Norfolk Health & Wellbeing Board

Date: **Wednesday 21 September 2022**
Time: **09:30 - 12:30**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing	Membership	Substitute
Borough Council of King's Lynn & West Norfolk	Cllr Sam Sandell	Cllr Elizabeth Nockolds
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	
East Coast Community Healthcare CIC	Ian Hutchison	Tony Osmanski
East of England Ambulance Trust	David Allen	
East Suffolk Council	Cllr Mary Rudd	Cllr Mark Jepson
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor	Cllr Donna Hammond
Healthwatch Norfolk	Patrick Peal	Alex Stewart
James Paget University Hospital NHS Trust	Joanne Segasby	Anna Davidson
Norfolk Care Association	Christine Futter	
Norfolk Community Health & Care NHS Trust	Graham Nice	Stephen Collman
Norfolk Constabulary	ACC Nick Davison	Supt Chris Balmer
Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention	Cllr Bill Borrett	
Norfolk County Council, Cabinet member for Childrens Services and Education	Cllr John Fisher	
Norfolk County Council, Director of Public Health	Dr Louise Smith	
Norfolk County Council, Executive Director Adult Social Services	James Bullion	Debbie Bartlett
Norfolk County Council, Executive Director Children's Services	Sara Tough	Sarah Jones
Norfolk County Council, Leader (nominee)	Cllr Lana Hempsall	
Norfolk & Norwich University Hospital NHS Trust	Tom Spink	Sam Higginson
Norfolk & Suffolk NHS Foundation Trust	Stuart Richardson	
Norfolk and Waveney Integrated Care Board (NHS)	Tracy Williams	
Norfolk and Waveney Integrated Care Board (NHS)	Dr Anoop Dhesi	
Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair)	Rt Hon Patricia Hewitt	
Norfolk and Waveney Integrated Care Board (Chief Executive)	Tracey Bleakley	
North Norfolk District Council	Cllr Virginia Gay	Cllr Victoria Holliday
Norwich City Council	Cllr Beth Jones	
Police and Crime Commissioner	Giles Orpen-Smellie	Dr Gavin Thompson
Queen Elizabeth Hospital NHS Trust	Graham Ward	
South Norfolk District Council	Cllr Alison Thomas	Cllr Florence Ellis
Voluntary Sector Representative	Emma Ratzer	Pete Boczko
Voluntary Sector Representative	Dan Mobbs	Hilary MacDonald
Voluntary Sector Representative	Alan Hopley	Daniel Childerhouse

Additional members invited as guests:

Suffolk Health and Wellbeing Board	Cllr Beccy Hopensperger

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

Jonathan Hall on 01603 679437 or email: committees@norfolk.gov.uk

Integrated Care Partnership

Date: **Wednesday 21 September 2022**
Time: **on rise of the Health and Wellbeing Board**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing
Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Cambridgeshire Community Services NHS Trust
Chair of Voluntary Sector Assembly
East Coast Community Healthcare CIC
East of England Ambulance Trust
East Suffolk Council
Great Yarmouth Borough Council
Healthwatch
James Paget University Hospital NHS Trust
Norfolk Care Association
Norfolk Community Health & Care NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention
Norfolk County Council, Cabinet member for Childrens Services and Education
Norfolk County Council, Director of Public Health
Norfolk County Council, Executive Director Adult Social Services
Norfolk County Council, Executive Director Children's Services
Norfolk County Council, Leader (nominee)
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Norfolk & Waveney Integrated Care Board (Chair)
Norfolk & Waveney Integrated Care Board (Chief Executive)
North Norfolk District Council
Norwich City Council
Police and Crime Commissioner
Primary Care Representatives (1)
Primary Care Representatives (2)
Primary Care Representatives (3)
Primary Care Representatives (4)
Primary Care Representatives (5)
Queen Elizabeth Hospital NHS Trust
South Norfolk District Council
Suffolk County Council, Cabinet Member for Adult Care
Suffolk County Council, Executive Director of People Services
Voluntary Sector Representative (1)
Voluntary Sector Representative (2)

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Norfolk Health & Wellbeing Board and Integrated Care Partnership

Wednesday 21 September 2022
Agenda
Time: 09:30 - 12:30

08:45 - 09:25: *There will be a networking opportunity available prior to the start of the meeting in the Edwards Room, (next door to the Council Chamber) at County Hall, Norfolk County Council.*

1.	Apologies	Committee Officer	
2.	Chair's opening remarks	Chair	
	Norfolk Health and Wellbeing Board		
3.	HWB Minutes	Chair	(Page 5)
4.	Actions arising	Chair	
5.	Declarations of interests	Chair	
6.	Public Questions (How to submit a question: HWB) Deadline for questions: **9am, Friday 16 September 2022**	Chair	
7.	Urgent arising matters	Chair	
8.	Norfolk Adults Safeguarding Board Annual Report for 2021/22 (HWB)	James Bullion/ Heather Roach	(Page 23)
9.	Better Care Fund 2022/23 (HWB)	James Bullion/ Nicholas Clinch/ Bethany Small	(Page 58)
	Integrated Care Partnership		
1.	ICP Minutes	Chair	
2.	Declarations of Interest	Chair	
3.	Public Questions (How to submit a question: ICP) Deadline for questions: **9am, Friday 16 September 2022**	Chair	
4.	All Age Carers Strategy for Norfolk and Waveney 2022 – 2025 Progress Report (ICP)	James Bullion/ Sharon Brooks	(Page 66)
5.	National Reform of Adult Social Care (ICP)	James Bullion/ Leon Ringer	(Page 98)
6.	Integrated Care Strategy update (ICP)	James Bullion/ Debbie Bartlett	(Page106)

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

Information regarding the Integrated Care Partnership can be found on the Integrated Care System website at: About the Integrated Care Partnership

Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 21 July 2022 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich

