans. Covid has had an impact on business-as-usual activities and so the detailed modelling work required to refresh commissioning intentions has not been progressed. Work is now being undertaken to firm up our commissioning intentions and the capacity required in different service sectors to deliver. The MPS will be updated once this work is completed.
- To understand what was delivered in the previous year and the impact that this has had.
- Keep the MPS higher level and shorter; embedding links so providers can go directly to the sections and data of interest to them.

The continuing impact of Covid has meant that we have not been able to progress all that was asked for and we will, therefore, continue to develop the MPS during 2022.



Guiding our approach

National Legislation

People at the Heart of Care: adult social care reform

- A 10-year vision that sets out long term aspirations for how people will experience care and support.
- The strategy has a focus on three key objectives:
 - Supporting people to have choice, control and independence
 - Provision of outstanding quality of care
 - Provision of care in a way that is fair and accessible to everyone who needs it.
- The strategy identifies the responsibility of local authorities to ensure that their local care market is healthy and diverse. Support for sustainable care markets, including moving towards paying providers a fair rate for care, are key aspects in the delivery of the vision for social care reform.
- As part of the levelling up agenda, the Government is committed to addressing the current geographical inequalities so that everyone, everywhere receives outstanding quality and tailored care.

Market Sustainability and Fair Cost of Care Fund: Purpose and Conditions 2022-2023

This statement sets out:

- The purpose of the fund
- Examples of activities this funding should be used to pay for, with advice for local authorities on conditions of further funding
- Information on support and monitoring next steps



Our Aims

01

**Access to the right high-quality support, in the right place at the right time.
Supporting people to live independently for longer.**

How we will achieve this

Through market shaping...

- Develop front line services with the VCSE sector that deliver early advice and support.
- Through our home care strategy, we will work with providers to increase capacity to support more people at home.
- We will continue to support the development of supported living and housing with care schemes backed by Council capital funds.
- We will equip residential providers to meet higher acuity of needs through staff training and development, and the support of the NHS as key partners in care delivery.

Impact

People will tell us...

- I can get information and advice that helps me to think about and plan my life.
- I can live the life I want and do the things that are important to me as independently as possible.
- I am supported to manage my health and care needs in ways that make sense to me.
- I live in a home, which is accessible and designed so that I can be as independent as possible.
- I have a place I can call home, not just a "bed" somewhere that provides me with care.



Our Aims

02

Passionate, well-trained, supported staff with opportunities for a great career in social care.

How we will achieve this

The Council will continue to support by...

- Providing access to the Developing Skills in Health and Social Care training.
- Commissioning specific leadership training programmes such as My Home Life.
- Commissioning local recruitment campaigns to attract new staff to the sector.
- Working with NorCA to develop a social care pay framework for the sector.
- Co-producing an Ethical Commissioning Framework for Norfolk.

Impact

People receiving support will tell us...

- I am supported by people who listen carefully, so that they know what matters to me and how to support me to live the life I want.
- I have considerate support delivered by competent, well-trained people.

People working in the sector will say...

- I am proud to care in Norfolk.
- I am a care professional.
- I have the skills and confidence to deliver high quality care.



Our Aims

03

At least 85% of commissioned services will be good or outstanding by 2024.

How we will achieve this

- Involving people who use services in improving service quality.
- Development of a Quality Plan supported by a robust quality assurance process.
- Integrated Quality Service supporting providers to improve quality.
- Access to free, accredited training for staff.
- Access to free accredited leadership programmes such as My Home Life.
- NHS in-reach training and support.

Impact

People will tell us...

- I am confident that the people supporting me have the skills needed to meet my care and support needs in the best way.
- I feel safe.
- At all times I am treated with dignity and respect.

Providers will tell us...

- I feel supported to deliver high quality of care.
- I will encourage and support my staff to progress their career in the social care sector.
- I will employ suitably qualified managers who have a collective vision of what "good" care looks like.



Our Aims

04

Working together to shape a sustainable market that provides choice of high-quality provision.

How we will achieve this

- Paying providers a fair rate that will deliver the quality of service specified within the contract and service specification.
- Clarity of commissioning intent shared with providers to enable them to plan.
- Information about current and future demand modelling made available to providers.
- Robust information about current and future needs and the services required to meet them.

Impact

People will tell us...

- I have a choice of good quality support options available to me that will meet my needs.

Providers will tell us...

- I am paid a fair rate to deliver good quality care and my business is financially secure.
- I am clear about what the Council wants to commission - meaning that I can plan.



Our Aims

05

Working together to design a better, more efficient sector.

How we will achieve this

- We will encourage and champion innovation and technology enabled services where they benefit people and where the innovation results in more efficient and effective services.
- We will encourage services to play an active part in research to improve care for all, foster innovation and enhance people's experience of care.
- We will be open for discussions about the use of assistive technology in supporting less labour-intensive approaches.

Impact

People will tell us...

- I have more face-to-face time with staff supporting me, which improves my experience of care.
- My home has the right equipment and technology to enable me to live as independently as possible, for as long as possible.

Providers will tell us...

- I am encouraged to be innovative.
- My ideas for a more efficient sector are welcomed and given full consideration.



Our Aims

06

Working together to design a lower carbon sector

How we will achieve this

- During 2022/23 we will undertake a carbon footprint assessment of social care services delivered by the Council. The Council is funding two energy assessors this year to support providers to improve the energy performance of their buildings.
- Particular attention will be put towards actions that can both reduce carbon, utility and fuel costs to relieve some of the inflationary financial pressures facing the sector.

Impact

People will tell us...

- I live in a home that stays warm and comfortable all year round.

Providers will tell us...

- I feel supported in our efforts to reduce our carbon footprint whilst not compromising on service quality.
- I am proud to do my bit to help protect the environment.



Norfolk Population

Population

- 914,039 residents
- 1 in 5 are over 65
- The population is generally older than the England population
- Norfolk's population is expected to grow by about 103,000 people between 2020 and 2040, the largest growth is expected in the older age bands
- Norfolk and Waveney is less ethnically diverse than England, just over 7% are non-white British compared to 21% in England

Deaths

- There were about 11,000 deaths in 2020
- All cause mortality rates are lower than England
- Leading causes of death for males and females:
 - Heart disease
 - Dementia and Alzheimer
 - Covid 19
 - Stroke and lung cancer

Deprivation

- Almost 135,00 people live in communities that are in the 20% most deprived in England
- The most deprived communities are in the urban areas of Great Yarmouth, King's Lynn, Norwich and Thetford. But there are also pockets of deprivation in rural areas too

Life and Healthy Life Expectancy

- Life expectancy is almost 80 years for males and 84 for females, slightly higher than England average
- The gap in life expectancy between the most deprived and least deprived areas is over 7.4 years for males and 4.4 years for females
- Death from circulatory diseases, cancer and respiratory diseases contribute to this life expectancy gap
- Healthy life expectancy is about 62.7 years for males and 62.4 years for females, lower than England and has decreased over the last few years. This means that the time people spend dealing with ill health is getting longer and longer; more than 17 years for males and just under 22 years for females.



Current Landscape – Challenges

Workforce

- Covid has had an impact on staff health and wellbeing.
- The policy regarding mandatory vaccination for care home staff led to over 300 staff leaving the sector.
- 'Well-led' is one of the key domains that providers are failing in – there is a need to develop strong registered managers within the Norfolk social care sector.
- There is a competitive environment across multiple sectors for recruitment and retention across the whole of Norfolk. Vacancy rates within social care stand at c10%.
- Transient staff group – people often moving jobs for small increases in pay. Turnover rate for 21/22 was 34%.
- Rurality of Norfolk and lack of public transport makes it difficult for providers in remote locations to recruit staff who are unable to drive.

Impact of the Social Care Reform

- An impact assessment undertaken by Laing Buisson commissioned by the County Councils Network identifies a resource gap of c£117.6m for the East of England arising from the combined impact of self-funders asking the Council to commission on their behalf (S18(3)) and Fair Cost of Care (FCC) on care providers.
- Will more people look to the Local Authority to arrange their care, accessing Council commissioned provision? The Laing Buisson Impact Assessments assumes a take up of 50% of current self-funders asking the Council to commission care on their behalf.
- The combined financial impact of FCC funding available and the take up of S18(3) may result in some providers no longer being financially viable and having to exit the market.

Quality

- Norfolk has the lowest care quality in the region.
- Norfolk pays a more competitive usual price than many other local authorities who are in the top quartile for service quality – so why is our quality of provision lower?
- Our contract and performance management approach and framework to support the quality improvement agenda needs to be improved.
- Poor quality health and social work assessments resulting in poor hospital discharges.
- Current feedback loops to ensure that we are learning from and acting upon provider feedback are not as robust as they need to be.
- A transient workforce means that staff will not be gaining the training and qualifications to deliver the qualitative service required. Only 36% of all social care staff have relevant qualifications.
- As part of recovery, we are working with a backlog of reviews for individuals in commissioned provision.

Market Sustainability

- Market will only be sustainable if providers can attract staff – they can only attract staff if they pay a competitive wage and if the fee levels paid are sufficient to pay staff at these rates.
- The market is unstable with higher than usual providers identified as being at risk of failure or no longer wanting to operate in Norfolk.



- Impact of Covid 19 on demand – more people choosing to remain in their own homes.
- Impact of Covid on care home occupancy – some homes are struggling to remain financially viable.
- Under-developed commissioning approach to the opportunities afforded by the community and VCSE sector.
- The need for robust current and future demand modelling to inform provider business planning.
- There is recognition that there is a higher acuity of multiple needs across all service areas.

