Norfolk County Council

Scrutiny Committee

Date: **Thursday 27 January 2022**

Time: **10 am**

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

Supplementary Agenda

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Date Supplementary Agenda published: 21 January 2022

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Scrutiny Committee

Item No: 8

Report Title: Call-in of Key Decision: ASSD Service Review – Transformation and Prevention in Adult Social Care.

Date of Meeting: 27 January 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 Care)

Executive Summary

This paper sets out details of the call-in of the Key Decision: ASSD Service Review – Transformation and Prevention in Adult Social Care. The decision was agreed by Cabinet at the meeting held on the 12 January 2022. This paper also provides an outline of the formal meeting procedure for handling call-ins at the Scrutiny Committee.

1. Background and Purpose

1.1 This call-in relates to item no. 8 on the Cabinet agenda for the meeting held on the 12 January 2022: ASSD Service Review – Transformation and Prevention in Adult Social Care. The minutes and summary of decisions notice for this meeting can be found here.

1.2. Full details of the decision, including Cabinet Papers and associated documents can be found at **Appendix A.** For ease of reference, the recommendations as formally agreed by Cabinet are set out below:

a) Agree the aims and objectives of the next phase of Promoting Independence – Adult Social Services Transformation programme, as set out at section 1.8

b) Agree to the engagement of Newton Europe as a strategic change partner to implement a new target operating model for Adult Social Services as set out in section 2.0, section 6.5 and section 8.1

c) Agree that ASSD will work in partnership with the corporate Strategy and Transformation Team to ensure the benefits of transformation are fully realised for Norfolk, as set out in section 5.0

2. Call-in and Meeting Procedure

2.1 Notification was received on Wednesday 19 January that Cllr Brenda Jones, supported by Cllrs Emma Corlett, Tim Adams and Maxine Webb, wished to call the decision in. The notice outlining the reasons behind the call-in is attached at **Appendix B.** The Chief Legal and Monitoring Officer has confirmed that it is valid under the requirements of the constitution. It will therefore be considered at the meeting of the Scrutiny Committee scheduled for the 27 January 2022.

2.2 The Chair and Vice-Chair of the Scrutiny Committee have agreed the following meeting procedure when handling the call-in:

- Those Councillors calling-in the decision will be given collectively 10 minutes introduction to explain their reasons for call-in.
- The Chair will ask the Cabinet Member and officers if they wish to add anything at this stage.
- Those Councillors calling-in the decision will then be given collectively 20 minutes to question the Cabinet Member and officers. They do not have the right to put forward recommendations; this right is reserved for Members or substitute Members of the Committee only.
- Members and substitute Members of the Committee will then question the Cabinet Member and officers (As the call-in does not relate to an education matter the Parent Governor and Church representatives may not put forward or vote on motions. They may still participate in the debate).
- Those Members who have called-in the decision will collectively have 5 minutes at the end of the debate to sum up their arguments.
- Following this, the Chair will sum up the debate and ask the Committee if they wish to make any proposals regarding the call-in. At this stage, only a limited number of proposals will be considered to be in order. The options available to the committee are as follows:
    A. The Committee refers the decision back to the decision maker (in this case, Cabinet).
    B. The Committee refers the decision to Full Council (the Committee should only use this power if the decision is deemed to be either i) contrary to NCC's policy framework; or ii) contrary to or not wholly in accordance with the budget).
    C. The Committee notes the call-in, but takes no further action.

2.3 The Final list of witnesses to be invited to attend will be agreed by the Chair and presented to the Committee on the day.

3. Background Papers

3.1 Appendix A: Cabinet report - ASSD Service Review – Transformation and Prevention in Adult Social Care.

3.2 Call-in notice: ASSD Service Review – Transformation and Prevention in Adult Social Care.

Officer Contact
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Report presented to Cabinet

Appendix A

Report Title: ASSD Service Review – Transformation and Prevention in Adult Social Care

Date of Meeting: 12 January 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 Care)

Is this a Key Decision? Yes

If this is a Key Decision, date added to the Forward Plan of Key Decisions: 5th December 2021

Executive Summary / Introduction from Cabinet Member

Adult Social Care currently spends over £1million per day on meeting the eligible needs of Norfolk residents. It is our duty to be ambitious and progressive in how we meet these needs in a sustainable way. If not, we risk being overwhelmed by demand in the future.

The department has a programme of transformation – Promoting Independence, based around its vision which is "to support people to be independent, resilient and well."

Promoting Independence has, to date, largely focused on managing demand. Through a changed model of social work, investment in reablement and assistive technology, we have slowed the rate of admissions to residential care for all ages, bringing Norfolk County Council (the Council) closer in line with its family group, and achieving £61m of savings over the last five years.

Looking ahead these gains will be sustained through a step change in prevention, based on risk stratification, and targeted interventions to address known life risks, and a re-purposed 'front door' for adults.

Alongside this, we will continue to lead and shape independent providers to develop choices for people at all stages of life – disabled people who want to leave the family home, people who want support at home which fits their lives, people who want access to training, learning and employment.

The policy and operating context for Adult Social Services (ASSD) is complex and will be significantly influenced by the legacy of Covid which has seen an increase in the number of people needing care and support, and more complex needs. Nationally, there is policy change signalled through the White Paper – People at the Heart of Care, published December 2021, and further white paper on integration expected in the New Year.

An external partner, Newton Europe, was procured in June 2021 to undertake a detailed diagnostic specifically around our Front Door and prevention. This highlighted major opportunities to change, and the proposal is now to take up the option of continuing this collaborative strategic partnership into the next phase of transformation.

Specifically, to develop:

a) A new target operating model for the department which radically transforms our digital capacity to engage with people and providers in the light of charging reform that is guaranteed using a 100% contingent commercial fee model

b) A new deal brokered through the Integrated Care System to support people at a place level with excellent community services, driven by population-based health

c) A step change in prevention, led by people with need directing their own care choices, and based on risk stratification, and targeted interventions to address known life risks, and

d) A re-purposed 'front door' for adults which put people at the heart of how we work with them.

This next phase of transformation is in line with the Council's overall strategy Better Together, For Norfolk. It will be a significant invest to save programme for the Council and a unique opportunity for major transformational, generational change, within Adult Social Services, delivered collaboratively with a highly experienced strategic partner, with a one-off cost of £6.3m that is 100% contingent on the delivery of better outcomes for people and Newton would guarantee to deliver at least 1.5 times the one-off fee in recurrent, annual financial benefit. We are confident that a targeted value of £18m of recurrent savings will be deliverable against this fee. To ensure the benefits are maximised across the Council, there will need to be collaboration and joint working with the corporate strategy and transformation team.

Recommendations:

Cabinet is recommended to:

a) Agree the aims and objectives of the next phase of Promoting Independence – Adult Social Services Transformation programme, as set out at section 1.8

b) Agree to the engagement of Newton Europe as a strategic change partner to implement a new target operating model for Adult Social Services as set out in section 2.0, section 6.5 and section 8.1

c) Agree that ASSD will work in partnership with the corporate Strategy and Transformation Team to ensure the benefits of transformation are fully realised for Norfolk, as set out in section 5.0

1. Background and Purpose

1.1 Adult Social Services has had a long-standing, effective transformation programme based on its strategy Promoting Independence with the focus of that transformation on: Living Well, strengths based social work; housing; enablement model for Learning Disabilities; improving digital efficiency; expanding reablement in the community and out of hospital.

1.3 In March 2021 Adult Social Services sought a strategic partner to work with Adult Social Care to undertake a forensic diagnostic look at our Services with a focus on

our ‘Front Door’ and Prevention Services. Newton Europe, following a procurement tendering process, were successful.

1.4 The diagnostic provided Adult Social Services with the evidence upon which we could envisage and build a future programme of transformative change to improve services, improve outcomes and manage existing and future pressures.

1.5 Newton Europe worked alongside Adult Social Services to use the evidence to produce a sustainable, measurable and outcome focused transformation strategy and implementation plan. A plan that is grounded in data and evidence and one that will set out the opportunities for the medium to long term in Adult Social Care.

1.6 Developed in close collaboration with front line staff and senior leaders, it maps a clearly articulated plan that is underpinned by strong performance management and financial monitoring principles. This plan focuses on developing a sustainable Adult Social Care service for residents to support people to be more independent for longer.

1.7 This is an ambitious proposal that embraces the fundamental challenges in Adult Social Care and sets out a clear vision for the future. The programme is grounded in the core principles of the Promoting Independence Programme and underpinned by the Strategic vision of Norfolk County Council, focusing on preventing, reducing and delaying formal Adult Social Care and supporting people to live as independently as possible with the right support at the right time.

1.8 **Promoting Independence**

1.8.1 Improving our preventative offer is fundamental in our obligation to ensure citizens have access to universal advice and information as part of a vision to prevent, reduce and delay the need for formal care. This is a key priority in not only providing a high-quality service, but an efficient service that invests in long term and sustainable prevention. This work is supported by the existing Promoting Independence Strategy, and Programme of Transformation within Adult Social Services.

1.8.2 The transformation plan will deliver tangible benefits and outcomes for residents and for the Council and will help us deliver long term sustainable change that has prevention and communities at its heart.

1.8.3 We have already achieved a great deal in the first phase of our Promoting Independence journey, and we are committed to continuing this work to ensure we provide support for people who need it and reforming our services to meet current and future challenges.

1.8.4 The Promoting Independence Programme to date has seen the:

a) Roll out across 630 staff of Living Well strengths-based social work
b) Expansion of both home-based and accommodation-based reablement
c) Expansion of assistive technology from 919 people supported in 2017 to 4,000 today
d) Mobile device roll-out for staff, providing anywhere, anytime working (this was delivered before the pandemic and allowed us to successfully adopt full remote working)
e) Supported Living refresh for people with Disabilities
f) Development of a new Day Opportunities framework and the implementation of a pilot

g) Employment service established
h) Learning from disabled and older people about how we give entitlement to welfare rights and charging arrangements.
i) Preparing for Adult Life established as a joint service across Adults and Children's services
j) Extra Care Housing £29m capital fund established to support development of 1,135 affordable rental units of independent living by 2028
k) Reviews deliver better outcomes and savings

1.8.5 Promoting Independence has largely focused on managing demand. Through a changed model of social work, investment in reablement and assistive technology, we have slowed the rate of admissions to residential care for all ages, bringing the Council closer in line with its family group, and achieving £61m of savings over the last five years.

