Health & Wellbeing Board

with Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group Members

Date: **Wednesday 14 October 2020**
Time: **9.30am**
Venue: **Virtual Meeting**

Link for members of the public to view meeting.
Members and meeting attendees will be sent a separate link to join the meeting.

Representing	Membership	Substitute
Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council	Cllr Bill Borrett*	
Cabinet member for Childrens Services and Education, NCC	Cllr John Fisher*	
Leader of Norfolk County Council (nominee)	Cllr Stuart Dark*	
Adult Social Services, NCC	James Bullion	Debbie Bartlett
Borough Council of King's Lynn & West Norfolk	Cllr Elizabeth Nockolds	Cllr Sam Sandell
Breckland District Council	Cllr Alison Webb	Cllr Sam Chapman-Allen
Broadland District Council	Cllr Fran Whymark	Cllr Roger Foulger
Cambridgeshire Community Services NHS Trust	Matthew Winn	
Children's Services, Norfolk County Council	Sara Tough	Sarah Jones
Director of Public Health, NCC	Dr Louise Smith	
East Coast Community Healthcare CIC	Jonathan Williams	Tony Osmanski*
East Suffolk Council	Cllr Mary Rudd	Cllr Alison Cackett
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor	Cllr Donna Hammond
Healthwatch Norfolk	David Edwards	Alex Stewart
James Paget University Hospital NHS Trust	Anna Hills	Anna Davidson*
NHS Norfolk & Waveney CCG	Tracy Williams	
NHS Norfolk & Waveney CCG	Dr Anoop Dhesi*	
Norfolk Community Health & Care NHS Trust	Josie Spencer	Geraldine Broderick*
Norfolk Independent Care	Dr Sanjay Kaushal	
Norfolk Constabulary	ACC Nick Davison	Supt Chris Balmer
Norfolk & Norwich University Hospital NHS Trust	Sam Higginson	David White*
Norfolk & Suffolk NHS Foundation Trust	Prof Jonathan Warren	Marie Gabriel*
North Norfolk District Council	Cllr Virginia Gay	Cllr Emma Spagnola
Norwich City Council	Cllr Beth Jones	Adam Clark
Police and Crime Commissioner	Lorne Green	Dr Gavin Thompson
Queen Elizabeth Hospital NHS Trust	Caroline Shaw	Prof Steve Barnett*
South Norfolk District Council	Cllr Yvonne Bendle	Cllr Florence Ellis
Norfolk and Waveney Health and Care Partnership (Chair)	Rt Hon Patricia Hewitt*	
Norfolk and Waveney Health and Care Partnership (Executive Lead) & NHS Norfolk & Waveney CCG	Melanie Craig*	
Voluntary Sector Representative	Jonathan Clemo	Phillip Eke
Voluntary Sector Representative	Dan Mobbs	Hilary MacDonald
Voluntary Sector Representative	Alan Hopley	Daniel Childerhouse

Additional NWHCP Oversight Group members invited as guests:

East of England Ambulance Trust	Neville Hounsome
Suffolk Health and Wellbeing Board	Cllr Tony Goldson

**Joint members of the NWHCP Oversight Group and Health and Wellbeing Board*

For further details and general enquiries about this Agenda please contact the Committee Administrator:
Hollie Adams on 01603 223 029 or email: committees@norfolk.gov.uk

Health & Wellbeing Board

with Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group Members

Wednesday 14 October 2020
Agenda
Time: 9:30am

1.	Apologies	Clerk	
2.	Election of Chair	Clerk	
3.	Election of Vice Chairs	Chair	
4.	Chairman's opening remarks	Chair	
5.	Minutes	Chair	(Page **3**)
6.	Actions arising	Chair	
7.	Declarations of interests	Chair	
8.	Public Questions (How to submit a question) Deadline for questions: **9am, Monday 12 October 2020**	Chair	
9.	Health and Wellbeing Board Governance Update	James Bullion	(Page **10**)
10.	Covid-19 Health Impacts **(presentation)**	Louise Smith	(Page **12**)
11.	People's experience of the Covid-19 pandemic **(presentation)**	Melanie Craig/ Chris Williams	(Page **14**)
12.	System Resilience Planning 2020/21 **(presentation)**	Melanie Craig/ Ross Collett James Bullion/ Gary Heathcote	(Page **80**)
13.	Health & Care Partnership for Norfolk & Waveney – Becoming an Integrated Care System **(presentation)**	Patricia Hewitt/ Melanie Craig	(Page **84**)
14.	Adult Safeguarding Annual Report	James Bullion/ Joan Maughan	(Page **88**)
15.	Children's Safeguarding Annual Report	Sara Tough/ Chris Robson	(Page **117**)

Further information about the Health and Wellbeing Board can be found on our website at: About the Health and Wellbeing Board

Persons attending the meeting are requested to keep their microphones on mute when not speaking.

Health and Wellbeing Board
with Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group Members
Minutes of the meeting held on 08 July 2020 at 09:30am
on MS Teams (virtual meeting)

Present:	**Representing:**
Cllr Yvonne Bendle	South Norfolk District Council
Cllr Bill Borrett*	Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council (NCC)
Geraldine Broderick	Norfolk Community Health & Care NHS Trust
James Bullion	Adult Social Services, (NCC)
Cllr Alison Cackett	East Suffolk Council
Jonathan Clemo	Voluntary Sector Representative
Pip Coker	Norfolk and Suffolk Foundation Trust
Melanie Craig*	Norfolk and Waveney Health and Care Partnership (Executive Lead) & NHS Norfolk & Waveney CCG (Clinical Commissioning Group)
Dr Anoop Dhesi*	NHS Norfolk & Waveney CCG
David Edwards	Healthwatch Norfolk
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr John Fisher*	Cabinet member for Childrens Services and Education, NCC
Cllr Virginia Gay	North Norfolk District Council
Rt Hon Patricia Hewitt*	Norfolk and Waveney Health and Care Partnership (Chair)
Alan Hopley	Voluntary Sector Representative
Cllr Elizabeth Nockolds	Borough Council of King's Lynn & West Norfolk
Tony Osmanski	East Coast Community Healthcare CIC
Gavin Thompson	Office of Police and Crime Commissioner
Caroline Shaw	Queen Elizabeth Hospital NHS Trust
Dr Louise Smith	Director of Public Health, NCC
Alex Stewart	Healthwatch Norfolk
Sara Tough	Children's Services, NCC
Cllr Alison Webb	Breckland District Council
David White	Norfolk & Norwich University Hospital NHS Trust
Tracy Williams	NHS Norfolk & Waveney CCG
Matthew Winn	Cambridgeshire Community Services NHS Trust
Cllr Fran Whymark	Broadland District Council
Marie Gabriel	Norfolk & Suffolk NHS Foundation Trust
Mason Fitzgerald	Norfolk & Suffolk NHS Foundation Trust

* *Joint members of the NWHCP Oversight Group and Health and Wellbeing Board*

NWHCP Oversight Group Members present as guests:

Tony Goldson	Suffolk Health and Wellbeing Board

Officers Present:

Hollie Adams	Committee Officer, Norfolk County Council
Paula Boyce	Great Yarmouth Borough Council
Chris Butwright	Head of Public Health Performance & Delivery, Norfolk County Council
Steve James	Breckland District Council
Hannah Shah	Public Health Policy Manager (Health and Wellbeing Board), Norfolk County Council
Ceri Sumner	Director, Community, Information and Learning, Norfolk County Council
Jamie Sutterby	South Norfolk District Council
Sara Tough	Executive Director of Children's Services, Norfolk County Council

1. Apologies

1.1 Apologies were received from Anna Davidson, ACC Nick Davison, Lorne Green, Sam Higginson (David White substituting), NWHCP Member Neville Hounsome, Cllr Beth Jones, Dr Sanjay Kaushal, Cllr Mary Rudd (Cllr Alison Cackett substituting), Prof. Jonathan Warren (Mason Fitzgerald substituting) and Jonathan Williams (Tony Osmanski substituting),

1.2 Also absent was Cllr Stuart Dark, Anna Hills and Dan Mobbs.

2. Chairman's Opening Remarks

3.1 The Chairman:

- Welcomed members to the first virtual meeting of the Board.
- Welcomed Members of the Norfolk and Waveney Health and Care Partnership Oversight Group who had joined the meeting due to the meeting being focussed on the Covid-19 pandemic response,
- Shared with the Board the non-executive appointments to the HWB from the recently constituted NHS Norfolk and Waveney CCG. Tracy Williams and Dr Anoop Dhesi had been appointed and membership of the HWB had been updated to reflect this.
- Thanked the previous CCG representatives for their valued contribution to the Health and Wellbeing Board: Dr Liam Stevens (Great Yarmouth and Waveney CCG); Dr Hilary Byrne (South Norfolk CCG); Dr Paul Williams (West Norfolk CCG)

3. Minutes

3.1 The minutes of the meeting held on 4 March 2020 were agreed as an accurate record.

4. Actions arising from minutes of 4 March 2020

4.1 **Paragraph 8.3 b, Healthy Lifestyles & Behaviour Change –Transformation Programme:** Action to "Engage Health and Wellbeing Board members in a bespoke development session for senior leaders on incorporating behaviour change at a policy level to support population level health improvement" had been postponed while the Public Health team focussed on the response to the pandemic.

5. Declarations of Interests

5.1 No interests were declared.

6. Public Questions

6.1 No public questions were received.

7. Outbreak Control Plan for Norfolk

7.1.1 The Health and Wellbeing Board (HWB) received the report setting out the Norfolk Covid-19 outbreak control plan.

7.1.2 Dr Louise Smith, Director of Public Health, Norfolk County Council, introduced the report and gave a presentation to the Board (presentation can be viewed here):

- The plan would be amended and developed based on feedback received from partners
- Data would be reviewed to identify where there were new issues; the strategy looked at local outbreaks and cases across the Norfolk population
- Where 2 or more cases were identified in high risk settings, actions would be agreed, and an outbreak declared for 28 days or until the outbreak was cleared
- The number of cases in the general population was monitored daily and the number of cases in Norfolk was low at that time
- Caroline Shaw and Melanie Craig joined the meeting at 9.55
- A new governance structure was being set up to support the plan including a Governance Board and a Health Protection Board which would be officer led with strategic oversight and responsibility for oversight of the plan and data.
- A multi-disciplinary Outbreak Control Team would deliver the plan, linked to local areas

7.2 The following points were discussed and noted

- It was hoped that environmental health officers could be involved in the work and a sum of money had been put aside to fund this; concerns had been raised by teams who were concerned they would not have capacity and officers were looking into how this could work
- It was confirmed that the plan was written at upper tier geography which put Waveney into Suffolk's local plan
- The Director of Public Health confirmed that if cases began increasing, an urgent meeting would be called to ensure all District Councils were fully briefed
- The communication plan for visitors to the County was queried; this query would be referred to the Strategic Coordinating Group who were responsible for this area of work. Hannah Shah would circulate information on this to the Board
- Vice-Chair Tracy Williams noted the section on communication and asked how well the public were being engaged on preventing the spread of Covid-19; Louise agreed to take this query to the Health Protection meeting
- Clarity of information for the general public on testing was queried; the Director of Public Health responded that the current advice was to go online and register for a test if experiencing symptoms. There were no plans to integrate local NHS and national testing, but it was suggested that there would be more involvement with directors of public health on where mobile testing would be located, based on local data
- Communication of testing was discussed; results had not always automatically ended up in patient records, however, coding would now automatically be put in patient records from the national testing programme. Concerns around the rollout of antibody testing was also raised, as the value of this was not yet established
- It was discussed as positive that organisations had worked more closely during the pandemic and there was an opportunity to build on this moving forward
- Around 45,000 people had been tested via Norfolk local testing.
- Local pathways were being looked into to get results from testing back as quickly as possible in coordination with local outbreak plans
- Coordination between Norfolk and Suffolk was queried; CCG (Clinical Commissioning Group) it was confirmed that representatives were involved in both plans
- The Director of Public Health reported that a cell dedicated to business and communications was providing support to businesses.

7.3 The Health and Wellbeing Board **received** the presentation and **noted** the report

8. Covid-19 Pandemic

8.1 The Health and Wellbeing Board (HWB) received the report providing an overview of the multi-agency response to the Covid-19 pandemic; presentations from health and wellbeing system partners on the response to the pandemic were shown at the meeting.

8.2 The Executive Director of Adult Social Services introduced the report to the Board:

- the response to the pandemic has been integrated and collaborative
- the impact of the pandemic on the population was recognised, including disruption to families, education, health treatment and care arrangements.

8a Public Experience

8a.1 Alex Stewart from Healthwatch Norfolk gave a verbal presentation on the public experience of the Covid-19 pandemic:

- Healthwatch Norfolk were the first Healthwatch organisation in the country to undertake a Covid-19 survey looking at the views of local people and how they felt they were being supported by health and social care organisations across Norfolk. Following this, a Covid-19 resource pack was sent to over 2000 email addresses
- As of 26 June 2020, the survey had received 821 responses, giving an overview of thoughts from people who did not have access to a mobile phone or internet technology as paper surveys and easy read surveys were supplied
- The main themes which emerged from the results of the survey were that:
  - local council support was good
  - deaf and blind people felt that their needs were not being dealt with satisfactorily
  - wearing of masks at face to face appointments was an issue for deaf people for whom this made lip reading difficult
  - too much information was circulating which some people found difficult to navigate
- 3,500 enquiries had come through the Healthwatch website during the 3 months of the pandemic, which was a high number of enquiries.

8a.2 The following points were discussed and noted:

- The Chairman was pleased that there was more public engagement and interest
- James bullion agreed to pick a conversation with the Norfolk County Council sensory support team on Covid-19 actions taken or needing to be taken in relation to people with sensory disabilities.

8b Responding to the Pandemic

8b.1 Melanie Craig, Norfolk and Waveney Health and Care Partnership (Executive Lead) & NHS Norfolk & Waveney CCG representative, gave a presentation to the Board on the Health Service's response to the pandemic (presentation can be viewed here):

- Melanie Craig thanked all members of the Board for their focus on the pandemic response, and it was noted that the pandemic was still a level 4 incident for the Health Care system
- The speed at which the response was stepped up and coordinated was a credit to all partners
- At the start of the pandemic, critical care capacity was increased rapidly in all 3 hospitals, and sharing of personal protective equipment (PPE) across organisations helped support smaller organisations
- People thought to be at risk of becoming seriously unwell from Covid-19 were reached out to using a bank of volunteers
- Digital approaches were accelerated by the pandemic; there had been a 500% increase in virtual hospital appointments since the start of the pandemic. This had been mirrored in general practice with 80% of practices now offering virtual appointments. To support this laptops, webcams and headsets had been provided to GP practices
- 384 registered staff and 298 unregistered staff had re-joined and 598 students had joined the NHS during the pandemic
- Winter planning includes the usual winter planning, as well as planning for a winter with Covid-19.

8b.2 The following points were discussed and noted:

- Cllr Virginia Gay left the meeting at 10.50
- Vice-Chair Cllr Yvonne Bendle was keen to see the increased public engagement being encouraged moving forward
- Alex Stewart shared with Members Healthwatch's proposal for a digital impact survey
- The number of people who had come out of retirement to help during the pandemic and the volunteers who had come forward during the pandemic was recognised
- It was pointed out that there were a number of people who would need support to start leaving their homes again after lockdown
- Steps were being explored to minimise other health impacts, such as ensuring a good flu vaccination campaign and exploring ways to address the health inequality and socioeconomic decline.

8b.3 James Bullion, Executive Director for Adult Social Care, NCC, gave a presentation to the Board on the Adult Social Care response to the pandemic (presentation can be viewed here):

- Geraldine Broderick left the meeting at 11am
- A 40% drop in safeguarding referrals and a drop in whistleblowing referrals was seen at the start of the Covid-19 lockdown period, so maintaining a good safeguarding response was a key priority for Adult Social Care
- Adult Social Care were working with the CCG on discharge arrangements and hoped to continue with the discharge to assess process beyond the pandemic
- The role of carers had been more widely recognised during the pandemic, and it was hoped that this could be further built on to tackle the shortage of care workers in the market

8b.4 Sara Tough, Executive Director for Children's Services, NCC, gave a presentation to the Board on the Children's Services response to the pandemic (presentation can be viewed here):

- Partnership and collaborative working had increased quickly during the pandemic
- Safety of staff and children and young people was a key priority for the service
- Much work had become digital during the pandemic lockdown period however face to face visits had continued where risk assessments indicated this was required
- The "see something, hear something, say something" campaign had been successful, reaching around 850,000 people; referrals were now starting to improve again
- Alex Stewart left the meeting at 11.15
- A short-term priority for the service was to be able to visit families more frequently, and it was hoped that this increase in visits would coincide with the school holidays
- There was an aim to provide help in a more preventative way
- The department had learned that using digital solutions to work with families had been positive and allowed them to reach extended family members more effectively
- Gaps in joining up of data, data systems and data collection had been identified
- There was a goal to carry out more joint commissioning; the Chairman agreed that joint working and system working were vitally important.

8b.5 Jamie Sutterby of South Norfolk District Council, Ceri Sumner, Director, Community, Information and Learning, NCC, and Alan Hopley, Voluntary Sector representative, gave a joint presentation to the board on the County and District Council response to the pandemic (presentation can be viewed here):

- Six community hubs had been established, for Broadland and Great Yarmouth, Norwich, Kings Lynn and West Norfolk, South Norfolk, North Norfolk and Breckland
- Norfolk County Council had set up and dispensed the Government food drops and set up a local offer to supplement this and a Norfolk vulnerability hub had been set up
- Capability had been established through agencies, allowing the County to put local arrangements in place in the case of a local outbreak or second national outbreak
- Officers had been careful not to establish a culture of dependency, ensuring that

information was available online including self-help information

- A surge in demand for mental health support was expected due to the isolation of lockdown and other impacts of the pandemic; Officers were working with District Councils to distribute funding to ensure people could access help in the form of a one-off package and longer-term support
- 1400 screened and DBS checked volunteers were in place to provide community services such as delivering medicine and food and dog walking to local people. This would continue for 12 months or more as required
- David White left the meeting at 11.40
- There had been an increase in demand but a drop in funding to the voluntary sector, but support was very important at this time.

8b.6 The following points were discussed and noted:

- Cllr Flaxman-Taylor discussed the work carried out by Yarmouth Borough Council. The media and communications teams had been putting out information via many channels including on social media. An enhanced community team was set to help communities to be resilient, including work on a "pathway to recovery"; around 400 calls had been made to members of the public and over 1000 requests for help received over the preceding 10 weeks. There were 256 community volunteers in Yarmouth, of whom 53 were actively working at the time of reporting.
- Cllr John fisher left the meeting at 11.44; Caroline Shaw left the meeting at 11.47
- The Director of Public Health confirmed that people with symptoms of Covid-19 should register online for a test, even if the symptoms were mild
- The food workstream activity would be less reliant on redeployed council staff and activity would transition to Voluntary Norfolk; the work of this workstream could be scaled up or down as needed
- Gavin Thompson left the meeting at 11.50
- Vice-Chair Tracy Williams asked how homeless people and Gypsy Roma Travellers were being supported to self-isolate. Officers confirmed that a further briefing could take place with interested members on how to take forward the approach that had been developed in this area during the pandemic.
- Officers were working with Community Action Norfolk, District Councils, support groups and the Norfolk Association of Local Councils to maintain and strengthen provisions in place for communities
- A concern was raised that more socially distanced activities were needed for young people; the Executive Director of Children's Services was meeting with officers that day to discuss activities for young people through the school holidays. There were also concerns about young people being vulnerable to exploitation. She agreed to bring back further information on work to prevent this and on activities for young people
- Melanie Craig left the meeting at 11.53
- funding had been made available nationally from the DfE for vulnerable children to have access to laptops. Looked after children were provided with laptops through pupil premium funding and some schools had provided laptops to some children who needed one. Children's Services had also identified additional children who needed a laptop; these laptops had now all either been or were being distributed.
- The befriending telephone offer would be extended to an "over the garden wall" chat.
- Dr Anoop Dhesi left the meeting at 12:00.
- Community links would be provided to people when their GP confirmed they were safe to come out of shielding
- The main group of volunteers had been sent a questionnaire to identify who was going back to work and who would be able to continue to provide support moving forward so that additional volunteers could be recruited if needed; there were currently 1400 active volunteers in place from all age ranges and communities.
- Paula Boyce left the meeting at 12:02
- The Chairman formally thanked everybody involved in the pandemic response on behalf

of the Health and Wellbeing Board

- Hannah Shah had been producing a list of themes identified by Members during discussion and a schedule would be shared for debate at the next meeting
- The Chairman thanked public Health for their cooperation in involving the NWHCP in the meeting. Cllr Goldson thanked the Chairman for inviting him to the meeting.

8.3 The Health and Wellbeing Board:

a) **RESOLVED** to acknowledge the work carried out during pandemic
b) **RESOLVED** to formally thank staff and communities
c) **IDENTIFIED** themes and priorities for the HWB going forward

The Meeting Closed at 12:17

Bill Borrett, Chair,
Health and Wellbeing Board

Report title:	**Health and Wellbeing Board – Governance update**
Date of meeting:	**14 October 2020**
Sponsor (H&WB member):	**James Bullion, Executive Director of Adult Social Services**

Reason for the Report

The Health and Wellbeing Board (HWB) is operating in a rapidly changing landscape. It is appropriate for the Board to consider its governance on a regular basis to ensure that it continues to work efficiently and effectively and is well placed to pursue its strategic priorities.

Report summary

This report invites Board members to ratify an amendment to its membership to extend a standing invitation to a representative of the East of England Ambulance Trust recommended by the Chair and Vice-Chairs of the HWB.

Recommendations:

The HWB is asked to:

a) Ratify the decision of the HWB Chair and Vice-Chair Group to extend a standing invitation to a representative of the East of England Ambulance Trust to attend HWB meetings.
b) At its next review, Norfolk County Council be asked to consider amending its constitution to enable the East of England Ambulance Trust to become a formal member of the HWB.

1. Background

1.1 The Health and Wellbeing Board (HWB) operates in a rapidly changing landscape and reviews its governance regularly to ensure it continues to be effective and the Board is well placed to pursue its strategic priorities.

2. Membership

2.1 As part of the annual review of the membership of the HWB. The HWB Chair and Vice-Chair have recommended that a standing invitation be extended to a representative of the East of England Ambulance Trust to attend HWB meetings.

2.2 Membership of the HWB Is currently set-out in the Norfolk County Council Constitution, and it is also recommended that at its next review, Norfolk County Council be asked to consider amending its constitution to enable the East of England Ambulance Trust to become a formal member of the HWB.

2.3 With a reduction in membership following the merger of the CCGs the membership of the HWB stands at 33 (previously 35 in 2019/20).

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
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Report title:	**Health and Wellbeing Board – Covid19 Impact**
Date of meeting:	**14 October 2020**
Sponsor (H&WB member):	**Louise Smith, Director of Public Health**

Reason for the Report

To share an update on the current situation of Covid-19 and the health impacts upon the population of Norfolk.

Report summary

The Health and Wellbeing Board has a key role in overseeing the activity across the wider system in relation to the ongoing pandemic. This report provides an opportunity to update the Health and Wellbeing Board members on Norfolk's approach to the pandemic.

Recommendations:

The HWB is asked to:

a) Receive a presentation on Covid-19 Health impacts on Norfolk

1. Background

1.1 On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China. The cause was identified as Coronavirus and the virus was subsequently named Covid-19.

1.2 This has been an unprecedented public health challenge, and the system has had to respond swiftly and effectively to rapidly changing UK government announcements. The local response to Covid-19 has been a huge community partnership effort which has provided enormous change across the system in a very short timeframe.

1.3 We are still in a critical incident situation due to the ongoing pandemic, so it is imperative to protect life. It is anticipated that some activities will continue to be in place for some time.

1.4 Health and Wellbeing Boards are uniquely placed to align and lead policy in a place setting, taking account of the wider health determinant impact of Covid-19.

1.5 The response to the Covid-19 crisis has been greatly enhanced by the partnership approach adopted, allowing partners to work differently and more collaboratively.

1.6 The challenges remain whilst the efforts of all the partners need to be aligned, consideration should be given to the role of the Health and Wellbeing Board in supporting this activity.

2. Covid-19 impact

1.7 This item provides an opportunity for an update to be presented to the Health and Wellbeing Board members form the Director of Public Health on the current situational report for Norfolk.

1.8 This update will include an overview of the total Covid-19 cases and current trends, a breakdown of all individual district councils and key vulnerable groups affected. As well

as place settings, and geography level data on Norfolk's current position compared to the rest of the UK.

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
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Report title:	**People's experience of health and care services during the COVID-19 pandemic**
Date of meeting:	**14 October 2020**
Sponsor (H&WB member):	**Patricia Hewitt, Independent Chair, Norfolk and Waveney Health and Care Partnership** **Melanie Craig, Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership**

Reason for the Report

The purpose of this report is to share with the Norfolk Health and Wellbeing Board what local people have told us about their experience of health and care services during the COVID-19 pandemic.

Report summary

The Norfolk and Waveney Health and Care Partnership has used a range of methods to:

- Understand whether people's approaches to and views about health and wellbeing have changed as a result of the pandemic.
- Understand people's experiences of health and care services in Norfolk and Waveney during the pandemic, including their awareness of changes to services and views on the impacts these changes have had.
- Explore people's views about how services are delivered in future.

This report collates and summarises the various pieces of research and engagement that we've conducted. The findings of all this work are being shared widely so that they can inform operational decision-making, shape the development of our phase three response to the pandemic and guide our partnership's longer-term strategic planning.

Recommendations

The HWB is asked to:

a) Consider what actions partners could take, both collectively and individually, in response to what people have told us about their experience of health and care services during the COVID-19 pandemic.

in good health
The Norfolk and Waveney Health and Care Partnership

1. Methodology

1.1 Over the past few months we have used a range of methods to find out about people's experiences of health and care services during the pandemic. This report collates and summarises the findings, and is based on the following pieces of work:

- Healthwatch Norfolk and Healthwatch Suffolk have both run online surveys. Here are the findings for Norfolk and Suffolk.

- The Norfolk and Waveney Health and Care Partnership commissioned Britain Thinks, an independent research company, to run six online focus groups with light to moderate service users and to conduct ten in-depth telephone interviews with heavy service users. Heavy service users are patients who have visited primary care four or more times and

secondary care at least once in the last six months. Here are the findings from Britain Thinks.

- NHS Norfolk and Waveney Clinical Commissioning Group (NWCCG) primarily targeted its engagement towards people who have experienced the poorest health outcomes from, or are at the highest risk of, COVID-19, and has worked with: people with mental health conditions, representatives from migrant ethnic communities, unpaid and family carers, people with learning disabilities and/or autism, older people's forums, maternity voice partnerships, children, young people and families, and patient participation groups (PPGs).

- The NWCCG also surveyed clinically extremely vulnerable patients and patients at greater risk from COVID-19 who were supported by the population health management project Covid Protect.

- Our local NHS trusts and providers have been engaging with their patients and patient involvement panels.