Present:	**Representing:**
Cllr Bill Borrett	Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council
James Bullion	Executive Director, Adult Social Services, Norfolk County Council
Cllr Alison Webb	Breckland District Council
Cllr Fran Whymark	Broadland District Council
Dr Louise Smith	Director of Public Health, Norfolk County Council
Ian Hutchinson	East Coast Community Healthcare CIC
Cllr Mary Rudd	East Suffolk Council
Patrick Peal	Healthwatch Norfolk
Jonathan Barber	James Paget University Hospital NHS Trust
Christine Futter	Norfolk Care Association
ACC Nick Davison (until 11.19am)	Norfolk Constabulary
Tracy Williams	NHS Norfolk & Waveney CCG
Graham Nice	Norfolk Community Health & Care NHS Trust
Cllr Lana Hempsall	Norfolk County Council, Leader (nominee)
Rt Hon Patricia Hewitt	Norfolk & Waveney Health & Care Partnership (Chair) and NHS Norfolk & Waveney Integrated Care Board (Chair Designate)
Tracey Bleakley	Norfolk and Waveney Integrated Care Board (Chief Executive)
Cllr Virginia Gay	North Norfolk District Council
Cllr Alison Thomas	South Norfolk District Council
Anna Gill	
Carly West Burham	Queen Elizabeth Hospital NHS Trust
Emma Ratzer	Voluntary Sector Representative
Alan Hopley	Voluntary Sector Representative
Dan Mobbs	Voluntary Sector Representative

Member present as guest:

Cllr Beccy Hopfensperger	Suffolk Health and Wellbeing Board

Officers Present:

Debbie Bartlett	Director, Transformation and Strategy, Adult Social Services, Norfolk County Council
Stephanie Butcher	Policy Manager Health and Wellbeing Board
Rachael Grant	Policy Manager Public Health
Stephanie Guy	Advanced Public Health Officer
Hollie Adams	Committee Officer

Speakers:

Suzanne Meredith (Item 8)	Deputy Director of Public Health (Healthcare Services), Norfolk County Council

Norfolk Health and Wellbeing Board

1. Apologies

1.1 Apologies were received from Paula Boyce, Anna Davison, Anoop Dhesi, Cllr Flaxman-Taylor, Cllr John Fisher, Cllr Donna Hammond, Cllr Beth Jones, Sarah Oldfield, Giles Orpen Smellie, Cllr Sam Sandell, Joanne Segasby (Jonathan Barber Substituting), Caroline Shaw (Carly West Burham substituting), Gavin Thompson, Sara Tough and Matthew Winn (Anna Gill substituting). Also absent were Sue Cook, Cllr Beth Jones, David Allen and Stuart Richardson.

2. Chairman's Opening Remarks

2.1 The Chair welcomed all present and noted that the first meeting of the official Integrated Care Partnership (ICP) would opened by Rt. Hon Patricia Hewitt, Chair of the Integrated Care Board (ICB), right after the Health and Wellbeing Board (HWB).

3. HWB minutes

3.1 The minutes of the Health and Wellbeing Board meeting held on 8 June 2022 were agreed as an accurate record and signed by the Chairman.

4. Actions arising

4.1 There were no actions arising from the minutes of the 8 June 2022.

5. Declarations of interest

5.1 No interests were declared

6. Public Questions

6.1 No public questions were received.

7. Urgent Matters Arising

7.1 Since the Health and Wellbeing Board last met the Integrated Care Board had come into being. The Health and Wellbeing Board had agreed to have a representative of the Integrated Care Board as one of its Vice-Chairs; the Chair moved an election of this Vice-Chair.

7.2 The Chair, seconded by Cllr Mary Rudd, proposed Rt. Hon Patricia Hewitt. Rt. Hon Patricia Hewitt was duly elected as Vice-Chair of the Health and Wellbeing Board for the ensuing council year.

7.3 A further Vice-Chair had been agreed to be elected from the primary care representatives on the Health and Wellbeing Board however they had not completed their selection process. The Chair hoped the election of this Vice-Chair election could be carried out in September 2022.

8. Joint Strategic Need Assessment (JSNA) - Statutory responsibilities and Forward work programme (HWB)

8.1.1 The Health and Wellbeing Board received the report giving a recap on the statutory responsibilities of the Health and Wellbeing Board in respect of the Joint Strategic Needs

Assessment, summarising recent Norfolk Joint Strategic Needs Assessment updates and outlining the 2022/23 work programme for approval.

8.1.2 The Deputy Director of Public Health (Healthcare Services) gave a presentation to the board; see appendix A of these minutes:

- The Joint Strategic Needs Assessment would help partners assess current and future health needs of the population to inform strategy and planning.
- The link to Norfolk Insight, where the Joint Strategic Needs Assessment data was available, was provided within the report and in the presentation.
- Information analysis reports would in future be accompanied by a set of infographics and slide decks.
- All data analysis moving forward would include data related to Waveney if available, to reflect the new Integrated Care System and incorporation of Waveney.
- All new published products would include dissemination plans.
- A Norfolk and Waveney population overview pack and life expectancy briefing paper had been published.
- Information was available on lifestyle, behaviour and intervention opportunities.
- An analysis on tobacco had been published, an analysis on alcohol was due to be published soon and an analysis on obesity would be produced.
- The draft work programme for 2022-23 was also set out in the report
- Partners were asked for feedback, to help share and disseminate the information, and for involvement in steering groups

8.2 The following points were discussed and noted:

- The Chair was pleased with the reinvigoration of the Joint Strategic Needs Assessment, providing a source of information for the whole system. The Health and Care Act now provided more guidance around Joint Strategic Needs Assessments, as detailed in the report and the Chair pointed out that it was necessary to demonstrate that the information from the Joint Strategic Needs Assessment was being used in the design of plans and strategies.
- Including information on the prevalence of vaping in young people and its effects was suggested. There was no information currently available on this. The Director of Public Health reported that the prevalence of vaping in teenagers was assumed to be increasing but that there was also little information on vaping levels in adults. Smokers were encouraged to vape as a safer alternative however it was important to prevent young people from vaping which could lead to smoking.
- Vice-Chair Cllr Thomas noted the work planned on sexual health and reported that Norfolk Health Overview and Scrutiny Panel were planning a briefing on menopausal services which could feed into the final Joint Strategic Needs Assessment product.
- Cllr Beccy Hopfensperger arrived at 9.54
- It was queried whether there had been a loss of emphasis on smoking cessation. The Director of Public Health reported that the Khan review had shown what action was required in this area. Smoking was one of the biggest causes of health inequality, and refreshed leadership commitment in this area would be welcome.
- Including information to support prevention in the Joint Strategic Needs Assessment was suggested, for example through themed reports on particular issues. The Director of Public Health replied that the section on healthcare evaluation was aimed at prevention. A piece of work on potentially avoidable emergency admissions had been carried out and more analytical work of this type would also be carried out.