Ambitions for Norfolk

Workforce

We want passionate, well trained, supported staff with opportunities for a great career in social care. We will achieve this through

- The Council funded two-year advertising campaign to support recruitment into the sector through TV, radio, social media and poster advertising. All campaigns signpost people to the Norfolk Care Careers Website.
- Advertising the opportunities for careers in social care and signposting people to <https://www.norfolkcarecareers.co.uk/> which also provides a free platform for providers to advertise jobs.
- The Norfolk Care Academy, offers candidates an opportunity to join the social care sector, with free training and a guaranteed job interview.
- My Home Life and other accredited leadership qualifications support the development of strong management across the sector.
- Access to free training for staff in social care supported by training mentors.
- Growing and developing the nurse associate programme.

Social Care Reform

- As a Council, pay a fair cost of care for services commissioned that will ensure a high-quality sustainable care market for Norfolk.
- To develop our Market Sustainability Plan detailing how, and over what time frame, we will move to paying the fair cost of care calculated as part of the review process.
- To secure the capacity needed to support a robust assessment process. This is needed to deliver against the increase in assessments required relating to take up of section 18(3) of the Care Act 2014.

Quality

- Engage people who use services (Experts by Experience) in our reviews of service quality.
- Achieve the target of at least 85% of commissioned services rated compliant (Good or Outstanding) by 2024.
- Develop and implement a system wide strategic framework for care quality improvement across Norfolk - with focus on system wide drivers including individual, family and carer feedback; provider led change; workforce; commissioning and contract management; quality monitoring and improvement; health services to support care provision and operational measures.
- Identify further key themes relating to poor quality, share these with providers and support them to achieve the improvements required.



- To review and amend processes and procedures that directly impact upon provider quality.
- Implement our Improvement & Escalation Policy
- Achieve ambitious KPIs for published PAMMS and QMV audits

Market Sustainability

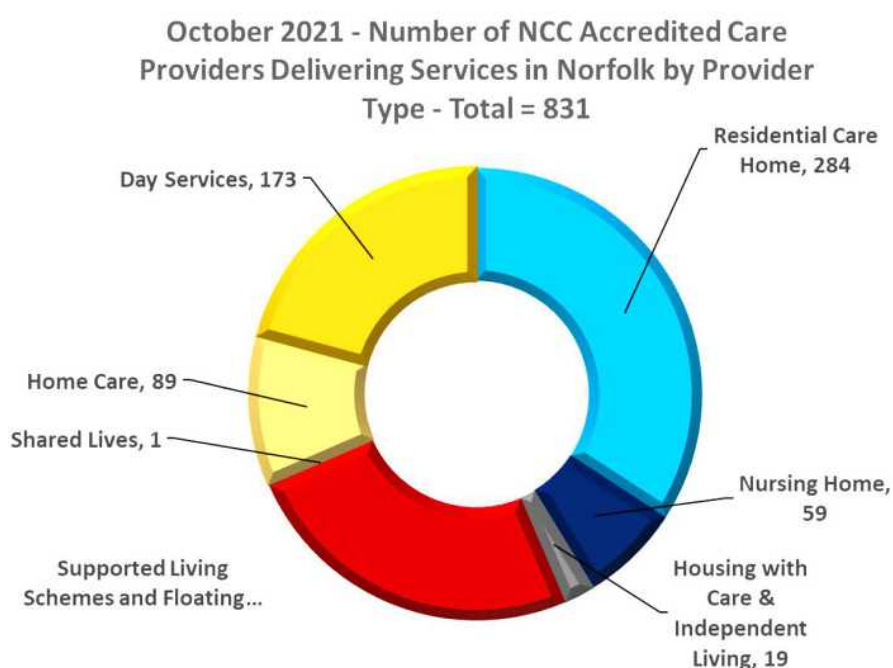
- Investing to deliver the Connecting Communities programme.
- Continuing to promote direct payments and the use of Personal Assistants as an alternative option to domiciliary care.
- As part of the development of the Integrated Care System and a focus on place, we are co-designing new service models and identifying the market capacity required to deliver.
- Ensure that our commissioning practice supports a sustainable and diverse marketplace that offers choice in how people's needs are met.
- To review, with providers and the general public, the recommendations of the NorCA Local Care Worker Pay Framework and to then model the net financial impact and impact on market sustainability were it to be adopted by providers Shape of the sector.

Norfolk's Care Market

Shape of the sector

For a long time, Norfolk has had a static and traditional care market with a higher-than-average reliance on residential provision. With the establishment of the Integrated Care System, we will be exploring integrated health and social care working. This will help us develop new service models that will inform commissioning strategies shaping a market that is fit for the future - the right services, delivered to people in the right place, at the right time. We will have people with lived experience, providers, and other key stakeholders to co-produce the new service models so that they deliver the outcomes that people want.

Current shape of the market:



- Through place-based commissioning strategies, alliances with the VCSE are being developed to provide more local support solutions.
- Key aim - to support people to be independent for longer.

Previously the larger VCSE organisations have been prominent in this space, the development of a VCSE framework will enable smaller organisations to bid to provide support.

Home First

- A strategic review of the home care market will be undertaken during 2022 in line with the vision for more people to be supported to remain living in their own home.
- Targets relating to hospital discharge destinations will be developed during 2022 and will help inform future demand modelling.



Specialist housing

Norfolk County Council has two specialist housing capital programmes:

- £29m Independent Living which began in January 2019
- £18m Supported Living which began in April 2022

These two programmes work with a range of partners to facilitate the development of further specialist housing in Norfolk. By 2028, Norfolk County Council wants to have facilitated 1,135 units of Independent Living and, by 2024, 181 units of supported living.

Accommodation based support – older people

- Building an Intermediate care bed offer; working with NHS Partners to develop dedicated intermediate care units to support hospital discharge and admission avoidance.
- During 2022 we will be working with NHS Partners to review how we commission nursing care, resulting in the development of a nursing home strategy and action plan.

Fair cost of care

- During 2022 the Council will be undertaking a fair cost of care for the home care and older adult care home sector in line with the Market Sustainability and Fair Cost of Care Fund Policy Paper.
- For supported living and working age adult residential provision the Council has procured the iESE CareCubed tool and will use this to support a review of current framework and banded rates.

Market Analysis

The following pages provide a high-level summary of the social care sector. A red, amber and green rating system is used to indicate the Council's strategic intent. This rating is contextual, though in most cases red is low or worse, amber is moderate or needs improvement and green is high or good.

Quality ratings are based on CQC ratings of the overall market and our view of sustainability in comparison to other East of England and comparator LA's.



Market Analysis – Unpaid Carers

Think carer, think family - make every contact count

Unpaid carers (sometimes called informal carers) play a vital role in the health and wellbeing of our county. They are key partners in maintaining the independence of people with care needs but providing care can have a major impact on carers' lives and we all have a duty to support them.

There are almost 100,000 people in Norfolk providing essential support to a family member or friend. They may not think of their role as a 'carer' or know that support is available to them.

Evidence shows that carers are more likely to experience poor quality of life, increased social isolation and ill-health than the average member of the public. It is our responsibility to 'Think Carer' and ensure that we support carers to maintain their caring role.

Carers Matter Norfolk

Carers Matter Norfolk delivers a highly personalised service that enables carers to improve their health and wellbeing and support them in their caring role.

On behalf of Norfolk County Council, Carers Matter Norfolk provide Carers' assessments, information, support and advice for unpaid carers in Norfolk. They offer a seven day a week, advice line service, together with one-on-one community support. Find out more about Carers Matter and their services on their website visiting their website for information here

Carers Charter

Norfolk County Council has also developed a Carers Charter, produced by carers and councillors working together. This sets out our principles and pledges for carers in work, young carers in education and carers in the community. We want everyone to think about how they can implement the principles in the Carers Charter and support carers through their work. The Norfolk Carers Charter and a progress report can be found on the Norfolk County Council Website here





What can providers do to support unpaid carers?

Think carer, think family - make every contact count by getting paid staff to:

- Check in with the carer, ask how they are and if there is anything that they need support with?
Make sure staff know who to contact when they are concerned about the health and wellbeing of the carer.
- Treat the carer as an equal partner in the delivery of care. Take their views and concerns about the person they are caring for seriously.
- Make sure that staff know what support is available for carers and how support can be accessed
- Support the carer to access the support that they need if they are struggling.
- Have a Carer's Policy for their own organisation detailing how they will support their own staff who have informal caring responsibilities.

Market Development Opportunities:

- Work is underway to review current availability of planned respite for older adults and to develop an approach that will enable carers to book respite breaks up to 12 months in advance. We aim to commission respite beds in each geographical locality and want to work with providers who are interested in delivering respite services.
- The Life Opportunities Strategy for adults with a learning disability and/or autism will detail the model for day opportunities that the Council wants to commission. Links to this strategy will be included within the MPS when published.

We want unpaid carers to be able to say:

- "I have the right information and advice to be able to make informed decisions"
- "I have access to appropriate support that suits my needs, including respite care and carers' breaks."
- "I am identified, recognised and valued for the care that I provide."
- "I am respected for the skills, experience and knowledge that I have and am treated as an equal partner in care."
- "That care and support identifies me as a carer and is tailored around my needs as well."



Market Analysis – Voluntary, Community and Social Enterprise Sector (VCSE)

In 2021, the Norfolk & Waveney (N & W) VCSE Assembly was formally established, with the following overarching functions:

- To provide a VCSE engagement forum across N&W, with a focus on health inequalities and prevention, with connection at neighbourhood, place and system levels.
- To provide a mechanism to support collaborative design of services and the capability to respond to emerging needs.
- To increase influence and participation of VCSE organisations and groups in the design and delivery of health and care services within the Integrated Care System.