- Norfolk County Council has engaged with people using adult social care and their families, as well as people who work in social care.

2. Summary of findings

2.1 The full report collating the findings from our research and engagement is attached at appendix A. Here are the key findings:

1. People's experiences of the COVID-19 pandemic and lockdown were very mixed. Whilst most experienced ups and downs, there was agreement that it has been tough for people managing their physical and mental health and wellbeing since the start of the pandemic.

2. Health services were felt to have managed reasonably well in the pandemic, given the pressures they are under.

3. Many people had engaged with health services during the outbreak, with most reporting positive experiences. However, people's experience of receiving adult social care during the pandemic was more mixed.

4. Looking to the future, the three goals of the Norfolk and Waveney Health and Care Partnership were felt to be cohesive and comprehensive, and sensible areas of focus. More broadly, people wanted to see the partnership prioritising support for those with mental health conditions, as well as focussing on the delivery of social care.

Officer Contact

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

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in good health
The Norfolk and Waveney Health and Care Partnership

People's experience of health and care during the COVID-19 pandemic (September 2020)

in good health
The Norfolk and Waveney Health and Care Partnership

01 Introduction and key findings

in good health
The Norfolk and Waveney Health and Care Partnership

Introduction

We are a partnership of local health and care organisations working together to improve the health, wellbeing and care of people living in Norfolk and Waveney. Understanding people's experiences of local health and care services is central to us achieving this.

Over the past few months we have used a range of methods to find out about local people's experiences during the COVID-19 pandemic. This report collates and summarises the findings from all of that work.

The findings will be used to inform our operational decision-making, shape our response to the pandemic and guide our partnership's longer-term strategic planning.

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Key findings

1. People's experiences of the COVID-19 pandemic and lockdown were very mixed. Whilst most experienced ups and downs, there was agreement that it has been tough for people managing their physical and mental health and wellbeing since the start of the pandemic.

2. Health services were felt to have managed reasonably well in the pandemic, given the pressures they are under.

3. Many people had engaged with health services during the outbreak, with most reporting positive experiences. However, people's experience of receiving adult social care during the pandemic were more mixed.

4. Looking to the future, the three goals of the Norfolk and Waveney Health and Care Partnership were felt to be cohesive and comprehensive, and sensible areas of focus. More broadly, people wanted to see the partnership prioritising support for those with mental health conditions, as well as focussing on the delivery of social care.

02 Methodology

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Methodology

This report collates and summarises the findings of a range of pieces of work, which were conducted at different times, using a range of methodologies and asking slightly different questions. The report therefore identifies key themes from the following pieces of work and includes links to the original reports where possible:

Survey by Healthwatch Norfolk

- The survey was open between 16 April and 13 July.
- 607 people responded to the survey. 133 people told Healthwatch Norfolk they were carers, and of these, 50 carers answered the survey about the person that they care for.
- Read the findings here.

Survey by Healthwatch Suffolk

- 578 people had responded to their survey by 4 August.
- 64% of respondents were patients, 20% professionals and 14% family/carers.
- Read the findings here.

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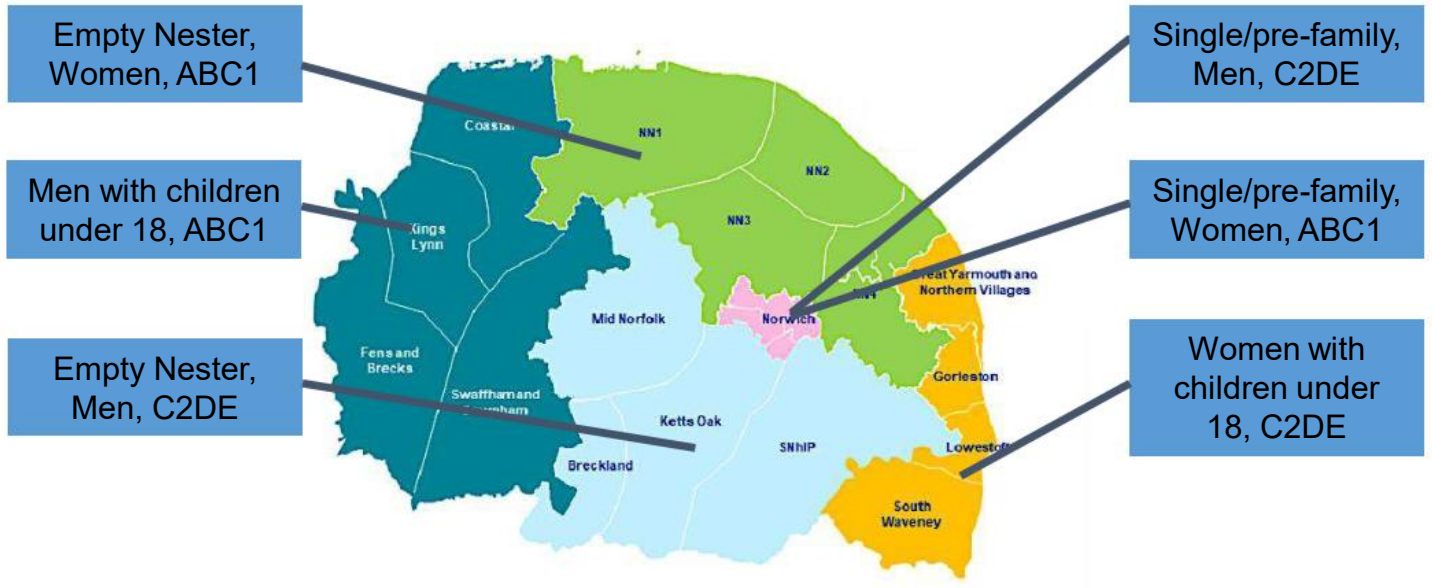
Focus groups and interviews conducted by Britain Thinks

We commissioned an independent research company to run six online focus groups with light to moderate service users (with 36 participants in total) and ten in-depth telephone interviews with heavy service users, between 16-24 July. Read the findings here.

6 x focus groups were conducted with this audience, with groups split by life stage, gender and SEG:

Single / pre-family	Children under 18	Empty Nester
Men, C2DE (Norwich)	Women, C2DE (Waveney)	Men, C2DE (South Norfolk)
Women, ABC1 (Norwich)	Men, ABC1 (King's Lynn)	Women, ABC1 (North Norfolk)



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Targeted engagement with local groups

- NHS Norfolk and Waveney CCG has targeted its engagement towards people who have experienced the poorest health outcomes from, or at the highest risk of, COVID-19.
- The CCG has worked with: people with mental health conditions, representatives from migrant ethnic communities, unpaid and family carers, people with learning disabilities and/or autism, older people's forums, maternity voice partnerships, patient participation groups (PPGs), and children, young people and families.
- The CCG attended online meetings and forums and held targeted meetings, of varying sizes, with organisations that support different communities. Conversations were conducted with the same questions and themes used in the research conducted by Britain Thinks.
- The CCG also surveyed clinically extremely vulnerable patients and patients at greater risk from COVID-19 who were supported by their Covid Protect project.

Engaging with patients and service users

- Our local NHS trusts and providers have been engaging with their patients. Our local county councils have engaged with people using adult social care, their families and staff.

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03 People's approach to their own health and wellbeing during the pandemic

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People's experiences of the COVID-19 pandemic and lockdown have been very mixed

Participants in the Britain Thinks research were asked about whether their approach to their own health and wellbeing had changed during the pandemic. Slides 10-15 are taken from their report.

What three words or phrases would you use to describe how you have been feeling over the last few months, since the beginning of the COVID-19 outbreak?

This range of experiences and emotions is reflected on the national scale. Research conducted by BritainThinks as part of their *Coronavirus Diaries* series showed that there is a split between those who have been able to enjoy this time and those who have struggled – and most have experienced 'ups and downs'. A number of factors have an impact on this, including health, employment status, household income, family status and living situation.

Most people were actively looking after their own and their family's (mental) health, and said this has been a real priority

- Participants spoke of activities they had taken up in recent months to help manage their mental health, including meditation and mindfulness, sometimes using dedicated apps or YouTube videos to help guide their practice.
- Some also reported taking up or increasing the amount of exercise they do; walking and running have become a staple of lockdown life for these participants.
- Parents of children under 18 in particular were worried about the effect lockdown would have on their children's mental health (as well as describing the difficulty of keeping children entertained) and were particularly likely to have taken active steps to improve their family's wellbeing.

"I've made time for myself; I have been using meditation because my son suffers from anxiety and this situation has made that come to the forefront, and that has made me feel more anxious. We've both used exercise as a way of getting outside together and that did make me feel better."
(Children under 18, Woman, C2DE, Waveney)

"I'm probably doing a bit more walking, I walk twice a day, I'm going a bit further to try and stay active."
(Empty Nester, Man, C2DE, South Norfolk)

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Despite this, several people were still struggling with poor mental health

- These participants described the toll that lockdown and the continued pandemic was having on their mental health.
  - Vulnerable participants, or those shielding with vulnerable relatives, were particularly likely to describe the experience as isolating and scary.
- Several felt that concerns about work – both about being on furlough and overall job stability – were increasing their levels of stress and anxiety.
- Whilst others were struggling with a lack of structure as a result of the loss of their normal routine.
  - In addition, these participants felt they were much less active, and that taking (occasional, or even daily) exercise does not make up for a busy day of running around.

Jacqui*, light to moderate service user

Jacqui's son has bad asthma and they started isolating before the lockdown started as she has been scared about him getting COVID-19. Her mother is also vulnerable and so she can no longer rely on her for support. Her partner has been working longer hours and Jacqui has been feeling very lonely.

When her mental health deteriorated at the start of the lockdown, she would have liked to go to her GP but didn't want to leave her son alone, so she looked at mindfulness exercises on YouTube, which has helped her to feel slightly less scared and calmer.

*Names have been changed to protect participants' anonymity.

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For some, the lockdown has been a positive experience, providing an opportunity to slow down and focus on themselves and family

- This was particularly the case for those who are financially more secure, or were able to work from home comfortably.
  - Some parents (and particularly fathers) of younger children described enjoying being able to spend more time with them.
- These participants felt the lockdown has been a nice change from a normally hectic life and an opportunity to spend more time on things that matter to them personally.
  - And described feeling less of a need to take steps to help them cope.
- This is consistent with findings from BritainThinks *Coronavirus Diaries* research, with those who are more comfortable (financially as well as regards their housing and family situations) more likely to say that they've enjoyed this time, as it has been a break from the stress of working.

Annabel*, light to moderate service user

Annabel lives in North Norfolk with her husband and children. At the end of March she was put on furlough.

Annabel has very much enjoyed not working, as well as having more time to spend on her hobbies, including walking her dog and riding her two horses. This also helps get her out and about, meaning she feels she is still taking a good amount of exercise, even if she is slightly less active than she would be in 'normal times'.

*Names have been changed to protect participants' anonymity.

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People reported an increase in feelings of responsibility for their own health and wellbeing – but this isn't always straightforward

- As noted, many participants described taking proactive steps to manage their wellbeing throughout the pandemic.
- And some had found their new behaviours empowering, had seen a positive impact on their mental and physical health and planned to keep them up moving forward.
- However, for others the sense of responsibility was not experienced positively, but rather as a necessity that had been forced upon them by (unwelcome) circumstances.
  - In particular, some heavy service users and those receiving social care felt that they had no choice but to take more responsibility, because their normal support was not available to them.

"I've made time for myself; I have been using meditation because my son suffers from anxiety and this situation has made that come to the forefront, and that has made me feel more anxious. We've both used exercise as a way of getting outside together and that did make me feel better."
(Children under 18, Woman, C2DE, Waveney)

"I now get fewer days with my support worker so I've had to do shopping for myself. This means I have to think more about what I actually need and want to eat because I have to carry it back."
(Participant receiving social care)

There were subtle differences between men and women when it came to managing their and their family's health and wellbeing

- Men were more likely to say that, even in 'normal times' they were reluctant to visit the GP or other health services.
  - This was driven by a perception that their health problems weren't sufficiently serious to warrant a visit to the GP, coupled with a reluctance to talk about their health.
  - For some, this also included seeking help for concerns regarding their children.
  - This reluctance was felt to have been heightened during the pandemic.
- Whilst men did feel they were taking responsibility for their health during the pandemic, women were more likely to say that their male partners weren't managing as well and weren't looking after themselves (although it should be noted that we did not speak to partners within the same couple).

"I would say that I generally tend to brush things off more, with the kids as well. I'm more likely to say that something's just a scratch or that we should wait and see."
(Children under 18, Man, ABC1, King's Lynn)

"Most of the time he says nothing's wrong and I think generally men are less keen to seek medical advice."
(Empty Nester, Woman, ABC1, North Norfolk)

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Here is what different groups told the CCG about their approach to their own health and wellbeing during the pandemic:

- **Older people and family carers of older people** told us about the challenges of being shielded, and living with / caring for a person who was shielding, such as continuity of care for specific conditions or delays in accessing treatments. These challenges increased their awareness of how they manage their own health and care, and when to access further advice and support in relation to their health needs.
- **Younger people** described greater awareness of their mental wellbeing needs, and those of their friends and family, during lockdown; however, this was not always supported by them finding what they considered the right local or national help, either so that they could help themselves, or access professionals to support their concerns. However, a number of young people were aware of the new Kooth service and access to counselling.
- **People with learning disabilities and/or autism** told us they were grateful of lockdown rules being flexible towards their wellbeing needs (permitting them additional time outside of the home with their carers during lockdown in March-June), and many had used this as an opportunity to improve their health by being more active.
- Many groups though **health checks** are more important now than ever, to ensure that people's health needs are addressed earlier – particularly the health needs of carers and the impact that ill health of a carer has on the person being cared for.

04 People's experiences of local health and care services during the pandemic

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Experiences of local health services

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On balance, local health services were felt to have managed reasonably well during the pandemic

- Most people told us they felt that local health services had performed well, especially given the pre-existing pressures on the system.
- These views were based on what people had heard from friends and family, as well as their own direct experiences of accessing health services.
- This was felt to be in contrast to the picture at a national level where many thought the NHS had struggled, highlighting PPE shortages, and a lack of hospital beds.
  - Some felt this was the result of Norfolk having been spared the worst of the pandemic, claiming that the rest of the UK had been much harder hit.

"It's been very, very challenging for them. At my surgery, you have to sit in your car until they call you in. I think the walk-in clinic has been managing OK, given the circumstances. They've done remarkably well."
(Empty Nester, Man, C2DE, South Norfolk)

"My GP practice has been exemplary… There was not one occasion where my family weren't seen or weren't able to get a phone appointment."
(Empty Nester, Man, C2DE, South Norfolk)

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Many people have described a reluctance to access health services unless they felt it was absolutely necessary

- A number of people felt reluctant to attend healthcare settings in person, particularly at the height of the pandemic, because they were thought to present a higher infection risk.
  - Risks were associated with being in close proximity to other patients, particularly in waiting rooms, but also with interacting with healthcare professionals themselves.
  - These people felt that, even though they expected healthcare providers to do their best to avoid any contamination, they would not want to take the risk.
- For some, this fear was also coupled with a desire to avoid adding to the pressure the NHS was under, and to ensure that those with (as they saw them) more urgent needs, were able to be seen.

"I'd definitely think twice about going to the doctors. I was supposed to go end of March for a review for an illness I have, but I just thought, I'm feeling fine in myself so I didn't want to put myself at risk and put the doctor at risk by having another patient, and everyone else in the waiting room."
(Single/pre-family, Man, C2DE, Norwich)

"I'd usually only go to a GP during the winter if I get eczema so during summer, I don't really need it, but now I'd probably just steer clear and not even bother going if I got a flare up."
(Single/pre-family, Man, C2DE, Norwich)

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Nevertheless, many people had visited or accessed health services since the start of the pandemic, with most reporting broadly positive experiences

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Many commented on the ease with which they had been able to access services during the pandemic

- Most of those who had accessed primary care said they had done so in person, over the phone, or via video call in a timely and satisfactory manner.
  - A small number of participants in the Britain Thinks research, particularly heavy service users, noted that their GP seemed less busy, making it easier for them to be seen. Respondents to the Healthwatch Suffolk report also noted that GPs have more time to care.
- Some people who had made use of telephone and online appointments said they felt that this made it easier and quicker to receive help.
  - 70% of respondents to the Healthwatch Norfolk survey who had a remote GP appointment said that they were 'satisfied' or 'very satisfied' with the experience.

"I have found seeing a doctor much easier since the pandemic. I've just spoken to them over the phone which I would have anyway, but I've managed to see a doctor when I've needed to. To me it seems like they are under a lot less pressure, it all seemed OK really!"

(Children under 18, Woman, C2DE, Waveney)

"I actually think it's better since Covid started as a lot of people that used to go for things aren't going anymore… we called up and got our appointment much quicker than the last time."

(Empty Nester, Woman, ABC1, North Norfolk)

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However some people have shared fairly negative experiences of getting appointments

- A very small number of participants in the Britain Thinks research described fairly negative experiences, including appointments being cancelled at short notice, but also having referrals being delayed.
- Several people told Healthwatch Norfolk that dentist and mental health appointments have been difficult to access. Similarly, respondents to Healthwatch Suffolk's survey also raised concerns about accessing dental services, as well as cancellations of hospital appointments, operations, routine treatments and mental health appointments.

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Older people, carers and young people raised some concerns about access to and use of technology

- Older people told us they are concerned that digital solutions could become the only option, and have responded positively to consultations and regular 'check-ins' during the pandemic with health professionals over the phone.
- Several carers told Healthwatch Norfolk that "not all individuals have access to online or understand how to use it" or that "the individual I am main carer for cannot use modern technology". Concerns were expressed about how these people would cope with using technology:

> *"The appointment was made very easy. However, it was because I was able to access the service and follow the doctors instructions to take photos and send them to him. Mum would not have been able to access this if she had been on her own as she does not use the internet"*
> *"The system has been fine because I do use the internet, but my husband would have struggled if he had been on his own. He cannot use the telephone because of severe hearing loss."*
>
> (Responses from carers to the Healthwatch Norfolk survey)

- Young people have fed back that phone and video consultations for health issues with primary care may be challenging in households where it is difficult to find a safe and/or quiet space to have confidential conversations.

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Most people were broadly happy with the quality of care they received

- For most participants in the Britain Thinks research, the experience of receiving healthcare during the pandemic had been positive.
  - This included participants with ongoing health concerns or more complex conditions, who largely felt that they had continued to receive the care they needed.
  - However, a small number of participants in the Britain Thinks research reported experiencing major disruptions to their care or receiving poor-quality care. Most commonly these people reported rescheduled or double-booked appointments, delays, and slow response times.
- 49% of respondents to Healthwatch Norfolk's survey (299 people) reported that they or the person they care for had an appointment postponed or cancelled since early March 2020. From these, the most common appointments cancelled or postponed were hospital appointments with 50% (148) followed by dentist appointments with 46% (138).

"I turned up [to an appointment] and was told it had been cancelled. I then had a second trip to the doctor, which was all over the place to be honest, it was quite concerning when I got there. I was then asked to email in pictures, I then went back into the surgery, and then they told me it was quite serious, and I had to go straight to A&E in the end. It was so disorganised."

(Children under 18, Woman, C2DE, Waveney)

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Other concerns and comments made by the different groups we've spoken to include:

- **Older people, PPGs and carers** have raised concerns about people managing medications / prescriptions with reduced or different contact with their GP – some people manage their own prescriptions digitally, but many value over the phone support with the practice or via the Prescription Ordering Direct service (where available).
- **People with learning disabilities and/or autism** have been challenged by the amount of coordination they felt they were expected to do around their own care, including accessing care and support through their practice and community pharmacy. This has been coupled with a changed / adapted social care and support offer for many during lockdown.
- Our local **maternity voice partnerships** reported some initial confusion with messages about whether to attend hospital appointments, as well as anxiety and concern about the restrictions made around who could be present at appointments, during labour and the birth.

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Other concerns and comments made by the different groups we've spoken to include:

- **People with learning disabilities and/or autism** have told us they are concerned that reasonable adjustments may not be considered as primary care services return to 'normal', although it is accepted that appointment processes have changed universally.
- **Migrant communities**, some of which are in lower-income employment, have reported challenges in getting the information and support they need from their practice or health services to support their need to self-isolate and manage their health and lives during lockdown, which has impacted on their employment.
- **Access to translation services**, especially during health crisis situations, could be improved. Migrant community support and advocacy organisations have been vital in providing translation of national and local resources and information via social media and text messaging apps.
- **Some people with mental health needs and their carers** have reported facing challenges in getting their GP involved as part of the coordination of their mental health care plan, as well as challenges in accessing social care assessments during the phases of lockdown to support their ongoing needs.

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People's experiences of Covid Protect

- Covid Protect is a pioneering initiative developed in Norfolk and Waveney, which provided support for 28,000 shielding people. We proactively contacted patients to make sure they:
  - Had access to food and medicines
  - Didn't have COVID-19 symptoms
  - Understood the changing guidance
  - Had access to support for other issues, such as isolation
- Our call handlers made over 23,000 calls to patients – the team was made-up of volunteers from the CCG, CSU, NNUH, JPUH, NSFT, West Social Prescribing team and the Red Cross.
- In total there were around 250,000 interactions with the project – the majority of these were patients regularly logging-on to a secure website to tell us about their health and wellbeing and if they needed any support.
- Referral options developed including support from volunteers, GPs, pharmacies and local councils.
- The project was paused on 1 August 2020 in line with the pausing of the national shielding programme, but is able to be re-started should the shielding guidance change in future.

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The majority of people found the support provided by Covid Protect useful

- The CCG surveyed people who had been supported by Covid Protect to find out what they thought of the service and 252 people responded.
- 70% of respondents said that they found the service quite or very useful. People reported feeling supported and reassured that help was there if they needed it, even if they were coping well, and especially if they lived alone.
- For the small number of people who said it was not useful, this was mostly due to people asking for help but not being contacted.
- Some people commented that filling out the online form when their circumstances had not changed became repetitive, and others said they didn't get their first contact until quite late into lockdown.

"It made me feel very safe being checked on a daily basis. I felt that it kept me alert to my situation and encouraged me to take all the required precautions."

"I felt I was being supported and should I need non urgent help it was available, which proved to be the case."
(Responses to Covid Protect survey)

"If help is offered, make sure that it happens. I was isolated."
Response to Covid Protect survey)

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Experiences of social care services

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Experiences of adult social care were very mixed

- **All respondents experienced a degree of disruption**, 'business as usual' was not an option. More change and development of services than cessation was reported which may demonstrate the ability and willingness of social care services and providers to adapt.
- **Experiences of Adult Social Care service users were very mixed** – from loss or reduction of services causing heightened anxiety and loneliness, to satisfaction and active engagement with new methods of service delivery and use of technology: however, more negative than positive comments were made overall.
- **Negative impacts were unequally experienced**, e.g. loss of routine was particularly problematic for people with autism, some providers were more affected than others (e.g. staff sickness/furlough) resulting in varying degree of provision to service users with similar needs.
- **Service users distinguished between practical support and emotional support but valued both -** 'feeling cared about/not forgotten' highly valued and sometimes prioritised over practicalities.

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Experiences of adult social care were very mixed

- **Negative perceptions of residential care held by people with limited experience of such care** – views formed through media and possibly pre-dated COVID-19. (Work is in progress with care home residents/families/staff to see if attitudes of those with lived experience of residential care differ.)
- **Reliance on local, voluntary support (friends/family/neighbours) frequently reported** - but it's unknown if this is a continuation/increase in existing care or new response. More anxiety reported in some groups from people living alone (fear of carer breakdown) than those in families.
- **Carers reported feeling isolated**, not well supported and under increased pressure to care for their person with reduced resources during the pandemic.
- **Service users' willingness/ability to adapt to new ways of accessing services reduced by factors** such as poor broadband / IT skills, and personal preference for face to face delivery.
- **Good practice examples** included: tailoring online support (e.g. zoom cookery classes for service users whose café work stopped), providing care packages through the post, regular 'checking-in' phone calls, the provision of crafts and activities, and social activities mediated through technology.

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Experiences of adult social care were very mixed

Sandra*, relative of someone receiving social care	Toby*, participant receiving social care
Sandra's mother has dementia and has been in care homes for the last two years. Although lockdown has been tough on her mother, Sandra is confident that she is being looked after and kept safe during the pandemic. During the outbreak, residents were no longer allowed to socialise with each other and had to isolate in their rooms. Sandra describes staff as extremely vigilant and concerned. She believes this wouldn't have been the case in her mother's previous care home. In her view, the quality of care varies considerably and she feels that some care providers take the care of their residents, and the threat of Covid-19, much more seriously than others.	Toby is 23 and has been blind for two years as a result of a neurological condition and has a number of other complex, long-term health issues. He is still learning how to adapt to his disability and was receiving support from his social care worker at least once a week prior to the pandemic. Since the outbreak, his care has stopped completely, meaning that he is more reliant on his mother and partner and feels he has lost the independence he had started to gain since he lost his eyesight. He has also experienced delays and cancellations of other appointments, including tests his doctor told him were urgent. He was told that due to his young age, his tests weren't prioritised and not as urgent as others'.

*Names have been changed to protect participants' anonymity.

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People receiving adult social care value regular contact from staff, but some highlighted problems accessing information

- **There is no single 'best' method of conveying information –** service users cited a range of communication channels as their preferred option, there was no consistent preference.
- **Service users who are deaf and/or use sign language highlighted particular problems in accessing information** - formats such as braille and larger font were requested. Some service users struggled to communicate online.
- **Service users value regular contact from county council staff** (and providers) - where such contact was praised, it was often the act of being called (being 'remembered') that was discussed rather than the reason for the call. Staff were noted as being caring.

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05 Views of changes to health and care services during the pandemic

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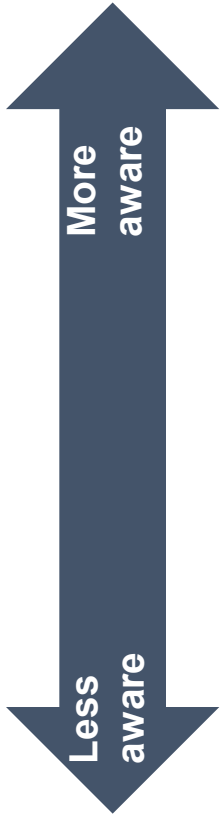
Many participants in the Britain Thinks research were spontaneously aware of service changes made during the pandemic



Changes to ways of accessing health services were front of mind for most participants.

- Participants described not being allowed to wait in the surgery, being provided with hand sanitizer and masks to use, and a much quieter experience within the surgery itself.
- Some described hearing about GP surgeries closing at the beginning of the lockdown with little to no guidance on what services patients were now able to access.

Many participants had noticed an increased use of **telephone and video appointments** since the COVID-19 outbreak.

- As noted, many described more positive experiences of video and phone appointments in the last few months.
- Some described being increasingly signposted to their GP surgery's website to book appointments, which several found confusing and were frustrated when they were given inaccurate information about what appointments were available.

There was some awareness of the **creation of different spaces** for those with and without COVID-19 (or symptoms).