1.8.6 Alongside this, we will continue to lead and shape independent providers to develop choices for people at all stages of life – disabled people who want to leave the family home, people who want support at home which fits their lives, people who want access to training, learning and employment.

1.8.7 Looking ahead these gains will be sustained through a step change in prevention, based on being led by people in how they direct their choices about care and support, on risk stratification, and targeted interventions to address known life events, and a re-purposed 'front door' for adults.

1.8.8 Promoting Independence phase two is about Living Well and Changing Lives with eight core ambitions for Adult Social Care:

1. **Prevention and early help** – a clear strategy, targeted interventions and a re-purposed 'front door' which put people and their family carers at the heart
2. **Integrated Health and Social Care Offer –** integrated health and social care offer in each locality to help people retain independence
3. **Living Well social work –** being led by people who direct their own choices, addressing holding lists, reviews and practice quality
4. **A stable, modern care market** where 85% of providers are good or outstanding
5. A step change in **housing choices** for older people and disabled people and through our building programme
6. **Transformation of the Norse Care estate** to match market needs and ensure it remains a leader in the sector
7. Driving the '**Eight technologies that will change the face of health and social care'**
8. **Workforce Development –** Developing skills and capacity in social care and the care market

1.9 Wider Policy Context

1.9.1 The policy context under which our recommendation sits and is aligned to within the Council and the wider health and social care system:

Corporate Strategy
In November 2021 the Council launched Better Together, for Norfolk, a strategy for the County that outlines our priorities and how we will work with partners to boost the economy, support our communities, and protect our environment. In July 2021, Norfolk County Council held the 'Rising to the Challenge Together', an event bringing together key stakeholders from across Norfolk to talk about the challenges Norfolk faces and how we can overcome them to ensure a long-term sustainable future. As

part of the summit outcomes, Prevention and Early Help, with a shift to an integrated approach to prevention, was identified as a priority that is underpinned by data and evidence while building strong, engaged communities.

Digital Strategy
Advancing the digital capability of the service in line with our Digital Roadmap will be key to unlocking this opportunity, including using analytical techniques such as population segmentation to inform and target prevention strategies and services for maximum impact across the communities. We will continue to strengthen our digital resilience in Norfolk through this transformation programme. We want to ensure that every Norfolk resident can take advantage of the opportunities and benefits digital solutions can offer.

Health and Well Being Strategy
The Health and Wellbeing Board (HWB) agreed and launched its Joint Health and Wellbeing Strategy in 2018 with partner organisations signed up to the strategy through their governing bodies/boards. The strategy stands as our shared commitment to taking collective responsibility for health and wellbeing with its vision of a single sustainable system, working together, leading the change and using our resources in the most effective way. The priorities include Prevention, supporting people to be healthy, independent and resilient throughout life and offering help early to prevent and reduce demand for specialist services; Tackling inequalities in communities – providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime and integrating ways of working.

White Paper – People at the Heart of Care
Nationally, there is policy change signalled through the White Paper – People at the Heart of Care, publicised December 2021, and further white paper on integration expected in the New Year. The vision for adult social care is underpinned by three key objectives and set out that government wants to make sure people:

a) have the choice, control and support they need to live independent lives,
b) can access outstanding quality, as well as, tailored care and support,
c) find adult social care fair and accessible.

The White Paper is a beginning of reform. It is welcome to have a 10-year vision for Adult Social Care to put alongside the NHS Plan, and our own strategy, Together for Norfolk. The vision reaffirms the Care Act as the cornerstone of how we operate, but also calls for reform and innovations with a strong emphasis on developing change with people with lived experience.

The focus on choice, control, independence, quality, and fairness are important foundations for how we support people in need. The initiatives to support the workforce, develop housing, improve advice, and increase the use of technology are all in line with our Promoting Independence Strategy for Adult Social Care.

NHS Long Term Plan
The NHS Long Term Plan confirmed that all parts of England would be served by an integrated care system from April 2021, building on the lessons of the earliest systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards.

2. Proposal

2.1 This proposal focuses on working with a strategic partner on an invest to save basis to design and implement changes which focus on our Front Door and wider prevention.

2.2 This programme will need to be delivered at a time of reform of charging (the white paper on reform anticipated soon) and reform of the health system.

2.3 The diagnostic work with Newton Europe has identified the need for these elements:

a) A new target operating model for the department which radically transforms our digital capacity to engage with people and providers in the light of charging reform, that is guaranteed using a 100% contingent commercial fee model
b) A new deal brokered through the Integrated Care System to support people at a place level with excellent community services, driven by population-based health
c) A step change in prevention, based on being led by people who direct their own choices for carers and support, on risk stratification, and targeted interventions to address known life risks
d) A re-purposed 'front door' for adults

2.4 Consolidating this level of change whilst sustaining and improving outcomes for people and managing within a tight financial envelop will require a range of skills and capacity.

2.5 To support us, Adult Social Services seeks agreement to take up the option of a further phase of work with Newton Europe to work with us to implement a new target operating model for Adult Social Services and work collaboratively with Partners to deliver an ambitious programme of transformation. Through a competitive process we sought a partner who had extensive transformation experience in transforming Adult Social Care and one that would use a strong evidence base while working in close collaboration to identify opportunities and work with us to deliver those outcomes, as set out in more detail in Section 8.1

2.6 Implementation would follow a tried and tested methodology that focuses on front line led change with solutions and opportunities being rigorously tested, piloted, implemented and embedded over a period of 18 months to ensure that they are sustainable in the longer term.

2.7 The key outputs expected include, but are not limited to the following:

a) A targeted prevention strategy that proactively leverages community support to promote independence and working to ensure the right community capacity and relationship with services – a new collaborative relationship with Norfolk's community and voluntary sector to replace existing commissioned approaches
b) A deeper understanding of Norfolk's residents, their needs, and the local support they require through the use of advanced analytical techniques such as machine learning and geospatial visualisations
c) Re-engineered social care pathways and new ways of working to achieve better outcomes for individuals and maximise the number of people able to benefit from both technology-enabled care and responsive, effective short-term services
d) Digital tools and platforms that better connect at-risk residents to community support, thereby improving their independence and reducing their reliance on formal social care
e) Refreshed "Departmental Blueprint" target operating model, that sets clear scope and boundaries for each team and transforms how initial access to

Norfolk Adult Social Services is structured within communities and pathways then flow through into engaging formal Social Care support

f) New ways of working that improve the experience for staff

g) A framework that describes the key elements of the ways of working that are essential to maintain the improved KPI performance, monitored to identify where more support may be needed and where change has been successfully embedded

h) An upskilled workforce (transformation methodology, transformation, continuous improvement, performance management). Investment in our workforce underpins this positive change for Adult Social Care and, as part of this work, Adult Social Care senior leaders are committed to developing the skills and experience of our staff while working alongside them to manage change as well as maximising the opportunities to share knowledge and best practice across the organisation

3. Impact of the Proposal

3.1 Adult Social Services asked Newton Europe, following a full and open market tendering process, as set out in section 8.1, to work with us to understand our front door which is facing long delays, backlogs and increased demand. The forensic diagnostic established that the front door, in isolation, could not be addressed independently but that the issues pointed to the need for more fundamental review of how the department works.

3.2 Newton, with Adult Social Services, engaged with over 170 people, analysed over 500k data lines and reviewed 145 anonymised service user journeys with members of the Council's front line teams and managers from both Community and Environmental Services and Adult Social Care and we found that, in summary:

a) 49% of people who present at the front door show the potential to have their need prevented, reduced or delayed

b) 39% of preventable cases could have been more independent through the use of community resources

c) 51% more per year could be supported to maximise their independence

d) 1,500 more people per year could be supported to maximise their independence through short term interventions like Reablement

e) 9,400 more people per year contact the Social Care Centre for Excellence (SCCE) than four years ago

f) 36% of our front door practitioner capacity could be freed up by holistic service re-design

3.3 The diagnostic work outlined and defined a scope and identified these areas of impact for people using our services:

a) **Community Support:** Having the right community capacity and relationship with services to support people to be as independent as possible within resilient communities. A prevention strategy focus and way of working that proactively leverages the community support to maintain independence and reduce demand on formal Social Care support. A new relationship with Norfolk's voluntary sector as an equal partner to the change

b) **Initial engagement with the authority (front door):** Redefining how initial access is structured within communities, and how pathways then flow through in engaging formal Social Care support. Including the expertise at the right point in the pathways, the operational teams and ways of working to support this

c) **Short term offers to maximise independence:** Re-engineer pathways, ways of working and processes to maximise ideal volumes to enable a responsive and effective short-term service and foster independence

d) **Social work and achieving the ideal outcome:** Working through pathways, ways of working and processes – ensuring more effective links to communities – to enable ideal outcomes for individuals. Pulling together the full social care pathway from the initial engagement through to proactively managing long term service users. Having a clear and equitable process for managing allocations and workflow

3.4 As well as better outcomes for residents, the diagnostic identified these further wider impacts:

a) Significant recurrent financial benefits which are set out in section 4

b) A strong platform to prepare and grow into the Integrated Care System as well as an important step in the journey of integration

c) Working with Corporate Transformation and Strategy colleagues and Childrens Services to develop our understanding a person's whole life journey from childhood to adulthood and embed change across the authority

d) Performance metrics, embedded improvement cycles to drive performance and auditable ways of working that collectively will give greater assurance and improve organisational resilience and responsiveness to emergent day to day operational, policy or regulatory challenges

e) Accelerated progress along the organisation's digital roadmap, including a better understanding of and wider use of the latest technology-enabled care

f) An embedded change methodology based on a sound understanding, supported by training modules and skills transfer to ensure a sustainable legacy for the department and – if appropriate – the Council's wider transformation community

4. Evidence and Reasons for Decision

4.1 Through the diagnostic work completed to date, we have identified that the potential to achieve better, more independent outcomes for people are possible. Arising from improved outcomes is the potential for delivering significant recurrent financial benefits against the Adult Social Services budget. The anticipated volume changes as a result of the transformation proposed would achieve a targeted recurrent annual benefit by year five of £18m. The financial benefits have been captured in an "Opportunity Matrix" described in Table 1 below. Benefits will be a combination of revenue savings through reduced spending on commissioned care, productivity gains and mitigation of pressures.