- There were many new issues impacting the population such as cost of living, falling private rental, household debt increases and foodbank dependency, and it was queried how much capacity there was to regularly collate such information so action could be taken related to current need. The Chairman **asked** officers to think about how to respond to this issue.
- One challenge would be measuring whether interventions based off of this data were making an impact.
- The work to collate data related to the Gypsy Roma Traveller community was noted. It was suggested that focussed work on other groups such as the homeless population and those in the criminal justice system. There had been a strategic request to focus on the Gypsy Roma Traveller community this year.
- Pulling together learning from projects and data from across the system to share widely was discussed as helpful.
- It was suggested that it may be useful to look at lifestyle issues at different life stages, taking advantage to talk about wider determinants of health at these points. For example, speaking to parents during pregnancy or to women during menopause. The Director of Public Health agreed that there were teachable moments at key life events, pointing out as an example that more could be done to target smoking in partners of pregnant women; Norfolk was an outlier in the number of women who were smokers at the time of delivery.
- Norfolk was required to create a "Combatting Drugs Strategic Partnership" and develop analytical work on the impact of illegal drugs. It was **suggested** that it may be helpful for this Strategic Partnership to work in partnership with a subgroup of the Health and Wellbeing Board. Ongoing work would be needed to understand the relationship between health needs, addiction, supply and impact on crime.
- Information on Norfolk Insight would include Waveney data moving forward where available. Emma Ratzer **asked** that where Waveney data was not available that it was indicated where it could be found.
- Vice-Chair Cllr Thomas raised the issue of oral health, noting that when discussed at health scrutiny it had been noted there was no data on the state of oral health in Norfolk.
- The Chair noted that the Joint Strategic Needs Assessment would be an important driver of future work; prevention was an important one of the Board's goals and having a clear picture of the population would help interventions be more successful.

8.2 The Health and Wellbeing Board:

a) **Acknowledged** the revised statutory responsibilities of the Health and Wellbeing board in respect of the JSNA required by the Health and Care Act 2022.

b) **Approved** the 2022-23 Norfolk JSNA work programme

c) **Made suggestions for the JSNA** (set out in full in the discussion above):

- Information on the prevalence of vaping in young people and its effects
- Information to support prevention, for example through themed reports on particular issues
- Regularly collating information on issues impacting the population such as cost of living, falling private rental, household debt increases and foodbank dependency
- Focussed work on groups such as the homeless population and those in the criminal justice system
- Looking at lifestyle issues at different life stages, taking advantage to talk about wider determinants of health at these points
- Where Waveney data is not available indicating where it can be found

The Health and Wellbeing board closed at 10:20

The meeting moved on to Integrated Care Partnership (ICP) matters.

Integrated Care Partnership

1. Election of Chair

1.1 Rt. Hon Patricia Hewitt, Chair of the Integrated Care Board (ICB), formally announced the opening of the Integrated Care Partnership (ICP). She had been elected as its founding member by the Integrated Care Board on Friday 1 July 2022.

1.2 Rt. Hon Patricia Hewitt nominated Cllr Bill Borrett, seconded by Dr Louise Smith, as Chair of the Integrated Care Partnership. Cllr Bill Borrett was duly elected as Chair of the Integrated Care Partnership for the ensuing Council Year.

2. Election of Vice-Chairs

2.1 The Chair, Cllr Bill Borrett, nominated Rt. Hon Patricia Hewitt as the first Vice-Chair, and Cllr Alison Thomas as the second Vice-Chair of the Integrated Care Partnership. These nominations were seconded by Cllr Mary Rudd and Cllr Alison Webb.

2.2 Rt. Hon Patricia Hewitt and Cllr Alison Thomas were duly elected as Vice-Chairs for the Integrated Care Partnership for the ensuing council year.

3. Apologies

3.1 Apologies were received from Paula Boyce, Anna Davison, Anoop Dhesi, Cllr Flaxman-Taylor, Cllr John Fisher, Cllr Donna Hammond, Cllr Beth Jones, Sarah Oldfield, Giles Orpen Smellie, Cllr Sam Sandell, Joanne Segasby (Jonathan Barber Substituting), Caroline Shaw (Carly West Burham substituting), Gavin Thompson, Sara Tough and Matthew Winn (Anna Gill substituting). Also absent were Sue Cook, Cllr Beth Jones, David Allen and Stuart Richardson.

4. Chair's Opening Remarks

4.1 The Chairman remarked that the Integrated Care Partnership was a key committee of the system which wrote the strategy for all partners in the system to work within. The involvement and attendance of the Members on the Integrated Care Partnership was therefore crucial, and he thanked everyone for their involvement.

5. Minutes

5.1 The minutes of the Shadow Integrated Care Partnership meeting held on 8 June 2022 were agreed as an accurate record and signed by the Chairman.

6. Declarations of Interest

6.1 No interests were declared

7. Public Questions

7.1 No public questions were received.

8. Norfolk and Waveney Integrated Care Partnership (ICP) Governance

8.1.1 The Board received the report seeking to ratify the proposed Governance of the Integrated Care Partnership that had previously been agreed at the Shadow ICP meeting on 28 April 2022, ahead of the Integrated Care Partnership formation on 1 July 2022.

8.1.2 The Executive Director of Adult Social Services introduced the report to the Board. He noted that the Integrated Care Partnership was rooted in the needs of people and communities. There was a strong theme of subsidiarity in the recommendations and as much as possible, the Health and Wellbeing Boards of Suffolk and Norfolk had been joined with the Integrated Care Partnership.