- There was some knowledge of what participants described as 'safe surgeries', which participants felt was an effective way to keep people safe, particularly those who were more vulnerable.
- Participants who had visited a hospital described noticing the creation of separate wards for those with and without COVID-19 (as well as a significant drop in waiting times at A&E).

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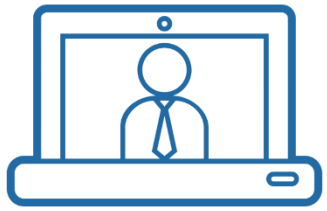
Participants in the Britain Thinks research were asked about three significant changes introduced to help during the pandemic



Contacting and getting help from a GP practice

Phone and video appointments

Creating different areas or premises for treating people with and without Covid-19

All three changes were broadly positively received by participants, who were able to identify a number of benefits (and some concerns) for each.

Item 11. Appendix A.

Participants were happy to contact their GP over the phone or online, before it is decided if they should have an appointment in person

Benefits

- This was felt to be a sensible step and a good use of resources, **increasing the overall efficiency** of the process, particularly for more straightforward or routine services (e.g. repeat prescriptions).
  - In some cases, participants described this being introduced at busier GP practices before the pandemic.
  - Support was strengthened by a reluctance to attend healthcare settings unless essential and a **desire to avoid adding pressure** to the service.
- Some participants felt triage over the phone was preferable to booking online as phone handlers might be able to **detect symptoms** patients may not realise they have.
- For some heavy service users, knowing that ***others* might be less likely to go into their GP surgery in person**, while they continued to receive care, was also reassuring.

"I was able to take the call while I was at work and didn't need to take time off to visit the GP. Sometimes I have felt in the past like I am almost wasting the GP's time taking up an appointment and this seems like a much quicker and more efficient way."

(Children under 18, Woman, C2DE, Waveney)

"It's stopped people turning up at surgeries. I haven't gone through the triage process, but my wife has. Those phone triage systems do work, and they are picking up that people need to go into the surgery."

(Empty Nester, Man, C2DE, South Norfolk)

Item 11. Appendix A.

However, some felt that there might be a risk of not receiving the appropriate level of care and attention

Concerns

- Some participants felt that there could be a risk of not receiving the appropriate level of care and attention, depending on **who manages the phone or online triage** (e.g. whether they are a healthcare professional or a call handler).
  - This was particularly the case for older participants, who expressed concerns about less qualified call handlers 'reading from a script' or missing key symptoms.
- There was a sense that patients could have to **wait some time for a return call**, which was felt to be a particular concern for those who need urgent care (but do not want to go to A&E).
- Some also acknowledged that, whilst they would be happy to be triaged online or over the phone, **others might struggle more with this format**, particularly elderly relatives who might struggle to express themselves or have a preference for an initial face to face meeting.

"During the lockdown I had a really bad cough and shortness of breath. They told me it was Covid and told me to isolate. I wasn't sure I did have it, and they didn't actually check me over. It didn't feel like there was much support."
(Empty Nester, Man, C2DE, South Norfolk)

"I know other companies or the NHS allow you to just have a video call which I think is great too. My grandma however was just told she had to register online so obviously that's not going to work."
(Single/pre-family, Woman, ABC1, Norwich)

Item 11. Appendix A.

Here are the thoughts of other groups and communities that we spoke to:

Benefits

- All communities and forums understood and agreed with the reasons behind limiting direct access to physical Primary Care sites
- Carers and PPG members told us that, for the majority, contacting their GP was a similar experience to before Covid-19, but with understandable additional focus on triage, and support for people with Covid symptoms
- Migrant community support organisations have told us that there has been a consistency in understanding the triage process within migrant communities that has helped transition to accessing Primary Care services during Covid-19

Concerns

- Some people with learning disabilities and/or autism reported difficulties with the additional triage information they went through when contacting their Practice, especially if they were not supported in making a phonecall
- Some people with mental health conditions, and carers of people with mental health needs, told us there has been some issues with accessing assessment or care plan coordination with their GP, exacerbated by triage processes in some cases.

Item 11. Appendix A.

Participants largely welcomed the transition to more phone and video appointments

Benefits

- When used in the right circumstances, phone and video appointments were felt to **save time** and were seen to be a **quicker and more efficient** way to access health services.
  - In particular, younger participants often acknowledged that this may in fact make it easier to juggle a busy schedule with seeing their GP.
  - For patients with longer-term health conditions who felt they had those conditions under control, these appointments allowed the option of **ongoing monitoring** from home (provided they are able to provide their own data).
- Most also felt that they would be happy to receive care **from a GP at another practice**, as long as the GP had access to their history, arguing that they were used to seeing different (and often new) GPs at their local practice, too.
- Participants felt these appointments would **relieve pressure** from an already overloaded health system. This meant patients felt they would receive a better service, and health and care professionals would be able to work more efficiently.
  - In the context of a pandemic, having a phone or video appointment was felt to be **safer** than going into a healthcare setting for an in-person appointment.

"There is a strain on social care and GP services. I have no problems having an appointment over the phone, I'd much rather know if I really needed, I would be happy to be examined over Zoom."
(Empty Nester, Man, C2DE, South Norfolk)

"The NHS is [overstretched] anyway, so if this can provide that service in a quick and snappy way, I don't see how that is a bad thing."
(Single/pre-family, Woman, ABC1, Norwich)

Item 11. Appendix A.

However, there were concerns about whether these formats would be suitable for all patients, and in all situations

Concerns

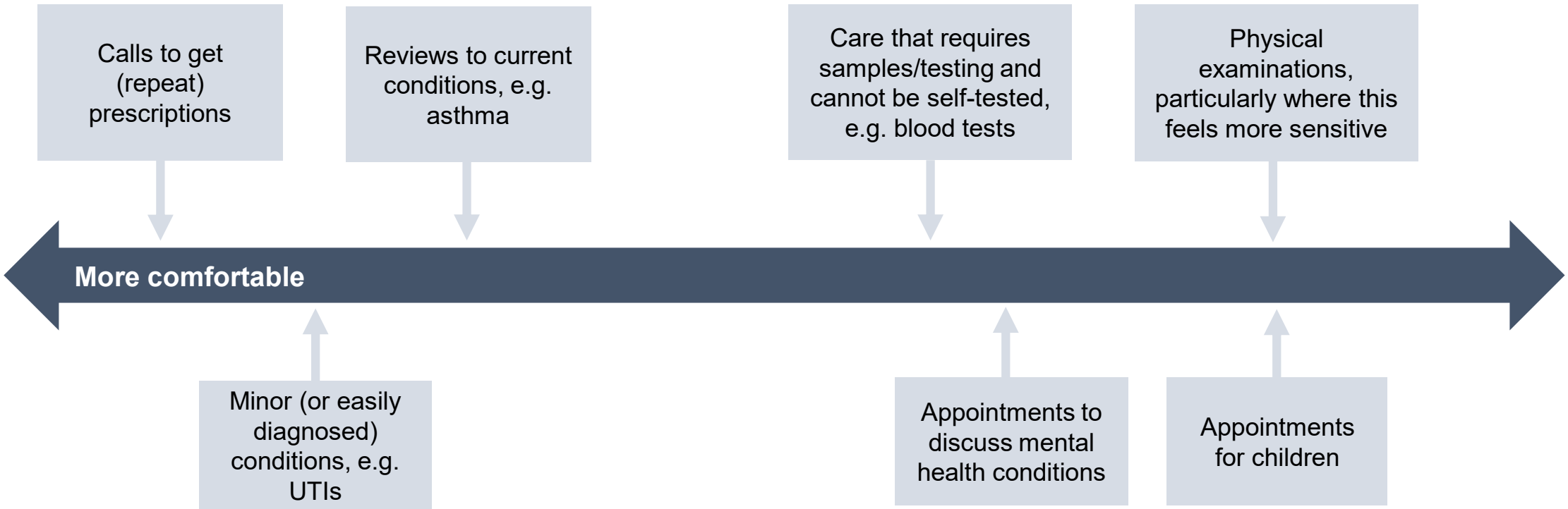
- The greatest concern was that phone and video appointments **would not be suitable in certain situations**, particularly where a physical assessment is required, or where someone is struggling with their mental health.
- Those who were less comfortable with the idea of phone and video appointments worried **they wouldn't express themselves clearly** over the phone or online, or that the practitioner would miss something they might have noticed in person. This was coupled with a wider concern about not getting the same level of care remotely as they would in a face-to-face appointment.
- There were also concerns about **those who might struggle to access appointments digitally**, including those who are older, less digitally literate, don't speak English as a first language, or who have mental health conditions.

"There is always a risk of things being missed which is a concern. My main issue is inconsistency in terms of one doctor being really good and one being really bad; you get this in person but inconsistency is a worry."
(Children under 18, Man, ABC1, King's Lynn)

"It's a great idea but it can be a bit tricky if you're feeling really unwell and just want to see someone."
(Heavy service user, female, mental health condition)

Item 11. Appendix A.

Participants felt they would be comfortable having video and phone appointments for more routine care



Item 11. Appendix A.

Participants described different attitudes towards phone and video appointments depending on their individual circumstances

Lisa*, light to moderate service user	Maeve*, relative of someone receiving social care
Lisa lives in Waveney with her seven-year old son who suffers from asthma. Whilst she described feeling comfortable accessing phone and video appointments for more routine care – for example, her son's regular asthma reviews – Lisa felt that if her son was having problems with his breathing, a phone or video appointment wouldn't be appropriate and she would worry he wouldn't receive the care he needed. More broadly, Lisa felt that phone or video appointments may not be entirely suitable for conditions that require a physical examination, including first-time diagnoses or appointments for more sensitive or acute conditions.	Maeve's mother has Alzheimer's and receives daily support from a social care worker. Maeve's father, who also assists with his wife's care, is still able to do their shopping and to get to his own medical appointments, but has some issues with his hearing. As a result of their very specific needs, Maeve feels phone and video appointments wouldn't be suitable for her parents. They only have access to a landline, and have struggled in the past when Maeve has tried to set up a video call. She also expressed concerns about her father's ability to handle a phone appointment (either for himself or his wife) as he often struggles to hear and express himself clearly.

*Names have been changed to protect participants' anonymity.

Item 11. Appendix A.

Here are the thoughts of other groups and communities that we spoke to:

Benefits

- PPGs, carers and younger people all welcomed greater access to care and support via phone and video appointments
- People with mental health needs responded positively towards using the ‘Attend Anywhere’ video appointments – in some instances, people reported better outcomes than previous physical appointments
- People with learning disabilities and/or autism appreciated being able to see a professional over video appointments, and to aid and involve others in communicating their needs
- Younger people mostly responded positively to online consultations, and for the introduction of new services like Kooth

Concerns

- Older people and carers had concerns with waiting for a phonecall from a GP / healthcare professional, especially when requesting a call back without an appointed time.
- Confidentiality was a concern across many communities – video / phone consultations may require a safe space that some people may not have access to
- Migrant community support organisations reported that translating services over video appointments with health and care professionals had some initial difficulties for all parties to get used to
- Some carers had concerns that the role of a carer and the ‘triangle of care’ has been bypassed by professionals wanting solely to speak to an individual on a phone / video appointment

Item 11. Appendix A.

The approach of separating people with and without COVID-19 seemed very sensible to all participants

Benefits

- All participants felt this change was a 'no brainer', as it was felt to make the **virus easier to manage and contain**.
- Participants felt that separating patients meant that hospitals and surgeries would be **concentrating resources** where they were needed most. This felt like not only a safer environment for patients, but also a more efficient way of working.

"I think it's really good. What's the point of putting us all in together? We need to protect the older people."

(Heavy service user, female, mental health condition)

"*I think it sounds very sensible. Our GP surgery were doing this, they were reluctant to bring anyone in for appointments. It made me feel safe hearing that GP surgeries are doing this and trying to minimise the risk of infecting others. It's like it's been taken seriously."*

(Children under 18, Woman, C2DE, Waveney)

However, in and of itself, this change is not enough to make people feel more confident about accessing health and care services

Concerns

- Largely, participants had few concerns about this approach, but where they did, it was about **people who *think* they might have symptoms** being cared for in an area with people who have tested positive for Covid-19.
- And whilst knowing that people with COVID-19 (or symptoms) are being treated in another location would make them feel safer, **this in and of itself is not enough to reassure them completely**.
  - Many said that there would still feel reluctant to attend in person.
- Participants were also clear that changes needed to be well-communicated: it was felt that historically this has not always been the case with changes to service provisions in GP surgeries.

"My actual surgery is 5 minutes down the road, so when I called them up, they said, "we see you're a vulnerable person", and so they sent me to another surgery about 4 miles away."

(Heavy service user, male, physical health condition)

"The arrangements were good in that they separated people who are receiving routine treatment from patients with potential COVID-19. However, these 'clean' appointments are first thing in the morning. The timing makes sense in terms of logistics, but it is not easy if you need to get someone who is very frail and takes time to get up there."

(Response from a carer to the Healthwatch Norfolk survey)

Item 11. Appendix A.

One carer highlighted a particular problem

“The arrangements were good in that they separated people who are receiving routine treatment from patients with potential COVID-19. However, these 'clean' appointments are first thing in the morning. The timing makes sense in terms of logistics, but it is not easy if you need to get someone who is very frail and takes time to get up there.”

Response from a carer to the Healthwatch Norfolk survey

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Participants made several suggestions for ways to help make patients feel safer in health and care settings

In GP surgeries and hospitals:	In social care settings and on home visits:
• Keeping hand sanitizer / handwashing facilities in GP surgeries as a permanent feature. • Ensuring patients are not kept in hospital any longer than is necessary, both to help reduce the backlog of more routine care and lower possible risk of infection.	• Increasing the requirements for PPE to be worn by social care workers and within care homes. • Restricting visits to care homes and escorting visitors around that do need to be there. • Ensuring PPE equipment is disposed of safely and outside of patients' homes.

"Sanitising stations should stay there in the future to keep things at bay."

"Are they keeping nurses and doctors separate too? Is there any cross over between them? Do staff have different areas of focus?"

"They need to be strict, enforce things, people need to be escorted around the premises."

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06 Views of future service delivery and proposed changes

Suggestions to ease the backlog of routine and elective care

Participants in the Britain Thinks research felt it was right to prioritise urgent and cancer care, given the additional pressure on the NHS

- Most, but not all, participants were aware of the prioritisation of urgent and cancer care and the resulting backlog of routine and elective care.
  - A small number of patients had had more routine appointments or planned surgeries postponed.
- Overall, participants were supportive of the decision to prioritise urgent and cancer care, and felt resources needed to be directed to these areas.
  - Some, however, were also under the impression that a lot of cancer care had been cancelled because of the pandemic, not only diagnostic tests but also treatment.
- Participants expressed concerns about waiting times for elective and routine care as services start to return to 'normal'.

"I understand that urgent and cancer care has been prioritised. I'm waiting for my knee to be done, so unless you've got the money to go and get it done privately, I'm just medicating with painkillers and drinking lager!"

(Empty Nester, Man, C2DE, South Norfolk)

"You can't put that one off. Cancer doesn't stop just because of a lockdown."

(Empty Nester, Woman, ABC1, North Norfolk)

Suggestions to ease the backlog of routine and elective care

Participants broadly supported proposed changes to ease pressure on local health services and re-start non-urgent and routine care

Travelling to a non-local hospital	Expectation for transport to be provided	Travelling to a private hospital
The vast majority of participants felt that, if they were waiting for non-urgent care, they would be happy to go to another hospital, rather than their local hospital. The only concern for those with more regular appointments was not being able to see the same healthcare professional, if attending an appointment at a different hospital.	Most participants did not expect transport to be provided if they were asked to visit a non-local hospital, given the additional cost they felt this would place on local health services. However, they felt that it was important transport services were offered to those who were unable to arrange their own travel, or who were asked to travel a long distance.	All participants felt they would be happy going to a private hospital, rather than their local hospital. In some cases, this was seen as a real positive, if they were to receive the same level of care as private patients. Some participants had already been asked to visit a private hospital in their local area for treatment.

Although participants were not concerned about the impact of these proposed changes for them personally, the majority spontaneously raised concerns about **older or more vulnerable people** for whom travelling further distances could be harder to arrange and where transport would be entirely necessary.

Suggestions to ease the backlog of routine and elective care

Views on needing to self-isolate before more routine or non-urgent care were more mixed

14-day self isolation and Covid-19 test

- Participants expressed concerns about the prospect of self-isolating for 14 days prior to visiting hospital, particularly because of the impact this would have on their ability to continue to work.
- Whilst most would expect to have a COVID-19 test before having a more routine or elective procedure, some felt they would feel safer also having a test *after* leaving hospital, as they felt there was greater chance of infection in a healthcare setting.

"That's extreme. If you've got things you need to prepare for ahead of the operation or the recovery time, you have to run around [and sort that], that doesn't work for single parents who have to work, it's really inconvenient – and I worry much less about Covid now, to be honest."

(Heavy service user, female, physical health condition)

Changes to function of 111 and NHS' online system

Participants were largely aware of 111 and the NHS's online system, with varied experiences of using these services

The small number of participants who had very **positive experiences** with 111 described finding it easy to get through to a call handler and that they felt listened to and taken seriously. These participants also described a quick response, from ambulances arriving quickly to follow-up calls with healthcare professionals, which they were pleased to receive.

"I used 111 when I wanted to have a Covid test, I couldn't taste anything so I rang 111. Within two hours they had given me an appointment, within 6 hours I had the test and within 24 hours I had the results back, so they dealt with me so well."

Many participants described a more **mixed experience** with using 111. Some felt they had received conflicting advice, both from dialling 111 and using the online system. For example, several described calling up about the same issue twice and receiving different advice each time, giving the impression that the service is very 'hit and miss' and therefore unreliable.

"I've used it, but it's not led to any great success. I do think it's a a helpful way to alleviate the ambulance 999 line though."

A handful of participants described more **negative experiences** with the 111 service. This included waiting a long time to speak to someone, feeling conversations with call handlers were scripted, impersonal and irrelevant to their needs, and being directed to A&E when this didn't feel like an appropriate response.

"My husband is asthmatic and the medication wasn't working. They said they would call back in an hour, but they didn't. I then called back after 1.5 hours, and they said the waiting time had gone up to 6 hours. I just felt they were reading from a script."

Changes to function of 111 and NHS' online system

There was broad support for the idea of being able speak to a doctor or nurse when calling 111

- The idea that participants could ring 111 or access the online system and, immediately or within a short time, talk directly to a nurse or doctor was seen as a real positive.
  - Being able to get immediate treatment or an urgent appointment was seen as a real positive, and this was also felt to potentially reduce the 'scripted' and 'stilted' nature of calls to 111.
- The main concern raised by participants was about misdiagnosis and the potential for something serious or urgent to fall through the cracks.
  - As well as this feeling like an additional pressure on healthcare professionals' time, or that it could add an extra 'step' in the process of getting treatment.

Being strongly recommended to call 111 before going to A&E was felt to be confusing – and, in some cases, counter-intuitive – but there was some recognition of the fact that calling ahead could reduce waiting times and improve the flow of patients through A&E.

People who receive adult social care accept that services may not return to 'normal' for some time, if at all

- **Service users accept that previous methods of service delivery may not return for some time, if at all** - but some desire to return to pre-COVID-19 service provision is still present.
- **Family, friends, neighbours and informal support networks have been a major source of support to service users during the pandemic** - this reflects Adult Social Care's Living Well and wider preventative approaches to care.
- **Service users' described fear of returning to the 'outside world' and risk of potential exposure to COVID-19** – particularly for service users who have shielded for a long period. Some service users are keen to resume activities and are less worried.
- **Motivation and willingness to engage in technological assistance depends on practical and behavioural factors** - ability and confidence in using IT, provision of good broadband, access to appropriate equipment and support.

Resilience and recovery of adult social care

However services are delivered in future, they must be accessible and inclusive of all, and people will need to feel, as well as be, safe

- **Service users noted that future provision of services, if predominantly through technology, needs to be inclusive** - the needs of older people, service users with communication difficulties, people who prefer non-technological provision of support and those in rural areas with poor connectivity need to be accommodated.
- **Flexible approaches to reopening services (especially Day Care) are seen as important** – suggestions include consider transitioning groups back, smaller groups, delay opening, and staggered times.
- **Safe transport is essential to take up of services** – activities outside the home will not be accessed if service users do not feel safe travelling to locations.
- **The good work of community-based organisations and commercial enterprises during lockdown should be supported and built on**
- **Continuing proven disease reduction practices will make service users feel safe** – this could include requirements around PPE, restricting access to care homes and maintaining cleanliness.

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07 Goals of the Norfolk and Waveney Health and Care Partnership

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All participants in the Britain Thinks research were shown the three goals of the partnership and asked about perceived importance and feasibility of each:

1. **To make sure that people can live as healthy a life as possible.** This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

2. **To make sure that you only have to tell your story once.** Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

3. **To make Norfolk and Waveney the best place to work in health and care.** Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

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Improving overall health was felt to be an important part of the partnership's work

1. To make sure that people can live as healthy a life as possible.

- Participants felt it was essential for NWHCP to make sure that everyone living in the Norfolk and Waveney area has access to the support and health care services they need.
- Many were aware that household income is an important determinant of health outcomes and felt strongly that this shouldn't be the case.
- In addition, there was a strong sense that investing time and money in education and prevention of health conditions (with obesity, mental health conditions and diabetes front of mind) would reduce pressure on health services longer-term.

"They all go hand in hand and form part of the same story. It's not the end of the world if you have to tell your story more than once, it is frustrating. But taking a more holistic approach, focusing on diet and exercise is so important."
(Empty Nester, Man, C2DE, South Norfolk)

"It does depend on where you live, do some places get more funding than others? They call it the postcode lottery don't they. Educating people on how to self-help is so important."
(Children under 18, Woman, C2DE, Waveney)

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Most participants described the second goal as feeling most important to them personally

2. To make sure that you only have to tell your story once.

- Overall, this was also felt to be the most achievable of the three goals and the idea of promoting more joined-up working across the health and care system was welcomed.
- Several participants did describe experiences of having to repeatedly explain why they needed help and the health conditions they have.
  - Some described finding this stressful and frustrating, particularly when receiving support for mental health conditions, whilst others felt it had lowered their confidence in the quality of care they had received, and in local health services overall.
- However, a small minority of participants (who did not have long-term or complex health conditions) did feel it was important for healthcare professionals to be asking the same questions at each appointment to make sure any new symptoms or changes are identified early on.

"For me the second goal is most important. My brother has had to explain his whole life story to different doctors, and having to remember all those things he's been told in the past, he's bound to miss something out."
(Single/pre-family, Man, C2DE, Norwich)

"It's a big thing to seek help in the first place and if you have to keep repeating yourself and people don't know what they are doing, it doesn't inspire you with confidence, so that has to be the starting point."
(Children under 18, Woman, C2DE, Waveney)

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Improving working conditions for staff was seen as important, but there were questions about how far it is within the partnership's control

3. To make Norfolk and Waveney the best place to work in health and care.

- Participants acknowledged that, if staff are happy and well supported, this will likely improve the overall quality of care patients receive.
  - As a result, this goal felt like a 'no brainer' to many, and that this is the right area for NWHCP to be focussing on.
- However, most felt that NWHCP would not have the ability to make the wide-reaching changes needed to improve working conditions (and increase funding in the health and care system to enable this), and that the responsibility for this lay with the UK Government.

"They all sound good – supported staff will give the best care, that just goes hand in hand."
(Heavy service user, female, mental health condition)

"It all comes down to money doesn't it, it's hard to know where that's going to come from."
(Children under 18, Woman, C2DE, Waveney)

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For most participants, their priority moving forwards was a focus on mental health support

- The majority of participants felt it was important for the partnership to prioritise support for people with mental health conditions, particularly for younger people and men.
  - Some participants described a sense that support can be sporadic, and is often not available locally (one participant described a friend needing to travel a significant distance to get the support they needed).
  - This was felt to be even more important as a result of the COVID-19 outbreak and the impact of the lockdown on mental health.
- Some participants also expressed a desire for a greater focus on social care and community-based care for older residents – although they felt a more significant 'shake-up' was needed in this area.
  - Particularly within the context of an ageing population, participants felt this was a key issue.

"I do think there's a disparity between GPs regarding mental health. Some seem to really understand it, whereas others are very quick to prescribe anti-depressants instead of thinking about the root cause."
(Single/pre-family, Woman, ABC1, Norwich)

"They keep saying about people's mental health and [that] they want to do more for people, their system is failing too many people, I've been there… I don't know what it's like in other counties but it's bad in the Norwich and Norfolk area."
(Heavy service user, female, mental health condition)

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Appendix A: national research

There has been lots of national research conducted into people's experiences of health and care services during the pandemic, including:

- 'Public opinion on the COVID-19 coronavirus pandemic', by Ipsos Mori.
- 'Coronavirus Diaries', by Britain Thinks.
- 'The doctor will zoom you now', by Healthwatch, National Voices, Traverse and PPL.
- 'Pandemic patient experience', by The Patients Association.
- 'Babies in lockdown', by Best Beginning, Home Start and the Parent Infant Foundation.
- 'COVID-19 - summaries of key findings on children and young people's views', by the Royal College of Paediatrics and Child Health.
- 'Coronavirus: The divergence of mental health experiences during the pandemic' by the Mental Health Foundation.
- 'An Unsafe Distance: the impact of the COVID-19 pandemic on Excluded People in England', by Doctors of the World.

Report title:	**2020/21 Resilience and Winter Plans**
Date of meeting:	**14 October 2020**
Sponsor (H&WB member):	**James Bullion, Executive Director of Adult Social Services**

Reason for the Report

The Health and Wellbeing Board (HWB) is operating in a rapidly changing landscape. It is appropriate for the Board to consider winter planning across the system especially at a time where increased demands have been placed on health and social care system due to the ongoing pandemic.

Report summary

Planning for winter 2020/21 presents greater challenges than in previous years. COVID-19 has placed strain on Norfolk's social care and health system, and a risk remains of further outbreaks during winter. In addition, winter often brings with it untoward events such as widespread infectious diseases including pandemic flu which can affect our residents and staff alike. However, collaborating across the health and social care system has been effective and strengthened by the need to respond swiftly to COVID-19. This approach will continue and provides a solid foundation for winter planning. This report highlights to Board members the work in progress, alongside the main challenges, learning and themes which are being addressed.

Recommendations:

The Health & Wellbeing Board is recommended to read and comment on the emerging winter planning arrangements in this report and Appendix 1.

1. Background

1.1 Adult Social Services (ASS) is developing a winter plan that sets out intentions for service delivery and design during the 2020/21 winter period. The purpose of the plan will be to prepare the organisation to maintain high quality and safe service provision during winter and supporting system partners to deliver effective flow between providers. This framework document details the key themes and actions that are beginning to guide that plan. The NHS is also engaged in detailed winter planning, including as part of system restoration, this document summarises a range of the key actions in development.