4.2 The sustainable annualised benefit is broken down in Table 1 below. As part of the Diagnostic Phase, a likely "targeted" value was derived. This targeted value considers our relative starting position and itself represents a major step change. However, at the same time we derived a "stretch" figure that would show us the potential if we maximised all aspects of model.

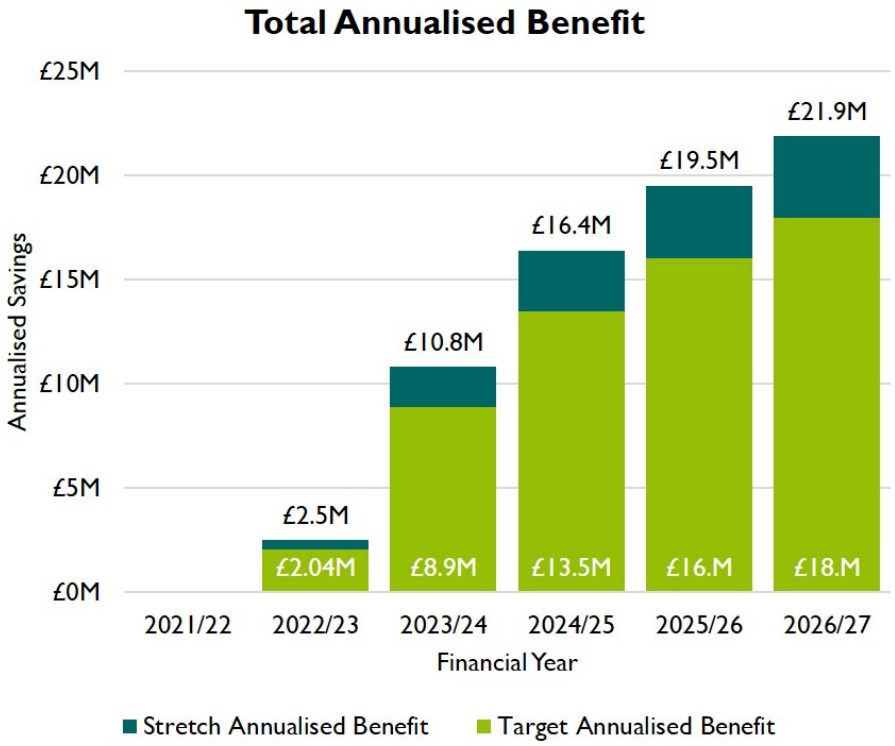
Table 1: Opportunity Matrix: Sustainable annualised benefit

Area	Summary of Opportunity	Target	Stretch
Ideal Outcomes	Working through pathways, ways of working and processes – ensuring more effective links to communities – to enable ideal outcomes for individuals. **Target Financial Benefits derived from the reduced purchasing of Residential and Homecare**	£9.8m	£11.8m
Short Term Offer	Reengineer pathways, ways of working and processes to maximise ideal volumes to a responsive and effective short-term service to foster independence. **Target Financial Benefits derived from the reduced purchasing of Homecare**	£6.3m	£7.9m
Community Support	Having the right community capacity and relationship with services to proactively leverage the community support to maintain independence and reduce demand on formal Social Care support. **Target Financial Benefits derived from the reduced purchasing of Residential and Homecare**	£1.5m	£1.8m
Front Door Engagement	Redefining how initial access is structured within communities, and how pathways then flow through in engaging formal Social Care support. **Productivity gain**	£0.6m	£0.7m
		£18.3m	**£22.2m**

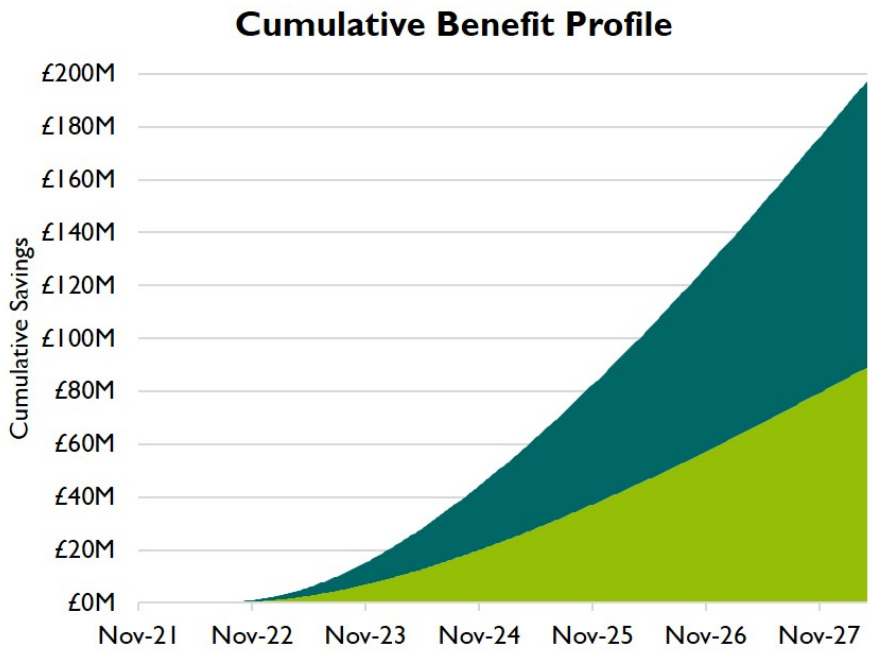
4.3 The Opportunity Matrix values are indicative of the benefit discovered in the Diagnostic Phase from proposed improvements to the service and outcomes for people. While the opportunity is summarised as four project workstreams, interdependencies exist between each of them.

4.4 Given the opportunities identified, the anticipated delivery plans and the profile of benefits from improved performance, the benefit delivery profile for the programme has been constructed. This shows the collective savings delivered by year up to the full realisation of the benefit and the cumulative benefit received over time as a result of completing the work. These benefits offer the choice of savings and further investment in preventative approaches and do not yet constitute definite decisions beyond the current Departmental savings proposals in the 2022-23 budget round.

Graph 1: Total Annualised Benefit



Graph 2: Cumulative Benefit Profile



4.4 The benefit will be achieved through improving service quality, in line with Adult Social Services overarching Promoting Independence Strategy, to achieve greater independence for the people of Norfolk. This will involve enhancing and delivering the prevention strategy, expanding the use of short-term services to maximise independence and using less formal support including fewer residential placements.

4.5 The key drivers for service transformation are to improve outcomes for residents, but there is also a pressing need to develop a plan that is financially sustainable and one that takes budget challenges on board.

4.5 Detailed findings and opportunities identified from the diagnostic phase are set out in **Appendix A.**

5 Alternative Options

5.1 The aim of Adult Social Care is to help ensure that some of the most vulnerable residents in the Country are empowered and enabled to have as much control over their lives as possible and live as independently as possible. The proposal is focused on modernising Adult Social Care and identifying opportunities for change that improve outcomes for people. We want people to have the skills and confidence to make a positive change in their lives which this programme of change seeks to do.

5.1 Our recommended method is to appoint a strategic delivery partner. This approach is different to having general consultancy support offering advice and insight. Rather it is an approach to implementing change that sees an external organisation working alongside in partnership with our own staff.

5.3 A strategic delivery partner with a track record of achieving results brings a rapid and sustained injection of capacity as well as consistent experience and tried and tested models of change delivered at scale. Integrated working with a delivery partner reduces the risks of benefits not lasting and can support the development of in-house capability.

5.4 To capitalise on the advantages of this method the recommendations in section 10 reflect the desire to embed and co-ordinate governance and resources within the delivery team and across the organisation.

5.5 Consideration has been given to a whole in-house programme of transformation based on the diagnostic findings. There is, within the Council, considerable knowledge and experience in change, however, given the scale and pace of change needed in the current challenging environment, as well as the complexity of change required, it was felt that this would be strongly supported by continuing to work with Newton Europe as our Strategic Partner.

5.6 Newton Europe as a leading partner in Adult Social Care and Local Government will complement the existing resource, skills and capacity within NCC to support the implementation and long-term sustainability of this major transformation change within Adult Social Care. The proposal will bring opportunities for extending our own in-house capability and identify opportunities to extend benefits more widely across the organisation. This will, in turn, benefit our residents by providing a more efficiently run service.

5.7 The Promoting Independence Team within Adult Social Services will work in close collaboration with corporate Strategy and Transformation, Childrens Services and Support Services officers, to lead and deliver this programme of transformation as well as ensuring the wider strategy is, achieved, maintained, and embedded in Adult Social Services.

5.8 The ambitions of this review are building on a solid Corporate ambition of service improvement and transformation activity that is underway in Norfolk County Council. This will not only reduce cost pressures but will improve outcomes for residents in

Norfolk. This work is aligned to and complements existing work and will provide the necessary resource to ensure the delivery at pace of major positive change.

5.9 While capacity is not currently at a level to undertake the proposal internally, through the Corporate Transformation and Strategy Team, officers will ensure a strategic view on the wider corporate improvement activity and are committed to working closely with Adult Social Services to ensure both a strategic alignment to the corporate ambitions for improvement and change as well as providing an assurance role to ensure accurate realisation of benefits.

6 Financial Implications

6.1 Our current ASSD financial forecast for 2021/22 is one that whilst being reported as a breakeven position, is likely to require one-off funding to achieve this. It is being explored as to whether this is likely to be an ongoing gap (notably, impacting 2022/23) or will, at least in part, be managed downwards. We also know that into 2023/24 and beyond the Council's financial position may well be under even greater pressure. ASSD, as the largest single controllable budget in the Council, will likely need to play its part in delivering sustainable financial change.

6.2 Alongside financial challenges we recognise that our service performance is not where we need it to be and that within Government's Social Care reforms there will be a new annual assurance regime for Adult Social Care. There is a likelihood that this process will identify the requirement for improvements. It is therefore an imperative that we seek to make change as soon as possible and apply the necessary investment required to transform services and improve our outcomes.