8.1.3 The Director, Transformation and Strategy, Adult Social Services, thanked the team, wider Clinical Commissioning Group team and democratic services for their work

8.2 The following points were discussed and noted:

- Cllr Mary Rudd thanked officers for the inclusion of District Councils. The Chair agreed it was important to include them; when working in place they played a key role, as had been demonstrated in the Covid-19 Pandemic when they were able to mobilise local resources.
- Where system concerns related to risk would be listed and logged on behalf of the ICP to ensure these were being addressed in a way that the Partnership felt was adequate. Vice-Chair Rt. Hon Hewitt noted that the NHS Integrated Care Board had a new Audit Risk Committee looking at system wide risk related to NHS finances and performance. Such risks could be raised at the Integrated Care Board. The Executive Director of Adult Social Services also noted that there were provisions within the Health and Wellbeing Board that took an overview on risk so it would be helpful to look further into this. The Chair replied that systemic risk would be looked at moving forward, including how issues would feed in from social care.
- Managing public expectation was discussed and the importance of having an ongoing dialogue with the public. The Chair noted the importance of being evidence driven and that the public could interact with and attend or watch meetings.

8.3 The Integrated Care Partnership:
AGREED to ratify the recommendations made at the Integrated Care Partnership development session on 23 February 2022 and at the Shadow Integrated Care Partnership meeting on 28 April 2022. These are:

a) The Terms of Reference, which includes membership.
b) The purpose, functions, and guiding principles.
c) Secretariat and the development of a forward plan for the Integrated Care Partnership.
d) Coordinate place-based plans across Norfolk and Waveney in order to further progress the delivery of the integrated care strategy and the existing functions of the Health and Wellbeing Board.

9. Nomination of the Integrated Care Partnership member on the NHS Norfolk and Waveney Integrated Care Board (ICP)

9.1 The Integrated Care Partnership received the report which had been brought forward following the agreement that a member of the Integrated Care Partnership (ICP) would be on the Board of NHS Norfolk and Waveney Integrated Care Board (ICB). At its first

meeting, the ICP was required to agree a nominee or a list of nominees to be its member on the ICB Board and this paper set-out the process for doing so.

9.2 Rt. Hon Patricia Hewitt nominated Integrated Care Partnership Chair, Cllr Bill Borrett, seconded by Cllr Fran Whymark. The Integrated Care Partnership agreed this nomination.

9.3 The Chair noted that the legislation covered a very complex system; the underlying principle taken had been to keep new meetings to a minimum, running the Integrated Care Partnership together with the Health and Wellbeing Board reduced travel and meeting time for partners.

9.4 The Integrated Care Partnership:

- **Agreed** Chair of the Integrated Care Partnership, Cllr Bill Borrett, as nominee to be its member on the Board of NHS Norfolk and Waveney ICB

10 Integrated Care Strategy update (ICP)

10.1.1 The Integrated Care Partnership received the report setting out the challenges and opportunities which could best be overseen by the Integrated Care System, which looked beyond traditional organisational boundaries at complex, long-term issues and needed integrated approaches to succeed.

10.1.2 The Executive Director of Adult Social Services gave a brief introduction to the report by noting that priorities would be brought together into the new Integrated Care Strategy and would be defined by national expectation.

10.1.3 The Director, Transformation and Strategy, Adult Social Services, introduced the report to the Integrated Care Partnership:

- Including the wider system, as seen in the Integrated Care Partnership, was something which officers wanted to mirror in the care strategy
- It was important for the Partnership to identify what they wanted to achieve as part of this strategy.
- Through discussions and analysing priorities, a set of three themed areas had been proposed which would benefit from joined up working across organisations, set out in section 2.3 of the report.
- An approach was proposed using these themes, running through the Health and Wellbeing Board Strategies and mirrored in the Integrated Care Strategy system.
- A set of questions to guide thinking and actions was also proposed
- Reactions to the priorities and guidance as well as support which could be offered to help take this strategy out to partners at place was requested.

10.2 The following points were discussed and noted

- The Broadland and South Norfolk Health and Wellbeing Partnership had held a workshop to look at the health and wellbeing strategy, identifying cost of living and hardship as key issues which would impact on health and wellbeing of residents. Vice-Chair Cllr Thomas therefore felt that this should be reflected in the strategy.
- Cllr Hopfensperger shared information from Suffolk County Council Health and Wellbeing Board who had launched an All-Ages Carer Strategy which included Waveney and suggested there should be a link to this data within the strategy.

- It was suggested that a bottom up, place based approach for population approach should be in place. A checklist style system could be used to help ensure strategies were co-produced with residents and service users.
- The inadequate rating of Norfolk and Suffolk Foundation Trust was discussed as a system wide issue, with the lack of an improvement plan having been seen by the Mental Health Programme Board.
- Housing Support Services were undergoing transformation in Waveney; it was suggested that lessons learned would be useful to share to support other areas during recommissioning of housing services.
- A discussion was held about the proposed themes within the report. It was suggested that they did not speak directly towards driving medical needs in the community. The Director of Public Health felt that smoking cessation was the area which could impact the most on health outcomes.
- There were differing needs in different areas of the county meaning that it would be important to think about how this was reflected in the strategy.
- The need for a mental health support system going from prevention to secondary services was discussed. The Integrated Care Board had been looking at how the mental health support system could be overhauled to improve the service, looking at best practice, the challenges faced by people in Norfolk and Waveney, and ways to work together at place and system level
- It was suggested that reducing the gap between life expectancy and healthy life expectancy should be a priority, noting that there were some areas of the County where people were at higher risk of living with multiple conditions which impacted on life expectancy. Understanding the experiences and priorities of people in these areas would help meet this priority.
- The Chair noted that all organisations had their own operational strategies to deliver but the Integrated Care strategy would help provide a strategic vision for all of these strategies to work within. It would be key to be open with all organisations to support and listen to each other.
- The Director, Transformation and Strategy, Adult Social Services, reported that over the next months, ways for citizens to hold the Integrated Care Partnership to account would be developed. From the discussion held she summed up the main themes of discussion which were support for creating conditions for people to have good mental health, prioritisation of housing and inequalities and a focus on communities and on hardship. She suggested that it might be helpful to have themed discussions to inform and develop the strategy.