1.2 Traditionally winter is not an emergency or considered an unusual event but recognised as a period of increased pressure due to demand both in the complexity of people's needs and the capacity demands on resources within social care and the wider system. However, winter in 2020/21 will present greater challenges than in previous years. The COVID-19 pandemic has placed strain on Norfolk's social care and health system, and a risk remains of further outbreaks during winter. In addition, winter often brings with it untoward events such as widespread infectious diseases including pandemic flu which can affect our residents and staff alike.

2. Proposals

Adult Social Services Winter Framework

2.1 ASS winter planning in 2020/21 looks significantly different to usual planning processes.

Across operational and commissioning teams, planning for winter is being built into the heart of ongoing service planning due to the COVID-19 pandemic.

2.2 A necessity to prepare for further outbreaks, and the interdependency of that with overall capacity and resilience during winter, means ASS are preparing for winter with urgency and rigour.

2.3 There is significant work already underway within the department, and jointly with other system stakeholders. NCC is also closely involved with NHS-lead winter planning via joint health and care processes stimulated by the COVID-19 pandemic response, presenting new opportunities for joint working.

2.4 The main challenges this winter are:

a) Supporting Norfolk's care market as we enter winter following the impact of COVID-19.
b) Supporting our NCC workforce during a winter period that follows pressures resulting from COVID-19.
c) New hospital service discharge requirements nationally could shift pressure around 'flow' into the community, and NHS funding for packages across health and care for up to the first 6 weeks post-hospital discharge could support a new community offer.
d) Ensuring Community Response Teams (CRTs) supporting hospital discharge during COVID-19 are enabled to continue over the winter period, supporting people safely out of hospital and back home.
e) Developing our local discharge to assess (D2A) processes further and ensuring existing processes deliver the best outcomes for all our residents, including those with disabilities and mental health problems.
f) Working with system partners to ensure robust flu planning, both for our residents and staff.

2.5 Just before the pandemic, a look-back review was carried out on winter 2019/20. A number of key points arising from that are helping to shape the coming winter. These include:

a) Winter funding was utilised to provide extra care capacity across the care market, reducing pressures on the care market and supporting discharge from hospital.
b) The care market remained under pressure, accentuated since by COVID-19.
c) A mixed economy of beds were available in the market to support hospital discharge.
d) Since last winter, health and social care quality teams are now working together as one, an approach that will support the winter response.
e) Care provision for people with dementia and/or behaviours of concern was a challenge requiring market development supported by ASS.
f) The join up between capacity in the care market reported by providers versus available required more focus.
g) Increased capacity to support discharge home for people with more enhanced needs.
h) Improvements in social care delayed transfers of care (DToCs) for parts of the system and reduction in wait for residential placements.
i) Remaining pressure on latter week transfers - however COVID-19 has seen a transformation in DToCs but there is a risk this winter.

2.6 There is a developing framework to address the identified challenges in 2.4 and taking the learning from 2.5. This framework has these four themes:

Meeting people's needs – ensuring there is appropriate capacity to support people at home and if needed in residential care; supporting carers and supporting vulnerable

people.

Supporting the provider market – providers are still dealing with the impact of COVID-19. The winter planning seeks to build on good engagement, providing support, education and training, and strengthening resilience.

Reducing pressures on the NHS - the health and social care system has seen effective collaboration to ensure good flow through acute and community hospitals. Winter planning will build on this approach.

Supporting a resilient and functioning system – this includes ensuring the right governance structures are in place to take swift and timely decisions; financial stability; support for the workforce.

2.7 **NHS Winter & Resilience Planning**

Working closely with National Urgent and Emergency Care leads at NHS England to deliver "NHS111 First model", the system locally is working to:

- Reducing the potential for overcrowded Emergency Departments (ED), by triage of patients before they attend ED and if they still require ED attendance potential to "book a slot".
- Reducing the potential infection risk created by attending a face to face setting.
- Ability to also book directly into other hospital departments via NHS111 and the Clinical Assessment Service (CAS).
- 24/7 implementation of an Urgent and Emergency Care system wide Clinical Assessment Service (CAS)
- CAS linked in with the Ageing Well Programme – Community and Social Care involvement.
- Increased NHS111 capacity to absorb further call volumes both for Winter and a potential Covid-19 second wave/spike.
- NHS111 Capacity to absorb 20% of ED minors who will be expected to "talk before they walk" prior to attending the ED departments.

2.8 **NHS winter and resilience planning is also a key part of supporting a resilient and functioning system:**

- Develop virtual operational support via a System Resilience Room function Mon-Friday coordinated by Norfolk and Waveney Clinical Commissioning Group (NWCCG).
- Improve monitoring of demand and capacity across urgent and emergency care pathways via the SHREWD system.
- Development of plans to support timely and coordinated responses to surges in urgent care activity – ambulance 'stack' transfer between EEAST and IC24.
- Improve communication and commonality in language relating to hospital discharge pathways.

3. Impact of the Proposal

3.1. The strengthened collaboration across the health and care system during COVID-19 provides a sound foundation for winter resilience planning. Early preparation and learning from last winter, and the last six months, should ensure detailed and robust arrangements to manage winter, although mindful that the predictions and modelling suggest it will be a highly challenging period for health and social care.

3.2. The emerging ASS winter plan is action-focused and aims to deliver a number of key impacts that will benefit our residents, including, but not limited to:

a) Capacity to support people at home and, where appropriate, in residential care, including support carers and vulnerable groups.
b) Contingency for increased demand arising from COVID-19 combined with winter pressures.
c) Wrap-around support for care settings and pathways that support the care market.
d) Reduce impact during winter on care providers and their residents of after-care needs of people recovering from COVID-19, from a health, social and wellbeing perspective.
e) Supporting effective hospital discharge from all types of inpatient beds and implementing new discharge to assess processes.
f) Internal governance and processes that enable responsive social care actions
g) Support for our workforce.

3.3. There will also be a number of actions that need to take place across health, social care, public health and community actions groups at both a local and national level to support our residents during the winter ahead. Critical to minimising the detrimental impact of pressure on health and social care will also be community activity, and citizens continuing to follow the COVID-19 guidance. Adult Social Services will work closely with partners across the system to focus on the needs of our residents and aligning our winter plans to deliver maximum impact.

4. Financial Implications

4.1 There are currently no financial implications from the initial Adult Social Services: 2020/21 Winter Plan Framework.

5. Resource Implications

5.1 **Staff:** Maintaining staffing levels across the health and social care sector is a high priority. ASS has continued to support staff well-being during the pandemic, recognising the particular strain this has put on teams who are largely working remotely. There will continue to be focus on sustaining recruitment, reducing turn-over and supporting staff well-being throughout the winter period.

6. Background Papers

7.1 Appendix 1: 2020/21 Resilience and Winter Plans

Officer Contact

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

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Report title:	**Development on Integrated Care System for Norfolk and Waveney**
Date of meeting:	**14 October 2020**
Sponsor (H&WB member):	**Patricia Hewitt, Independent Chair, Norfolk and Waveney Health and Care Partnership** **Melanie Craig, Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership**

Reason for the Report

To update the Board on the progress being made and next steps towards the development of an integrated care system for Norfolk and Waveney.

Report summary

The NHS Long Term Plan says that by April 2021 integrated care systems (ICS) will cover the whole country, growing out of the current network of sustainability and transformation partnerships (STPs). The Norfolk and Waveney STP has been asked by NHS England and Improvement to submit an expression of interest in becoming an ICS by the end of October 2020. This report provides an update on the development of our partnership working as we work towards becoming an ICS.

Recommendations

The HWB is asked to:

a) Agree the Health and Wellbeing Board's continued support of the development of the ICS for Norfolk and Waveney.

in good health
The Norfolk and Waveney Health and Care Partnership

1. Background

1.1 On 7 January 2019, the NHS published its Long Term Plan, which lists a number of important ambitions for the next few years. Central to the delivery of all of them is the need for people to work together. The NHS Long Term Plan says that by April 2021 integrated care systems (ICS) will cover the whole country, growing out of the current network of sustainability and transformation partnerships (STPs).

1.2 Locally, we are creating an ICS for Norfolk and Waveney to:

- Improve the health, wellbeing and care of people living and working in Norfolk and Waveney, and to reduce inequalities and unjustified differences in care.
- Provide the best possible health and care services, integrated around the needs of individuals and families.
- Get the best value for the Norfolk and Waveney pound.

1.3 We work in partnership at three levels:

Neighbourhood - Primary Care Network (PCNs) (population 30,000-50,000)	• Defined by GP practices and their registered lists • Strengthen primary care • Promote prevention and self-care • Be responsive to the characteristics and needs of their local populations – e.g. addressing the needs of a more deprived population than the rest of the footprint. • Care for their populations through multidisciplinary community teams including VCSE.
Places - (population circa 200,000)	• Integrate primary care, acute care, community/mental health and social care services together as well as VCSE. • Greater district council involvement at this level, particularly housing, leisure and community development. • Potential for provider-led partnerships
System - Norfolk and Waveney (population 1 million)	• System strategy and planning for the future • Develop accountability arrangements across the system, including the VCSE assembly. • Set and implement strategic change and transformation at scale (e.g. workforce planning, digital, information governance etc.). • Manage performance and finances.

2. Locality development

2.1 COVID-19 has underlined the case for collaboration and integration, and accelerated some aspects of integration. Much of this innovation has been led at a more local level than ICSs/STPs. As ICSs have developed, it has been clear that much of the work to join-up delivery and planning of care will need to take place more locally, at 'place' and 'neighbourhood' level.

2.2 The King's Fund has identified a number of emerging functions that help to explain why 'place' level is important – these functions are:

- Developing an in-depth understanding of local communities and neighbourhoods.
- Working in partnership across multiple agencies to coordinate service delivery.
- Driving service transformation, particularly for community-based services.
- Mobilising the local community and building community leadership capacity.
- Making use of local assets.
- Enabling local organisations to use all of their resources to support health, social and economic development.

2.3 We will be looking at ways to do things once at system level, whilst ensuing local integration. The role of district councils and primary care networks will be crucial, particularly with regard to the interface with mental health and social care at this more local level. Between now and March 2021 we will develop a framework for how we will work at place and neighbourhood levels. We will need to agree the ambition, capability and capacity, as well as timeline, to deliver this work.

3. System working in Norfolk and Waveney

3.1 Here are the system functions that we will be looking to 'do once':

a) Agree priorities and plans to deliver the ICS contribution to health and wellbeing strategies, including national NHS England and Improvement 'must do's'.

b) Build a shared understanding of our population needs and inequalities and agree population health management priorities for Norfolk and Waveney.

c) Lead development of a shared culture, behaviours and values across the ICS, based on team-working, mutual respect, diversity and inclusion.

d) Ensure covid-secure service and system transformation across sectors (mental/physical health; NHS/social care; primary/community/acute).

e) Ensure public, patient and service users are effectively engaged.

f) Ensure effective partnerships with VCSE sector.

g) Support PCNs and place partnerships to help identify and deliver on population health management priorities, including reducing inequalities; implement agreed service transformation within local priorities/needs; and secure best outcomes through best services/best value, working across sectors and with district council and community partners.

h) Support the development of single acute system for Norfolk and Waveney, ensuring high quality services for all our population.

i) Agree and deliver NHS financial system control total and whole system financial strategy, including increased budget pooling and co-commissioning; agree capital and estates strategy for system.

j) Agree and secure delivery of system workforce and digital strategies.

k) Provide assurance for system to NHS regulators on NHS finance and performance and to the health and wellbeing boards on ICS contribution to health and wellbeing strategies. (Health overview and scrutiny committees to continue to scrutinise specific proposals for service changes.)

4. ICS Partnership Board

4.1 The NHS Long Term Plan is clear that every ICS will have a Partnership Board, so we will need one in place to become an ICS. The board will need to:

a) Bring key NHS, social care and public health partners to the table, to ensure commitment of those with statutory responsibilities and funding.

b) Provide support and challenge to the ICS executive leadership team.

c) Enable partners to have honest conversations and reach decisions, including on priorities and resources.

d) Provide oversight and assurance to partner organisations; the health and wellbeing boards; and NHS England and Improvement (for NHS resource and standards).

e) Have legitimacy within Norfolk and Waveney (increasingly important as the ICS becomes more visible and is given more responsibility).

f) Meet the requirements of the NHS Long Term Plan.

g) Adapt to developments within Norfolk and Waveney and nationally; the board will continue to evolve as our priorities and national legislation/policy changes.

h) Be a manageable size.

5. ICS Engagement Forum

5.1 As well as the Partnership Board, we are proposing to create an engagement Forum to:

a) Bring stakeholders together in one place to ensure effective partnership working. Whilst the VCSE sector will have its own assembly, it is also important there is a forum for all stakeholders to meet.

b) Ensure good cross sector stakeholder engagement. This is a critical requirement of any integrated health and social care system, working hard to improve outcomes for all our communities.

c) Recognise the need and value of multi-stakeholder involvement with clear objectives on improving stakeholder engagement. This supports the ambitions of the Long Term Plan.

d) Improve outcomes and do better in terms of engagement to support any plans. This will enable us better understanding, cooperation, support and co-design of services.

5.2 It is proposed the forum would meet three times a year and would report to the Partnership Board. It is proposed to review stakeholder engagement as a whole across our emerging ICS. We are hoping for some support from NHS England and Improvement to bring national best practice on this work and develop proposals in this area, not only at system level, but also place and PCN.

6. ICS Chair

6.1 The NHS Long Term Plan also says that each ICS needs an independent chair. In line with guidance with from NHS England and Improvement, we are conducting a process to recruit a non-executive chair of the ICS. The role is independent of the constituent organisations within the system. The role is accountable to both the East of England Regional Director- NHS E/I and the ICS Partnership Board. We plan to launch this process in October 2020.

7. Expression of interest for becoming an ICS

7.1 All health and care systems will become an ICS by April 2021. The Norfolk and Waveney STP has been asked by NHS England and Improvement to submit an expression of interest in becoming an ICS by the end of October 2020. The expression of interest has to be submitted for consideration by the regional NHS England and Improvement team. If they approve the expression of interest, they will submit it with a letter of support to the national NHS England and Improvement team. The national NHS England and Improvement team should confirm in November 2020 whether we have achieved ICS status.

Officer Contact

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

Name	Email
Karen Barker	Karen.barker1@nhs.net

Report title:	**Norfolk Safeguarding Adults Board – Annual Report April 2019 to March 2020**
Date of meeting:	**14 October 2020**
Sponsor (H&WB member):	**James Bullion, Executive Director Adult Social Services**

Reason for the Report

Norfolk Safeguarding Adults Board is a statutory board which brings together partners to co-ordinate and strengthen policies, procedures and activities for the safeguarding of adults. The Board has three core duties: Develop and publish a strategic plan setting out how it will meet its objectives and how members and partner agencies will contribute • Publish an annual report detailing how effective the work has been • Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

Report summary

The Annual Report sets out key metrics for safeguarding for the year 2019/20, and reports on a range of achievements across partners and organisations. It highlights that there were two Serious Adult Reviews which had some common learning themes. The annual report acknowledges that its timespan does not cover the months of COVID; however this covering report sets out some of the activity and impact the pandemic has had on safeguarding.

Recommendations

The HWB is asked to:
To comment on and endorse this annual report.

1. Background

1.1 Norfolk Safeguarding Adults Board (NSAB) is a statutory board which brings together partners to coordinate and strengthen policies, procedures and activities for the safeguarding of adults. A key role of the board is, through communication and dissemination, to raise the profile of adult safeguarding and this includes publishing an annual report.

2. Key findings from the Norfolk Adult Safeguarding Board Annual Report 2019/20

2.1 During 2019/20 NSAB's key achievements include:

a) Delivering 15 seminars / workshops attended by over 1,130 frontline practitioners as particular highlight being seminars by Luke & Ryan Hart on coercive control and domestic abuse.
b) Published two particularly contentious Safeguarding Adult Reviews (SARs).
c) Significantly improved NSAB capacity with the establishment of a deputy board manager post. This has only been possible with the positive financial support from Adult Social Care, Norfolk Police, Norfolk five NHS Clinical Commissioning Groups (CCGs), the district councils, Norfolk & Suffolk Foundation Trust, Norfolk Community Health & Care Trust and others.
d) 17,212 users to the website (of these,16,538 were new visitors).
e) 940 tweets and gained 271 new followers to NSAB's Twitter account.

f) securing additional funding from Adult Social Care to enable develop the dashboard and ongoing essential business support required to maintain it (see the full report in Appendix A).

3. Background Adult Safeguarding and Norfolk Adult Social Services:

3.1 Safeguarding adults remains a high priority for ASSD, with 'increased focus on quality and safeguarding' identified as a key priority in the 2019/20 departmental service plan. Safeguarding measures are part of the department's vital signs and are regularly monitored and discussed at monthly performance meetings.

3.2 During 2019/20 our key achievements have been:

a) Delivery of a series of workshops to over 200 members of staff on 'working with people who don't engage'. These were developed as an outcome from multi-agency reviews highlighting that non-engagement was a recurring theme.

b) Ongoing improvement of safeguarding recording on our computer system, LiquidLogic Adults System (LAS) via a committed group of practitioners, managers, system and performance colleagues.

c) Full engagement in the NSAB's new Prevention/Management/Learning subgroup; Improvement of the process for locality based staff to request consultations from the safeguarding team.

3.3 Data covering referral volume/type can be found in the Norfolk Safeguarding Adults Board's annual report, see Appendix A.

3.4 During 2019/20 key achievements from NSAB other two statutory partners has been:

Norfolk Constabulary

a) Senior officers have worked proactively at both board and across all the key subgroups in support of the board's priorities

b) Facilitated greater bridging across from adult safeguarding into other vital areas of public protection including domestic abuse, child safeguarding and county lines drug dealing

c) Hundreds of members of the police force, along with similar numbers of colleagues from other agencies attended two jointly hosted seminars with NSAB at Wymondham Rugby Club in January 2020. These seminars were led by Luke and Ryan Hart exploring the stark realities of coercive and controlling behaviour and underlined the importance of professionals recognising and responding to it when they see it.

Clinical Commissioning Group

a) Positively reshaping the nursing structure and increased staffing levels to allow better delivery of safeguarding requirements and duties for a more seamless CCG and health service response to safeguarding
b) Supporting the safeguarding response and recovery plans for those organisations falling short of these essential standards and their statutory partners within adult social care.
c) Have agreed a substantive general practitioner post and recruiting process commenced.
d) Have fully met the duty to participate in and oversee the health contributions to Safeguarding Adults Reviews and Domestic Homicide Reviews.

4. Impact of COVID-19 on safeguarding

4.1 2019/20 came to a close in the midst of the Covid-19 pandemic and the safeguarding service has been instrumental in developing guidance and supporting our staff to continue supporting and empowering those in need of safeguarding at this time. The focus and challenges have been:

a) 25% reduction in safeguarding concerns and 18% reduction in safeguarding enquires compared with March and April 2019, although this has now returned to pre-Covid rates.

b) National concern about an increase in domestic violence was not initially apparent but the number of concerns raised has now grown. There has been an escalation in scamming cases also.

c) Staff unable to visit care provider settings except in extreme circumstances. This has made it more difficult to assess mental capacity; harder to hear the voice of the person (Making Safeguarding Personal); not possible to look at provider practice in person; not possible to carry out unannounced visits in person.

d) Multi-Agency Safeguarding Hub (MASH) reported a rise in assaults between residents, behaviour management issues in nursing care and private hospitals and people absconding from care services as Covid-19 places an additional strain on residents and staff in provider settings.

e) In the early stages of the pandemic there were risks to people with dementia/LD who did not understand social distancing.

f) Many reports about care providers not using PPE properly or providers not getting the support that they need.

4.2 The safeguarding response from ASSD is as follows:

a) Working with the NSAB to share key messages with partner agencies asking for increased vigilance and for staff to raise concerns.

b) Working with NSAB to launch a publicity campaign to draw public attention to signs of abuse and encourage reporting. NSAB collated information on known scams and shared with partners.

c) £200K emergency spend for domestic violence services in the first weeks of lockdown was used to cover three additional IDVA staff and increase refuge capacity.

d) Use of video-conferencing, telephone, creative solutions such as speaking through windows at a distance, ‘virtual unannounced visits’.

e) Close liaison with Quality Assurance team who continued to carry out some visits to care providers. Legal challenge to ‘stay home’ for people with LD/Autism welcomed. Operational meetings with statutory partners (police, health, ASSD, NSAB).

f) Guidance document developed to address issue of people not social distancing, with partner agencies and NSAB.

g) PPE and provider support queries agreed as quality assurance issues unless anyone has come to harm.

4.3 **Role of the Norfolk Safeguarding Adults Board during the pandemic**

The annual report at Appendix A does not cover activity developed in response to the Covid-19 pandemic. Key headlines here would include:

a) All NSAB activity was stood down from 23 March 2020. The larger part of this has now been re-established using virtual technology platforms.

b) To oversee NSAB's response to the pandemic and lockdown an 'Executive group' was established on 12 May, meeting fortnightly for the first time on that date. There have been four meetings of the executive group.

c) Setting up a dedicated Covid-19 and safeguarding page on the NSAB website.

d) Publishing specific support advice and guidance to safeguarding for volunteers, self-isolating and mutual aid groups.

e) Increase NSAB activity to highlight Covid-19 scams, working closely with Trading Standards and other partners to promote knowledge and awareness of these threats. This included the Norfolk Against Scams Partnership campaign (May – June 2020).

f) 27 May 2020: DHSC publishes letter to safeguarding adults boards (SABs) which sets out how SABs can take proportionate actions to manage their statutory duties.

g) Providing briefing to key strategic partners and others include the STP Clinical & Care Transformation Group, care providers particularly care homes.

h) Ensure NSAB is a regular participant on regional and national safeguarding adults calls.

i) The need to switch the 'live' Safeguarding Adults Reviews (SAR) statutory reviews to working online. This has not been without significant challenges.

j) For the period April to June 2020 there was increased traffic to the NSAB website (April up by 55%, May up by 24%, June up by 24% on March 2020).

Officer Contact

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

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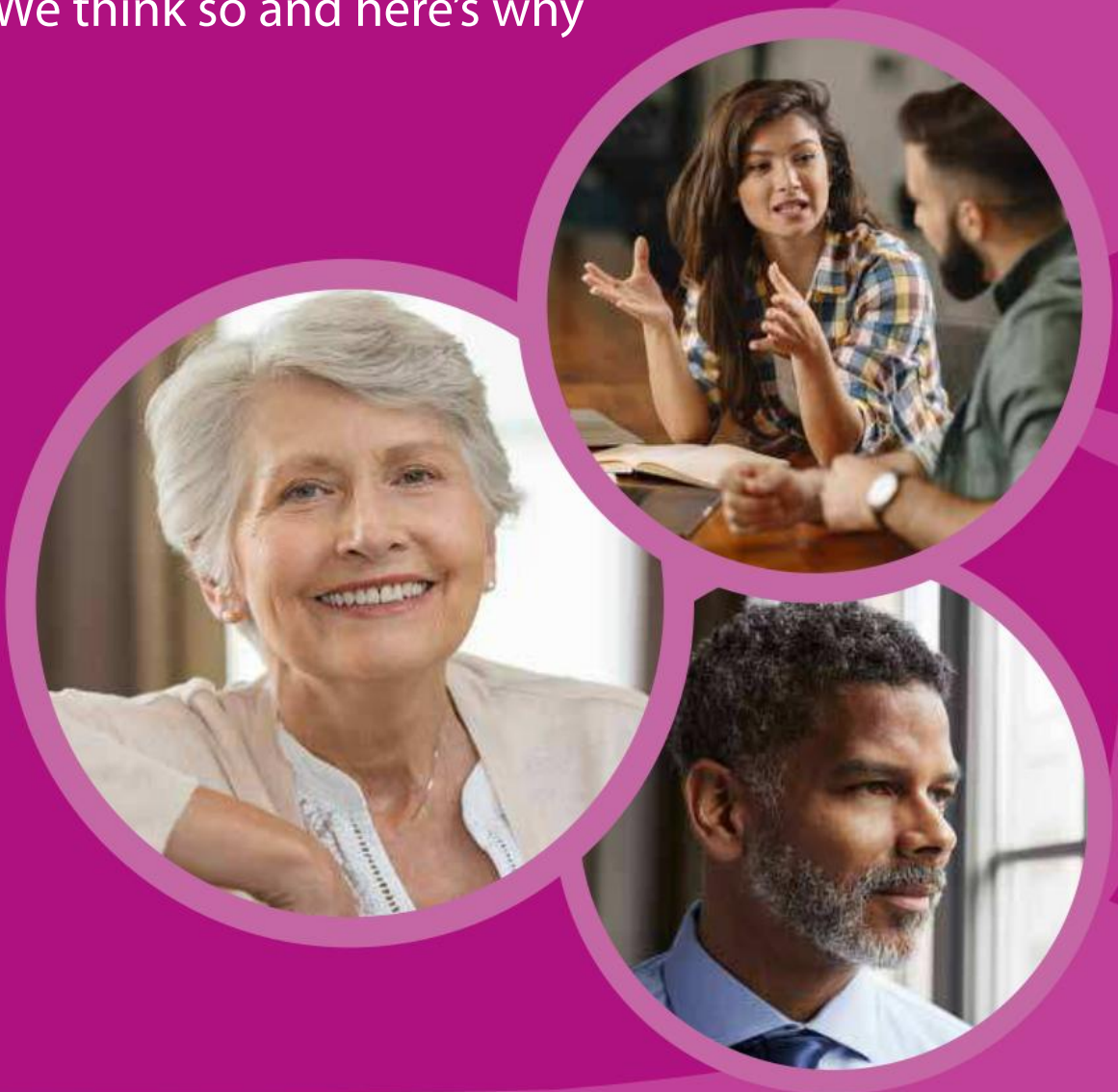
Norfolk Safeguarding Adults Board

Annual Report 1 April 2019 – 31 March 2020

Did we make a difference?

We think so and here's why



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Norfolk Safeguarding Adults Board

Contents

Message from Joan Maughan, independent chair

Welcome colleagues to the Norfolk Safeguarding Adults Board (NSAB) annual report for 2019/20.

I cannot help but reflect, as I sit here in splendid isolation, on the massive changes in working circumstances for everyone since the arrival of the Covid-19 pandemic.

The year 2019/20 was a very successful and busy one for NSAB. We have built on our network connections nationally, regionally and locally, to secure a high profile for the work of safeguarding adults in Norfolk.

NSAB colleagues in all disciplines have been kept well informed of all national developments and guidance in relation to safeguarding vulnerable adults through regular board manager blogs and notifications. A range of very well attended learning events have been held for all colleagues and a series of thematic workshops held on people who do not engage with services. A measure of the interest in and success of the learning events has been the speed with which colleagues 'book in'!

NSAB published two particularly contentious Safeguarding Adult Reviews (SARs) last year and as a result the board have especially appreciated the support offered by NPLaw to ensure that our work on SARs remains well within the parameters and requirements of the Care Act 2014.

We are immensely grateful for the support and commitment of our Locality Safeguarding Adult Partnerships (LSAPs) and the subgroups without whom it would be impossible to carry out the aspirations of the board. More about their work within the report.