6.3 In order to contract with a Newton Europe, there is a one-off fee of up to £6.3m. This fee will be part of an invest to save proposition that will deliver, at a minimum, £9.45m of recurrent financial savings for ASSD but upwards of a targeted £18m of recurrent sustainable financial benefit. In order to compare a one-off fee against a recurrent benefit, a more comparable measure would be to contrast the one-off fee against the cumulative benefits delivered within the first five years of the change. In building towards the £18m recurrent benefit we will deliver £55m of benefits during the first five years, and when compared to the fee, offer a return on investment of 8:1.

6.4 In recognising the financial risk of any investment, the contract will be structured to make all attempts to minimise any downside risk, whilst enabling us to maximise upside potential. There are therefore a number of accompanying assurance mechanisms, including rigorous KPI monitoring, robust programme governance, contractual mechanisms to enable early termination and invoicing check points with the ability to pause payments should delivery and benefits fall significantly behind plan.

6.5 Engagement of Newton Europe to support the delivery of the Adult Social Care Promoting Independence Programme would be based on the following core principles:

a) 100% of fee is contingent on delivery of outcomes. In the Design and Implementation phase Newton would guarantee to deliver at least 1.5 times the one-off fee in recurrent, annual financial benefit. This means at a minimum the partnership needs to deliver at least £9.45m for Newton Europe to attract their full fee. However, we are confident that a targeted value of

£18m of recurrent savings will be deliverable against this fee

b) The programme, as a whole, would be planned and resourced to deliver the full target benefits value of £18m, not the minimum £9.45m. At the end of the design and implementation phase, if the final benefits are less than the guaranteed savings, then Newton will rebate its fees until the 1.5 times ratio is achieved. For clarity, in the unlikely event that only £3m of recurrent benefit is delivered, the fee would be proportionately reduced to £2m. In the extreme worst-case scenario, if nothing is delivered, then NCC would pay nothing with monthly invoicing schedule with checkpoints agreed

c) With the fixed maximum fee, if circumstances require Newton to put more resource into delivering the target financial benefit than originally planned, they do so at our own risk and at no additional expense to NCC

d) Newton included a mechanism to allow NCC to terminate our contract at any time, by giving a few weeks' notice, for any reason, paying only for work done to date

6.6 Newton Europe brings a delivery methodology that includes a focus on using data and evidence to deliver insight, which drives decision-making and continuous improvement, working alongside front line teams, and an ability to get to the root cause of complex problems.

6.7 **Benefit Realisation and Programme Assurance**

6.7.1 A rigorous and robust methodology for tracking and assuring benefit delivery will be developed to monitor the impact and benefit realisation of the plan and will be owned by Norfolk County Council.

6.7.2 There are a number of benefit realisation mechanisms that will be put in place, including rigorous KPI monitoring, robust programme governance, contractual mechanisms to ensure delivery of expected benefits.

6.7.3 The programme will be delivered within the corporate framework for strategy and transformation. This will ensure alignment with other major programmes of change for the council. We will ensure the learning from this ambitious piece of work is shared not only across the Council but with the wider sector. It will be delivered in parallel, and in collaboration with, the Council's existing transformation programmes to ensure maximum benefits are realised.

6.7.4 Measuring the operational and cost impact of the transformation with performance and finance colleagues is a core part of this programme. We will put in place and develop the right set of operational metrics to ensure progress is on track and assurance of financial impact is met.

6.7.5 There will be a systemised system of operational metrics together with finance equations to track the performance of transformation. We will use measured performance to inform BAU financial monitoring and Newton contractual delivery. This will be part of monthly review sessions.

6.7.6 To ensure long term sustainability the Council and Newton will continue to track both operational performance and financial benefit as the Newton support reduces, to give confidence in long-term sustainability of results.

6.7.7 There will be dedicated Newton health-check days with both operational and financial/performance staff to help address any issues beyond the end of formal, full-time programme support.

6.7.8 Formal end-of-programme review provides opportunity to recover payments made to Newton in the event of non-delivery.

7. Resource Implications

7.1 **Staff:**

7.1.1 This transformation proposal supports a new way of working within in Adult Social Care to deliver better outcomes for people and provide residents with improved options to help people live as independently as possible for longer.

7.1.2 The proposal will provide opportunities for staff development and skills transfer in both Adult Social Care as well as much widely across the Council. This work will provide staff with opportunities to expand their skills and learning. The Promoting Independence Team will play a lead role in supporting Newton Europe with this proposal's implementation alongside Corporate Transformation, Finance and Performance, and Support Services colleagues.

7.1.3 The transformation programme will be front line led and will work alongside officers in Adult Social Care to design, pilot and implement a new operating model for Norfolk. The Newton methodology ensures that staff and teams are inextricably linked to the design of improvements and their implementation and Adult Social Services are committed to ensuring the right resources are available to support its implementation.

7.1.4 The ambitions of this programme are based on a solid foundation of service improvement activity across the Council to improve outcomes for residents and manage cost pressures. The work is aligned to existing corporate strategies and rather than duplicating resources, the introduction of a strategic partner will provide the capacity to expedite the transformation of Adult Social Care.

7.2 **Property**

7.2.1 None identified

7.3 **Information Technology**

7.3.1 Newton Europe will work closely with our IT colleagues as well as the Business and Technology service in Adult Social Services to ensure strong IT integration and support for the realisation of our digital ambitions through this programme.

7.3.2 This programme will strengthen the wider corporate digital transformation ambition. Advancing the digital capability of the service in line with our Digital Roadmap, including using analytical techniques such as population segmentation to inform and target prevention strategies and services for maximum impact across the communities.

7.3.3 The proposal will identify opportunities for residents to live more independently through targeted interventions including access to reablement and use of assistive technology and we will continue to strengthen our digital resilience in Norfolk. We want to ensure that every Norfolk resident can take advantage of the opportunities and benefits digital solutions can offer as part of a comprehensive and inclusive Adult

Social Care offer.

7.3.4 Officers will ensure that any digital access or provision can be accessed by all, as we understand that not all residents in Norfolk have good access to broadband or use digital alternatives, and that face to face, letters, phone are retained as viable access channels. This means ensuring that any digital solution is accessible for targeted audiences and consideration put in place around how people who can't use digital solutions can still access services on an equal level. Although the move to digital solutions can be a positive evolution, it's been identified that digital solutions in some areas is a barrier. We will keep this under review and will proactively engage and work with Equality, Diversity and Inclusion colleagues in the development of digital solutions.

8. Other Implications

8.1 Procurement

8.1.1 The Procurement team considered both open tender and framework procurement route to seek a Strategic Partner to undertake a deep dive forensic look at our services. An open tender route was proposed that would allow the entire marketplace to submit a bid, enabling greater competition. Through this competitive process we sought a partner who had extensive transformation experience in transforming Adult Social Care and one that would use a strong evidence base while working collaboratively to look at:

a) **Partner and Community Links -** we wanted a partner to look at how we can work with partners, providers, and community organisations to make sure people live the best possible life
b) **Person experience –** we wanted to understand how easily accessible Adult Social Care is to all the people who need us. Looking at what the journey is like for someone who comes to us for our help – how many hand offs do they get, how long do they spend waiting to be contacted, do they feel listened to?
c) **Prevention and Independence** – we wanted to look at whether Adult Social Care support people before they hit a time of crisis and understand how much we are supporting our people to be as independent as possible. Are we making the right decisions for each and every person who needs our help?

8.1.2 Through this procurement process, ASSD also sought a partner who, in line with our vision for long term sustainable and deliverable outcomes, had the capability and capacity to continue in partnership with us beyond the diagnostic on a further period of transformation work to implement opportunities identified during the diagnostic. The procurement process attracted a number of strong applicants, Newton Europe was successful with the Contract awarded in June 2021.

8.1.3 Newton specialises in designing and delivering large-scale, complex, operational transformation programmes. They have worked with over 100 public sector organisations across adult social care, children's services, health providers and with whole health and social care systems. They take an evidence led approach to reimagine and redesign ways of working, and deliver services which are better for people, better for staff and deliver significant, sustainable and guaranteed financial benefit.

8.2 **Phase 1 - Diagnostic**

8.2.1 During the months June to October 2021 Newton Europe undertook, at pace, a forensic analysis of our prevention and front door services. The diagnostic stage concluded in October 2021 and has given senior leaders within Adults Social Services a sound evidence base, and data driven rationale for the need for wider change within Adult Social Care that has real potential to improve outcomes for residents.

8.2.2 Newton's methodology relies on close work and collaboration with front line staff as well as senior leaders, using real cases to help explore the outcomes for residents. Newton Europe worked closely with our Information and Analytics Team to use the data in our health and social care systems to understand our services and the opportunities for improved outcomes.

8.2.3 As part of this work Newton engaged with 170 plus people, analysed over 500k data lines and reviewed 145 service user journeys with members of the Council's front line teams and managers from both CES and ASC.

8.2.4 As this work progressed, staff, managers and leaders have increasingly engaged and participated; remarked on the need to take a different approach to realise the opportunities; and are motivated for it to move forward as evidenced in Newton Europe's work on how ready for change our staff are.

8.2.5 Through their diagnostic work Newton identified four cornerstones of opportunity for Norfolk as set out previously in Section 3.6.

8.2.6 As well as better outcomes for people the diagnostic identified improved ways of working that identified significant recurrent financial savings.

8.2.7 Newton Europe has provided excellent service delivery for Phase 1 diagnostic and have worked at pace and in a highly collaborative manner to ensure staff are fully engaged and the full spectrum of benefit is realised and articulated in an opportunity's matrix.

8.3 **Phase 2 - Implementation**

8.3.1 As part of the open market tender process for the diagnostic, we also sought a Strategic Partner who may wish to continue in partnership with us beyond the diagnostic on a further period of transformation work to implement the opportunities identified during the diagnostic. This was entirely at Norfolk County Council's discretion based on performance within the diagnostic.