10.3 The Integrated Care Partnership:

a) **Agreed** the themes/priorities set out in section 2 of the report.
b) **Agreed** the proposed next steps to engage with local partnerships and partners on these themes/priorities.
c) **Agreed** to receive an update on progress of the Integrated Care Strategy in November, after we have received further national guidance.

Meeting Concluded at 12.18pm

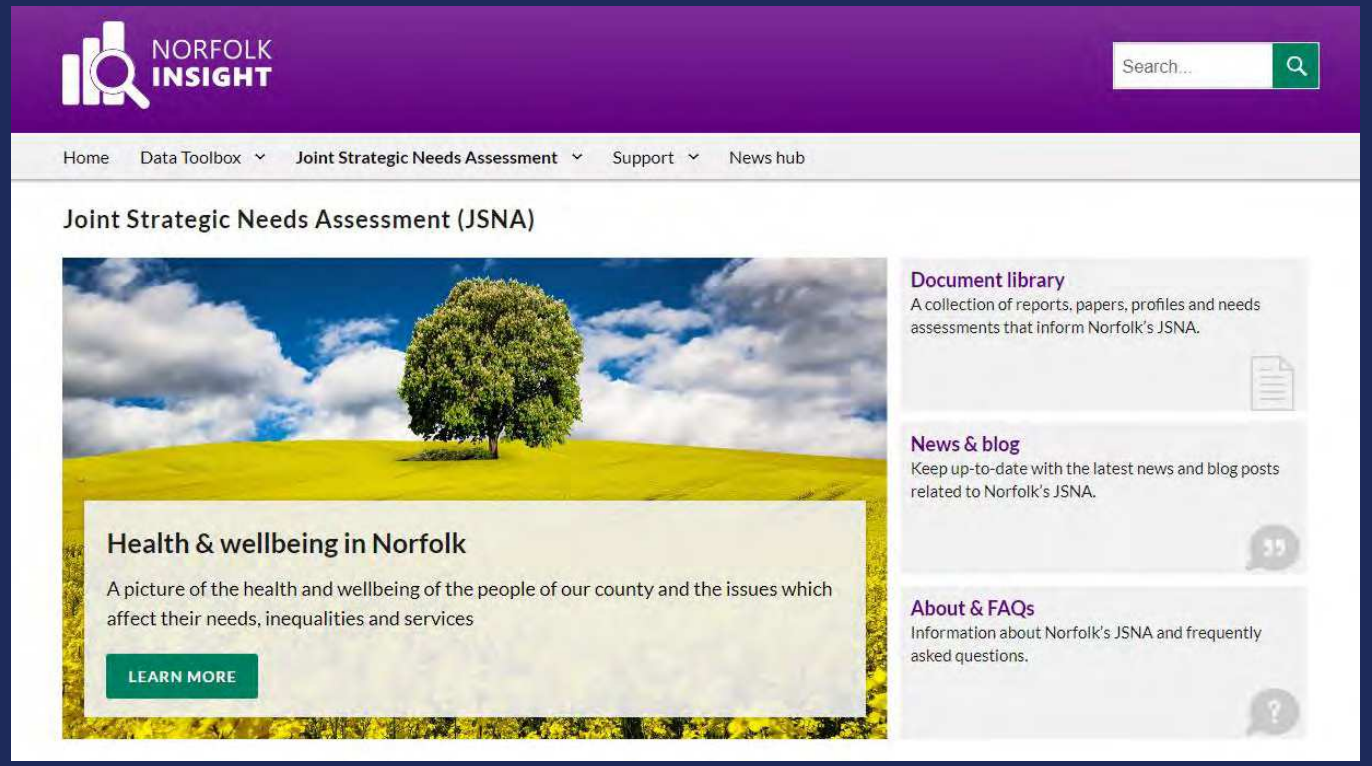
Bill Borrett, Chair,

Health and Wellbeing Board and Integrated Care Partnership

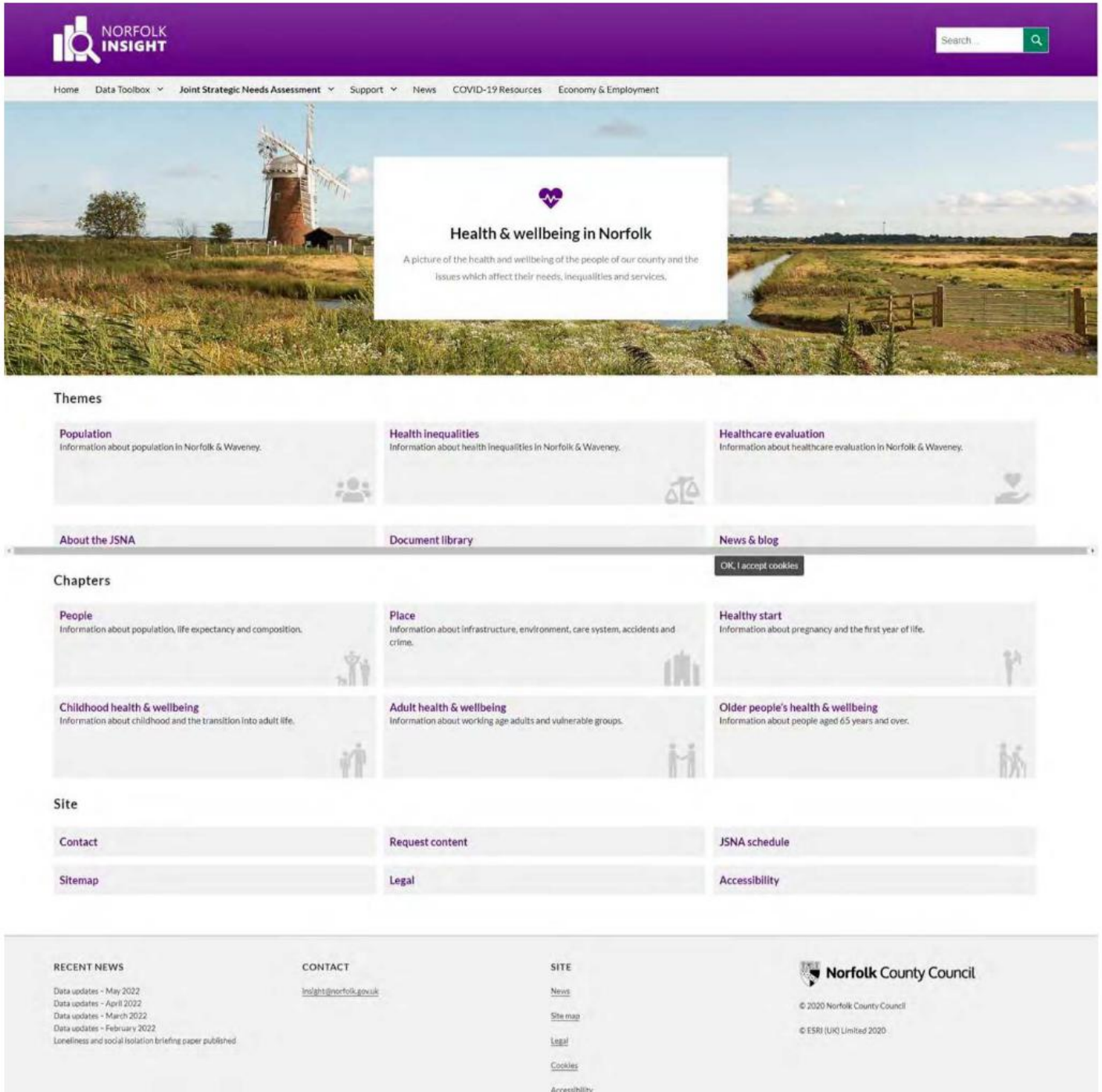
Joint Strategic Needs Assessment (JSNA) Update