The Assembly Chair was appointed in May 21 and is working with partners to progress the model and engagement mechanisms. In developing the VCSE Assembly, our Assembly steering group is mindful that one-size does not fit all, therefore has sought to find different ways of engaging and enabling VCSE partners and stakeholders to contribute. Our Assembly Chair is a current member of the Interim Integrated Partnership Board and the VCSE sector will be formally represented on the N&W Integrated Commissioning Board and we are aware there will be a formal VCSE role on our N&W Integrated Care Partnership Board.

Our model for the Assembly continues to develop in line with the developments being made in our ICS, and recognises engagement mechanisms at a system-level (such as the links to our existing thematic VCSE forums, such as Children and Young people, Older people and Mental Health) and is supporting the progress around place and neighbourhood connections.

Challenges

- Lack of a co-ordinated vision for the role of the VCSE in supporting health and care activities.
- Lack of formal processes to make referral to the VCSE simple and timely.
- The need to make best use of the VCSE resources available – formally linking VCSE provision into service/care pathways.
- The need to secure funding to progress the VCSE partnering agenda.
- The difficulties of engaging communities of interest/underserved communities and embedding the community voice into ICS (in full) decision making.
- The failure to address known health inequalities through missed opportunities to target health interventions to those most vulnerable/least engaged with services and support. Increasing the number of people accessing services with avoidable needs.

Supply and Demand

- There are approximately 12,000 formal and informal charitable organisations in Norfolk and Waveney.
- Registered charities report an annual income of £709m.

Key actions

- To better understand what services are currently being delivered and the service pathways that these VCSE services can best support.
- To scope opportunities for the development of micro enterprises to support areas that are sparsely populated.
- To deliver the Connecting Communities programme, ensuring that people can access the right service, in the right place, at the right time.
- To embed the newly commissioned Information, Advice and Advocacy model.

We want people living in Norfolk to say:

- As well as family and friends, I have people who care about me.
- I can get information and advice that is accurate, up to date and provided in a way that I can understand.
- I can get information and advice that helps me think about and plan my life.
- I can live the life I want and do the things that are important to me as independently as possible.
- I am valued for the contribution that I make to my community.

Your Norfolk Advice Network Helpline

Connecting you with information, advice, representation & support from NCAN Members

.....

New triage service
launching 4th April 2022

  0333 996 8333
 helpline@ncan.co.uk
 www.ncan.co.uk

Open 8am to 6pm Mon-Fri.

Market Analysis – Housing

Making sure that people receive the right care and support begins with where they live.

We want people to say:

"I live in a home that is accessible and designed so that I can be as independent as possible."

"I have a place I can call home, not just a 'bed' or somewhere that provides me with care."

Norfolk County Council has two specialist housing capital programmes:

- £29m Independent Living which began in January 2019, and
- £18m Supported Living which began in April 2021. The two programmes work with a range of partners to facilitate the development of further specialist housing in Norfolk.

By 2028, we want to have facilitated 1,135 units of Independent Living and by 2025, 181 units of supported living.

Working with Registered Social Landlords and care providers, we can actively shape the specialist housing market for Norfolk, making sure people have choice when it comes to deciding where to live.

Our commitment as a Council:

- We will ensure that people feel safe and comfortable in their own home, which is accessible, with appropriate aids, adaptations, technology and medical equipment.
- We know that the place where people live, the people they live with, the support they get, are important to their wellbeing and often interlinked. We will have conversations with people to make sure that we get all aspects right for them as individuals.





Housing

Challenges

- Identifying providers who are keen to develop specialist housing for older people and working age adults in the areas where there is the greatest need.
- Ensuring that there is a clear care commissioning framework for each specialism, which sets out specifications that are attractive to the market.
- Currently there are two models of extra care housing. In the future, all models will be built and commissioned as Independent Living rather than Housing with Care (HWC).

Supply and demand

- There are currently 185 units of supported living for people with a learning disability and/or autism and 145 units for people with mental ill health conditions. A further 181 units of supported living are planned for completion by 2024.
- Norfolk is home to 973 units (this includes rental and sales) of Independent Living Housing with Care (also known as extra care), which continue to provide a housing and care option for older people in the community. A further 1,135 units of Independent Living are planned for completion by 2028.
- Since the Independent Living Programme launched residents have been welcomed into Meadow Walk, a 66 bed apartment scheme (30 affordable and 36 shared ownership).
- A second independent living scheme, Swallowtail Place, Acle will open later in 2022, which will comprise 41 affordable rent and 17 shared ownership apartments.

Messages to the market

- The importance of assistive technology and home adaptations to enable people to remain living in their own home for as long as possible.

For supported living (working age adults)

- There is an urgent need for independent dispersed accommodation and clusters of accommodation (i.e. flats) in the Norwich area.
- There is a priority need for 12 units of clustered housing in Breckland, Kings Lynn and Norwich.
- Over the next three years we will need housing where care will be delivered as floating support in locations which support our enablement schemes in North Walsham, Norwich, Kings Lynn, Attleborough and Great Yarmouth.

For Independent Living we will:

- Work with providers of our existing HWC schemes to continue to develop and evolve the service offer.
- Develop an Independent Living Care Provider Framework in 2022 to give care providers a consistent and clearly communicated offer, which provides opportunities to become providers of care at new IL schemes (subject to development constraints).
- We welcome discussions around new Independent Living in all market towns in Norfolk and we have a priority need in Thetford



Market Area – Victim/survivors of Domestic Abuse

Another area that is of paramount importance is providing support in safe accommodation for victim-survivors (children and adults) of domestic abuse.

We want people to tell us:

"I feel safe and am supported to understand and manage any risks."

During 2021-22 just over £1m was spent on support provided in safe accommodation which includes 7 refuges and dispersed accommodation across Norfolk.

Status: Ability to meet support in safe accommodation

Current: **LOW**

NCC Ambition 2022/23: **MODERATE**

Status: Quality of support and safe accommodation

Current: **MODERATE**

NCC Ambition 2022/23: **MODERATE**

Status: Ability to meet support needs by all demographics

Current: **LOW**

NCC Ambition 2022/23: **MODERATE**

Status: Data intelligence

Current: **LOW**

NCC Ambition 2022/23: **MODERATE**

Status: Victim-survivor engagement

Current: **LOW**

NCC Ambition 2022/23: **MODERATE**

Norfolk County Council has a duty to provide support to victim-survivors (children and adults) in safe accommodation.

Challenges:

- In Norfolk there are seven refuges (54 beds) for women and their children.
- Some of the refuges are not self-contained and some require updating.
- Support in safe accommodation is commissioned by the Council from specialist providers.
- Not all refuges have specialist services for children.
- Some of the refuges need refurbishing.
- Demand for safe accommodation outstrips supply.



- Robust data is not available on the needs of male victim-survivors and/or those who have protected characteristics.
- Co-production of a framework to better hear the voices of victim-survivors is underway.
- The quality of support is not currently routinely monitored.

Messages to the market:

- Norfolk CC is improving its response to domestic abuse by funding stakeholders to achieve Domestic Abuse Housing Alliance accreditation.
- We will be developing a quality assurance framework for all safe accommodation.
- We will work with partners to increase the amount and flexibility of safe accommodation and by doing so, aim to support all those who need it
- We will commission additional support for children in all refuges and in satellite accommodation.
- We will improve data intelligence in partnership with the Norfolk Office of Data and Analytics.



Market Analysis – Community Services

Challenges

- As at March 2022 in Norfolk, only 76.2% of home care, (Housing with Care, Supported Living and Shared Lives) were rated good and outstanding compared with an East of England average of 88.8%.
- Difficult to recruit staff to work in the home care sector particularly given the current additional challenges of high fuel costs.
- During Covid day services closed and people received their support either virtually or via personal assistants etc. We need to understand the long term impact of covid on demand for day services and the capacity that will be needed now and in the future to deliver what is wanted.
- The current referral process poses a risk to the sustainability of the older adult day services market.

Supply and Demand

- Currently home care services are supporting 3,865 people and delivering 52,779 care hours per week.
- There is a significant shortage of home care capacity needed to meet demand of c9,000 hours a week (as at March 2022). There are capacity gaps across the whole of Norfolk, but the gap is more significant in West and North Norfolk.
- There is a gap in specialist mental health community provision in West Norfolk, Great Yarmouth and coastal North Norfolk.
- Long waiting lists for good quality home care and reablement. Home First is a key Council priority.
- Although some older adult day services have closed there is still sufficient system capacity based upon current referral rates.

Key messages to providers

- We want to enhance collaboration between providers and the health and social care system
- We have a need for additional home care capacity across all of Norfolk.
- We have a priority need for home care in West and coastal North Norfolk.
- Development of a framework for all day services that provides market sustainability and supports the market to develop.
- Implementation of the Life Opportunities Strategy - we want people to have more options about how they spend their days including paid or voluntary employment.
- Co-produced day services strategies are being developed and will be published during 2022-23.
- We will work with providers across the system to develop a home care service model that delivers best value. The role of the VCSE in supporting non-regulated provision should be explored as part of this review along with the potential development of micro enterprises in the more sparsely populated areas of Norfolk.



Market Analysis – Community Services Cont.

Market indicators – key messages:

Quality:

- % of all home care providers rated good or outstanding as at 30 April 2022 was 76.2%
- Variations across the County with 86.4% of home care providers rated good or outstanding in North Norfolk but only 62.5% in East Norfolk.