As many colleagues will know a major problem for the NSAB team over the years has been lack of capacity and I am delighted to report that with the financial support of the partners, including the district councils, Norfolk & Suffolk Foundation Trust, Norfolk Community Health & Care Trust and others we have been able to appoint a deputy board manager, Becky Booth. Becky comes with a wealth of experience and, despite starting work just before lockdown we are really feeling the benefit. With thanks to colleagues in adult social care, we have been able to secure additional resource for support to the board from James Butler. James was initially covering the board coordinator role on a temporary basis. Andrea Smith, board coordinator was seconded to work alongside NCC colleagues to develop the NSAB dashboard. With a successful start, Andrea will continue to maintain and develop the dashboard as she returns to her substantive role.

As we arrived towards the middle of March 2020 everything changed with new arrangements for meetings, getting to grips with the technology, home working and an emphasis on the likely safeguarding concerns arising from the pandemic. On behalf of the board I must congratulate Walter Lloyd-Smith and the rest of the team on their hard work and commitment to 'business as usual' for NSAB and a lot more.

Joan Maughan
Independent chair, NSAB

Message from Walter Lloyd-Smith, board manager

Thinking back over this year, a clear standout feature has been evident, that is the increasing active engagement across our partnership to confront adult abuse – to call it out.

For everyone to have the confidence to ask when something does not look right and know what to do if it is not. I have been immensely proud to be a part of this work to make Norfolk a county which does not tolerate the abuse or harm of an adult.

This willingness of individuals, teams and partner organisations to be engaged with the board's work has made 2019-20 such an exciting and productive year. The work we delivered during 2019-20 is set out in the board's business plan, and the evidence of this activity captured throughout this report.

I would like to record my thanks to Andrea Smith (NSAB coordinator) for all her hard work and support she has given during a very busy year. In August, Andrea moved into a project officer role to lead the development of NSAB data dashboard (see page 17), with James Butler joining the board business support role as cover.

Some of the highlights have been:

- Going live with our new subgroup, PML (see page 19); Listening to Luke and Ryan Hart tell their incredibly impactful story of growing up with coercive and controlling domestic abuse;
- A seminar on safeguarding and homelessness, with Dr Adi Cooper, OBE;
- The positive response to my blogs, there were 693 unique downloads of the blog this year with the top three being:
    - **July 2019 | Self neglect – a surprising conversation starter (152)**
    - **June 2019 | The power of a piece of paper (99)**
    - **September 2019 | 'It's easier to get tickets for Glastonbury …' (89)**
- Seeing NSAB's Twitter profile continue to grow (see page 22). Working with key partners in support of the ***Norfolk Against Scams Partnership*** and continuing to develop our links with the Norfolk Safeguarding Children Partnership.

We have also supported practitioners with the publication of a range of guidance, including:

- A Flow Diagram: What happens when I make a safeguarding adult referral? (August 2019)
- Allegations against people in positions of trust (September 2019)
- Making Safeguarding Personal - Best Practice (October 2019)

I am in no doubt that with the enthusiasm and commitment from our safeguarding partners and network, the forthcoming year will be even stronger.

Walter Lloyd-Smith

Board Manager, NSAB

About the board

The Care Act 2014 makes a safeguarding adults board a statutory requirement. The purpose of a board is to help safeguard people who have care and support needs.

The Norfolk Safeguarding Adults Board want to ensure that the person is at the centre of our attention. We will work to ensure that any agencies or individuals respond quickly when abuse and neglect have happened, and we need to ensure that safeguarding practice continues to improve the quality of life of adults in Norfolk.

By law, the board must have three members which are: Norfolk County Council, Norfolk Constabulary and the NHS Norfolk & Waveney Clinical Commissioning Group.

"Our vision is for everyone to work together effectively to enable the people of Norfolk to live free from abuse and neglect, and to promote widely the message that safeguarding is everyone's responsibility."

Our aim is for people to live safely in communities that:

- have a culture that does not tolerate abuse in any environment
- work together to prevent harm
- know what to do when abuse happens

To achieve its aims, the board will:

- actively promote collaboration, commitment and a positive approach to information collection, analysis and sharing
- work together on prevention strategies
- listen to the voice of clients and carers to deliver positive outcomes. Norfolk's diverse communities will be recognised in everything that we do

"NSAB will actively collaborate and develop partnerships that expand the capacity of the board to ensure the people of Norfolk remain safe and the board achieves its outcomes"

About the board

The board has three core duties. They are:

- Develop and publish a ***strategic plan*** setting out how we will meet our objectives and how our member and partner agencies will contribute
- Publish an annual report detailing how effective our work has been
- Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these

The membership of the board is made up of the following organisations/agencies:

- Acute hospitals, as represented by Norfolk & Norwich University Hospital NHS Trust
- Adult social services
- Association Representing Mental health Care (ARMC)
- BUILD independent charity
- NHS Norfolk & Waveney Clinical Commissioning Group
- Community health providers, as represented by Norfolk Community Health & Care Trust (NCH&C)
- District councils, as represented by Norwich City Council
- Healthwatch
- Elected councillor from Norfolk County Council
- Norfolk & Suffolk NHS Foundation Trust (NSFT)
- Norfolk Constabulary
- Norfolk Fire & Rescue
- Office of Police & Crime Commissioner for Norfolk
- Probation service
- Public health
- University of East Anglia (UEA)

Our annual highlights

April 2019

- Over 300 people attend the first of a series of seminars with Luke and Ryan Hart on coercive control and domestic abuse
- Two SAR panel meetings for cases F and G

May 2019

- NSAB attend four Norfolk County Council pension events
- 200 people attend four seminars with Luke and Ryan Hart on coercive control and domestic abuse
- Publication of: **What to do if you believe someone may have died: Guidance for staff in care and nursing homes**

June 2019

- All LSAP meeting
- NSAB attends Learning Disabilities University of East Anglia (UEA) event
- 60 people attend seminar and relaunch of self-neglect and hoarding strategy

July 2019

- Symposium for faith leaders exploring safeguarding facilitated by Joan Maughan – NSAB Independent Chair

Continued on next page

Our annual highlights continued...

August 2019

- Publication of flow diagram: **What happens when I make a safeguarding adult referral?**
- First meeting of the new PML subgroup
- Joan Maughan delivers safeguarding adult training to UEA student support staff
- Data dashboard project starts

September 2019

- Publication of multi-agency guidance: **Allegations against people in positions of trust**
- NSAB safeguarding adults awareness week
- Extraordinary NSAB meeting signed off report for SAR cases F and G
- 40 people attend non-engagement workshop in Aylsham

October 2019

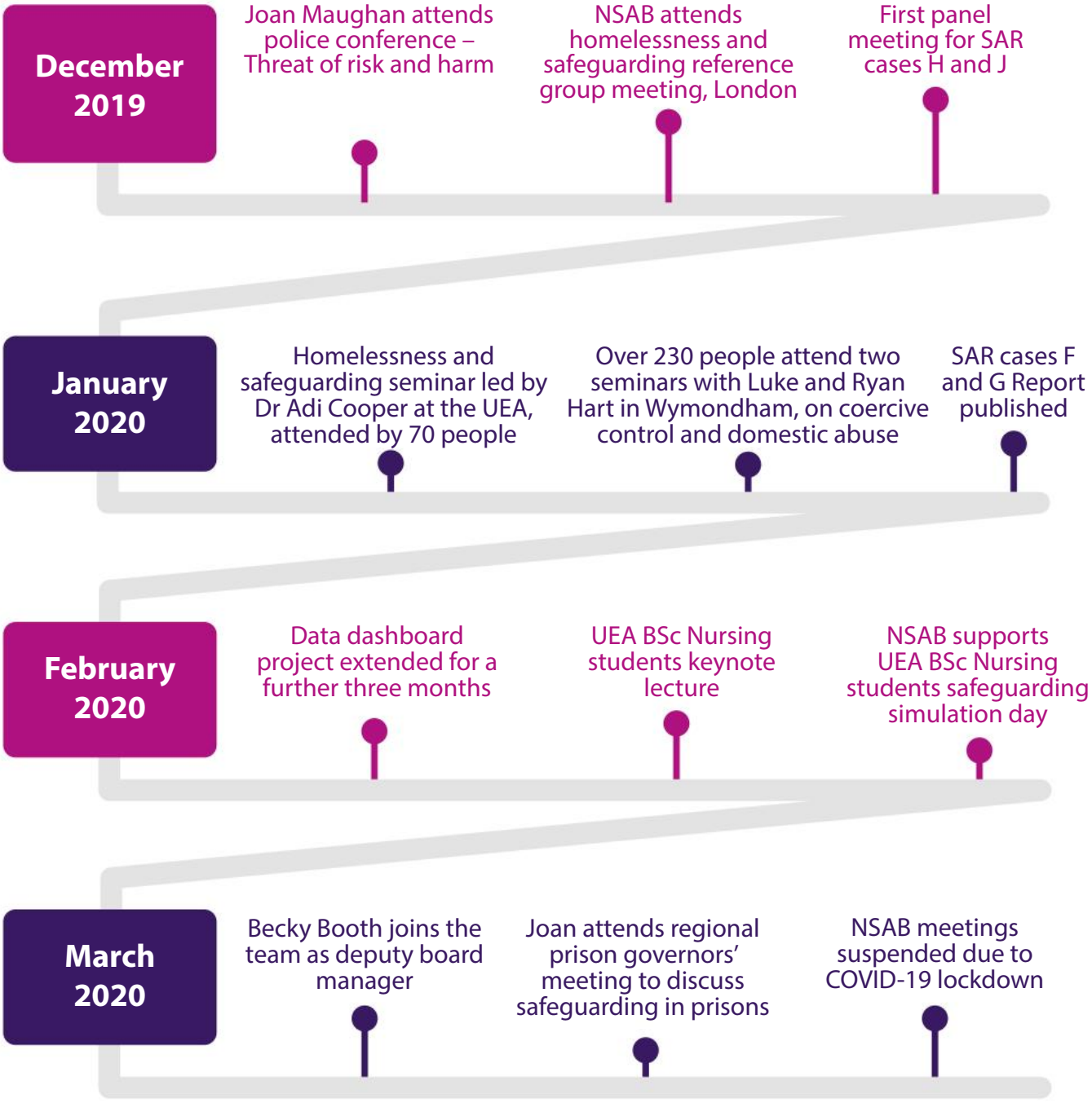
- NSAB development day considers strategic commitments for the coming year
- 120 people attend three non-engagement workshops in King's Lynn, Dereham and Great Yarmouth
- 70 people attend seminar on self-neglect and hoarding strategy

November 2019

- 40 people attend non-engagement workshop in Norwich
- Safeguarding adults training delivered to UEA clinical psychology students
- NSAB attends Domestic Abuse Change Champions conference

Continued on next page

Our annual highlights continued...



Meeting title	Frequency per year
Board	5
Board development day	1
Business group	6
SAR group	7

In 2019/20 the Safeguarding Adults Board received no complaints.

The Board is pleased to be receiving acknowledgements from other Safeguarding Adults Boards, as we continue to share our work nationally.

Safeguarding Adult Reviews published

Section 44 of the Care Act states that we must carry out a Safeguarding Adults Review (SAR) if certain criteria are met. This is so that we can learn lessons where an adult, in vulnerable circumstances, has died or been seriously injured, and abuse or neglect is suspected. It is not to apportion blame to any known individual or organisation.

The board has published two Safeguarding Adult Reviews in the past 12 months. The reviews were into the deaths of a female, Ms F, and a male, Mr G, who lived in the same Norfolk care home. Ms F lived with dementia, as did Mr G. The two residents were not related to each other in any way, and their cases are quite different. There were overlaps in several learning themes therefore the board agreed it would be useful for both cases to be reviewed jointly.

The report was published in January 2020 and can be found on the ***Norfolk Safeguarding Adults Board website.***

There have been ten referrals to the Safeguarding Adults Review Group (SARG) within the last year. One of those met the criteria for a SAR, along with a further case which was received by the review group back in March 2019. The board agreed that these two SARs should be reviewed together as both people were residents in the same private hospital. A panel of professionals from agencies involved in the cases was identified and chronologies gathered.

The first meeting was held in December 2019 and the second meeting was due to be held in March however this unfortunately had to be postponed due to Covid-19. The meetings will continue as soon as it is safe and practical to do so.

Referrals to NSAB	Criteria for a SAR met	Criteria for a SAR not met	Pending decision
10	2 (inc 1 from March 2019)	2	7

Safeguarding Adults Reviews published

Recommendations from the reviews commissioned by the Safeguarding Adults Review group are collated on a composite action plan and monitored during regular meetings to see where progress has been made.

Those recommendations are allocated to the most appropriate person or agency and work is coordinated so that learning is disseminated across the county to all relevant parties.

Examples of progress made over the past year:

SAR E recommendation: Adult social care and the police within adult MASH are to ensure that the national crime reporting standards are met where single agency safeguarding investigations are carried out by an agency other than the police

✔ The police are reviewing every adult protection investigation to ensure that no crime has been missed and that any found have been properly recorded

SAR E recommendation: Norfolk County Council are to communicate with care homes about the importance of efficient and timely arrangements for securing residents' medication and appropriate guidance for care home staff

✔ Norfolk County Council's quality assurance team have issued communications to care homes to this effect

SAR E recommendation: The Care Quality Commission (CQC) and Norfolk County Council are to ensure robust communications between them about any concerns relating to business continuity, staff supervision, essential facilities and viability of a care home with a clear plan about which agency is supporting and monitoring progress in cases where improvements are required

✔ The Association of Directors of Adult Social Services (ADASS) has since published guidance between the CQC and local authorities that covers this

Learning from SAR referrals

Several of the SAR referrals that were received at the beginning of 2019 had, as a theme, people who chose not to engage with services. To try and support partners explore the difficult issue of non-engagement and balancing the questions around mental capacity and best interest, the board held five separate seminars on these themes around the county.

Over **180 people** attended the seminars, and many provided feedback to say that they liked the opportunity to look at case studies and network with colleagues from other agencies. They also valued a mixture of presenters who were described by respondents as being informative and knowledgeable. Overall, 87.5% of respondents who completed our evaluation form said that they would recommend the seminar to a friend or colleague.

Contributions from our three statutory partners

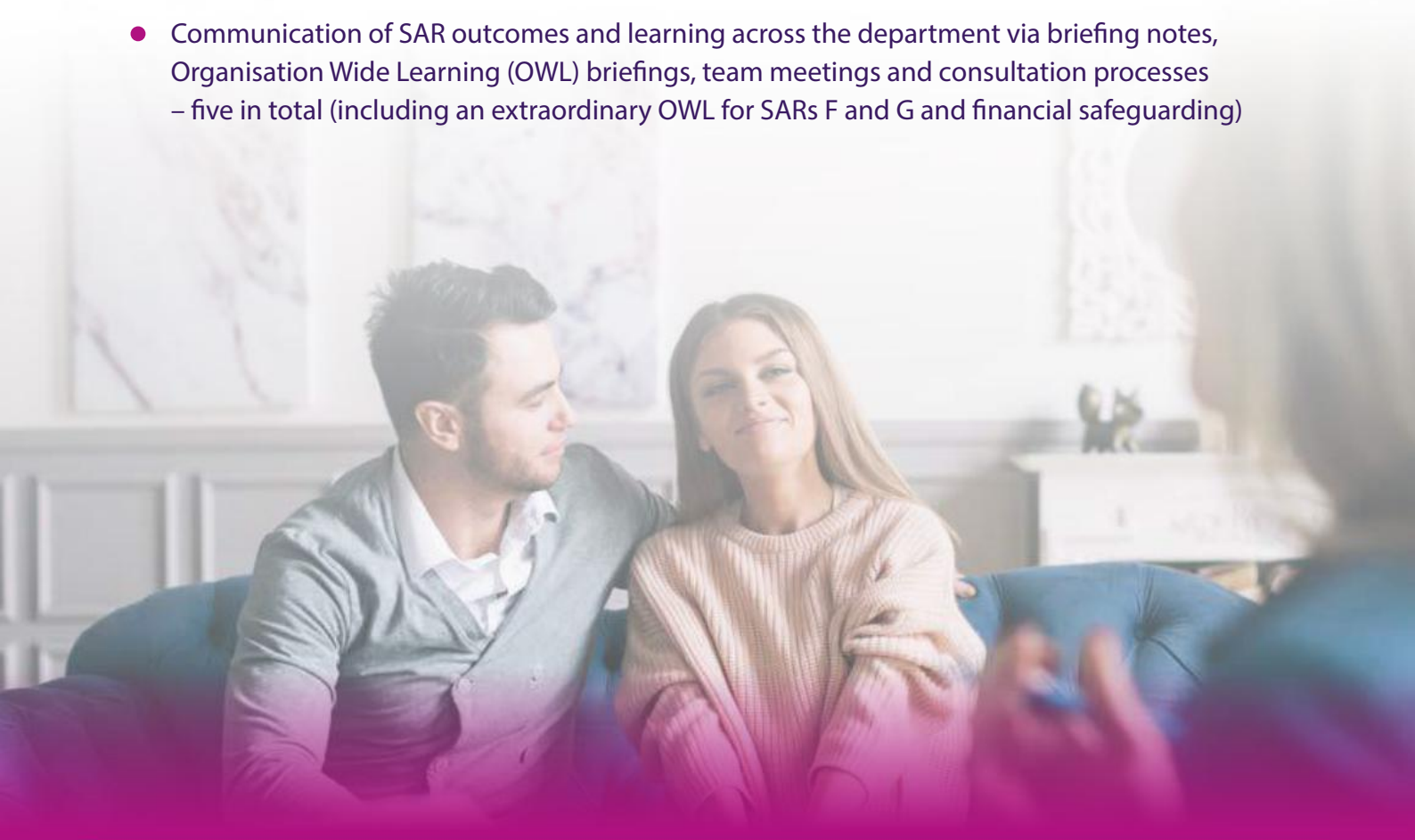
Adult Social Care

Safeguarding services sit within the adult social services department (ASSD), which is led strategically by Executive Director of Adult Social Services, James Bullion. James also sat on the Norfolk Safeguarding Adults Board throughout 2019/20, prior to taking up his role as president of the Association of Directors of Adult Social Services in April 2020

Craig Chalmers, Director of Community Social Work leads our operational safeguarding service via Helen Thacker, Head of Service, for Safeguarding. Safeguarding adults remains a high-profile commitment for ASSD, with increased focus on quality and safeguarding identified as a key priority; safeguarding continues to be discussed at monthly locality accountability meetings.
Helen represents ASSD at the SAR group and the department is fully involved in making SAR referrals gathering and analysing information when referrals are received.

During 2019/20 our key achievements have been:

- Working in partnership with NSAB to deliver a series of workshops working with people who don't engage (see page 12).
- Communication of SAR outcomes and learning across the department via briefing notes, Organisation Wide Learning (OWL) briefings, team meetings and consultation processes – five in total (including an extraordinary OWL for SARs F and G and financial safeguarding)



Adult Social Care (continued)

- Ongoing improvement of safeguarding recording on our computer system, LiquidLogic Adults System (LAS) via a committed group of practitioners, managers, system and performance colleagues. Prompts have been introduced to support recording of feedback to referrers and to capture the views of the person at the heart of the enquiry.
- We have utilised a new function in LAS where a chronology can be gathered electronically for some aspects of the safeguarding recording
- Representatives from the department have been instrumental in setting measures and gathering data for the new NSAB dashboard. These measures help the board to focus on its areas of highest priority
- Close work with SafeLives to pilot and evaluate domestic abuse services and roll-out training for our practitioner staff on 'trauma informed practice', 'Domestic Abuse, Stalking and Harassment (DASH) risk checklist' and 'creating a culture of engagement'
- Roll-out of a medication incident decision tool capturing CQC and quality assurance requirements
- Introduction of guidance for staff who record safeguarding concerns on: falls, pressure ulcers and incidents occurring between two residents; sexual abuse; unexplained bruising and reporting individuals who have gone missing
- Support to providers via Norfolk & Suffolk Care Support Ltd to develop safeguarding champions in provider settings
- Upskilling of Living Well 'community connectors' to deliver safeguarding messages
- Engagement in NSAB's new prevention/management/learning subgroup (see page 19)
- Improvement of the process for locality staff to request consultations from the safeguarding team
- Introduction of a new case closure system for safeguarding cases. This has helped speed up the process
- Development of a reporting system, with health and private sector partners, on the use of long-term segregation
- Set up a new meeting schedule with independent hospital sector partners which has improved the consistency of meeting content amongst these services
- Streamlining of the reporting of pressure ulcers with the support of our safeguarding colleagues from health. Triage by health colleagues is happening earlier in the process.

The reporting year ended during the pandemic and the safeguarding service have been instrumental in developing guidance and supporting our staff to continue assisting and empowering those in need of safeguarding at this time.

Norfolk Constabulary

Norfolk Constabulary continues to be committed to active membership of the safeguarding adult board. During the past year we have been represented at executive and board level by Assistant Chief Constable Nick Davison (head of local policing), Detective Chief Superintendent Chris Balmer (head of safeguarding and investigations) and Detective Superintendent Andy Coller (head of safeguarding). The constabulary is also represented at all the key subgroups to the board where we continue to engage with all our partners on the board's priorities.

Alongside other agencies the police represent a bridge across from adult safeguarding into other vital areas of public protection including domestic abuse and child safeguarding.

Our work on the pernicious issue of county lines drug dealing sees both children and vulnerable adults being exploited by the same offenders and we will continue to work across all partnerships to protect victims while targeting offenders. We also recognise the challenges for both victims and perpetrators in accessing services between the ages of 16-25, as they transition from childhood to adulthood.

A highlight of the year from a policing perspective was the events jointly hosted by Norfolk Constabulary and NSAB at Wymondham Rugby Club in January 2020. These two events saw hundreds of members of the police force, along with similar numbers of colleagues from other agencies, take part in seminars led by Luke and Ryan Hart. These powerful events brought home to many the stark realities of coercive and controlling behaviour and underlined the importance of professionals recognising and responding to it when they see it.

Clinical Commissioning Groups (CCGs)

During 2019/20, and in line with the requirements of the Care Act 2014, the CCGs as commissioners of local health services needed to assure themselves that the organisations from which they commission services had effective safeguarding arrangements in place.

This process was overseen by the directors of nursing. In November 2019, the five CCGs moved to a single management team and the safeguarding responsibilities are now strategically led by Chief Nurse, Cath Byford.

Overall responsibility and accountability for safeguarding sits with the accountable officer, Melanie Craig. Cath has revised the nursing structure in which a very senior and experienced nursing team provides a more seamless CCG and health service response to safeguarding.

The CCG adult safeguarding team provide advice and support to colleagues but as a commissioning organisation they also ensure that compliance and quality are closely scrutinised, supported and where appropriate, challenged. The team also supports the safeguarding response and recovery plans for those organisations falling short of these essential standards and their statutory partners within adult social care.

As statutory partners of the NSAB, the CCG maintained a presence at board meetings, significantly contributing to the delivery of the assurance processes of NSAB. The duty to participate in and oversee the health contributions to Safeguarding Adults Reviews and Domestic Homicide Reviews was fully met.

The CCGs reviewed their safeguarding adult resource in line with recommendations outlined in the intercollegiate document **Safeguarding Adults: Roles and Competencies for Health Care Staff**, and increased staffing levels to allow better delivery of safeguarding requirements and duties. A substantive general practitioner post was also agreed and recruiting process commenced.

The CCGs' adult safeguarding team continue to work cohesively and in collaboration with other partner agencies and has a shared commitment to safeguard those at risk of harm and abuse in Norfolk.

On 1 April 2020 the five NHS Clinical Commissioning Groups (CCGs) for Norwich, North Norfolk, South Norfolk, West Norfolk, and Great Yarmouth and Waveney will be merged, forming NHS Norfolk and Waveney CCG.

NSAB dashboard

The board has been working towards the development of a dashboard containing multi-agency data for several years and, in May 2019, adult social services agreed to fund a temporary post to develop one. The project started late August 2019 and was initially to run for six months.

The board agreed that the dashboard would focus on performance and be in line with the NSAB strategic plan, ie focusing on three main areas: prevention, managing and responding and learning lessons. Six suggestions for key performance indicators were put forward to the board and these were taken on for development. In addition, following the board's development day in October, two further key performance indicators were discussed and approved as shown below.

Adult safeguarding dashboard performance indicators

An agreement was reached to publish the dashboard online. Data will be collected on a quarterly basis, to fit in with the NSAB business cycle. To ensure that the first time a board member saw their agency's data wasn't by viewing it on the dashboard, it was agreed that data would be collected for the previous three months.

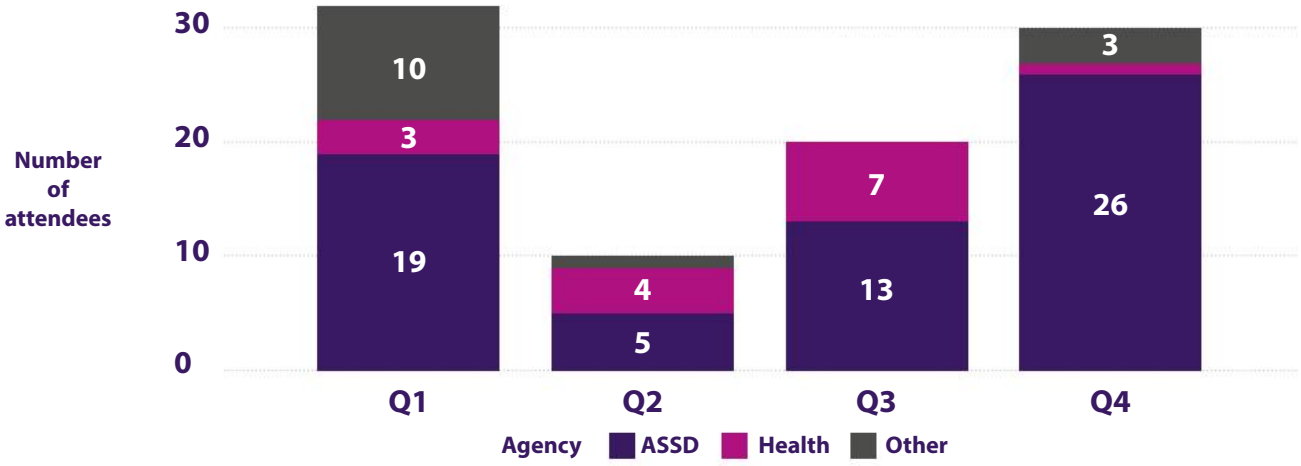
NSAB dashboard

The project was extended for a further three months (until the end of May 2020) to ensure that the dashboard was fully functioning and covered the wishes of the board.

The snapshot below shows what a page of the dashboard looks like. Each indicator has its own page with filters (so that you can select the year of interest, for example), along with a definition of the indicator, some context and then a further box for performance narrative to be added.

Although the dashboard is up and running, and data routines established, Covid-19 has meant that it hasn't been possible to obtain some of the required data. There is still work to do to refine the indicators. The foundation is there, and it is a work in progress to be amended and streamlined in the coming months. Below is an example of one of the indicators.