Suzanne Meredith

Deputy Director of Public Health
Norfolk County Council



Norfolk County Council



Our JSNA

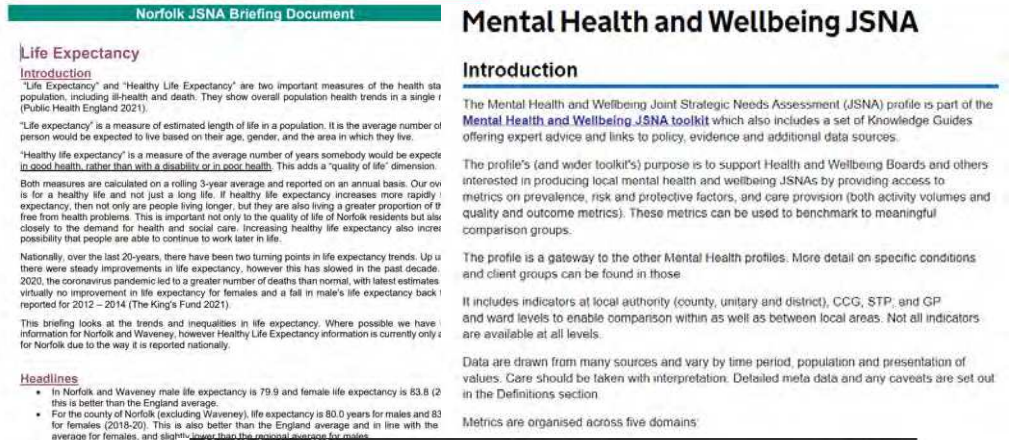
- Norfolk Insight page: www.NorfolkInsight.org.uk/jsna/
- Needs assessments, topic-based reports, health and wellbeing profiles and data analysis.
- NEW 3 main themes:
  - POPULATION,
  - HEALTH INEQUALITIES,
  - HEALTHCARE EVALUATION.

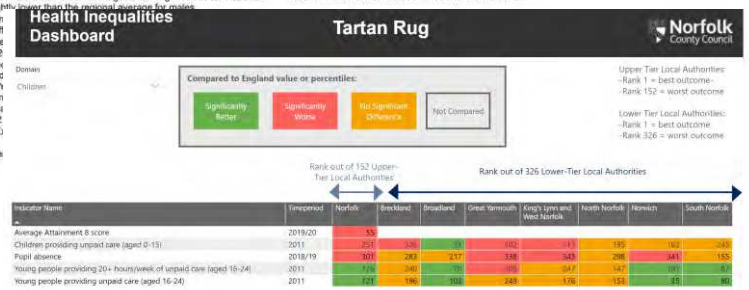
New JSNA Products 2021-22

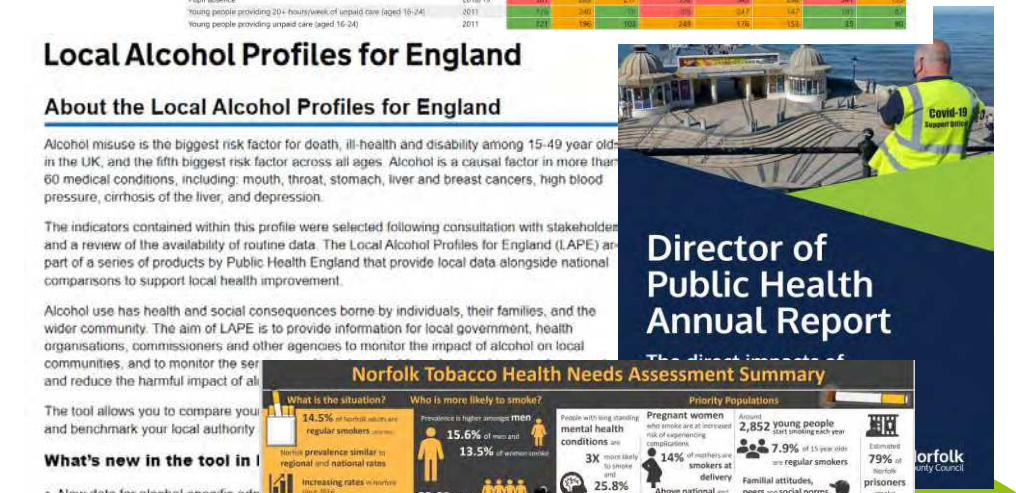
- The Norfolk & Waveney Population Overview.
- Isolation and Loneliness.
- Tobacco – Summary Needs Assessment & Infographic.
- Health & Wellbeing Profiles Interactive Power BI Dashboard.
- Life Expectancy.
- Health Inequalities: Core20 Summary.
- Health Inequalities toolkit.
- Health Inequalities Interactive Power BI Dashboard.
- Mental Health Needs Assessment.