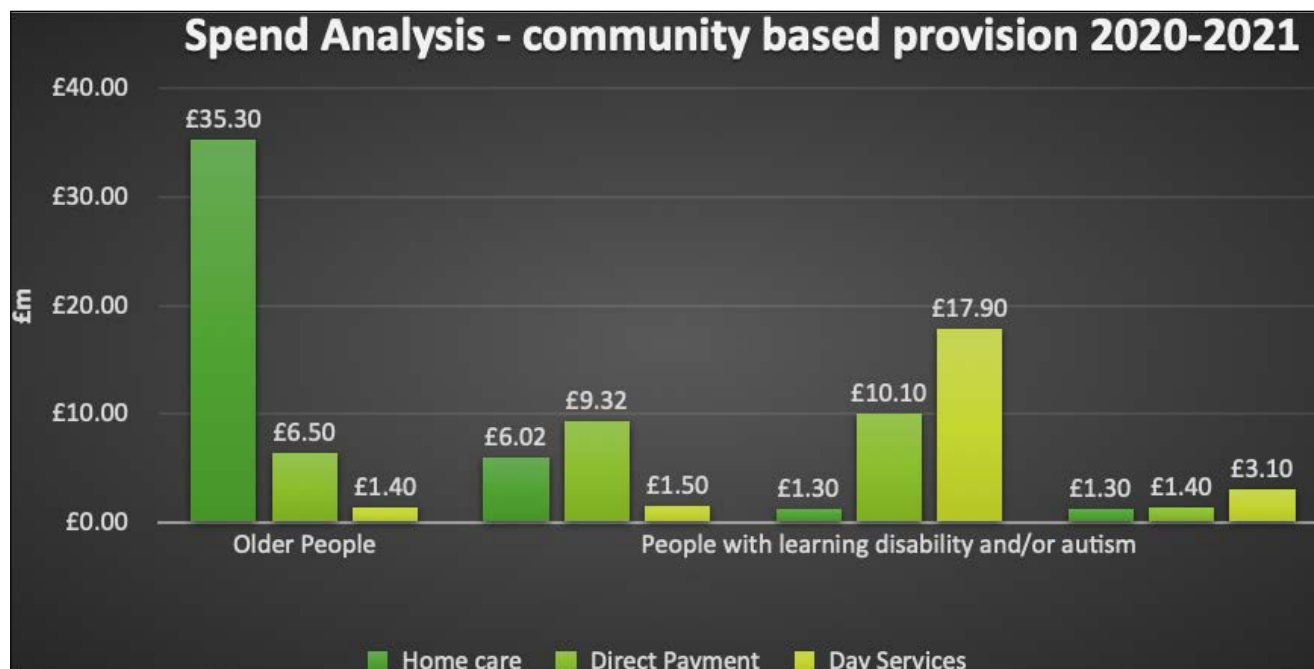
NCC Ambition for home care:

- Norfolk's Home First priority means that more home care capacity will be needed. For older adults, the current supply of home care will need to increase significantly across Norfolk but there is a priority need in North and West Norfolk.
- Home care for adults with disabilities is patchy with some areas relatively well supplied and other areas less so. Although the current demand and supply is rated by commissioners as stable/adequate, an increase in the supply of home care that can meet more complex needs is required for adults with a physical disability and those with mental ill-health is needed.

Day Services:

- More work needs to be undertaken to assess the full impact of Covid on day service demand, particularly older people services, and what will be needed now and over the next few years.
- The demand for day services for people with a learning disability and/or autism is mostly back to pre-pandemic levels
- We want day services for adults with a LD to have a greater focus on employment hence the ambition to reduce capacity within day services.

Market Analysis – Community Services Cont.



	Older People			Adults with a LD and/or autism			Adults with a physical disability			Adults with mental ill health		
	Home Care	Day Services	Direct Payments	Home Care	Day services	Direct Payments	Home Care	Day services	Direct Payments	Home Care	Day services	Direct Payments
Overall Market Quality	 Poor			 Poor			 Poor			 Poor		
Market Supply	 Low	 Adequate	 Adequate	 adequate	 adequate	 adequate	 Adequate	 Adequate	 Stable	 Patchy	 Adequate	 Stable
NCC Demand	 Very high	 Patchy	 High	 stable	 stable	 high	 Stable	 Stable	 High	 Stable	 Stable	 High
NCC Ambition	 Significant ly increase supply	 Under developm ent	 Increase supply	 Continue as is	 decrease supply	 Increase supply	 Increase supply	 Continue as is	 Increase supply	 Increase supply	 Continue as is	 Increase supply



Market Analysis – Older People Accommodation Based Support

Challenges

- To get a good understanding of the likely impact of the social care reform on this market.
- Recruitment and retention of care staff across all sectors.
- The level of acuity of need continues to rise which will need an agreed approach with health.
- The quality of provision for care homes and care at home remains low – Norfolk ranks lowest of comparator and other East of England LA's.
- Norfolk's hospitals remain under intense pressure.

Supply and demand

- The Older People's dashboard, developed before Covid, identified an oversupply of standard residential accommodation. but an undersupply of enhanced residential and nursing provision. Since Covid there are high vacancy rates across all care home provision. However, we are still struggling to source affordable, enhanced residential care for complex needs and good quality nursing provision.
- Investment in new Independent Living continues, which will further increase the average acuity of need within residential care.

Key messages to providers

- We want to work with Registered Social Landlords and Care Providers to develop 1,135 units of Independent Living by 2028, increasing provision for people with lower care needs, helping them to remain independent for longer.
- We want to develop/enhance specialist provision for people with dementia, including working age dementia.
- Subject to agreement of funding, there will be a formal procurement of planned respite during 2022.
- During 2022 there will be an opportunity for providers to tender for the Housing with Care contracts for the Old Maltings and Saxon House.
- Although we have adequate supply of residential capacity, we have significant gaps in affordable provision for people with complex needs. We want to work with providers to develop the model and the affordable fee rates that would encourage providers into this sector.
- The Council, in co-production, is developing a strategy for nursing homes to help us understand the current market and to develop a clear strategy and action plan that will deliver improvements. This strategy and commissioning action plan will be published during 2022-23.
- Working with the Council to identify ways to deliver a lower carbon sector



Market Analysis – Older People Accommodation Based Support cont.

Market indicators – key messages:

Quality:

- At end April 2022, 63.8% of nursing homes and 69.9% of residential homes in Norfolk were rated good or outstanding.
- looking at quality through a place based lens:
 - Nursing homes - Norwich has the highest number of nursing homes rated good or outstanding (81.8%) and West Norfolk lowest (55.5%).
 - Residential homes – South has the highest number of homes rated good and outstanding (79.2%) and East Norfolk the lowest

Market Supply:

- Pre-Covid modelling of expected demand for accommodation-based support highlighted a need for less standard residential and more enhanced residential and nursing provision.
- The Capacity Tracker shows that occupancy levels are starting to improve as we move out of Covid but they are still lower than pre Covid levels with 82.79% occupancy for nursing beds (411 vacant beds) and 87.01% occupancy for residential provision (793 vacant beds).

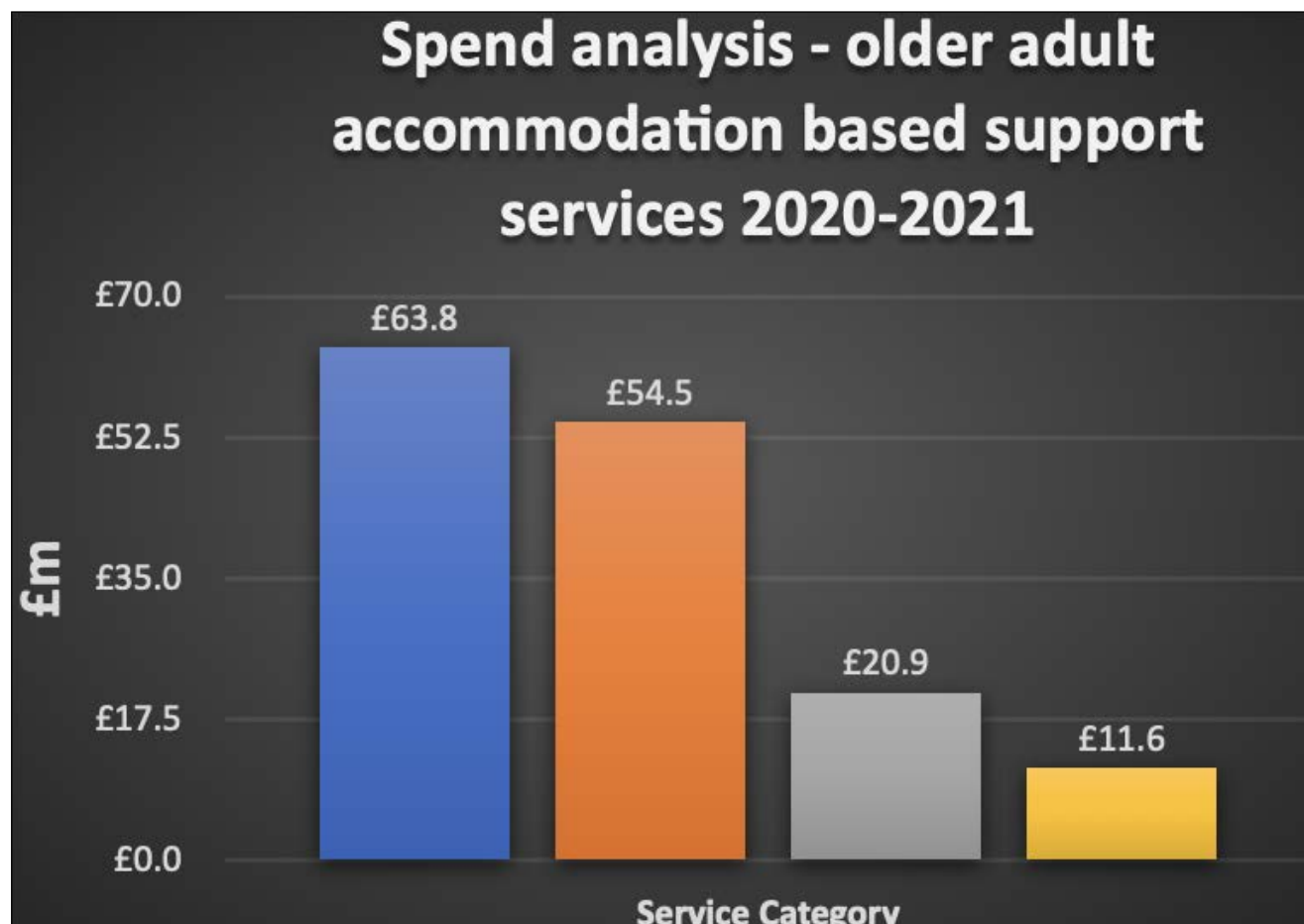
Market demand:

- Although there are significant vacancies in care homes in Norfolk, we are still struggling to find nursing and residential care places for people with more complex dementia and/or mental ill health needs.
- Referrals for standard residential provision appear to now be for people with enhanced physical needs; a review of the current care definitions within the service specification will be undertaken during 2022/23.