Number of partners who have attended 'Learning from SARs' training



Definition:
This indicator measures the number of individuals at Norfolk County Council and partner agencies who have attended the 'Learning from SARs' training. Q1 begins in April of the given year.
Good performance means: higher numbers
Measures owner: TBC

Context:
The purpose of the safeguarding adult review (SAR) is for agencies to take learning from the reviews. SARs are undertaken where the service user has died, or experienced serious harm, and there are concerns about how agencies have worked together.
It should be noted that this course is free to Norfolk County Council employees.
Around six of these workshops are offered each year.

Performance narrative: TBA

PML - a different way of working

The year 2019-20 marked an important change to NSAB's subgroup structure.

Like other SABs, we had several subgroups focusing on different streams of work. At the board development day in September 2018 we discussed ways that we could streamline this.

The consensus was that we could do things differently. Work to restructure our eight subgroups saw fruition at the first meeting of our new subgroup - Prevention, Managing, Learning (PML) in August 2019. Our new architecture has reduced eight subgroups to four, using the three 'pillars' in ***NSAB's 2018-21 strategic plan.***

Three of these subgroups focus on:

- preventing abuse and neglect (Prevention)
- managing and responding to concerns (Managing)
- learning lessons and shaping future practice (Learning lessons)

This new model for Norfolk has in part been inspired by the principles of ***Holacracy*** – a contemporary organisational methodology which distributes power, increases autonomy and reduces hierarchy.

This exciting approach to our work means that the three subgroups now meet on the same day, in the same room, at the same time to all work on the same safeguarding problem. Trigger questions are used to focus discussion and work on a particular 'knotty' problem we have not been able to solve or improve with extended meeting time our aim is to see a clear output from each meeting.

There have been four meetings from August 2019 to March 2020 and topics worked on include:

- Why is MCA a recurring challenge in adult safeguarding?
- The Suffolk Safeguarding Adults Framework – can we adopt it for Norfolk?
- Delivering learning from SARs and making it stick

'… meet on the same day, in the same room, at the same time to all work on the same safeguarding problem.'

Locality Safeguarding Adults Partnerships (LSAPs)

There are five LSAPs in Norfolk, each aligned with adult social care geographical boundaries. The aim of these local networks is to support NSAB work within their localities to ensure that communities: have a culture that does not tolerate abuse, work together to prevent harm and know what to do when abuse happens.

Central LSAP is based in Norwich and a new chairperson, Laura Coote, was chosen in 2019. Holding meetings at The Forum has provided a useful central meeting point and attendance has improved, with the partnership keen to improve the involvement of voluntary and community sector organisations. This year they have had a range of topical speakers, including female genital mutilation (FGM), modern slavery, dementia and safeguarding and falls prevention in hospital settings. They also supported the distribution of 'No cold calling' leaflets in the Norwich area.

A very successful safeguarding awareness event was held at The Forum on *16 October* (photo) with the opportunity to speak directly to people about their experiences and understanding of what safeguarding means.

All those involved found it a meaningful event, a great location (they were near the main entrance) and lots of footfall (a coffee morning was being held at the same time!) Lots of promotional material provided by NSAB was appreciated by members of the public.

Western LSAP meets six times a year, with a wide representation of organisations and agencies from the local area. The new chair, Paula Hall, and deputy, Roy Crane, have worked hard to maintain and build on the energy in this partnership with regular speakers attending to promote learning and awareness. The introduction of safeguarding champions for the area and promotion of the western early help hub are two key areas that have been worked on. They actively support *Safeguarding Friends* (a developing scheme where skilled volunteers visit local care homes to talk about safeguarding to residents, families and staff.) The Safeguarding Friends recruited a third member this year and plan to expand their reach.

To raise safeguarding awareness in the area, the group have created a central point for promotional material which can be easily accessed by members and taken to, or used at, various local events held over the year. Partners provide feedback on what they have done and how it was received. This has proved to be a popular and effective model, which all the LSAPs will hopefully be able to utilise in future. You can also follow @WLSAPKL on Twitter.

Locality Safeguarding Adults Partnerships (LSAPs)

Northern LSAP hold their meetings in North Walsham and have seen some increase in their group membership this year although new chair, Nina Savory, is still looking for a deputy to support the work of the partnership. They have had several guest speakers to present on subjects such as FGM and modern slavery.

Over the last year the group has expressed particular interest in hoarding and professional curiosity as themes they would like to explore further.

NLSAP held a safeguarding awareness event last year at Fakenham Community Centre, with a really good representation of provider organisations. While building access proved a bit of a challenge for footfall, partners also met with members of the public in the market place, and the local foodbank were keen to support distribution of the safeguarding promotional material.

Southern LSAP meetings take place in Long Stratton. They have a good attendance of local partners but are always keen to expand representative groups. They held a community impact day in Diss on 16 October 2019 which participants found enjoyable and was very well supported. This year they have rolled out county lines training across partners and this has already made a real difference in the community.

Eastern LSAP hold their meetings in Great Yarmouth and the positive attendance and engagement from the locality has continued throughout the year. Another new face, Sue Robinson, joined Steven Whitton as deputy to his chair role. As coordinator of the eastern early help hub, Sue has already supported excellent joined up working in the partnership which is key to further improving links with the locality safeguarding children's group and the restructured CCG. The eastern LSAP is also working to improve coordination of events in the area and county to maximise opportunities for raising awareness.

Coercive control and county lines workshops in the area have been well attended and guest speakers well received. The following issues have been identified as areas of interest in the local area: an increase in fire deaths; homelessness; counterfeit cigarettes; county lines. Self-neglect and hoarding remain strong areas of focus.

Website

Over the past year we have had 17,212 users to the website (of these, 16,538 were new visitors.)

The website has an average number of **1,715 users** each month and most users find the site through an organic search ie by entering one or several search items as a single string of text into a search engine. After the Home page, the most popular pages were: News and Training.

A user spends an average 2 minutes and 30 seconds on the website, and the bounce rate has remained close to 40% which would indicate users find what they are looking for quickly.

The most popular news story for the year was that announcing that Luke and Ryan Hart were returning to Norfolk to deliver seminars (January 2020) Also, in January, the news story announcing publication of two new SARs in respect of Ms F and Mr G was very popular.

Our social media presence

Twitter

NSAB widely use Twitter now for all sorts of communications from the latest social care news, to events that NSAB are hosting, or to promote job vacancies within the safeguarding arena.

During the last year the NSAB has continued to strengthen its profile on Twitter and is now one of the leading SABs on the platform. We have put out 940 tweets, we were retweeted 1,197 times, had 2,279 likes and had 2,655 profile visits.

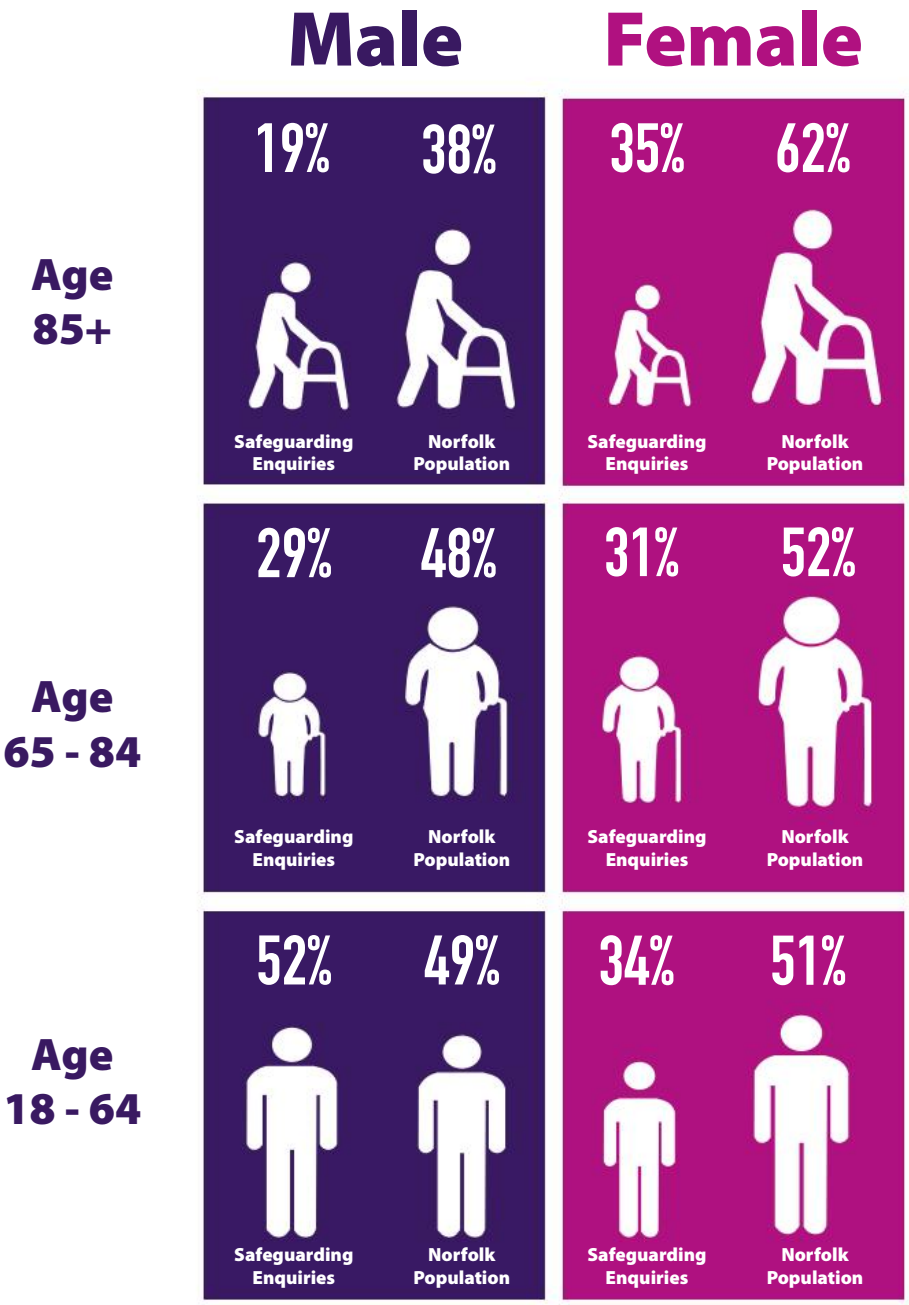
Our top tweet was promoting the Luke and Ryan Hart seminar in January 2020. It had over 8,500 impressions.

And we had 271 new followers during the year and 1,192 followers at the end of March 2020. If you're a Twitter user and you haven't yet followed us, please do!

@NorfolkSAB

Safeguarding Adults Collection (SAC) Return 2019/20

Safeguarding Enquiries completed by age group and gender, compared with relative proportions of the Norfolk population



Norfolk demographic data – an ageing population

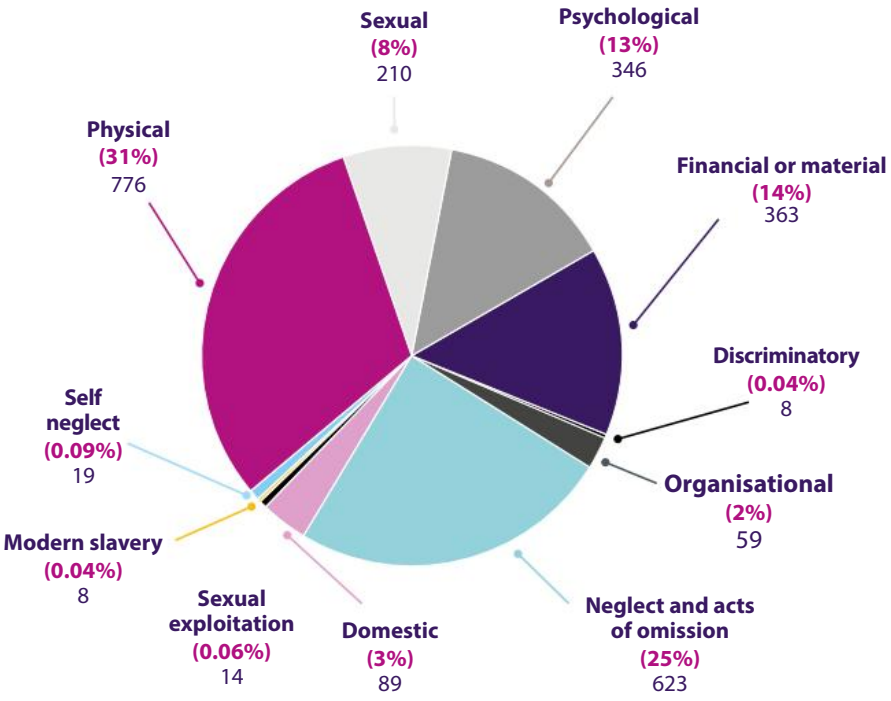
	2019 (est)	2041 (projected)	Source
Population	907,760	1,002,300	*ONS via Norfolk Insight (26/08/20)*
Age (over 65)	222,666 (24.5%)	305,976 (30.5%)	

Safeguarding Adults Collection (SAC) Return 2019/20

Completed Safeguarding Enquiries by Age	
Age	**Enquiries**
18-64	716
65-84	512
85+	492

Completed Safeguarding Enquiries by Gender	
Male	**Female**
692	1,028

Types of abuse



During the year there were 4,174 concerns raised resulting in 1,877 safeguarding enquiries, some of which are ongoing. This represents a 45% conversion rate. Last year's conversion rate was 59% so there has been a slight drop. This reduction could suggest that more people are contacting us, which is good, but their needs are then being met in different ways.

Men between 18-64 were more likely to be subject to a safeguarding enquiry than women in the same age group, but this changes in the higher age group, possibly as there are fewer men in the population aged 85+. Of the safeguarding enquiries completed, physical abuse has increased by 24% on last year's figure, sexual abuse has increased by 38% and cases of neglect increased by 42%.

Domestic abuse enquiries completed have reduced by 15% on last year's figure and those enquiries completed on organisational abuse have reduced by 13%.

We continue to work with partners to understand the context for changes each year so that we are all able to target specific interventions more effectively. Some change may be down to more or less reporting in certain categories, or changes in the county. For example, some care homes have closed in the last 12 months so there are fewer organisations where neglect may be identified.

Norfolk Safeguarding Adults Board

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203216/KM/08-2020

Report title:	**Norfolk Safeguarding Children Partnership Annual Report**
Date of meeting:	**14 October 2020**
Sponsor (H&WB member):	**Sara Tough, Director of Childrens Services**

Reason for the Report

Under previous *Working Together* guidance (2015), the Norfolk Safeguarding Children Board was required to submit its annual report to the Health and Wellbeing Board (HWB). In October 2019, the Board's Business Manager presented the final report and advised of the transition to new arrangements under *WT2018*. Now known as the Norfolk Safeguarding Children Partnership (NSCP), the three statutory safeguarding partners – the Local Authority, Police and Health - are committed to ongoing engagement with this Board and advising on achievements and challenges to safeguarding Norfolk's children.

Report summary

The NSCP Annual Report summarises the local arrangements for safeguarding children. It covers: governance and strategic overview; independent scrutiny; progress against NSCP priorities; learning from Serious Case Reviews and child death; training and workforce development; and the voice of the child (see Appendix A). The scope of the report runs from 1 July 2019, following the publication of Norfolk's plan for Multi-Agency Safeguarding Arrangements to 30 June 2020. This has allowed for a summary of the safeguarding system's response to Covid-19 and our plans for recovery.

Recommendations

The HWB is asked to: endorse the report and comment on the contents

1. Background

1.1. In October 2019, the Health & Wellbeing Board (HWB) endorsed Norfolk's plan for Multi-Agency Safeguarding Arrangements (MASA), published June 2019. The new arrangements allowed for more autonomy and changes to strategic leadership. The key changes were summarised as follows:

- Streamlined governance: quarterly board meetings have been replaced by smaller meetings led by Executive Partners with support from leaders from specified partner agencies to ensure continuous oversight and challenge to the arrangements. Plans for Leadership Exchange and Learning Events were also written in to ensure ongoing engagement with the wider partnership and continuity of relationships.
- Shared functions for data analysis with the Children & Young People Strategic Partnership to enable priority setting.
- Enhanced use of performance intelligence through data, audit and observation of practice.
- Enhanced independent scrutiny with development of supporting roles for independent chairs of subgroups: three members of the independent scrutiny team to provide challenge and hold partners to account.

1.2 The 2019 – 20 NSCP annual report provides an account of the first year of implementing the new arrangements (see Appendix A). *NB At the time of submitting this to the HWB, the*

three statutory partners had not approved the final report, so this version is subject to sign off.

2. Norfolk Safeguarding Children Partnership Annual Report

2.1 The NSCP has been established to provide a **single sustainable system** to safeguard children in a complex partnership network. Under the leadership of the three statutory partners and with the support of the independent chairs they are responsible for ensuring that safeguarding arrangements enable all partners to work together, lead the change and use our resources in the most effective way.

2.2 The MASA plan clearly states the NSCP's commitment to **prioritise prevention** through early help, which in turn supports Norfolk's children and young people to be healthy, independent and resilient throughout life.

2.3 The new arrangements build on the strengths of partnership working in Norfolk, for example, learning from Serious Case Reviews and child death, placing a strong emphasis on locality working and clear thresholds for intervention. This supports us to **understand and tackle 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.

2.4 The success of the NSCP is predicated on **joined up working** and collaborating in the delivery of people-centred services. Good relationships and clear communication between providers and services as well as between partners underpins effective safeguarding. This includes strategic leaders and links with other partnership boards with shared priorities and cross cutting strategies.

2.5 The HWB is asked to note the NSCP's achievements as well as areas of continuing challenge in the context of Covid-19. The report identifies the following goals and areas of improvement:

- Establish a truly trauma informed safeguarding system from leadership to frontline and the communities we serve.
- Ongoing support for the mental health transformation agenda and actions to improve SEND services.
- Addressing transition arrangements to better support Norfolk's young people into adulthood.
- Further develop relationships with schools and promoting inclusion in education.
- Hearing directly from children on their experience of feeling safe.
- Implementing learning from Serious Case Reviews, with a particular focus on protecting babies and tackling neglect.
- Promoting equality and inclusion and celebrating diversity in Norfolk.
- Continue to develop data and information sharing systems to better understand the needs and experiences of service users in real time.

Officer Contact

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

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Annual Report

1 July 2019 – 30 June 2020

Norfolk Safeguarding Children Partnership

www.norfolklscb.org

Table of Contents

Foreword by the NSCP Chair

Welcome to a unique Annual Report written in the midst of a pandemic that brought unprecedented challenges for all of us involved in safeguarding. This report covers the transition into new safeguarding arrangements, an exciting opportunity for us to refresh, innovate and reflect on how we deliver the best outcomes possible for our children. I am genuinely honoured to have been appointed as the Independent Chair of the Norfolk Safeguarding Children Partnership in April this year. Since taking over from David Ashcroft, my enthusiasm for the role has been fuelled even further having met and worked with people involved in the Partnership. Norfolk has some of the most professional, committed individuals I have had the pleasure of meeting in my thirty-five-year career. I have seen examples of outstanding practice, innovation and dogged determination to deliver safeguarding across the county.

This report is an honest reflection on the past twelve months and you will read about a number of significant areas of achievement against our priorities, reviews and training. You will also see that we acknowledge we can improve, something we will always strive to do.

As we moved into our new partnership arrangements it is clear that some safeguarding threats persist. Neglect and Exploitation, two of our current priorities, continue to be significant issues in too many of our children's lives. As a partnership we are determined to focus on these two areas, reducing their impact in a sustainable way. I believe that the pandemic has allowed us to consider how effective engagement with our communities can help us achieve in these and other key safeguarding areas. We have asked the public to be our 'eyes and ears', we have told them to '*see something, hear something, say something*' and they have responded. If we are going to achieve our goals then we must continue this engagement, I believe it is fundamental to our success.

I want to acknowledge and thank every individual who is involved in safeguarding across the county. We are blessed with some excellent strategic leaders who support and listen to their 'teams'. Our engagement with the wider safeguarding partners, communities and children is strong. There is a will to work together and a jointly held vision for delivering best outcomes for children and families. I am confident that we can build on last year, further develop our new Partnership and deliver the best possible safeguarding to Norfolk's children.

Chris Robson, NSCP Independent Chair

Introduction

Statutory requirements for local arrangements to safeguard children are set out in government guidance *Working Together* published in July 2018. Norfolk's local plan for Multi-Agency Safeguarding Arrangements (MASA) are the responsibility of three named statutory partners: the Local Authority, the Police and Health. The MASA was published on 25 June 2019, with the full support of the wider partnership.

The MASA clearly describes how Norfolk will fulfil its duty to ensure that arrangements are subject to independent scrutiny to assess how effectively the wider partnership is working to safeguard children, the quality of practice, and the statutory partners strategic leadership.

Purpose and Scope of the Annual Report

In order to bring transparency for children, families and all practitioners about the activity undertaken, *Working Together* requires that the safeguarding partners publish a report at least once in every 12-month period. This should include:

- *evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked-after children and care leavers*
- *an analysis of any areas where there has been little or no evidence of progress on agreed priorities*
- *a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements*
- *ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision*

(Chapter 3, Paragraph 42)

This annual report sets out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

Norfolk implemented the arrangements on 29 September 2019, moving from a Local Safeguarding Children Board to a more autonomous Norfolk Safeguarding Children Partnership (NSCP). The final NSCB annual report ran up to 30 June 2019 to incorporate the period when the MASA was being developed and published. The scope of this report runs from 1 July 2019 to 30 June 2020, thereby incorporating the NSCP's initial response to the Coronavirus pandemic.

Norfolk Background

Norfolk borders Lincolnshire to the west and north-west, Cambridgeshire to the west and southwest, and Suffolk to the south. Its northern and eastern boundaries are the North Sea and, to the north-west, the Wash. The population of just under 900,000 is spread across 2,074 square miles. Norfolk is a largely rural county with 40% of the county's population living in four major built-up areas: Norwich, Great Yarmouth, Kings Lynn and Thetford, which also have the greatest concentrations of deprivation. There are in addition a number of significant market towns.

The Norfolk Joint Strategic Needs Assessment[1] 2019 population estimate records 907,760 Norfolk residents; children and young people under the age of 18 make up 19% of the total population. The percentage of Norfolk children aged under 16 living in families in absolute low income is 14.3%, marginally better than the England average at 15.3% for 2019.

Norfolk population is predominantly White British with minority ethnic groups accounting for just 3.5% of the population, significantly lower than the England average of 14.6%. The largest minority ethnic group are Asian/Asian British. Despite the relatively low levels of ethnic diversity, Norfolk faces specific issues and pressures linked to our demographic and economic landscape. A large Traveller and Eastern European population seek seasonal work in the agricultural parts of the county but are not resident. Estimates show that between 1,000 and 1,200 Traveller children either visit or live in Norfolk per year. This represents one of the largest minority ethnic groups in the county. Norfolk's non-white populations are pre-dominantly urban although migrant workers and their families are more likely to live in rural areas.

Many children in Norfolk grow up in rural countryside and/or by the sea. Issues with transport and communication are typical of a county of this size and geography.

The Multi-Agency Landscape

The county is served by Norfolk County Council as well as seven district councils. There is one Constabulary, one Youth Justice Service, the National Probation Service and one Community Rehabilitation Company (until December 2020). In April 2020, the five NHS Clinical Commissioning Groups for Norfolk and Waveney merged to create a new single CCG, covering all of Norfolk and Waveney in Suffolk. There is a Joint Associate Director linking the CCG more closely with Norfolk's Children's Services.

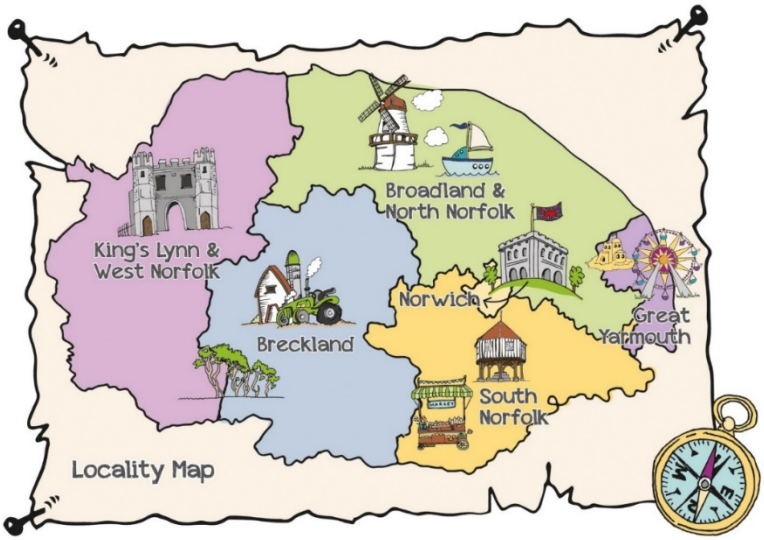
- 96 GP practices
- Three Acute Hospital Trusts
- Three community health providers
- A mental health trust (Norfolk & Suffolk Foundation Trust)
- Third sector providers

Norfolk's 0 – 19 Healthy Child Programme is commissioned by Public Health. The services range from ante-natal care through to school nursing. More specialist services,

[1] http://www.norfolkinsight.org.uk/jsna

such as speech and language therapy, occupational therapy and supporting children with disabilities are commissioned through a range of other providers.

Norfolk Children Services is structured in six localities across the county. The locality areas align with the boundaries of the district councils and largely follow the operational policing boundaries, the clustering arrangements of our schools and health visiting and school nursing arrangements. A good local offer is at the heart of Norfolk's locality model for service delivery. The six locality areas are depicted in the map below:



Within the scope of this annual report, Children's Services consulted on implementing its Vital Signs for Children social care delivery model. This model develops a method for prevention and protection lead professionals (Family Support Worker or Social Worker) to call in support from locality or countywide resource teams, without a family having to move to another part of the system.

In terms of education, there are over 450 schools in Norfolk, including Further Education Colleges, special schools and independent schools. The proportion of children entitled to free school meals in the last six years is 22%, in line with the national average of 22.8%. 73% of children achieve a good level of development at the end of reception. At key stage 2, 70% of children achieve the expected standard in reading and writing and 75% achieve expected standards in mathematics. Just over 40% received a Grade 5 or above in English and Maths at GCSE in 2019.

The Early Years workforce is comprised of nurseries, registered childminders and early childhood and family services.

Governance and Strategic Overview

Within the scope of this review, the previous Norfolk Safeguarding Children Board held two final meetings prior to the implementation of the new arrangements.

From October 2019, new governance arrangements were implemented to align with Norfolk's Multi-Agency Safeguarding Arrangements (MASA). The three statutory partners named in the MASA are:

- **Norfolk County Council**: represented by the Executive Director of Children's Services, Sara Tough
- **Norfolk Constabulary**: represented by the Temporary Assistant Chief Constable, Nick Davison
- **Norfolk & Waveney Clinical Commissioning Group**: represented by the Associate Director - Children, Young People and Maternity, Rebecca Hulme

The three partners met quarterly with the Independent Chair of the NSCP to consider MASA milestones as well as respond to emerging challenges and maintaining a strategic overview on the system.