8.3.2 It is therefore our recommendation that Norfolk County Council, Adult Social Services continue to work with Newton to implement and realise the full spectrum of opportunities identified through the diagnostic for the following reasons:

a) Newton Europe have displayed a high level of collaboration evidenced with front line staff ensuring enthusiasm with front line staff in taking this work forward
b) The outputs of the diagnostic provided ASSD with high quality data and information to clearly understand and articulate a sustainable way forward
c) Positive work practices were embedded in phase 1 and strong collaboration in how phase 2 will be managed is evident

d) Working with Newton to implement their findings will ensure pace of delivery and a quicker mobilisation of teams and resources

e) Newton have provided details of their history of working with other Local Authorities to deliver large scale change and transformation in complex environments

f) Newton Europe has a strong history of working in Adult Social Care systems including Northamptonshire County Council, Royal Borough of Greenwich, and Leicestershire County Council. Norfolk County Council officers undertook due diligence conversations with all the above authorities following the diagnostic completion and in the due diligence conversations when preparing this report for Members

g) Newton will provide a core team that blend a combination of expertise and experience in analytics; digital tools and capabilities; people centred change management and strategic communications; coaching and mentoring; rigorous programme management; a proven approach to delivery; training; and design methodology to deliver sustainable new ways of working. This team will flex over time to respond to the emerging needs of the programme and critically is designed to provide the necessary capability and capacity to ensure the successful delivery of the programme

h) Newton will provide expertise to bring together the right data and the right systems to promote insight-driven design-making and, where appropriate, harness the power of advanced data science. Ensuring digital capabilities are maximised for the Council and there is a clear link to delivered value as well as access to other Local Authority clients and extended peer reviews

i) Newton are also committed to delivering bespoke training to develop Norfolk's internal change capacity, including formal training in our proven core methodology, coaching and on-the-job skills transfer working alongside managers and leaders in the organisation to train and mentor in the Newton approach and elements of the new ways of working to ensure the programme outcomes are achieved

8.4 **Human Rights Implications**

8.4.1 The Strategic Partner will be required to comply with the Council's policies.

8.5 **Equality Impact Assessment (EqIA)**

8.5.1 Public authorities are required by the Equality Act 2010 to give due regard to equality when exercising public functions. This is called the 'Public Sector Equality Duty'.

8.5.2 The purpose of an equality impact assessment is to consider the potential impact of a proposed change or issue on people with protected characteristics. If the assessment identifies any detrimental impact, this enables mitigating actions to be developed.

8.5.3 It is not always possible to adopt the course of action that will best promote the interests of people with protected characteristics. However, equality assessments enable informed decisions to be made that take every opportunity to minimise disadvantage.

8.5.4 The full Equality Impact Assessment is included in **Appendix B.**

8.6 **Data Protection Impact Assessments (DPIA)**

8.6.1 The Strategic Partner will be required to comply with the Council's policies, and we will continue to work with our Data Compliance team to ensure good practice in all areas supported by a comprehensive data sharing agreement.

8.7 **Any Other Implications:** None identified

9. Risk Implications / Assessment

9.1 Norfolk County Council is seeing an increase in demand for services with that pattern likely to continue. While pressures for 2020/21 were managed, there is a risk that the Council will face continued increased costs and demands into 2022/23.

9.2 The Plan will be measured using a robust performance management framework with regular reporting to the Departmental Leadership Team, and other appropriate corporate governance boards on benefit realisation and ensuring long term sustainability.

9.3 **Strategic and Operational Risks**

9.3.1 **Risk 1: Capacity and Resource**
At peak periods, the very high numbers of people seeking support puts strain on the capacity we have to prevent and reduce the need for formal care. The department is still coping with the on-going pandemic and which brings increased workloads and urgent demands. There is a risk that these continue and the legacy which Covid leaves will become the priority for staff and will leave little capacity to drive and embed change.

Mitigation:
While the demand is not expected to reduce in the next 18 months of programme design and implementation, the proposal itself is set to design a new way forward to manage this demand within Adult Social Care. The transformation programme has been designed to give the flexibility to react nimbly to changes in capacity and to react quickly to any unexpected increases in demand. With close collaboration with the Corporate Strategy and Transformation team and ensuring a pragmatic strategic and operational approach to resource and capacity, we are confident this risk can be mitigated.

9.3.2 **Risk 2: Benefit Realisation**
While the commercial proposal is linked to the benefit realisation there is a risk that the potential benefits are not fully realised. Due to the assurance and commercial mechanisms this risk is expected to remain low.

Mitigation:
This risk has been robustly mitigated to minimise any financial risk to the Authority through a series of commercial mechanisms that guarantee a minimum level of financial benefit that is greater than the fee paid. There are therefore a number of accompanying assurance mechanisms, including rigorous KPI monitoring, robust programme governance, contractual mechanisms to enable early termination and invoicing check points with the ability to pause payments should delivery and benefits fall significantly behind plan. The strengthened corporate strategy and transformation framework will provide strengthened oversight and council-wide assurance.

9.3.3 **Risk 3: National Reform**

The Policy and operating context for Adult Social Services continues to be complex and continues to shift direction. Most significantly with two White Papers that will have a fundamental impact on how we deliver services. There is a risk that new legal requirements within the White Papers will conflict with planned changes or delay the achievements of benefits.

Mitigation:
National reform has been expected and ASSD continue to be strategically engaged with key policy makers on reform. ASSD has a track record in adapting to unexpected and urgent changes. The changes signalled through the first phase (the Newton Europe diagnostic) are in line with the White Paper "Putting People at the Heart of Care," and Newton Europe's method of working and designing alongside teams will ensure changes from legislation and integrated in front line practice.

10. Select Committee Comments

10.1 None

11. Recommendations

11.1 Cabinet is recommended to:

a) **Agree the aims and objectives of the next phase of Promoting Independence – Adult Social Services Transformation programme, as set out at section 1.8**

b) **Agree to the engagement of Newton Europe as a strategic change partner to implement a new target operating model for Adult Social Services as set out in section 2.0, section 6.5 and section 8.1**

c) **Agree that ASSD will work in partnership with the corporate Strategy and Transformation Team to ensure the benefits of transformation are fully realised for Norfolk, as set out in section 5.0**

White Paper – People at the Heart of Care
https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper

Adult Social Care Reform for Local Government Association
https://www.countycouncilsnetwork.org.uk/new-report-thousands-of-people-could-live-more-independently-if-councils-continue-to-deliver-social-care/

NHS Long Term Plan
https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

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

ASSD Service Review

Transformation and Prevention in Adult Social Care

To support our work **Promoting Independence: *Living Well, Changing Lives***, Norfolk County Council are embarking on a transformation programme in partnership with Newton Europe to redesign our **front door and prevention services**, and help our communities to stay **independent, resilient and well**.

Promoting Independence

Living Well & Changing Lives

Norfolk County Council

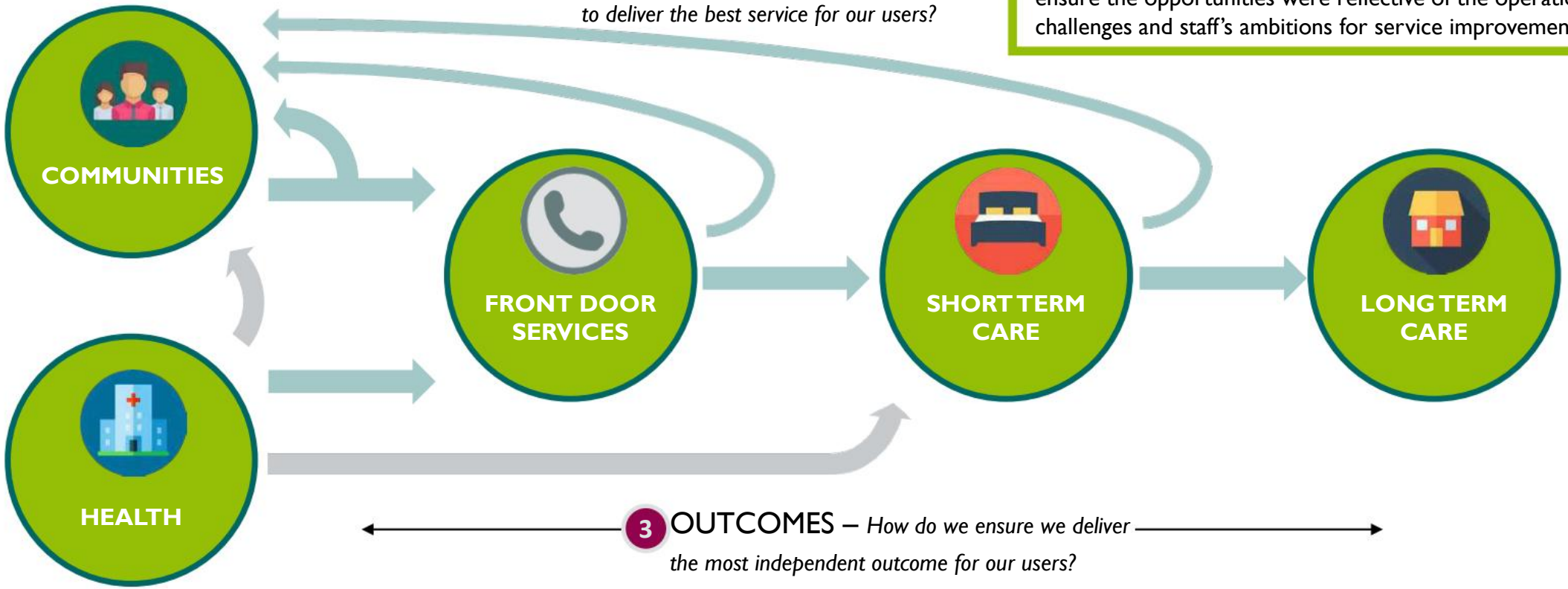
Diagnostic Scope

Rigorous, Evidence based, Prioritised

The diagnostic phase has focused on developing a rigorous evidence base to support the opportunities for improvement. This has included a significant depth of insight across the in-scope business areas using system data, proprietary studies and front line staff interviews. The evidence collected has relied on extensive front line engagement, totalling 100s of hours, to ensure the opportunities were reflective of the operational challenges and staff's ambitions for service improvement.