NCC Ambition:

- Clients with needs that fit the current service specification definition of standard residential care will be expected to access housing with Care/extra care housing or supported to remain at home with support.
- We want to increase the supply of enhanced residential and nursing provision for clients with the most complex needs/behaviours that challenge.

Market Analysis – Older People Accommodation Based Support cont.



	Residential		Nursing	Independent
	Standard	Enhanced		Living
Overall Market Quality				
	Poor	Poor	Poor	Good
Market Supply				
	Adequate	Patchy	Adequate	Low
NCC Demand				
	Stable	Patchy	Stable	High
NCC Ambition				
	Decrease supply	Increase supply	Continue as is	Increase supply



Market Analysis

– Adults with physical disabilities

Accommodation Based Support

Challenges:

- Small sector, not much diversification.
- No strategy developed for this sector so no clear vision and commissioning intentions for this sector.
- Few options for people with more complex needs resulting in use of provision at rates above what is affordable.
- Usual prices do not reflect fair cost of care and will need to be reviewed during 2022.

Supply and demand

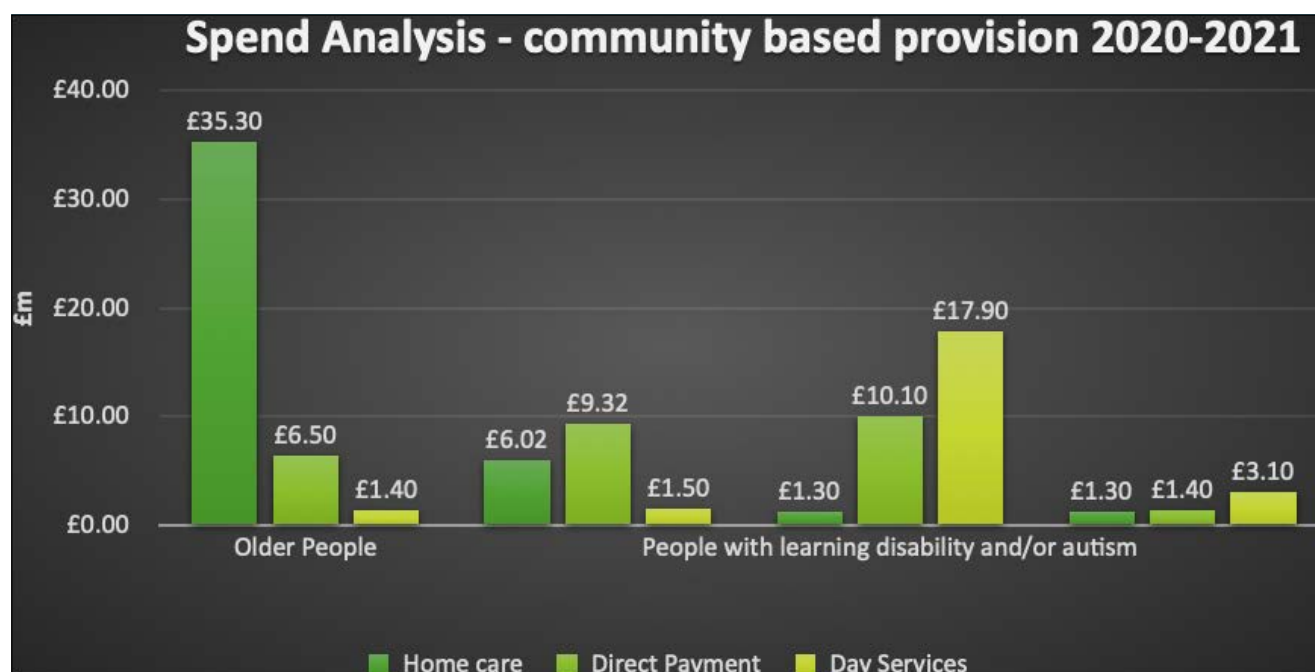
- Although there is adequate supply of residential provision for people with physical disabilities, we are lacking provision for people with more complex needs at affordable fee rates.

Key messages to providers

- We want to work with providers who are keen to develop capacity to meet the needs of people with more complex needs at more affordable fee rates.
- The Council will work with providers during 2022 to calculate a fair price for the level of needs being supported.
- As part of our Supported Housing Programme, we want to develop specialist housing for people with complex physical disabilities to live in a home of their own with support to stay independent for longer.

Market Analysis

– Adults with physical disabilities



	Residential	Nursing	Independent Living
Overall Market Quality	Poor	Poor	Good
Market Supply	Adequate	Adequate	Patchy
NCC Demand	Stable	Stable	Stable
NCC Ambition	Decrease supply	Continue as is	Increase supply



Market Analysis

– Adults with a learning disability and/or autism

Challenges:

- Although we have a higher dependence on residential care than other comparator LA areas, finding quality placements able to meet more complex needs are scarce.
- High level of provider failures and contract terminations/handbacks in the residential sector – we need to work with providers to co-produce the residential model and review the current banded fee rates.
- More people with learning disabilities are getting conditions associated with ageing such as dementia. There is a lack of provision for working age adults with these needs.
- Access to Independent Living (including HWC and ECH) services for people with learning disabilities and/or autism who are over 55 years of age.

Supply and demand

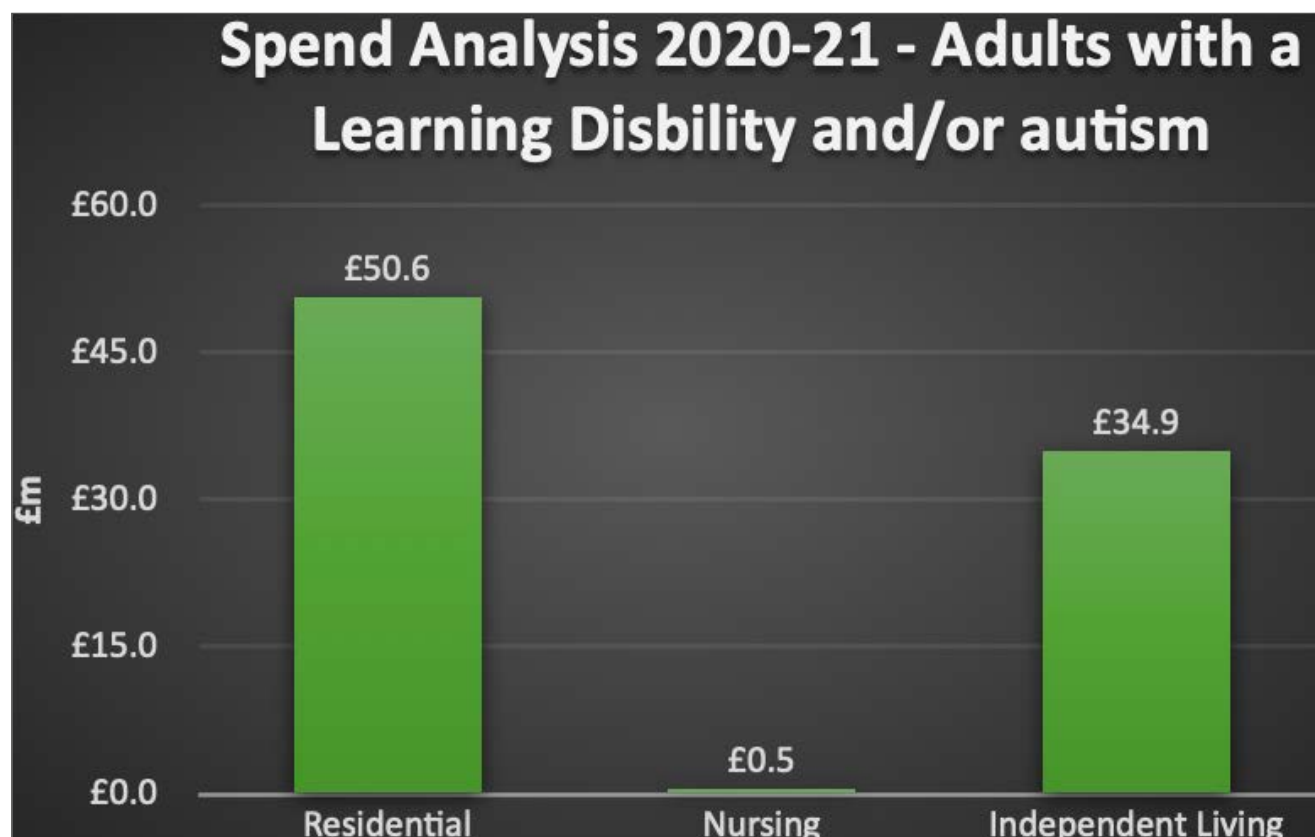
- Dwindling supply of good quality residential provision.
- Currently there is a high demand for residential and nursing placements for people with complex needs, but our ambition is to increase the supply of supported living as an alternative to residential care for those who are more able.