Independent Scrutiny Team

The MASA has three clearly defined roles for independent scrutiny. The Independent NSCP Chair picked up some of the duties from the previously statutory LSCB Independent Chair role. One of the key milestones achieved within the scope of this annual report was the successful recruitment of a new Independent Chair, Chris Robson, who took up post officially on 1 April 2020.

This report would like to acknowledge the significant contributions made by Chris's predecessor, David Ashcroft who was LSCB Chair since January 2014. On his departure, David noted:

> *Don't forget how much we had to do in 2014 and onwards and how far we have come - taking many people with us on a journey to safeguarding children better, building skills and resilience and creating effective partnerships, and strong and valued relationships with individuals and organisations. I am really proud of all that we have achieved together for safeguarding, training and partnership working in Norfolk. It has been a privilege and a great pleasure to work with you all and to have so much support and encouragement as Chair. Whatever I have been able to contribute could not have been done without all your hard work and commitment and skill.*
>
> *We have had some major challenges and also some really important successes. While I was leading the national association I knew that the home team were amongst the best, the most hard working and most innovative in the country - it was a great sense of pride that enabled me to be confident about arguing for how safeguarding should develop, improve and change for the future.*

David was part of the interview Panel which appointed his successor in January 2020, alongside a key stakeholder panel and a young people's panel. The early appointment allowed for robust and effective handover.

The NSCP Independent Chair is supported by the two other independent scrutiny roles: the Independent Chair of the Safeguarding Practice Review Group, Sian Griffiths and the Independent Chair of the Workforce Development Group, Natasha Rennolds. The three independents meet regularly to triangulate their findings and report back to the statutory safeguarding partners.

The investment in a 'scrutiny team' with three Independent Chairs is a significant indicator of the Partnership's commitment to consistent improvement of service delivery and improving outcomes for Norfolk's children

Partnership Group

The previous NSCB Leadership Group was rebranded as Partnership Group to support the statutory partners in the co-ordination of local arrangements and to provide challenge and feedback on the safeguarding system. Meetings were held every six to eight weeks from July 2019 (as Leadership Group) and March 2020. In September 2019, the membership and Terms of Reference were reviewed as the role and remit of Partnership Group was developed.

In addition to the three statutory partners, Partnership Group includes:

- The NSCP Independent Chair (supported by the NSCP Business Manager)
- The Deputy Director of Public Health/Chair of the Child Death Overview Panel
- Education Representatives, Headteachers representing primary, secondary, special schools and further education
- The Chair of the District Council Advisory Group
- The Chair of the Early Years Advisory Group
- Voluntary Sector Representative

One of the key functions of Partnership Group is consider the learning and recommendations coming out of Serious Case Reviews (SCRs), and in the future, Child Safeguarding Practice Reviews (CSPRs). When a report is ready for sign off, invitations to Partnership Group are extended to the partners directly involved in the review and the other independent chairs. Two reports were signed off in this way, although the delays caused by Covid-19 meant that publication was delayed to outside the scope of this report (see section below on Learning from SCRs).

Partnership Group are also key stakeholders in the development and delivery of Leadership Exchange & Learning Events. This was written into the MASA to ensure that there were opportunities for the wider partnership to come together to share learning and respond to recommendations from SCRs/CSPRs. The first one of these was scheduled for 16 March to focus on trauma informed leadership, in response to Case AF, with national and international speakers booked. Unfortunately, this had to be deferred as it coincided with the onset of the coronavirus (Covid-19) lockdown.

Between November 2019 and February 2020, Partnership Group met four times and considered a number of key multi-agency safeguarding issues. A list od agenda items are contained in annex X

NSCP Governance Response to Covid-19

As the impact of lockdown became apparent, the NSCP Chair and the Executive Director of Children's Services were in regular communication and worked together to ensure that the systems developed at speed to respond to children's needs.

In April 2020, it was agreed that the NSCP would temporarily merge with its partner Board, the Children and Young People's Strategic Partnership (CYPSP), which is chaired by the Executive Director of Children's Services. In recognition of the extraordinary measures partners were – and still are - taking to keep children safe and well during Covid-19 and the associated pressures, the decision was taken to streamline meetings. Members of Partnership Group were included in addition to broadening the group to include additional partners, such as the Office of the Police Crime Commissioner and Housing, to ensure that we were as joined up as possible while working remotely. Meetings were held over Microsoft Teams.

The two chairs set the agendas together to look at areas of concern, using 'live' data to assess need and gaps in the system. This information was shared at the joint meetings, alongside updates on joint initiatives such as communication campaigns, targeted work on exploitation, domestic abuse, health and system recovery planning (see section below on Responding to Covid-19).

Other Partnership Boards

The Children and Young People Strategic Partnership (CYPSP) is the key driver for service redesign and improvement, however, its scope is broader than safeguarding. The CYPSP relies rely on the NSCP to act as a critical friend in terms of developing and delivering operational and transformation plans and commissioning services that will protect children. The interface between the NSCP and the CYPSP is critical to the ongoing drive for improving safeguarding arrangements.

To enhance governance arrangements the relationship between the NSCP and CYPSPB is streamlined to minimise duplications. Functions, such as workforce development and strategic analysis, including data interrogation and performance intelligence, are shared.

In addition to the strong links with the CYPSP, the NSCP has continued to build on partnership networking through other fora. For example, there have been direct links made with the Health and Wellbeing Board with the presentation of the final Norfolk Safeguarding Children Board, as well as sharing learning from SCRs with the Domestic Abuse and Sexual Violence Board.

Norfolk's Public Protection Forum has continued to meet regularly throughout the scope of the review. This Forum is made up of the chairs of many of the statutory boards, including Norfolk's Adult Safeguarding Board and the Countywide Community Safety Partnership. In this meeting the chairs identify any cross cutting areas of concern, including – more recently – the impact of Covid-19 on Norfolk residents.

One of the more significant developments this year has been better join up with Norfolk's seven Youth Advisory Boards (YABs). The MASA clearly states its intention to hear more directly from children, young people and families and the YABs invited the NSCP - represented by the Business Manager, the Safer Prorgramme Co-ordinator and senior leaders from Health, Police, Cafcass and the Voluntary Sector - to attend their meetings between October 2019 and March 2020. The outcomes from this join up is reported in section below, Voice of the Child.

Subgroups relating to Statutory Duties

The NSCP is committed to learning and has discrete subgroups focusing on Child Safeguarding Practice Reviews and Child Death. Both of these groups fulfil the statutory duties set out in Working Together 2018. In addition, there is a dedicated Workforce Development Group which looks at multi-agency training and understanding the safeguarding system from the perspective of the entire workforce, from frontline to strategic leadership. The Safeguarding Practice Review Group and Workforce Development Group are chaired independently.

Local Safeguarding Children Groups

The NSCP is represented at locality level by six Local Safeguarding Children Groups (LSCGs), made up of representatives from the multi-agency partnership in each area. The groups' role is to support the NSCP in fulfilling its statutory functions at local level. The LSCGs are chaired by a range of professionals from across the partnership and meet bi-monthly. Each group has a locality plan to progress both countywide and local safeguarding priorities. Chairs of the groups meet quarterly with the NSCP Independent Chair and Business Manager to ensure join-up between all the groups and to identify emerging themes from locality safeguarding practice.

Advisory Groups

The NSCP is also supported by four sector-specific advisory groups: Early Years, Education, District Councils and Health. These groups are made up of representatives from the relevant sectors and focus on safeguarding issues at sector level. The advisory groups have an important role in highlighting to the Board key issues they are facing and how this impacts on safeguarding children as well as disseminating effective safeguarding practice across the relevant sectors. Where relevant, they are also charged with responding to sector specific recommendations from SCRs/SPRs.

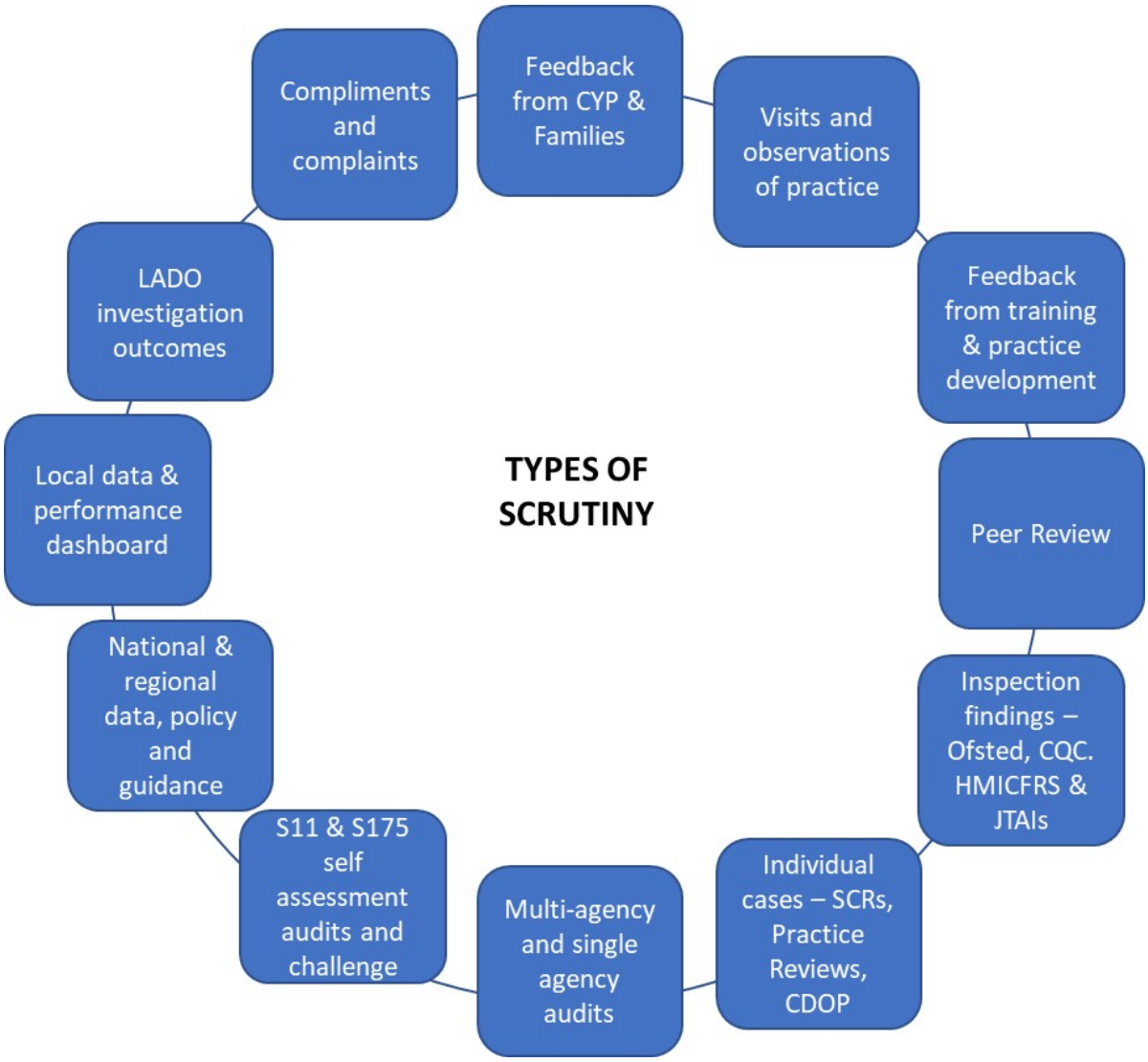
The NSCP Business Unit

The governance structure is supported by an efficient and experienced team, including a Business Manager, a Safeguarding Intelligence & Performance Co-ordinator, a Workforce Development Officer, Safer Programme Co-ordinator and 3.5 FTE administrators. The Business Unit is responsible for supporting on a range of activities from strategic leadership, monitoring, training provision through to setting agendas, administering meetings, communications, website development and event co-ordination.

Independent Scrutiny

Effective scrutiny is a process not an event. In developing Norfolk's MASA arrangements, all partners were clear about the value of independent voices and perspectives in the system and independent scrutiny is clearly written into local arrangements. The NSCP is also clear that this strong independent perspective, must be complemented by self-assessment and peer review between partners, continuing to challenge ourselves and each other in the drive for the best possible arrangements to keep children safe. The NSCP's scrutiny arrangements include a range of mechanisms, deployed to provide robust examination of performance and practice.

Sources of information for scrutiny



Section 11

The NSCP has a statutory function under Section 14 of the Children Act 2004 'to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and to ensure the effectiveness of what is done by each such person or body for those

purposes.' The NSCP fulfils the latter part of this function through the Section 11 self-assessment and associated Challenge and Support meetings with partners.

The 2019 Section 11 self-assessment process involved three key stages:

i. the completion of a self-assessment audit tool by organisations
ii. attendance at Challenge and Support Panels with subsequent action plans for organisations or sectors
iii. Final report with recommendations

The self-assessment audit tool was made up of five sections and based around the Section 11 requirements set out in Working Together 2015 and 2018 and utilising a Signs of Safety approach. It included an opportunity for partner agencies to evidence how they have implemented the learning and recommendations from SCR's and engaged with action plans against the NSCP priorities. The five sections within the Section 11 audit tool were:

- Shared Vision and Culture.
- Accountability and Visible Leadership.
- Workforce Priorities A: focus on organisational culture and influence
- Workforce Priorities B. focus on workforce development
- What has changed since last year?

In total there were 33 Section 11 self-assessments completed and returned. Statutory partners returned 23 audit responses with a further 10 received from the voluntary sector.

Eight Challenge and Support Panels were held in October 2019 for

- District Councils
- Voluntary and Community Sector
- Health (Acutes, Ambulance and CCG)
- Health (Community & Mental Health providers)
- Community and Environmental Services, Norfolk County Council
- Norfolk & Suffolk Community Rehabilitation Company, National Probation Service and Norfolk YOT
- Norfolk Constabulary and Office of the Police and Crime Commissioner
- Childrens Services

The panels were chaired by either the NSCP Independent Chair for Workforce Development or a Voluntary Sector representative and included representatives from Childrens Services, Police and Health (except where they were the subject of the panel) and Local Safeguarding Children Group chairs.

Four key themes emerged from the analysis of returns and in discussion at the panel meetings:

- Continued demystification of safeguarding and the work that is delivered across the partnership. This includes promoting the benefits of shared language and terminology across the partnership and ownership of disseminating learning within and across organisations
- Clarity about managing risk and uncertainty and the holding and sharing of information within and across organisations
- Utilising existing fora and developing these to sharing the learning and good practice that exists across the partnership
- Development of understanding about contextual safeguarding, vulnerable adolescents and the 16 to 25 transition period

The final report was presented to Partnership Group in December 2019 and included five recommendations

I. An action plan should be developed to address the key themes from the Section 11 process (above).
II. Partner organisations should develop action plans within their respective sectors to address the notes and actions arising from their Challenge and Support Panels
III. The findings from this year's Section 11 should be tested and evaluated through the work of the Safeguarding Intelligence and Performance in Practice (SIPP) group. This can be addressed through the triangulation of audit, data and observation of practice.
IV. Those involved in the Section 11 this year identified a need to develop it as an ongoing learning process and to ensure that sufficient time is allocated to achieve this and to plan for further development of the process in 2020.
V. Further development of Section 11 needs to identify effective linkage with the Adult Safeguarding Board

The Section 11 process is supported by a multi-agency S11 steering and development group who meet regularly to both review the process as well as monitor the actions and outcomes from the recommendation.

Safeguarding Intelligence and Performance in Practice (SIPP)

The SIPP holds the overarching governance of three clear workstreams: Multi-Agency Audit, Data and Strategic Analysis, and Multi-Agency Observation in Practice. The overarching purpose of the SIPP is twofold:

1. Identifying safeguarding risks and priorities on the basis of sound analysis and shared data: helping to direct where and how resources should be used to best protect children. This work will be driven by the products from the data and strategic analysis workstream.

2. Holding partners and the partnerships as a whole to account for the performance of safeguarding activity, identifying trends and changes in performance and alerting agencies and the partnership to where remedial or proactive action is needed.

SIPP's primary focus is to act as the central 'eyes and ears' for the system – providing monitoring of effectiveness of arrangements at all levels, informing the setting of priorities by the NSCP and informing the work of other key strategic and operational boards. It is 'intelligence led', with an agenda driven by a regular flow of data, feedback from children, audit, analysis and other sources of intelligence which inform judgements about the effectiveness of arrangements. SIPP uses this intelligence for a number of purposes:

- To identify strengths and weaknesses in the system
- To help set priorities for the system to respond to
- To identify the need for changes to policy and practice within the remit of the three key statutory partners which will then be discussed and implemented
- To identify areas where more fundamental service re-design is required or where a wider range of partners needs to be engaged – this will then inform the agendas for the CYP Strategic Partnership, Health and Wellbeing Board and the Countywide Community Safety Partnership.

Each workstream has identified leads who co-ordinate their findings and information.

Data and Strategic Analysis

Children and young people interact with and are supported by a complex network of public services. The risks and safety factors they encounter come from multiple sources. They grow up in communities which do not always align neatly to the geographical jurisdictions of public sector organisations. As such, any one organisation trying to understand either the needs of an individual child or a demographic group of children would only be able to develop a partial view if acting in isolation. However, by acting together and by combining our insights we stand a much better chance of safeguarding children and of strengthening the effectiveness of our arrangements. The concept of 'contextual' safeguarding, of looking to gather information from multiple sources in order to build a picture of a child's situation is now established as paramount in our efforts to protect children and young people from harm.

As such, the core statutory safeguarding partners in Norfolk are committed to building a shared analytical capability as a central component of the MASA with the intention of using this capability to;

- Combine intelligence to generate new insights into public services and the needs they serve
- Apply these insights to improve policy and service design and delivery
- Understand better what is working and what isn't within the children's system in Norfolk
- Better target support to individual children, young people and families through predictive analytics
- Inform the agreement of strategic priorities for the NSCP as well as the Norfolk Children and Young People's Strategic Partnership Board and other key multi-agency safeguarding bodies.

The multi-agency Strategic Safeguarding Analysis Group has been set up to deliver on these objectives and is jointly chaired by Children's Services Director of Quality and

Transformation and Norfolk Constabulary's Detective Chief Superintendent. The SSAG was slow to be established and delayed further by Covid-19, however, the initial response to the pandemic has provided a strong base on which to build and develop Norfolk's approach to sharing data and intelligence. Since April 2020, data has supported the partnership to understand the system response to the virus and the NSCP, jointly with the CYPSP, received a wide range of information including the rates of contact/referrals into Children's Services, vulnerable children/children of key workers attendance at school, trends and outliers in health and police data on domestic abuse and exploitation.

From July 2020, the SSAG have continued to develop the shared capability, making links with Norfolk's Office for Data Analytics. In the coming 12 months, SSAGs priorities include:

- providing the NSCP and CYPSP with a regularly refreshed set of shared metrics and information as a live picture of the safeguarding landscape for children in Norfolk.
- informing the work of individual task and finish working groups looking into particular issues and themes.
- building new data tools which will inform service design and help target services where and to whom they are most needed.

The SSAG is supported by data analytics officers from the relevant agencies as well as the NSCP's Safeguarding Intelligence & Performance Co-ordinator (SIPCo).

We must acknowledge that there is still some way to go in this essential area of business. It is the collective wish of the Partnership to develop a system that provides high level data that will afford those charged with safeguarding children every opportunity make informed decisions.

Multi-Agency Audits

The SIPP's Multi-Agency Audit Group is chaired by the NSCP Business Manager and provides valuable information on how well the system is working in practice. MAAG's key objectives are to:

- Move forward on Key Lines of Enquiry, inspection priorities, local and national agendas
- Provide an audit forum for exchanging knowledge, expertise, practice standards, good practice, challenges and grading of casework
- Work collaboratively to develop excellent quality assurance practice and audits
- Provide appropriate challenge to all peers and organisations promoting change

The group also uses Ofsted's Joint Targeted Area Inspection (JTAI) frameworks to monitor practice.

Within the scope of this annual report, MAAG completed four multi-agency audits on management oversight, children and young people's mental health (using the JTAI framework, strategy discussions and child sexual abuse (also JTAI). In June 2020 work had commenced on auditing the multi-agency response to Covid-19.

The audit findings and recommendations are signed off at Partnership Group.

This year, all audit recommendations were pulled together into a Composite Action Plan which is monitored by the MAAG with the support of the NSCP's SIPCo.

Observation of Practice

Multi-Agency Observation in Practice was written into the MASA in order to have a better understanding of frontline experience of safeguarding children, i.e. learning directly about the realities of multi agency practice as it is experienced by practitioners across the county every day and how the partnership works together. This includes both learning from good practice as well as areas for development.

As a new approach, this strand of work was led by the Independent Chairs of the Workforce Development Group and the Safeguarding Practice Review Group. In autumn 2019, they pulled together a programme of Observations of Practice across the multi-agency partnership. This involved observations of a range of different practice events, primarily involving meetings with families and professionals, always with the focus on understanding not the individual agencies' work, but how the partnership works as a whole. Practitioners involved were written to by the Independent Chairs to clarify that the process was not to judge individual professional's practice but to better understand the real context of day to day safeguarding work and to what extent priorities and plans for the safeguarding practice are being embedded across the county.

There were 3 visits completed between December 2019 and March 2020 looking at:

- Children's Advice & Duty Service (the 'front door')
- The Multi-Agency Safeguarding Hub
- Early Help hosted by Children Services in one locality. This included an observation of a Family Support Process (FSP) meeting with a family.

NB Due to the outbreak of Covid-19, planned visits for an Early Help Hub hosted by a District Council was postponed, as was a planning meeting with the Child Protection Conference Chairs.

The teams and individuals visited were extremely warm, welcoming and transparent. The feedback was overwhelmingly positive and appreciative, it appeared that the staff valued the opportunity to show the work and talk to an independent observer. This annual report would like to formally note the NSCP thanks to all the staff who participated as well as to the family present at the FSP.

Observation feedback was limited, however, there were some themes arising, which are categorised under the headings of the Thematic Learning Framework (Appendix 1).

- Lived Experience of the Child: Professionals see the importance of understanding and capturing the experience of the child, we witnessed some very good practice. There were some excellent examples of assisting, supporting and ensuring the experiences of the children were listened to and understood. As to be expected, it can be hard to fully appreciate what it may be like for a child when time is pressing and when discussing situations over telephones. This can be hard for inexperienced practitioners to convey, and

so the importance of asking the right questions becomes paramount. We still need to develop these skills in the workforce.

- Professional Curiosity: Whilst some excellent examples of practitioners demonstrating curiosity and exploring the information fully were observed, there is still a need to support the development of skills for being curious. The types of areas needed for development are supporting practitioners to explore without immediate problem solving, preventing assumption making without evidence, and to ensure an approach that is not 'either/or' in option or problem appraisal.

- Fora for Discussion and Information Sharing: The multi-agency points of contact observed demonstrated various levels and opportunities for sharing information. The participants were all engaged and committed to the discussions at all levels. The process and nature of sharing information at an earlier stage could benefit from learning and practice centred around the Signs of Safety *principles*, as this is not embedded across all agencies currently. In particular, thinking about how they frame their enquiries and how these get passed to others.

- Collaborative Working and Decision-making: The conversations and discussions observed demonstrated commitment to working together and making the right decisions based on the information available. Whilst the commitment to working together demonstrates the basics of Signs of Safety there is still development needed to embed other principles further, e.g. using appreciative enquiry. Working on shared language across *all* agencies may help with this.

- Ownership and Accountability: Management Grip: Practitioners were responsible and accountable for their actions. All staff spoken to felt supported by their line managers, without any reservations. The Chairs witnessed too many logistical issues that make it difficult for frontline practitioners to carry out their roles, from parking issues to telephone lines. The multiplicity of IT systems was extremely challenging. It should be said that none of the staff complained about IT, they all spoke of getting used to the demands very quickly, however the juggling between systems leaves potential gaps. *NB these observations were made pre-Covid-19*

The underlying factor in the Thematic Learning Framework is the ability to manage risk. There is still a long way to go in ensuring that all practitioners feel skilled and able to manage risk appropriately. Issues observed included:

- Still expecting Children's Services Social Work to take on all the concerns.
- Managing and holding information when Children's Services are not involved.
- Developing the skills of universal practitioners (and others) to consider purpose of conversations and enabling them to feel safer when holding risk.

There were gaps in the observations at that point, for example limitations on getting direct feedback from families or hear children's perspectives. This may not be an issue if the Partnership are hearing this from other methods of scrutiny. The Chairs' general

starting position of 'what it is like out there' needs to be refined to reflect the priorities of the NSCP. Further consideration needs to be given to how and what this may look like in conducting observations in the future and what impact Covid-19 will have on this area of scrutiny in the short, medium and potentially long term, including ways of adapting methodologies to observe.

Developing Independent Scrutiny

The independent scrutiny arrangements were subject to challenge and development with the appointment of the new NSCP Chair in January 2020. It was agreed that the Independent Scrutiny Team, involving all three independent chairs, would undertake discrete pieces of scrutiny work under the direction of the three statutory safeguarding partners.

In May 2020, the NSCP Chair undertook a fast-time piece of focussed scrutiny to assess the impact of the current coronavirus (Covid-19) crisis on Norfolk's Multi-Agency Safeguarding Hub (MASH). The arrangements in MASH pre-coronavirus (Covid-19) were judged to be effective and working well: recent OFSTED inspections reflected the excellent progress made in multi-agency working. Strategic leaders sought assurance that changes implemented as a response to the pandemic had not adversely affected the performance of MASH.

The Independent Chair interviewed staff from across the Partnership who worked in the MASH. This included practitioners, middle and senior managers. The discussions were framed around four areas:

- Have the different approaches taken by individual agencies affected the high-quality operational function of the MASH?
- Have there been issues regarding information sharing / joint working that have impacted on service delivery.
- How have practitioners adapted working practices to maintain service delivery.
- Is there anything that would assist going forward?

From the evidence obtained through these interviews, strategic leaders for the Partnership were assured that Norfolk MASH continued to function to an extremely high level during the current pandemic. There was nothing to suggest practitioners or managers had any concerns that would require strategic intervention. Suggestions for improvement were at an operational level and were passed to the appropriate managers for consideration. The NSCP Chair also noted that all individuals spoken to were positive about MASH, displayed real professionalism and a real drive to ensure their work continued to safeguard children across the county.

Within the scope of this annual report, plans were being put in place for a second, more robust piece of scrutiny work around adolescent neglect. This will be reported on in full in 2020 – 21 annual report. The findings will be framed around the Six Steps of Independent Scrutiny Framework, developed by the Institute of Applied Social Research, Luton, University of Bedfordshire. Of note, Norfolk was one of three local partnerships involved in developing and testing this framework in practice.