1 PREVENTION – *How do we best support our communities to maintain independence?*

2 FRONT DOOR OPERATIONS – *How do we support our front door teams to deliver the best service for our users?*



3 OUTCOMES – *How do we ensure we deliver the most independent outcome for our users?*

READINESS FOR CHANGE + EXISTING CHANGE INITIATIVES

4 READINESS FOR CHANGE - *How well set up are we to deliver lasting change?*

Norfolk County Council

Value Proposition

People opportunities

PREVENTION

49% of people who present at the front door show the potential to have **their need prevented, reduced or delayed**

39% of preventable cases could have been more independent through the use of community resources

INDEPENDENT OUTCOMES

51% more per year **could be supported to maximise their independence**

1,500 more per year **could be supported to maximise their independence** through short term interventions like Reablement

HOW ARE WE SET UP TO DELIVER ON THESE OPPORTUNITIES

As this work has progressed, staff, managers and leaders have **increasingly engaged and participated; remarked on the need to take a different approach** to realise the opportunities; and are currently motivated for it to move forward.

However, concerns with the current set up arose: governance and leadership that doesn't consistently drive accountability for progress; performance is not always outcome focussed; a lack of capacity to commit the resources to achieve the opportunities; more effective operational communication needed to enable change.

FRONT DOOR OPERATIONS

9,400 more people per year contact SCCE than four years ago

36% of our font door practitioner capacity could be freed up by holistic service re-design

Community & Prevention Summary

Controlling for demographic differences, where a person lives heavily impacts their likelihood of interacting with the Council. This suggests an opportunity for prevention, reducing variation and improving outcomes.

49%

Case reviews with front line staff showed **49% of cases could have had their increase in need prevented, reduced or delayed** before presenting at the front door.

39%

39% of preventable cases could have been more independent through the use of **community resources.**

We can make better use of community resources through a combination of **better connecting people to resources** and **improved available capacity** in the voluntary sector.

To connect people to the right community support at the right time, we need to understand them. **Effective use of segmentation and linking it to operations is the first step** in helping us understand the likely needs and engagement preferences per community and location.

The benefit of resilient communities lies not only in prevention, but **throughout the user pathway**. At each step we want to support individuals **returning to strong resilient communities** through the right resources and capacity across services.

Front Door Operations Summary

The volumes and pressures at our Front Door are very high. Despite multiple line closures this year, average **new contacts each month are still 36% higher than May 2017.**

37%

Closing the Care & Assessment line is not ideal for customer experience and **only reduces cases into SCCE by 37%.**

6 in 10 people contacting SCCE are professionals and our Front Door pathway is not optimised for them.

¼

Our focus groups suggest that we can **reduce the current volume of cases referred into SCCE by a quarter** by resolving them at the first point of contact.

58%

58% of cases that are resolved at the SCCE (IAG, NFA or signposting) **return within 8 weeks**, with individuals who've been referred to another agency returning 29% faster than people who just have IAG.

By benchmarking team members we see that ways of working improvements could improve average **time spent on each case by 9%**. We can also save time by removing duplicative steps in the transfer process.

14k

By resolving eligible calls at the first point of contact, improving ways of working and removing duplication, we can **improve capacity by 36.4% to support 13.8k additional people.**

Norfolk County Council

Outcomes Summary

Controlling for demographic differences, where a person lives heavily impacts their likelihood of being placed in residential or nursing care, instead of homecare

51%

According to case reviews, **51% of cases could have had a more independent outcome**, either in a different setting or reducing the level of homecare

32% of outcomes were non-ideal due to **decision making pressures.** **19%** of outcomes were non-ideal due to **service constraints**

The biggest pressure that drives variation in decision making was identified as the **accountability practitioners felt if something went wrong**

An additional **1200 - 1600 people could benefit from reablement each year**, but we are already at capacity. Lack of available homecare is a big driver, causing reablement capacity to be used for those who do not need it

There are also people within the community who would benefit from additional services to increase their level of independence. Most specifically **OT, AT & Community Services**

Plan Generation

Enabling effective transition to implementation

DISSEMINATION

Ensuring everyone across the authority who has either been involved in the work or has a part to play in delivering the opportunities has been actively engaged in the output of the diagnostic

STRATEGIC DESIGN PRINCIPLES

Working through the alignment of the service's ambition and strategy, alongside the operational challenges of today, to construct a set of objectives and principles for the delivery of the programme

DESIGN & IMPLEMENTATION APPROACH

Using a combination of the readiness for change output, the scope and opportunities to be delivered and the design principles to shape the approach for the implementation programme to ensure sustainable impact

BENEFIT PROFILE

Developing a detailed and rigorous understanding of the outcomes and financial benefits over time, net of any one off and recurrent costs, to show the ROI for the programme over time

Programme Scope defined by the evidence

Critical Enabling Scope:

- Building on the **segmentation, data and insight,** as well as the potential through technology, to turn help redefine ways of working and potential outcomes
- Fostering **partnerships**, with a focus on our connection with communities (Incl. Health, Districts, community groups and leaders)
- **Commissioning** (Incl. Homecare capacity, community capacity, technology)
- **Performance management** and reporting (Incl. establishing improvement cycles)
- Oversight of **engagement** approach (embedded through all streams)
- **Capability** and training in methodologies and approach to change, enabling front line led design
- Proactive management of **HR** Implications (resulting from any changes through design into implementation)

FOUR-PART SCOPE

Community Support
Having the right community capacity and relationship with services to support people to be as independent as possible within resilient communities.
A prevention strategy, focus and way of working that proactively leverages the community support to maintain independence and reduce demand on formal Social Care support.

Initial engagement with the authority (front door)
Redefining how initial access is structured within communities, and how pathways then flow through in engaging formal Social Care support. Including the expertise at the right point in the pathways, the operational teams and ways of working to support this.

Short term offer to maximise independence
Reengineer pathways, ways of working and processes to maximise ideal volumes to a responsive and effective short term service to foster independence.

Social work and achieving the ideal outcome
Working through pathways, ways of working and processes – ensuring more effective links to communities – to enable ideal outcomes for individuals.
Pulling together the full social care pathway from the initial engagement through to proactively managing long term service users. Having a clear and equitable process for managing allocations and workflow.

The Principles by which we will design the service

based on the evidence and lived experience of our staff, managers and leaders

1. **Designed by staff. Led by managers. Enabled by leaders.** All with a shared understanding of and commitment to the goal.

2. **Data and evidence led.** Well-defined KPIs guide the process of designing and trialling solutions. Avoid the temptation to measure success by inputs.

3. **Community co-production.** Working with communities and our services users, carers and community leaders to help develop the communities our people live in.

4. **Effective governance** that holds people to account, actively drives progress and keeps us focus on the ambition, without emergent work interfering with it.

5. **Challenge conventions:** approaches, processes, structures, ways of working.

6. **Strive to simplify.** Holding ourselves to account to add only what's truly meaningful and valuable, to optimise adoption.

7. **Innovative.** Use digital tools and technology when it enables services to be reimagined and accelerates our improvement.

8. **Person focussed.** Always start with what service users want, recognising what they want is not always what they need. Do not think services-first.

9. **Winning & Losing Together.** Being willing to fail, testing until we get it right and not jumping to solutions or a single-minded focus on proving a theory.

10. **Pragmatic.** Balancing ambition and transformation with the reality of the day-to-day pressures that we face operationally.

The programme will be delivered using a proven programme delivery methodology over an eighteen month period. The approach includes discrete programme phases which are agile and responsive to the emergent needs of the programme. The phases will move through a design period with front line teams and live trials to develop and test new ways of working, before building the enhanced working practises into sustainable BAU operations across the service.

Opportunity Matrix

AREA	SUMMARY OF OPPORTUNITY	TARGET	STRETCH
Ideal Outcomes	• Working through pathways, ways of working and processes – ensuring more effective links to communities – to enable ideal outcomes for individuals. • ***Target reduction in existing cost: Residential and Homecare***	£9.8m	£11.8m
Short Term Offer	• Reengineer pathways, ways of working and processes to maximise ideal volumes to a responsive and effective short term service to foster independence. • ***Target reduction in existing cost: Homecare***	£6.3m	£7.9m
Community Support	• Having the right community capacity and relationship with services to proactively leverage the community support to maintain independence and reduce demand on formal Social Care support. • ***Target prevention of future cost: Residential and Homecare***	£1.5m	£1.8m
Front Door Engagement	• Redefining how initial access is structured within communities, and how pathways then flow through in engaging formal Social Care support. • ***Productivity gain (non-cashable unless staff reduction)***	£0.6m	£0.7m
		£18.3m	£22.2m

In order of opportunity size

PLEASE NOTE:

- The Opportunity Matrix values are indicative of the benefit discovered in the Diagnostic Phase from proposed improvements to the service and outcomes for people. The exact values, and the approach to unlock this benefit should be refined through the Design Phase.
- While the opportunity is summarised as four project workstreams, interdependencies exist between each of them.

Summary

- This programme has been **jointly scoped** and planned by the NCC Adults Leadership team and Newton, to deliver the opportunities identified in the Front Door and Prevention diagnostic.
- This represents the opportunity to deliver **£55m in benefit** to the authority over the next five years.
- The benefit will be achieved through **improving service quality**, in line with the ASC strategy, to achieve greater independence for the people of Norfolk. This will involve enhancing and delivering the prevention strategy, expanding the use of short term services to maximise independence and using less formal support including fewer residential placements.
- Advancing the **digital capability** of the service will be key to unlocking this opportunity, including using analytical techniques such as population segmentation to inform and target prevention strategies and services for maximum impact across the communities.
- The programme will see **NCC and Newton form a partnership** to deliver the benefits. This enables an outcome based delivery model, using the capabilities and skills of NCC officers and complimenting that with Newton's delivery model, IP, capacity and capabilities. The result being a programme where NCC can be both assured of the delivered result and skill transfer to internal staff, to ensure the legacy of the programme and retained knowledge for future transformation.
- There is a one-off fee to deliver the £55M benefits of £6.3M (an ROI of >x8), which will be fixed and **set 100% at risk against measurable, sustainable, programme benefits.** There are a number of accompanying **assurance mechanisms**, including; rigorous KPI monitoring, robust programme governance, contractual mechanisms to enable early termination and invoicing check points with the

ASSD Service Review – Transformation and Prevention in Adult Social Care

Equality Impact Assessment – Findings and Recommendations

December 2021

Craig Visser

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

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

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

1. The proposal ASSD Service Review – Transformation and Prevention in Adult Social Care

1.1 Due to the policy and operating context for Adult Social Services (ASSD) having shifted significantly with two White Papers due for publication – one on integration and one on charging reform, ASSD wants to transform the way people access support and target support at the earliest opportunity to prevent need and ensure we build on people's strengths and promote independence. Alongside this, the impact of COVID has left a legacy of increased demand, high complexity of needs, and a care sector which has been made even more unstable.