Key messages to providers

- NCC has a target to deliver c136 supported living units by 2024 for people with a learning disability and/or autism. There will be opportunities for providers to tender to deliver care within these schemes.
- The supply of supported living is low, and it is mainly delivered in communal settings with people not having self-contained units. We want to decrease the supply of the communal supported living schemes and work with Registered Social Landlord's (RSL's) and providers to develop more individual apartments.
- To work with providers to co-produce the service models for residential and supported living services and to review the fee rates required to deliver the quality of provision required.
- We want to work with providers who support people within their care to maximise their skills for independence and to move to less intensive provision where this is appropriate to their needs and is safe.

Market Analysis

– Adults with a learning disability and/or autism



	Residential	Nursing	Independent Living
Overall Market Quality	Poor	Adequate	Good
Market Supply	high	low	adequate
NCC Demand	high	high	very high
NCC Ambition	Decrease supply	Continue as is	Increase supply



Market Analysis

– People with Mental Ill-Health Conditions

Challenges:

- High level of contract terminations/handbacks in the residential sector – we need to work with providers to co-produce the residential model and review the current banded fee rates.
- Availability of provision able to meet the complexity of presenting needs particularly in relation to working age dementia.
- The supply of supported living is low and the programme to develop the additional capacity required will take several years to conclude.

Supply and demand

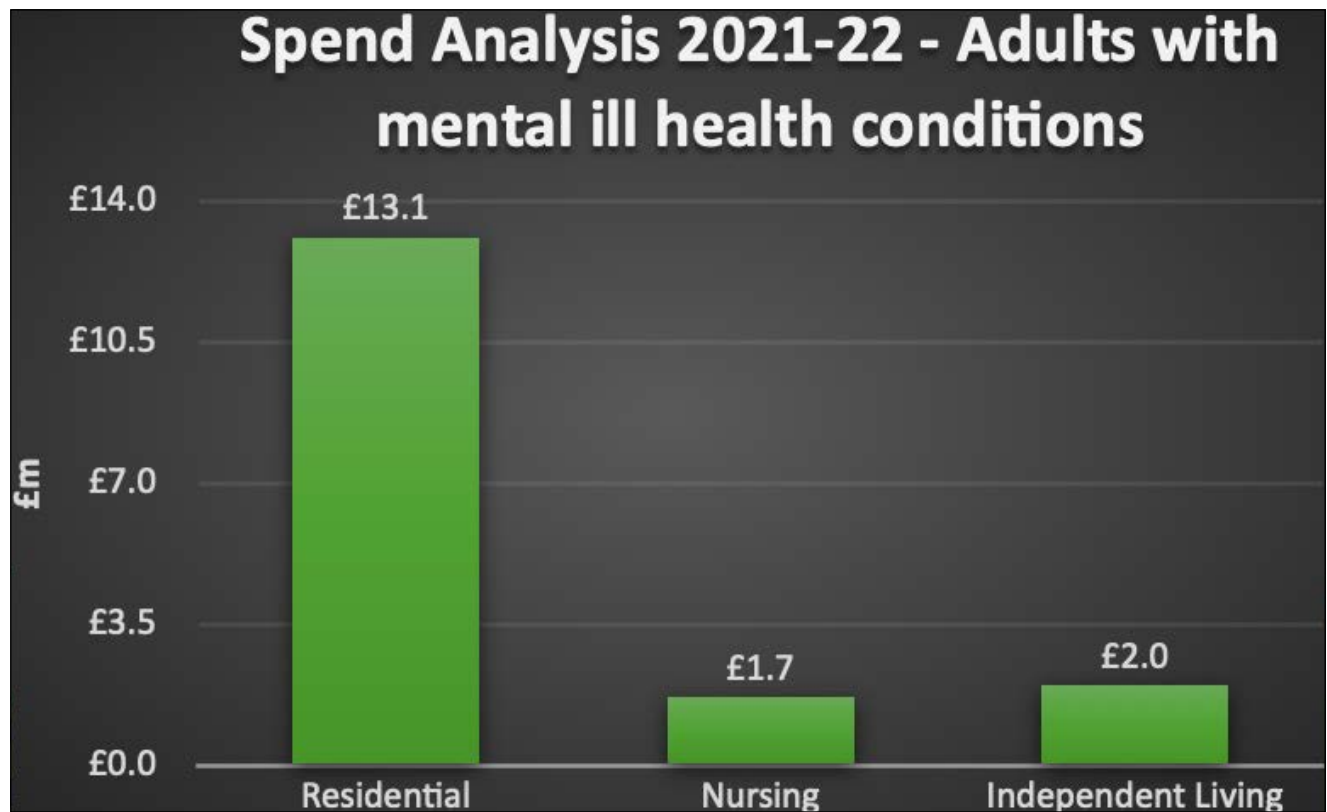
- There is a gap in the provision of specialist mental health home care provision in West Norfolk, Great Yarmouth and rural and coastal North Norfolk, which we want to work with providers to address.
- Demand for mental health provision remains stable but there is continual pressure on delayed transfers of care following in-patient admissions, particularly where those needs are very complex.
- Supported living scheme gaps in West and South Norfolk, Norwich and Great Yarmouth.

Key messages to providers

- We need around 24 units of supported living including:
 - long term accommodation and support for people with severe and enduring needs,
 - step-up/step-down schemes following crisis
 - dedicated provision for young people with enablement support.
- We need around 20 units of supported housing or other move on accommodation in which visiting support (i.e. key ring schemes) could be provided to enable effective pathways to independence.
- We would like to work with providers and the CCG to address gaps in meeting complex needs and step down provision from in-patient beds.

Market Analysis

– People with Mental Ill-Health Conditions

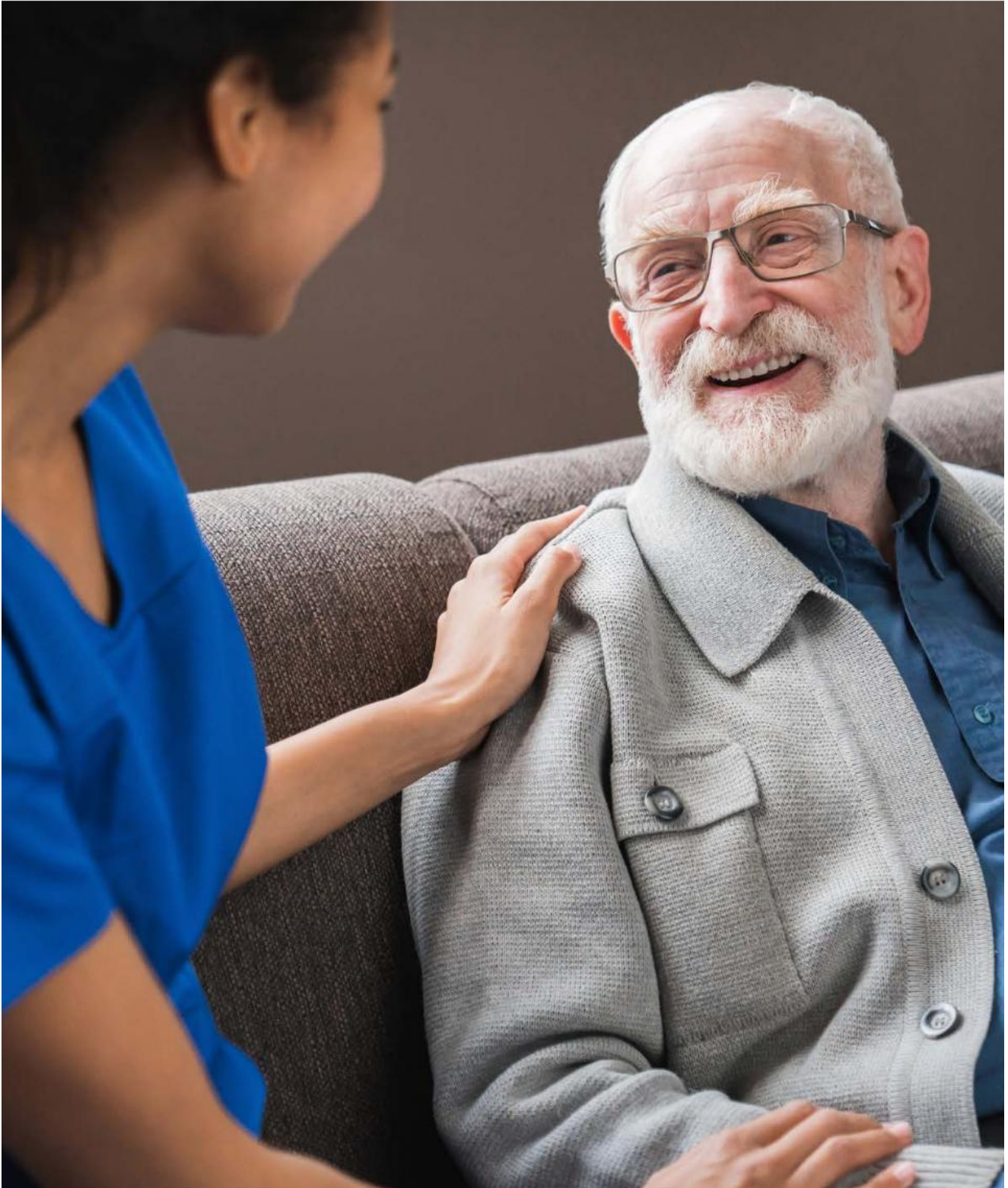


	Residential	Nursing	Independent Living
Overall Market Quality	Poor	Poor	Good
Market Supply	Adequate	Adequate	Patchy
NCC Demand	Stable	Stable	Stable
NCC Ambition	Decrease supply	Continue as is	Increase supply



Working Together

“Let’s have the conversation”





Open for business

We need...