Approved for publication on Norfolk's JSNA

- Director of Public Health Report in Norfolk.
- SEND Needs Assessment.







Norfolk and Waveney Population

Population

1,033,000 residents

1 in 5 are over **65**
1 in 20 are under **5**

The population is generally **older** than the England population.

Norfolk and Waveney population is expected to **grow** by about **110,000** people between 2020 and 2040, the **largest growth** is expected in the **older** age bands.

Norfolk and Waveney is **less ethnically diverse** than England, about **9%** are non-white British compared to **21%** in England.

Deprivation

Almost **164,000** people live in communities that are in the

20% most deprived in England.

The most deprived communities are in the urban areas of Great Yarmouth, King's Lynn, Lowestoft, Norwich and Thetford.

But there are also pockets of deprivation in rural areas too.

Births

Births are declining

In 2019 there were about **9,100 births**.

The **rate of births** to mothers aged 15-44 is **lower** compared to England.

Deaths

There were about **12,700 deaths** in 2020.

All cause mortality rates are **lower** than England

Leading causes of **death for males and females**;

- Heart Disease
- Dementia and Alzheimer's
- COVID-19
- Stroke and Lung Cancer

Life and Healthy Life Expectancy

Life expectancy is almost **80 years for males** and **84 years for females**, slightly **higher** than England average.

The **gap in life expectancy** between the most deprived and least deprived areas is over **8 years for males** and over **6 years for females**.

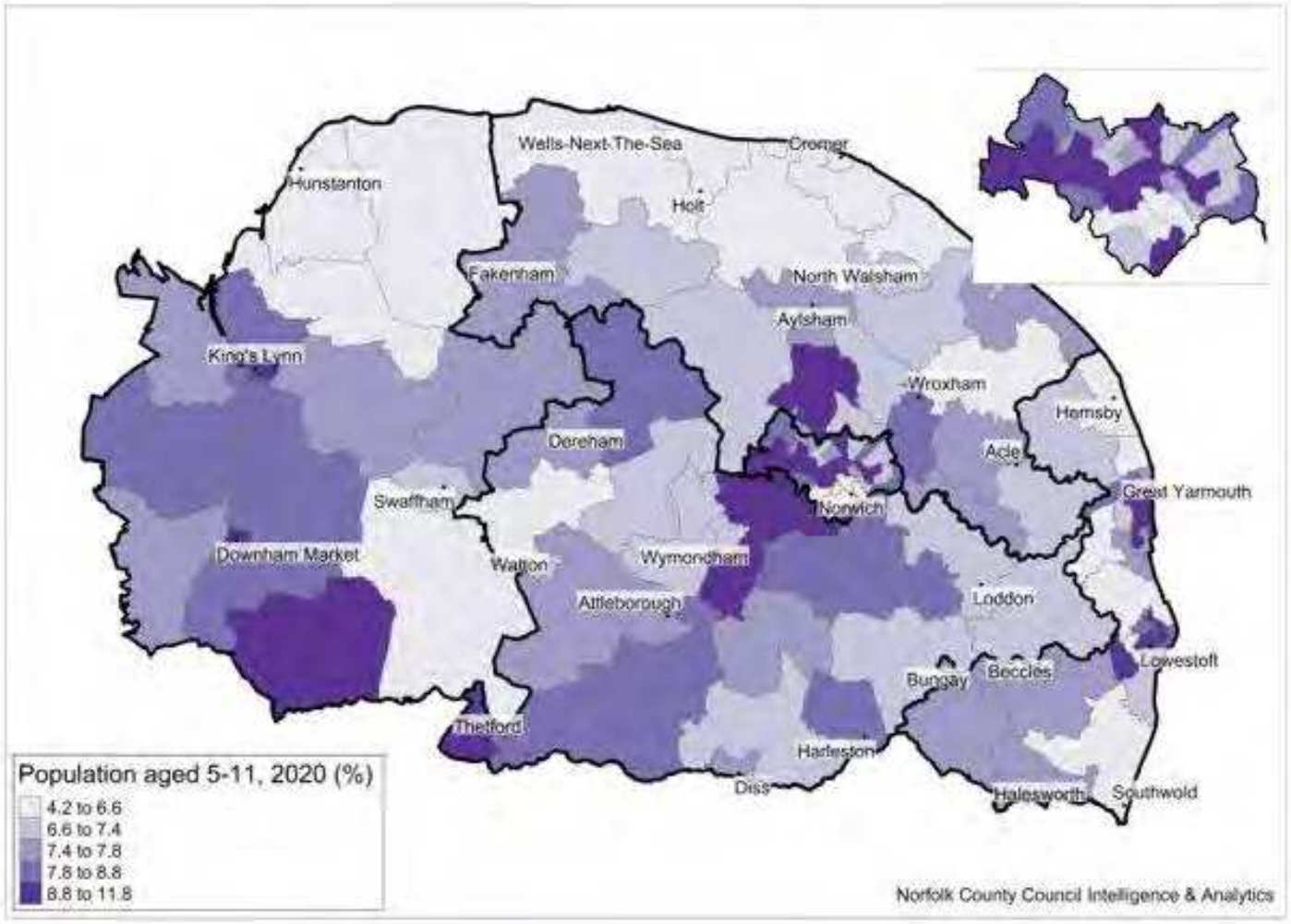
Deaths from **circulatory diseases, cancer and respiratory diseases** contribute most to this life expectancy gap.

Healthy life expectancy is about **62.7 years for males** and **62.4 years for females** **lower** than England and has decreased over the last few years.

This means that people spend in ill health is getting longer and is **17.4 years for males** and **21.7 years for females**.