1.2 While the Council needs a wholesale review of its services before 2023/24 and has just launched its "Better Together, For Norfolk" strategy and nationally Adult Social Care is being reformed, ASSD needs to invest to ensure a generational difference and levels up Adult Social Care.

1.3 A step change will look to address the next five years for Adult Social Services to level up and transform its service for the future. This includes:

a) A new target operating model for the department which radically transforms our digital capacity to engage with people and providers in the light of charging reform
b) A new deal brokered through the Integrated Care System to support people at a place level with excellent community services, driven by population-based health
c) A step change in prevention, led by people with need directing their own care choices, and based on risk stratification, and targeted interventions to address known life risks, and
d) A re-purposed ‘front door’ for adults which put people at the heart of how we work with them.

1.4 Promoting Independence has largely focused on managing demand through a changed model of social work, investment in reablement and assistive technology, resulting in a slowed rate of admissions to residential care for all ages, bringing the council closer in line with its family group. Looking ahead these gains will be sustained through a step change in prevention, based on risk stratification, and targeted interventions to address known life risks, and a re-purposed 'front door' for adults.

1.5 Alongside this, ASSD will continue to lead and shape independent providers to develop choices for people at all stages of life - disabled people who want to leave the family home, people who want support at home which fits their lives, people who want access to training, learning and employment.

1.6 Looking forward, Promoting Independence phase two is about Living Well and Changing Lives with 8 core ambitions for Adult Social Care over the next four years:

1. **Prevention and early help** – a clear strategy, targeted interventions and a re-purposed 'front door' which put people and their family carers at the heart
2. **Integrated Health and Social Care Offer –** integrated health and social care offer in each locality to help people retain independence
3. **Living Well social work –** being led by people who direct their own choices, addressing holding lists, reviews and practice quality
4. **A stable, modern care market** where 85% of providers are good or outstanding
5. A step change in **housing choices** for older people and disabled people and through our building programme
6. **Transformation of the Norse Care estate** to match market needs and ensure it remains a leader in the sector
7. Driving the '**Eight technologies that will change the face of health and social care'**

1.7 Workforce Development – Developing skills and capacity in social care and the care market and improving ASSD's preventative offer is a key part of its obligation to ensure citizens have access to universal advice and information as part of a vision to prevent, reduce and delay the need for formal care. This is a key priority in not only providing a high-quality service, but an efficient service that invests in long-term and sustainable prevention. This work is strongly underpinned by the existing Promoting Independence Strategy and Programme of Transformation.

1.8 The key outputs expected from this second phase of transformation include but are not limited to the following:

1.8.1 A targeted prevention strategy that proactively leverages community support to promote independence and working to ensure the right community capacity and relationship with services.

1.8.2 A deeper understanding of Norfolk's residents, their needs and the local support they require through the use of advanced analytical techniques such as machine learning and geospatial visualisations

1.8.3 Reengineered social care pathways and new ways of working to achieve better outcomes for individuals and maximise the number of people able to benefit from both technology-enabled care and responsive, effective short-term services.

1.8.4 Digital tools and platforms that better connect at risk residents to community support, thereby improving their independence and reducing their reliance on formal social care.

1.8.5 Refreshed "Departmental Blueprint", target operating model, that sets clear scope and boundaries for each team and transforms how initial access to Norfolk Adult Social Services is structured within communities and pathways that then flow through in engaging formal Social Care support.

1.8.6 New ways of working that improve the experience for staff.

1.8.7 A Sustainability Table that describes the key elements of the ways of working that are essential to maintain improved KPI performance, monitored to identify where more support may be needed and where change has been successfully embedded.

1.8.8 Upskilled workforce (transformation methodology, transformation, continuous improvement, performance management etc.). Investment in our workforce underpins this positive change for Adult Social Care and as part of this work Adult Social Care senior leaders are committed to developing the skills and experience of our staff while working alongside them to manage change.

1.9 The impact then that these proposals will leverage over the longer term and in turn on people with protected characteristics are examined under Sections 3 and 4 of this document. However, it must be stressed that without the full scope of what this change means making a meaningful equality impact assessment is hampered but there are key considerations and actions that the programme will need to consider with its development and formation.

2. Legal context

2.1 Public authorities are required by the Equality Act 2010 to give due regard to equality when exercising public functions[1]. This is called the 'Public Sector Equality Duty'.

2.2 The purpose of an equality impact assessment is to consider the potential impact of a proposed change or issue on people with protected characteristics. If the assessment identifies any detrimental impact, this enables mitigating actions to be developed.

2.3 It is not always possible to adopt the course of action that will best promote the interests of people with protected characteristics. However, equality assessments enable informed decisions to be made that take every opportunity to minimise disadvantage.

3. Information about the people affected by the proposal

3.1 Since the proposal in effect is looking at a wholescale review of Adult social Services it is inevitable that anyone receiving or accessing services will be impacted. While the intention in the longer term is to ensure a sustainable and much improved delivery that is based on people's needs and requirements as opposed to the current systems focussed delivery, this means a more customer defined and driven service.

3.2 As service provision is on the whole blind to certain protected characteristics (and data on certain protected characteristics is not always recorded) there are protected characteristics i.e., age or disability which may be used to define specialisms and in turn the type of service delivery. However, it favours equal treatment to all who receive or access services, and this EqIA Report stresses that change in any form may unknowingly and unintentionally disfavour people with specific protected characteristics.

3.3 In all the total population estimate for Norfolk is 914,039, all who may at some point access or receive services from Norfolk County Council. However, it is worth bearing in mind that age-related and age-appropriate solutions would need to be developed in terms of cohort size and age. In all active people using services from Adult Social Services (on 14 December 2021 – extracted from Norfolk BI Power Server) are detailed as follows:

Cohort / Specialism	Total	18 - 64	65 - 74	75 - 84	85 and over
All Service Users	13,212	5,208	1,631	2,606	3,767
Learning Disability	2,743	2,197	214	67	11

Mental Health	1,262	1,209	245	200	133
Older People	7,033	217	1,104	2,329	3,473
Other	253	118	24	42	69
Physical Disability	1,553	1,321	201	20	11

3.4 As protected characteristics are universal and / or specific to certain groups – age (detailed below as services for specific age groups would need to consider age-appropriate solutions); gender reassignment; being married or in a civil partnership; being pregnant or on maternity leave; disability; race including colour, nationality, ethnic or national origin; religion or belief; sex; and sexual orientation, the magnitude and change envisioned by this proposal will inevitably impact on all people who access and receive services, but with the goal of providing significant benefits for people using services including:

3.4.1 An ambitious and impactful programme that will deliver a significant and measurable performance improvement for the people of Norfolk and the authority, that the authority can use as a platform to share as best practice across the sector

3.4.2 A more resident-centric Adult Social Care service, supported by richer and better-connected data platforms overlayed with the digital tools and analytics required to understand evolving resident needs

3.4.3 Robust performance metrics, embedded improvement cycles to drive performance and auditable ways of working that collectively will give greater assurance and improve organisational resilience and responsiveness to emergent day to day operational, policy or regulatory challenges

3.4.4 A meaningful step along the organisations digital roadmap to achieving its vision and strategy, including a better understanding of and wider use of the latest technology-enabled care

3.5 The programme has been designed to deliver a step change in service quality, outcomes and experience for the people of Norfolk, whilst improving the working lives of staff. This will result in fewer people living in residential care and more people living more independent lives in the community.

Norfolk population by age and accessing services			
Age	Total	% of population	% of age group accessing services
18 - 64	516,514	56.5%	1%
65 – 74	117,782	12.9%	1.38%
75 – 84	76,148	8.3%	3.42%
85 and over	31,413	3.4%	12%

4. Potential impact

4.1 Considering the scale of change proposed but as yet not fully defined i.e. there is an overarching proposal but the details in terms of individual service changes have not been fully scoped, recommendations in terms of shaping that programme and ensuring any service changes do not directly or indirectly discriminate against any individual with protected characteristics are included below.

4.2 Therefore, assessing impact on people with protected characteristics, both recorded on systems and unrecorded, should form a significant element of the scope in particular:

4.2.1 Ensure any changes to services or provision does not unfairly discriminate i.e., that the replacement or changed service is in effect better or of equal quality

4.2.2 Ensure any digital access or provision can be accessed by all i.e., not all residents in Norfolk have good access to broadband or use digital alternatives, and that face to face, letters, phone are retained as viable access channels. This means ensuring that any digital solution is accessible for targeted audiences and consideration put in place around how people who can't use digital solutions can still access services on an equal level. Although the move to digital solutions can be a positive evolution, it's been identified that digital solutions in some areas i.e. banking and debit card transactions to access services has a disbenefit for those who manage their budgets with cash. Once work on specific projects starts the programme will need to link in with the Equality, Diversity and Inclusion Team

4.2.3 That cessation of services is clearly communicated and does not impact negatively on those accessing that service and is not simply part of cost cutting exercises

4.2.4 When a new service is being considered an EqIA should form an essential part of the scoping activity to assess appropriately how people with protected characteristics will be impacted

4.3 This list is not exhaustive but should be considered in light of the proposal and where relevant individual EqIAs should be undertaken.

5. Conclusion

5.1 As outlined in the documentation related to this proposal there is no legal impediment to deliver on the change proposed, which is in effect confirming the procurement of Newton Europe to support the change. However, any changes that are scoped as a result of this proposal should be subject to individual EqIAs.