To ensure that people are able to access the right services, in the right place at the right time.

We will...

- be available for providers to have the conversations to gain a shared understanding of how best to commission and deliver the type and quality of provision that is required.
- provide access to information that helps providers to understand how demand is changing and what is needed to meet current and expected future needs.
- work in partnership with providers and health partners to review current service models and resourcing to ensure that providers are able to deliver what is required and to be appropriately supported to deliver safe, high-quality care.

Providers/Developers will ...

- work with us to re-design service models and pathways that optimise the use of our scarce system resources
- ensure that they use technology in ways that will provide an alternative to direct care where this is assessed as appropriate and safe for the individual i.e. sensors, video calls etc.



We need...

To have conversations with providers interested in doing business in Norfolk.

We will...

- keep our market position statement current so that providers can identify what services are required and where.
- through our market position statement, provide advanced notice of upcoming tenders which will be advertised via contract finder.
- be available for providers to have discussions about plans for service developments.
- Look at ways where we can support smaller/micro enterprise initiatives with business planning to ensure that they are able to compete for business and able to be viable.

Providers/Developers will ...

- develop plans for new services in Norfolk in discussion with commissioners.



We need...

More providers with accommodation that is fit for the future.

We will...

- Explore financial opportunities, including loans, to support providers to adapt their facilities to support delivery of services and to meet national accommodation standards, both now and for the future.
- provide more clarity to the market of what we need and where we need it to help providers plan.
- through our digital information hub, we will provide information about current and emerging digital technology, identify funding opportunities and support skills development.

Providers/Developers will ...

- deliver services out of accommodation that is designed to best meet the needs of clients being supported.
- ensure that they are technology ready and fit for the future.



We need...

We need more providers delivering affordable, high-quality services that meet the higher-level acuity of needs presenting.

Particular areas of priority:

- Complex dementia presentations, particularly working age specialist provision.
- Working age complex physical disability provision.
- Learning disability, autism and mental health supported living services.
- More specialist home care enabling people with complex needs to remain living in their family home.
- A greater focus on assistive technologies and equipment to enable people to be supported safely with the least intensive provision appropriate to meeting their assessed needs.

We will...

- ensure that the person requiring support and their family/carers is central to all of our planning. We will ensure that people with lived experience are key partners in developing our strategies and new models for delivery.
- offer health and social care in-reach support and training to ensure that staff have the required competencies and confidence to support people with the most complex needs, in the best way and deliver improved outcomes for the people receiving support.
- ensure that providers receive timely support when placements are at risk of breaking down.
- offer a fair fee rate for meeting the complexity of need presenting.
- work with providers to review evidence-based models.

Providers/Developers will ...

- Work with the Council, CCG and NHS Trusts to develop service models that deliver safe, high-quality provision.
- Help us to think differently about how services can be delivered and what are the best technological solutions to deliver efficient and effective care and support.
- Maintain a minimum of a "good" CQC rating.
- Ensure that their staff access specialist training to give them the skills, confidence, and competencies to support individuals with complex needs.
- Work in partnership with health and adult social care to best meet the needs of those individuals with the most complex needs.



We need...

Passionate, well trained, supported staff keen to progress their career in social care.

We will...

- Work with providers to review the training and support currently available to ensure that this will deliver a workforce with the right skills and competencies to best meet the needs of people requiring support.
- Ensure that our fee rates include sufficient resources to enable staff to access the training and development that they need.
- Review the outcome of the NorCA Local Care Worker Pay Framework if adopted by the sector.

Providers/Developers will ...

- Be committed to develop their workforce to deliver the right quality of care.
- Invest in their workforce to support staff to continue to work in the sector, helping them to progress their career in social care.
- Review the opportunities for nurse associates to support a higher acuity of need and to work with the NHS to secure the clinical supervision required.
- Ensure staff reach a minimum level of digital skills required to use their time most efficiently, maximising client facing activities.



Quality Improvement Support

The Integrated Quality Service's **Improvement & Escalation Policy** will be published in early summer 2022. This sets out the role of audits and interventions deployed by IQS to promote quality improvement in the care market.

Provider Assurance Market Management Solution (PAMMS) audits broadly replicate a CQC inspection, provide a detailed draft report to providers outlining areas for improvement and awarding an overall rating when published. Areas of non-compliance are addressed by provider Action Plans, which IQS monitor via desktop and follow up threshold crossing visits. Quality Monitoring Visits (QMV) threshold crossing visits used either to follow up compliance with areas identified for improvement at PAMMS/CQC inspections, or to make focussed enquiries into urgently arising matters, Safeguarding concerns or complaints.

Integrated Working - Quality Improvement Nurses (CCG staff) complement our Quality Monitoring Officers (NCC staff) in forming a single, joined-up IQS, drawing on the health and social care skillsets and specialisms of each. In addition to their support to our audit activity, Quality Improvement Nurses are engaged in development and commissioning of responsive training and project activity dedicated to care providers. Examples of this are the roll out of ISTUMBLE (falls prevention and management system), ReSPECT (End of Life DNACPR successor scheme) and Hydration and Dementia Champion initiatives. Clinical aspects of Enhanced Health and Wellbeing in Care Homes are also actively promoted and/or delivered by IQS team members.

Subject Matter Leads – all IQS team members adopt an area/s of specialism to act as subject matter leads ensuring the team has contemporary knowledge of best practice, enhancing the quality of support to the care market. Our Subject Matter Leads have specialism in areas such as: Dementia, Health & Safety, Medicines, Learning Disability & Autism, MCA, Infection Control (not an exhaustive list).

Bespoke training and guidance – in response to trends in compliance shortfalls, IQS works with partners to produce training and guidance to support the care market. Recent examples include Fire Safety for Home Care providers (in collaboration with Norfolk Fire and Rescue Service), Medication Safeguarding Guidance (in collaboration with Norfolk Safeguarding Adults Board), MCA training for providers (with Safeguarding)

Support to Procurement and Commissioning – IQS has an integral gatekeeping role in assessing and advising on the quality of tenders, escalating serious or serial non-compliance and/or breaches of contract and taking action in line with the Improvement & Escalation Policy.

Working with external partners – key links with external partners include Norfolk Care Association (NoRCA), Norfolk & Suffolk Care Association, Healthwatch Norfolk and the Care Quality Commission. Routine engagement and activity of mutual interest to care providers commissions and delivers training, identifies projects



User Voice – work to engage, develop and draw upon Experts-by-Experience as a feature of IQS audit activity has resumed after the pandemic.

Expansion of remit – in 2022/23 Day Opportunities and Domestic Abuse settings have been introduced into the portfolio of IQS remit. Quality Monitoring and Improvement interventions promote adherence to contractual duties from a quality perspective.



Training and Development

Challenges

- Across all staff groups only 36% of workers within the social care sector hold a relevant qualification. The average for the East of England is 43%
- The recruitment and retention difficulties currently being experienced within the sector has made it difficult for employees to be released for training
- The high turnover rate of staff impacts on staff accessing the training that is required. Norfolk has a higher-than-average percentage of staff moving within the sector.

The government in April 2022 announced £500m to train and retain talent in the health and social care workforce and to attract new staff as part of the Health and Social Care Levy. In Norfolk, we have already been working together to address the challenges in our region.

Support for providers and staff working in the sector

Developing Skills in Health and Care offers fully funded training and mentoring to people in the health and social care workforce living in Norfolk and Suffolk. This training is funded by Norfolk and Suffolk County Councils and delivery partners and is match-funded by the European Social Fund.

Developing Skills:

- Offers fully funded courses from Functional Skills, to Level 2 courses in Dementia, Autism, Learning disabilities and Mental Health through to a Level 4 Aspiring Manager programme.
- Works with Norfolk and Suffolk Care Support and Care Development East to ensure that training and courses on offer are relevant and useful for the sector
- Has a team of career progression mentors to support learners through their learning and development journey
- Provides flexible delivery models, bite-size learning and expert tutors to best suit learner needs.

We want learners who complete courses and mentoring with DSHSC to be able to say:

- I found the training and mentoring relevant to me and my role
- I developed skills and knowledge for my role
- I am more confident in my role
- I am interested in taking up further training
- I have progressed in my role and/or I am interested in exploring progression opportunities

We want employers referring employees to DSHSC to be able to say:

- The training and mentoring offered is relevant and useful to my workforce and the people we support
- The quality of care and support we provide has improved
- Retention within my workforce has improved
- The confidence and skills of my workforce has improved
- We actively promote learning opportunities for our workforce.



Enhanced Health and Wellbeing in Care

The EHCH (Enhanced Health in Care Homes) framework has been in place for over three years and is a national model. It enables joined up social, primary, community, and secondary care and provides an opportunity to implement a shared strategic and operational approach. There is a national commitment to increase support to care homes through EHCH and an expectation that all elements of the framework will be implemented by Sustainability and Transformation Plan (STP) footprints.

EHCH is also one of the elements of The High Impact Change Model, a mandatory requirement of the Better Care Fund and is, therefore, a shared priority across health and care.