External Inspectorates

Norfolk Children's Services had a focussed Ofsted visit on the 'front door' in October 2019. Ofsted recognised:

- the huge improvements made to the front door, describing it as "transformed"
- the quality of decision making is consistently strong, and the Children's Advice and Duty Service (CADS), launched in October 2018, which has significantly improved the way in which information is shared, analysed and recorded at the first point of contact.
- the effective leadership and management oversight CADS.
- the strong and effective strategic partnerships, particularly with police and health services
- the response to domestic abuse at the front door, which is well developed and increasingly effective
- the multi-agency child protection and missing team which is equally effective.

The inspectors confirmed Children's Services self-evaluation that the timeliness and quality of assessments in family assessment and safeguarding teams is an area for further work. The new social work operating model introduced in summer 2020 was designed to relieve some of the pressures staff face, providing more specialist roles and extra leadership and support capacity to create the quality time needed to spend time with families and achieve the best outcomes for their children.

In March 2020, just before lockdown, Ofsted and the CQC also conducted a joint inspection special educational needs and disabilities (SEND). The report, focuses on the Norfolk's effectiveness in implementing the 2014 disability and special educational needs reforms. Inspectors praised the work of frontline staff, stating that "the work of many individual professionals in social care, health and education is of high quality."

However, in common with more than half of areas inspected, Ofsted and the CQC determined that Norfolk should prepare a Written Statement of Action to address areas in need of improvement, covering three key areas: delays in Education Health and Care Plans; provision for young people as they move into adulthood, and communication with parents and carers. Children's Services have an ambitious strategy in place to do just that. While there are many children with SEND in Norfolk achieving their potential, there are still too many not getting support as early as they need to. That isn't good enough for Norfolk's children and partners are absolutely determined to continue to improve these services.

Inspectors recognised that Norfolk's Children's Services have refused to adopt quick fixes and that the strategy is "far-reaching, well-planned and securely financed." However, it is very new in its implementation and has not yet had time to show a significant impact. They said that leaders had "an insightful understanding of the weaknesses in their systems" and that joint strategic planning was now a reality.

The Local Authority is investing £120m in special educational needs and disabilities to create more specialist places and increasing support to schools, so that they can help their children earlier. There is also increased capacity in specialist teams, which inspectors said, is starting to make a real difference to children and their families. Plans are in place to work even more closely with parents, carers and families to ensure that their voices are heard, that they are kept up to date with what is happening and that they are involved in helping us shape services.

Every local authority in the country is facing pressures in this area. Since the SEND reforms in 2014, Norfolk has seen a significant increase in demand for assessments and the complexity of children's needs has continued to increase. In 2015, the council received 645 requests for assessments. In 2019, this had almost doubled to 1,267 in a year.

Norfolk Safeguarding Priorities

Under the Norfolk Safeguarding Children Board (NSCB) the priorities for the partnership were neglect, child sexual abuse and embedding Signs of Safety. During this year as we transitioned to the new arrangements, the progress made in these priority areas was reviewed. The major achievements and areas of outstanding issues are summarised in the tables below.

Achievements	Outstanding Issues
Neglect	
• 238 Early Years providers attending neglect briefings, with 97% positive feedback recorded overall • 44 Neglect Champions attending Best Practice event, with 100% positive feedback recorded overall • Ongoing Graded Care Profile (GCP) training • Focus group held with GCP trained professionals to inform development • Excellent partnership engagement at neglect steering group meeting, including dentist	• Neglect still a presenting issue in local SCRs/SPRs; issues identified in Triennial Review of SCRs resonate • Neglect strategy requiring revision and more senior leadership • GCP tool not used enough • Better understanding of emotional impact of neglect on children, families, communities and workforce • Impact of poverty and Adverse Childhood Experiences not well enough understood
Child Sexual Abuse	
• Awareness raising activities completed: CSA leaflet, CSA conference and relevant SCR roadshow • Harmful Sexual Behaviour Team (HSBT) established and meeting or exceeding all key performance indicator targets • HSB self-assessment completed • Designated Safeguarding Leads in schools briefed in CSA strategy and NSPCC PANTs campaign • Single agency progress reports against CSA strategic objectives completed and reported to NSCB	• Some wider concerns about information sharing – being picked up elsewhere in the system • Repeat HSB self-assessment to understand impact of this resource • Further data analysis to quantify concern linked to audit to qualify any practice issues
Signs of Safety	
• Family Networking Training (Phase 2 of England Innovation Project) rolled out to include partners from Sept 2019 • S11 self-assessment tool designed to mirror SoS Framework • Children's Services recording system redesigned to align with SoS	• Audit findings show that SoS could be better used across the system, e.g. strategy discussions • Further embedding appreciative enquiry into practice and establishing a shared language (see section on Observation of Practice, above).

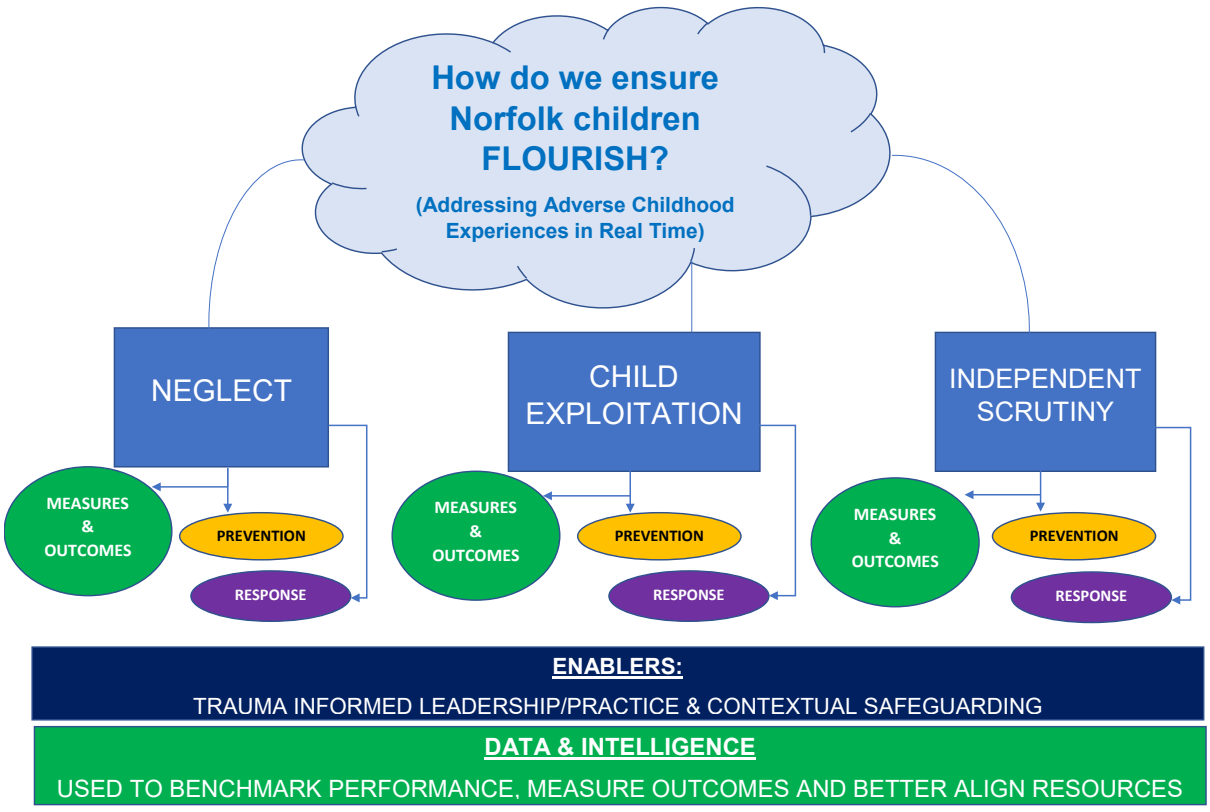
In terms of outstanding actions from previous priorities:

- Neglect Strategy is being revised under new senior leadership, with membership of the group reviewed and the new Chair agreed as Children's Services Director of Community & Partnership
- Child Sexual Abuse was formally stood down as a priority by the NSCP in June 2020. The HSB self-assessment was completed by partners in spring/summer 2020 and its findings will be shared in autumn 2020. Practice continues to be audited and the audit findings from the mock JTAI, a dip sample on contacts where CSA was a concern and Child Protection Plan categorisation will be triangulated through a discrete Task & Finish Group, reporting to the Multi-Agency Audit Group.

As part of the new arrangements and with the shift from NSCB to NSCP, Partnership Group held a workshop in February 2020 to review its priorities. Consideration was given to the priority areas being managed by other partnership boards, including the Domestic Abuse and Sexual Violence Board,

It was agreed at that workshop from April 2020, the NSCP would focus on neglect and child exploitation as key areas. They also agreed that in order to have a flexible response, Norfolk would use its independent scrutiny arrangements in order to respond to emerging issues and/or non priority areas. This has been written into the 2020 – 21 NSCP Business Plan, which also specifies deliverables against use of data and performance information as well as a golden thread to develop trauma informed practice and leadership (see section on Learning from Serious Case Reviews, below).

The NSCP priorities are depicted in the image below:



Learning from Serious Case Reviews and Child Death

The NSCP has developed its systems in response to Working Together 2018 and the new statutory requirement to conduct more proportionate Child Safeguarding Practice Reviews (SPRs). SPRs have superseded the previous Serious Case Reviews. Local SPR guidance was published in September 2019 and will be reviewed every 12 – 18 months. This guidance includes all aspects of the SPR process from referral to publication, including relevant flowcharts and templates.

Norfolk's Safeguarding Practice Review Group

The NSCP's multi-agency Safeguarding Practice Review Group (SPRG) is chaired by one of the Independent Scrutiny Team. SPRG oversees all aspects of child Safeguarding Practice Reviews as well as other learning options. The group is compliant with Chapter 4 of *Working Together 2018* and is responsible for:

- Undertaking Rapid Reviews when a case is referred and/or Children's Services have submitted a Serious Incident Notification to Ofsted
- Recommending whether a case should be reviewed under statutory guidance and, if not, proposing how learning can be taken forward; recommendations will go to the three partners for final decision.
- Communicating to the National Panel
- Commissioning Reviewers and monitoring the progress of the SPR
- Signing off on any reports before they go to the NSCP Partnership Group
- Overseeing publication
- Disseminating learning
- Monitoring impact of recommendations on practice – in partnership with SIPP and the Workforce Development Group
- Using learning from reviews to contribute to wider Partnership Conferences and/or Leadership Exchange & Learning events

This year, SPRG was also responsible for completing any outstanding Serious Case Reviews in adherence to the Transitional Guidance published alongside Working Together 2018. In the scope of this annual report, however, there were several SCRs still in commission. All outstanding SCRs were completed within the scope of this annual report, however, publication has been delayed due to coronavirus (Covid-19). All outstanding SCRs will be published by 29 Sept 2020 in line with the government's transition guidance which supported local areas to move away from their previous safeguarding arrangements.

Between July 2019 and June 2020, the NSCP has:

- Published one thematic SCR on non-accidental injuries (NAI) to babies, Case AF (January 2020)
- Completed one SCR involving the death of an adolescent, Case AE
- Completed two further SCRs on neglect: Cases AG and AH. (AH was published August 2020, outside the scope of this annual report)
- Commissioned two SPRs: one involving neglect and serious harm, Case AI; the other, the death of a baby, Case AJ.

SPRG also considered two Rapid Reviews in this period neither of which proceeded to a SPR. The National Panel agreed these decisions.

Dissemination of Learning from Serious Case Reviews

The significant learning this year came with the publication of Case AF, a thematic SCR on non-accidental injuries to babies. The headline findings from this SCR were:

- The impact of the organisational culture on frontline practice
- The significant emotional challenges faced by safeguarding professionals, i.e. the secondary trauma that can be experienced
- The individual and organisational defences which have an important impact on an organisational culture and how children are safeguarded

Prior to publication, the NSCB agreed to focus on trauma informed practice and leadership to begin to address these issues, recognising that there is no quick fix to cultural change and that it is difficult to measure empirically. The first Leadership Exchange and Learning Event was scheduled for 16 March to include all strategic leaders and national and international speakers. Unfortunately, that had to be postponed due to coronavirus (Covid-19), but there is still an appetite to take this forward by the most senior leaders (see section below on Response to coronavirus (Covid-19).

The NSCP Business Unit also supports the dissemination of learning through SCR roadshows, one in each locality. Prior to lockdown, three out of six were delivered. The learning outcomes were to:

- Understand the impact of adversity in childhood and how we can use this learning to work with children, young people and parents/carers
- Be aware of how trauma, including secondary and vicarious trauma, impacts on our thinking and emotional response to danger and threat
- Have reviewed systems to support our ability to safeguard children effectively
- Have learned from examples of best trauma informed practice and considered ways to apply this learning across the safeguarding system

The roadshows included presentations from Public Health, Norfolk & Suffolk Foundation Trust and the Family Nurse Partnership. 227 people attended, of which 194 provided feedback (85% of attendees). The average feedback from all three groups showed that 97.7% overall agreed that the roadshows met the learning outcomes. One participant sent in feedback during lockdown and commented:

> *"It was all useful and refreshing in its approach. I liked the [concept of] 'contain the container. The post-session support for issues I raised during discussions was very caring – 'in tune' and timely. Keep this approach to safeguarding training. It's much better. […] I usually don't like to complete feedback forms but I have dug this one out to send back to you because elements of the content and approach resonated with me over the weeks since I attended."*

Plans are in place to resume these sessions remotely in the autumn of 2020.

Other learning

All agencies were asked to report on learning from SCRs through Section 11 self-assessment. In addition, the multi-agency audit plan focuses on areas of practice where we would expect to see improvements following SCR publication.

The challenge of linking improved practice directly to SCRs remains, particularly where the issues are prevalent or likely to reoccur, such as neglect or non-accidental injuries (NAI) to babies. In terms of the latter, there has been a national increase in NAIs which is of concern, particularly where the family may not be previously known to services. That said, there are examples of good practice particularly around building trusting relationships.

One such case was promoted during lockdown where a worker was commended for the work he had done with a former relevant care leaver who had disengaged from the service a while ago and, after turning 18, had left Norfolk and moved to Essex with her partner. There were strong suspicions that her partner was abusive, and concerns escalated when she became pregnant at 18 years old, at that point totally isolated from her family. The relationship between the young woman and her parents had broken down as a direct result of the unhealthy relationship with her partner. The rapport built up between the worker and the young woman was strong, despite interference from her partner, logistical issues and disjointed working processes with other Local Government agencies. The focus moved to rebuilding the relationship between the young lady and her mum, with the worker driving her from Essex to Norfolk and back to mediate initial contact before being able to step back as she began to arrange this herself. Despite frustrating setbacks, inconsistent communication and the outbreak of the coronavirus pandemic the worker was steadfast and hung in there. He recently confirmed that the young lady had decided to separate from her abusive partner and she and her baby are living with her parents until she can get housing in Norfolk. She is also, with support from services, pursuing criminal charges against her partner. This is a good example of commitment and tenacity in advocating for this young woman and her child. They are now safe and well, largely due to his intervention.

While it is entirely speculative to say this baby would have sustained injuries if the toxic relationship continued, keeping both the baby and the vulnerable mother safe was the best possible outcome. In the words of one of the teenage parents involved in Case AF “you need to shine a light on things that go well.” The case above is a good example of this and with a potential reduction in conducting SPRs as the current reviews are completed, the NSCP has more scope to illustrate and promote best practice in this format.

Child Death Reviews

Norfolk’s Child Death Overview Panel (CDOP) sits under the NSCP as part of its governance structure. The CDOP meets bi-monthly and was chaired by the Deputy Director of Public Health throughout the scope of this annual report.

From April 2019, data on child death is captured using the eCDOP system. This system tracks and monitors all aspects of child death analysis and is the central repository for the information submitted by partners prior to the case going to CDOP.

Norfolk and Suffolk CDOPs joined this financial year (April 2019 – March 2020) to submit data for national reporting. This join up allows for larger demographics in adherence with national guidelines. Between the two counties, the data shows:

- 113 cases were entered onto the National Child Mortality Database (NCMD)
- 53 cases were closed, and (35 in Norfolk, 18 in Suffolk)
- 60 remained open at year end (29 in Norfolk, 31 in Suffolk)
- Of the closed cases 40% had modifiable factors
- 78 children died between 1 April 2019 and 31 March 2020

Details of the causes of death has had to be suppressed as in some cases the numbers are small and the child is potentially identifiable. CDOP's annual report covers both areas.

The close working with Suffolk has also enabled both areas to consider and plan for joint thematic analysis. The first series of workshops is planned for autumn 2020 and will cover a range of topics including:

- SIDS: Where is baby sleeping?
- Neonatal Deaths
- Information sharing
- The Post-mortem
- Bereavement
- Rare Conditions
- Advanced Care Planning
- Impact of coronavirus (Covid-19)
- Professional curiosity
- NCMD

Training and Workforce Development

The NSCP's multi-agency Workforce Development Group (WDG) is a strength of the partnership, with well established links to the CYPSP. The WDG has an Independent Chair, one of the three members of the Independent Scrutiny Team. The WDG continues to focus on:

- Procurement of and management of any commissioned multi-agency training
- Identifying any gaps in training and resource within the partnership to address the need
- Monitoring the impact of training
- Planning and delivering other learning events, such as briefing and awareness raising sessions, best practice sessions and learning from SCR/SPR roadshows
- Feedback from the frontline on their lived work experience from recruitment and induction to exit interviews
- Oversight of the Safer Programme
- Input into the planning and delivery of wider Partnership Conferences and/or Leadership Exchange and Learning events

Norfolk Safeguarding Children Board Multi-Agency Training Provision

The NSCP runs an extensive programme of multi-agency training opportunities. Including whole day or two-day training events and shorter briefing sessions. In March 2020 the commissioned provider moved from Barnardo's to In-Trac Training and Consultancy, with all courses reviewed by members of the WDG and an observation schedule agreed as part of contract implementation. Additional training is provided by local trainers/practitioners.

In the 2019 – 20 financial year, the NSCP ran a total of 96 courses provided by Barnardo's, In-Trac and local practitioners. From March training and action learning sessions moved online in response to lockdown and a further 14 sessions were delivered in June 2020. Over 2000 training spaces were taken by professionals from across the partnership in this 15 month period. Full details of all courses are included in Appendix 2.

Best Practice Events and Other Learning Fora

In addition to the SCR roadshows, neglect briefings and neglect Best Practice event, the NSCP Business Unit delivered a further four Best Practice events: three for safeguarding trainers and one on engaging fathers. A best practice event on Transitional Safeguarding was scheduled for May 2020, however this was postponed due to Covid-19 and planning is underway for this to run virtually in Autumn 2020.

Safer Programme

As reported in previous annual reports, the NSCP's Safer Programme has developed into a much needed and robust service provider, meeting the safeguarding procedural, policy and training needs of the voluntary, community and private sectors of Norfolk. Safer works closely with partner agencies in the statutory and voluntary sector to publicise resources and provide training and policy review services. This year Safer membership exceeded 500. Accountable to the NSCP, the programme is financially self-sufficient, receiving no funds from any sector, Safer produces a standalone annual report.

Responding to coronavirus (Covid-19)

Norfolk Safeguarding Children Partnership's response to coronavirus (Covid-19) has been robust, demonstrating agility and flexibility to keep up with the changing situation. The collaboration between partners has been exemplary in the first three months of the pandemic and is worthy of a standalone report. For the purposes of this annual report, the examples below give a flavour of what can be achieved when partners work together through a crisis. Examples include:

- Joined up governance and supportive communication between partnership boards, minimising duplication and better information sharing
- Accelerated response to sharing meaningful data to assess children's needs and identify potential gaps as well as emerging areas of concern
- Communication campaigns led and managed by the three statutory partners, working collaboratively to develop targeted messages and share expertise, resources and assets to maximise reach into Norfolk communities
- Swift establishment of Task and Finish Groups to tackle priority areas, for example, a discrete Multi-Agency Safeguarding Task Group was set up soon after initial lockdown to address potential 'blind spots' or areas of increased risk; this included child exploitation and child sexual abuse
- Innovative and adaptive use of technology, enabling both a 'business as usual' offer, e.g. the training offer and virtual Child Protection Conferences, as well as developing much needed initiatives, e.g. developing remote reflective practice sessions, bringing professionals together over Microsoft Teams in facilitated sessions to look at specific cases and/or themed discussions

Norfolk as a whole is taking an analytical approach to service delivery based on the experience of children, families and their staff. This includes looking at what we need to adopt, adapt, accelerate and abandon.

Looking ahead, Norfolk set up a Recovery Planning Group (working title) to plan a robust response to areas of emerging need and/or address potential gaps. The Recovery Plan currently has nine workstreams sitting underneath it:

- Domestic abuse
- Substance misuse
- Mental Health
- Child Exploitation
- Respite for families with children with disability
- Speech and language acquisition
- Bereavement
- Protecting babies (looking at non-accidental injuries, concealed pregnancy and, as we move into autumn, co-sleeping)
- General Health

The golden thread holding these workstreams together links to learning from Case AF and trauma informed leadership. At the time of writing, the NSCP has commissioned Research in Practice to support us with this approach in order for the entire partnership - from strategic leaders to frontline and the families we serve - make sense of the impact of this pandemic: what it means to survive this crisis and build a bright future for Norfolk communities.

Voice of the Child

The MASA clearly stated its intention to undertake Community Engagement Events in order to improve our mechanisms for hearing the voice of the child. On implementation, however, concerns were raised that this would be both costly and, more importantly, tokenistic. It was therefore agreed to go back to existing engagement groups and take a more pragmatic approach.

Initially, this was done through the seven Youth Advisory Boards (YABs). Over a period of five months, representatives from the NSCP Business Unit and Partnership Group attended YAB meetings in their respective localities. The response was extremely positive, with a number of development ideas to take forward, such as:

- Video links of YAB members talking about Safeguarding and issues that are important to them
- Reviewing NSCP Children & Young People webpage – contents and layout
- YAB members as safeguarding champions delivering assemblies in schools
- Exploring difference between physical safety and mental safety – ensuring safety is a unified concept
- YAB members to provide service user feedback – initially on social work but option to broaden out to be explored
- Training in commissioning safeguarding
- "Bad news – Brexit – the weather": How can we get better at giving children and young people good news? *(NB This was pre-coronavirus (Covid-19)!)*
- NSCP members to sit on YAB Boards

Some of these development ideas have been delayed due to coronavirus (Covid-19), however, at the time of writing there have been some significant progress against the final two bullet points. The YABs, along with other engagement groups such as Young Carers and Norfolk's In Care Council, have been actively consulted on and engaged with the coronavirus (Covid-19) communications campaigns, resulting in a two page spread in the Eastern Daily Press where the partners could formally thank them for their involvement. The Local Safeguarding Children Groups have also agreed to nominate members to sit on the respective YABs to further engage with issues that are important to them.

Looking ahead, the NSCP will continue to work with other partners to ensure that the young people they are working with directly have opportunities to feed into the work of the partnership. This includes responding to their views on coronavirus (Covid-19) and understanding how the changing world is affecting them directly.

More work on engaging communities in the child safeguarding agenda is also being picked up under the Covid-19 Recovery Planning work.

Conclusions and Formal Summary Statement

Partners in Norfolk have a long and successful history of working together to protect children and to promote their wellbeing. This partnership has withstood the challenges initially presented by coronavirus (Covid-19), responding collaboratively with agility and innovation. The months and years ahead will further test the safeguarding system as the longer-term impact of the pandemic is assessed. The strong relationship between the three statutory partners is built on trust, transparency and respect. The NSCP is well positioned to rise to the challenges the future holds, with stable leadership and shared resources.

This annual report has set out the range of scrutiny and challenge work that is undertaken, highlighting NSCP's achievements as well as some of the deficits and gaps that remain. Looking ahead, we have identified the following goals and areas of improvement:

- Establish a truly trauma informed safeguarding system from leadership to frontline and the communities we serve
- Ongoing support for the mental health transformation agenda and actions to improve SEND services
- Addressing transition arrangements to better support Norfolk's young people into adulthood
- Further develop relationships with schools and promoting inclusion in education
- Hearing directly from children on their experience of feeling safe
- Implementing learning from Serious Case Reviews, with a particular focus on protecting babies and tackling neglect
- Promoting equality and inclusion and celebrating diversity in Norfolk
- Continue to develop data and information sharing systems to better understand the needs and experiences of service users in real time

The Norfolk Safeguarding Children Partnership is well placed to build on its strengths and meet the challenges set out above, provided the commitment and resources are in place. The NSCP's Business Unit is funded to support with this work and ensure that organisational memory and good working relationships across the partnership continue into the future.

Appendix 1: Norfolk's Thematic Learning Framework

The recommendations from all SCRs/SPRs are incorporated into a Composite Action Plan (CAP), aligning the work with existing learning or themes from Norfolk's Thematic Learning Framework. This was developed under the NSCB.

The areas identified in the Framework are used to frame challenges across the safeguarding system.

Appendix 2: Multi-Agency Training Information
(*Local practitioner delivery in italics*)

Face to Face Courses Apr 2019 - Mar 2020	**No. of courses**	**No. of Places available**	**Total Attendees**	**% of places used**
Supervision Skills - 2 day course	3	60	52	87%
Substance Misuse	4	100	71	71%
Physical Harm	3	75	45	60%
Neglect	5	125	99	79%
Emotional Harm	7	175	117	67%
Domestic Abuse	4	100	73	73%
CP Conference	2	50	35	70%
Child Sexual Abuse (CSA)	4	100	65	65%
CSA Level 2	2	50	23	46%
Multi-Agency Assessment	4	100	80	80%
Child Sexual Exploitation	5	125	90	72%
Working with Children with Disability	2	50	32	64%
Mental Health Issues	2	50	37	74%
Working with Parents	4	100	80	80%
Signs of Safety	7	230	162	70%
Family Network	1	30	25	83%
Graded Care Profile	4	200	149	75%
Attachment	4	100	61	61%
Restorative Appoach	6	160	141	88%
Restorative Appoach Follow up	1	16	16	100%
Voice of the Child	6	150	109	73%
Assessment Harmful Sexual Behaviour (HSB)	4	100	81	81%
Delivering Interventions for HSB	4	100	66	66%
HSB & Learning Difficulties	2	50	32	64%
Tech Assisted HSB	2	50	28	56%
Professional Curiosity	4	100	81	81%
TOTALS	**96**	**2546**	**1850**	**73%**

Virtual Training Courses June 2020	**No. of courses**	**No. of Places available**	**Total Attendees**	**% of places used**
Domestic Abuse	2	30	27	90%
Domestic Abuse (ALS)	**1**	**10**	**6**	60%
Keeping Children Safe during Covid-19 (ALS	**1**	**10**	**5**	50%
Supervision Session 1	3	30	30	100%
Voice of the Child	1	15	13	87%
Working with Neglect	1	15	11	73%
Working with Trauma & Anxiety	2	30	28	93%
CP Conference	*1*	*25*	*17*	68%
Identifying HSB	*2*	*50*	*40*	80%
TOTALS	**14**	**215**	**177**	**82%**

GRAND TOTALS APR 2019 - JUN 2020	**110**	**2761**	**2027**	**73%**