5.2 It is too early to tell how people with protected characteristics will be impacted but with the scale of proposed change there is in all likelihood an impact that will be felt across the county, which is intended to improve for both people who access and use services and those who deliver the services.

6. Recommended actions

	Action	Lead	Date
1.	Ensure that additional EqIAs are conducted for each scoped project and workstream that the proposed programme of work will deliver.	NCC Programme Manager / Newton Europe	As required

7. Evidence used to inform this assessment

- Norfolk County Council's Equality, Diversity & Inclusion Policy
- Norfolk County Council's Equality, Diversity & Inclusion Objectives
- Norfolk County Council Area Reports on Norfolk's JSNA relating to protected characteristics:
- Business intelligence and management data, as quoted in this report
- Equality Act 2010 and Public Sector Equality Duty codes of practice
- Cabinet Report - ASSD Service Review – Transformation and Prevention in Adult Social Care for 12th January 2022

8. Further information

For further information about this equality impact assessment please contact Claire Sullivan, Programme Manager, Adult Social Services.

If you need this document in large print, audio, Braille, alternative format or in a different language please contact ASSD Business Support on 01603 224339

Annex 1 – table of protected characteristics

The following table sets out details of each protected characteristic.

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

Characteristic	Who this covers
Age	Adults and children etc, or specific/different age groups
Disability	All disabled people including but not limited to: • People with mobility issues (e.g. wheelchair or cane users; people of short stature; people who do not have mobility in a limb etc) • Blind and partially sighted people • People who are D/deaf or hearing impaired • People with learning disabilities • People who have mental health issues • People who identify as neurodiverse (this refers to neurological differences including, for example, dyspraxia, dyslexia, Attention Deficit Hyperactivity Disorder, the autistic spectrum and others).
People with a long-term health condition	People with long-term health conditions which meet the criteria of a disability.
Gender reassignment	People who identify as transgender (defined as someone who is proposing to undergo, is undergoing or has undergone a process or part of a process to reassign their sex. It is not necessary for the person to be under medical supervision or undergoing surgery). You may also want to consider the needs of people who identify as non-binary (a spectrum of gender identities that are not exclusively masculine or feminine).
Marriage/civil partnerships	People who are married or in a civil partnership. They may be of the opposite or same sex.
Pregnancy & Maternity	
Race	Race can mean colour, nationality (including citizenship), or ethnic or national origins, which may not be the same as current nationality. A racial group can be made up of two or more distinct racial groups, for example black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies and Irish Travellers.
Religion/belief	Belief means any religious or philosophical belief or no belief. To be protected, a belief must satisfy various criteria, including that it is a weighty and substantial aspect of human life and

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

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

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic[1] and people who do not share it;
- Foster good relations between people who share a relevant protected characteristic and people who do not share it.

The full Act is available here.

Appendix B

Norfolk County Council

Call in Request Form

This form is to be completed and signed by any Member of the Council, with the support of at least 3 other Members and must be returned to Democratic Services at committees@norfolk.gov.uk within 5 working days of the Cabinet decisions being published or, if the decision has been taken by an individual member or Chief Officer, within five working days of the decision being published under the Access to Information Procedure Rules in Appendix 13 of the Constitution. Where education matters are involved, the Parent Governor and Church representatives together count as one Member.

Please telephone the Assistant Director of Governance on 01603 222949 or Democratic Services Manager on 01603 228913 to make them aware that the call-in form is on its way. You will receive a confirmation email once it has been received.

A Call-In request will only be valid if it has been received in person (by email) by the above people within the 5 working day deadline which will be specified in the decision letter.

Please note that the call-in procedure does not apply to urgent decisions.

Decision Title and minute number
ASSD Service Review – Transformation and Prevention in Adult Social Care Agenda Item 8

Decision taken by (i.e. Cabinet, Cabinet Member, Chief Officer)
Cabinet

Date of Decision
12.01.2022

	Reasons for call in	**Highlight which of the following apply and explain why you consider the process/principle has not been followed by the decision maker (as appropriate)**
1.	The decision is not in accordance with the budget and policy framework	The Adult Social Care Strategy (currently "Promoting Independence") is part of the policy framework. The Leader in Cabinet described this item as 'a major strategic decision for the council'. As a major strategic decision it should be taken by Council whether or not it aligns with or changes the main elements and priorities of the strategy previously adopted by the Adult Services Committee in June 2017. The involvement of Newton Europe has been described as a partnership. Nowhere in the existing strategy is there any policy of outsourcing delivery or governance of Adult Social Care as is implied by a partnership.

		Governance is one of the outstanding issues from this decision. Of itself that is contrary to the existing policy framework policy. This decision is, as the Leader confirmed, a major strategic policy decision and forms part of the policy framework. It should therefore be taken by Council not Cabinet.
2.	The decision is a key decision and it has not been taken in accordance with the Constitution.	See above. As a major strategic decision amounting to a policy in the policy framework the decision must be taken by full Council.
3.	There is evidence that the principles of decision-making (as set out in Article 12 of the Constitution) have not been complied with. These principles are:	
	a) Actions agreed will be in proportion with what the Council wants to achieve.	
	b) Appropriate consultation will have been carried out and decisions will take account of its results and any professional advice given by Officers.	The following points are in addition to the non-compliance with constitutional provisions above. 1. The People and Communities Select Committee have not been consulted on the decision to procure external partners for the next stage of the Council's "Promoting Independence Strategy". This was described by the Leader at the cabinet meeting as 'a major strategic decision for the council'. The progress of this strategy has not been reported in to the Select Committee in the last two years since its formation. 2. Paragraph 5.6 sub paragraph iv of Article 5 of the Constitution states that the role of Select Committees is to develop policy framework and review performance in relation to policy objectives and targets. This has not been done. 3. Engaging the Select Committee on this would enable better democratic oversight of the strategy to date and to consider the appropriateness of engaging consultants or partners, the evidence for doing so, their terms of reference and methods for ensuring accountability and transparency. The effectiveness of Newton Europe's work with Councils in Leicestershire needs due consideration based on reports last month that over 2,500 residents in that county are awaiting assessments of their social care needs, despite implementing a Target Operating Model designed with Newton Europe.
	c) Decisions will reflect the spirit and requirements of Equalities and Human Rights legislation.	The EqiA identifies that the outcomes for people with protected characteristics are unknown and the report fails to consider this.

	d) The presumption that information on all decisions made by the Council, the Executive and Committees should be public with only those issues that need to be exempt by virtue of the Access to Information Rules will be taken in private.	Insufficient detail has been provided on the nature of the diagnostics, the methodology used, monitoring outcomes and the evaluation process.
	e) Decisions will be clear about what they aim to achieve and the results that can be expected.	The report fails to provide detail regarding the length of the contract and when the impact of the targeted operating model will be reviewed in order to pay the consultants. The report is unclear about the nature of the project and whether Newton Europe have been procured as a private partner or a consultant. The report suggests that insufficient work has been undertaken to map quality assurance. For example, although paragraph 6.7.1. of the report states "A rigorous and robust methodology for tracking and assuring benefit delivery <u>will be</u> developed" it does not say by whom, when or what oversight there will be by Councillors or service users. The report fails to address in detail the impact of the implementation of the ICS on service delivery from July 2022 and how this will impact the service redesign. The proposal will be "based on the evidence and lived experience of our staff, managers and leaders" (page 73 of the Cabinet Agenda papers) rather than those of service users. This is a failure in the Council's commitment to engage with service users despite assurances to the contrary. The staff resource implications require clarity. A service redesign will require the time of Norfolk County Council frontline staff and there is no information or assurance that time dedicated to this project will be appropriately backfilled. This could leave staff with higher workloads in an already stressful environment and/or have further impact to service delivery.

Detailed reasons for call in or any additional information in support of the call in that you wish to submit
As above

Please use the space below to add any further comments. You may wish to consider:

- **The outcome you would like to see as a result of this decision being called in**
- **Any further information that the Scrutiny Committee might wish to consider when assessing this call in.***
- **Any Cabinet Members/Officers you would like to attend the meeting.***

* Please note this will be at the Chair of Scrutiny Committee's discretion

This is not a decision for Cabinet as it falls within the policy framework and should be a recommendation from Cabinet to full Council.

Notwithstanding this, the proposal should be considered by the People and Communities Select Committee with their comments reflected in the Cabinet recommendation to Council.

The principles of coproduction should be applied to developing the policies not just the delivery of services. Cabinet should engage with services users and user groups and include the benefit of their lived experience in recommendations to council

Further information required about:
- actual resource draw in engaging front line staff in process and back fill of lost hours
- diagnostic methodology and the report providing the evidence for the decision
- details of engagement with partners, comments sought and received from councillors not on cabinet

Those we would like to attend

Cllr Borrett – Cabinet Member for Adult Social Care, Public Health and Prevention
James Bullion – Executive Director of Adult Social Services
Paul Cracknell – Executive Director of Transformation and Strategy

We would also ask the chair to extend invitations to the Chair of the People and Communities Select Committee and the ASC Performance Review Panel. Whilst they are not directly involved in the decision, their committees are bound to be mentioned and it would be courteous to invite them.

We would also ask that an opportunity be provided to a selection of service users and user groups to express a view to the Scrutiny Committee.

Although it is not a constitutional requirement you are advised to speak to the Chair of Scrutiny Committee before submitting your call in. If you wish to record any comments from the Chair please insert them below

The contents of the call in have been discussed with the chair of the Scrutiny Committee

Name (please print)	Signature	Date
Brenda Jones	*Brenda Jones*	18.01.2022

In accordance with the Constitution you must sign this form and obtain the signatures of at least three other Members of the Council:

Name (please print)	Signature	Date
Emma Corlett	*Emma Corlett*	18.01.2022

Tim Adams	*Tim Adams*	18.01.2022
Maxine Webb	*Maxine Webb*	18.01.2022

I have considered the above call in and confirm that it is valid under the requirements of the Constitution.

I have considered the above call in and confirm that it is not valid under the requirements of the Constitution for the following reasons.

In coming to this conclusion, I have consulted the Chair of the Scrutiny Committee.

Signed by the Director of Governance and Monitoring Officer ……

Date ……..

Please return to Democratic Services at committees@norfolk.gov.uk