One of the aims of this service is to develop a longer-term strategy for wrap-around care in residential settings and, in time, with home care providers. To have a focus on the increased demand for enhanced level care and the associated health and wellbeing needs within care homes and care at home leading to the development of the market to support more complex care.

Implementations as part of the framework include the Network Contract Directed Enhanced Service (DES) to enable greater provision of proactive, personalised and more integrated health and social care. This includes a requirement for every care home to have a named clinical lead and a weekly home round or check in with those residents prioritised for review by a multi-disciplinary team.

A number of projects are currently underway, which include diabetic care (rolling out online training to all care homes in the West of the county), signs of sepsis and deterioration training to care home staff, oral health mobile dentistry and a champions network. The distribution of NHS emails to care homes for the secure transfer of data and work in the digital area is also part of the framework. As part of the priority work on falls, the IStumble project has been rolled out across the Norfolk and Waveney CCG area.

Education and training is a cross cutting theme of the programme with the training and upskilling of care staff at its core.



Integrated Community Equipment Service (ICES)

Community Equipment supports Service-Users to remain independent, reducing unnecessary admissions to, and length of stay in, hospital. It also aims to avoid unnecessary admissions to temporary and permanent residential care. Prescribers of equipment have a statutory responsibility to consider how equipment can delay an adult's needs from progressing as part of the early intervention and prevention approach.

Access to the service is usually following an assessment by a designated 'Prescriber' who specifies the equipment needed to the Provider. However in the future, Commissioners will extend the service to support people who wish to arrange their own equipment.

In 2020, Norfolk & Waveney's population was 1,032,661 (914,039 Norfolk, 118,622 Waveney) and has a relatively older age profile, with 24% of the population aged 65 and over. In 2019/20, ICES supported over 35,000 Service-Users, working with 2,000 active Prescribers delivering interventions resulting in 342,000 pieces of equipment being issued.

ICES within Norfolk & Waveney is a partnership between the Provider (currently Nottingham Rehabilitation Services – NRS), Suffolk County Council, Norfolk County Council and the Clinical Commissioning Group. The partnership seeks to deliver a robust approach to contract management but also to continuously improve services both to ensure quality of care but also support those providing care by maximizing the way in which equipment can provide support.

Digital

Challenges

- Digital knowledge of proprietors
- Digital skills provision within their staff group
- Knowing the best technology for use in their sectors and managing to secure the best outcomes from its use
- Making the most effective use of the digital infrastructure in Norfolk.

Support available to the sector

During 2022/23 the Council will be:

- expanding the current digital information hub to cover current and emerging types of technology, identifying funding opportunities and supporting skills development support.
- exploring further technical options to enable integrated care records and improved system communication.
- scoping opportunities to provide IT support to small and micro enterprise care providers, which enable them to access IT expertise that does not currently sit within their organisation.
- scoping the opportunities for use of the e-care record function within System 1 and if this appears to be a good option, we will look for providers willing to pilot this and share learning and benefits achieved.
- Scoping opportunities to use our capital funding to purchase an e-care record system, which the Council would host, maintain and run. Providers could then purchase licences from the council to use this system.



Assistive Technology

Assistive Technology (AT), is a key element of the Council's Promoting Independence programme which includes the Connecting Communities project and the social work model Living Well, incorporating the '3 Conversations'.

Increasing the use of technology, including assistive technology (AT), is seen as a key enabler of this approach.

The vision is that:

- AT plays a major role in supporting people to live independently for as long as possible, and in helping carers to continue caring for as long as they are able and willing to do so.
- AT will be widely accessible, easy to use, and available for people when it can make most difference to maintaining independence
- Our own staff are champions for AT and use it widely to mitigate the need for and support formal care services
- Providers embrace technology to help people stay independent in all types of settings.

We want to work with providers to identify the opportunities for AT to support:

- single handed care approaches.
- people to be more independent in meeting their needs ie. tasks that could be supported by AT in place of formal care staff intervention.
- delivery of care in the most efficient and effective way.





Integrated Care System (ICS)

Integrated Care Systems are developing across England and are set to become statutory bodies in July 2022 with the purpose of improving population health and care, tackling unequal outcomes, enhancing productivity and value for money and, supporting social and economic developments. Norfolk and Waveney is one of 4 ICS's within the Eastern Region and has agreed three key goals:

- 1.** To make sure people can live as healthy a life as possible.
- 2.** To make sure people only have to tell their story once.
- 3.** To make Norfolk and Waveney the best place to work in health and care.

The ICS brings together providers and commissioners of NHS services with local authorities and other partners. It will have two named bodies.

- 1.** Integrated Care Board (ICB) will lead integration within and across the NHS to deliver healthcare, for example, taking on health commissioning functions. The CCG will be known as the ICB from July 1st 2022 and will work with other health partners as one single body organising health services in Norfolk and Waveney.
- 2.** Integrated Care Partnership (ICP) will lead integration between the NHS, local government and wider partners to enable partnerships that serve and improve local community's health and care.

The ICB and ICP will operate on an equal footing and it has been agreed that the Health and Wellbeing Board will develop to become the ICP.

The Integrated Care System promotes partnership working and the principle of subsidiarity (decisions being made as close as possible to the people they will affect). To support this principle, seven Health and Wellbeing Partnerships (using City, District and Borough Council footprints) are being established across Norfolk to progress work on the wider determinants of health. These partnerships will bring together colleagues from local authorities, health services, wider voluntary, community and social partners, that have an impact on people's health and wellbeing.

Five Place Boards will be set up (using existing health geographical boundaries) and will focus on effective operational delivery improving people's care.

Norfolk County Council is committed to being an active partner within the ICS. As detailed within this market position statement, Adult Social Care is giving consideration to further place based commissioning as part of the development of service strategies and the re-design of current service models.



Our Commitment to providers

- We will regularly update our market position statement and we welcome your suggestions and comments to help inform this.
- Through NorCA we will highlight any changes to the Market Position Statement, especially those relating to market opportunities and the support offered to providers.
- We are keen to explore new ideas with you about how we can stimulate the market.
- We want to work with you to look at opportunities for more innovative approaches to meet needs in a more timely, more effective way that helps deliver improved value for every £1 spent.
- We will hold regular forums with providers to share information and exchange knowledge and ideas.

Next steps:

- We will update the financial information included within this MPS in the Autumn to reflect the 2021-22 financial year.
- As part of the Integrated Care System we will start to include information at Place level in future revisions of the MPS. This is something that providers have said that they want to inform their business planning

Norfolk Needs You

You are the experts in your fields, you will almost certainly have ideas about how we could all do things differently that would deliver improved outcomes - not just for clients but also for the health and social care system.

If you would like to discuss how we can work with you as an existing or new care provider please get in touch.



Acknowledgements

We would like to thank Southend Council for giving us permission to copy the format of their MPS.



Norfolk County Council

People and Communities Forward Work Programme, 2022-23

Date	Report	Issues for consideration	Cabinet Member	Exec Director
16 September 2022	Special Educational Needs (SEND): Performance Framework		Cllr. John Fisher	Sara Tough
	Armed Forces Covenant Annual Report	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 Margaret Dewsbury	Tom McCabe
	Strategic and Financial planning 2023-24		Cllr Andrew Jamieson	Simon George
	Tobacco Control		Cllr Bill Borrett	Louise Smith
	Market Sustainability Report		Cllr Bill Borrett	James Bullion
	Social Care White Paper – Engaging Communities		Cllr Bill Borrett	James Bullion
	Norfolk Adult Safeguarding Board Annual Report		Cllr Bill Borrett	James Bullion
18 November 2022	Tackling Alcohol and drug addiction	Outline of services to tackle drug and alcohol addiction including lessons learnt from Project Adder	Cllr Bill Borrett	Louise Smith
20 January 2023				
17 March 2023				

Items to be sent to Members as briefing notes:

- Update on outdoor provision
- access to technology for young people
- pressures related to accommodating Ukrainian refugees and how their social care needs can be met
- **Report or briefing note** on Home Schooling – officers to confirm whether this will be a report or briefing note

- Virtual School for Children in Care – New Duties
- Update on the music service - **September**

Items to be scheduled as reports or briefing notes:

- Shared Care Records
- Quality Framework
- Update on healthy lifestyles website
- SEND transformation programme and new SEND units - **month TBC**
- Integration between health and social care - reform, integration and the ICS, how it will work and be held to account – **month TBC**
- Report on response to mental health and bereavement provision across council services - **Month TBC**
- Update on the Change Grow Live inadequate inspection – **Month TBC – information to be included in addiction report in November**
- Update report on the Adult Social Care white paper including information on engagement with communities and how they see change – **July? TBC**
- Review of progress of the current position in the Norfolk social work sector following national social work week – **Month TBC**
- Report on and presentation from Connected Communities (Newton Europe) – **September? TBC**
- A report looking at the Cabinet restructuring project of which may affect services under the remit of People and Communities – **Month TBC**
- Task and finish group to consider how a code of conduct can be agreed to govern discussion of sensitive issues – **Month TBC**
- A report on the Outcomes East Programme 2022 – **Month TBC**
- An update on Carers Matter and social impact bonds – **Month TBC**
- A report looking into the fair cost of care – **Month TBC**
- A report on the Stronger Families Network impact bond – **Month TBC**
- A report on why mind have withdrawn from their contract and an update on this – **Month TBC**
- A report on unfilled care hours and how these are being monitored – **Month TBC**
- An update on social care recovery and social care recruitment – **Month TBC**
- A report on the national review of children's social care – **Month TBC**
- Update on the work of the Connecting Communities Steering group (Newton Europe steering group)