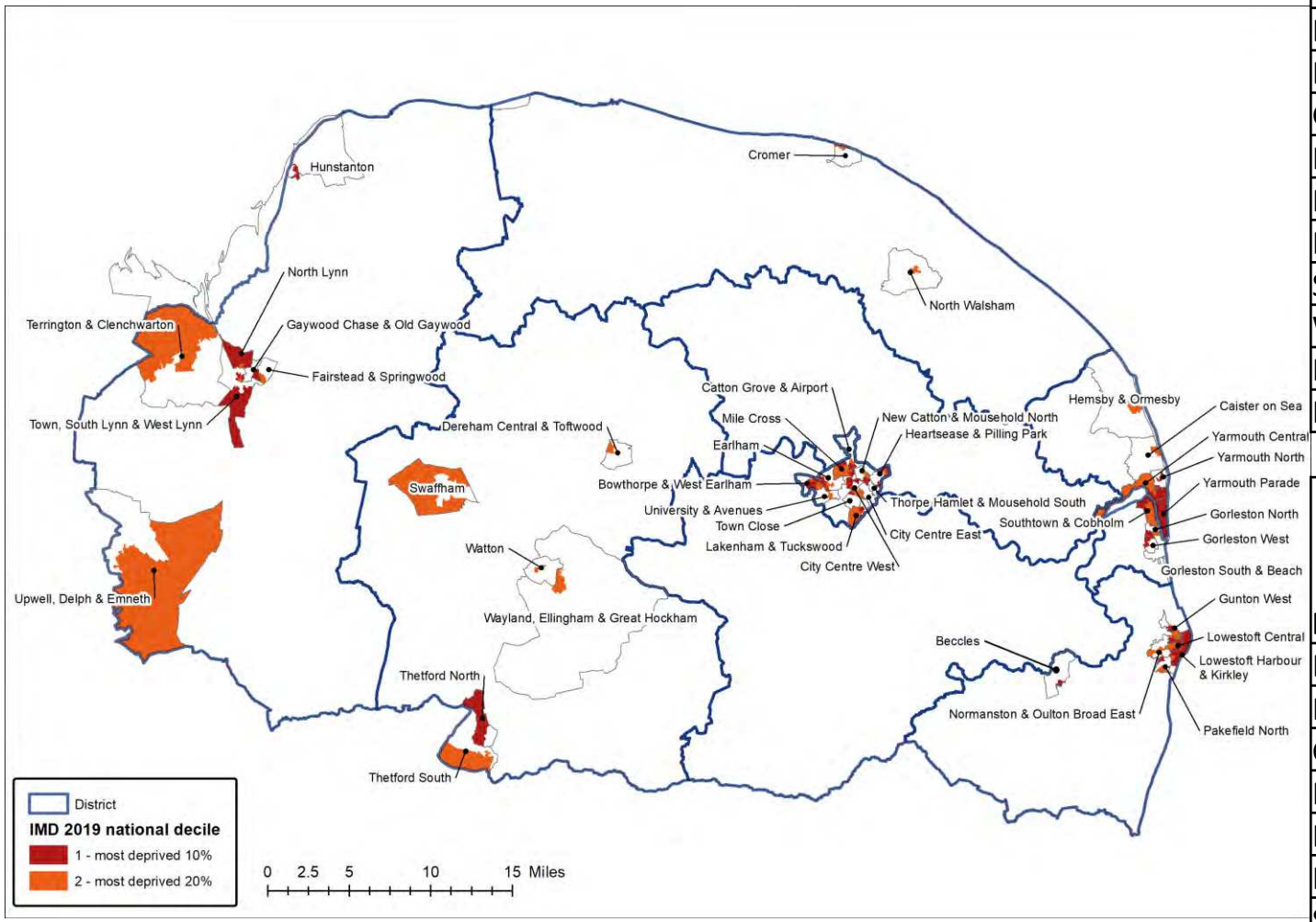
Children (5-11 year olds)

There are estimated to be a total of 80,200 5-11 year olds in Norfolk and Waveney in 2020, representing 7.8% of the total population. Numbers vary across the districts from 6,700 in North Norfolk to 12,400 in King's Lynn and West Norfolk.



	5-11	All Ages	% 5-11
Breckland	11,300	141,300	8.0%
Broadland	9,900	131,900	7.5%
Great Yarmouth	8,000	99,200	8.1%
King's Lynn and West Norfolk	12,400	151,200	8.2%
North Norfolk	6,700	105,200	6.4%
Norwich	10,700	142,200	7.5%
South Norfolk	11,900	143,100	8.3%
Waveney	9,300	118,600	7.8%
Norfolk	**70,900**	**914,100**	**7.8%**
Norfolk & Waveney	**80,200**	**1,032,700**	**7.8%**

There are 42 communities across Norfolk and Waveney where some or all the population live in the 20% most deprived areas in England. However, none of these communities are in Broadland or South Norfolk.



District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	2,500	12,300	126,500	14,700
Broadland	0	0	131,900	0
Great Yarmouth	26,900	12,800	59,500	39,700
KLWN	12,100	11,200	127,900	23,300
North Norfolk	0	2,800	102,400	2,800
Norwich	27,400	28,100	86,700	55,500
South Norfolk	0	0	143,100	0
Waveney	16,000	11,800	90,700	27,900
Norfolk and Waveney	84,900	78,900	868,800	163,800
England	5,603,900	5,697,200	45,249,000	11,301,100

District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	1.7%	8.7%	89.6%	10.4%
Broadland	0.0%	0.0%	100.0%	0.0%
Great Yarmouth	27.1%	12.9%	60.0%	40.0%
KLWN	8.0%	7.4%	84.6%	15.4%
North Norfolk	0.0%	2.6%	97.4%	2.6%
Norwich	19.3%	19.7%	61.0%	39.0%
South Norfolk	0.0%	0.0%	100.0%	0.0%
Waveney	13.5%	10.0%	76.5%	23.5%
Norfolk and Waveney	8.2%	7.6%	84.1%	15.9%
England	9.9%	10.1%	80.0%	20.0%

40% of the populations of Great Yarmouth and Norwich live in the most deprived 20% of areas in England compared to 16% for Norfolk and Waveney as a whole.

Life Expectancy in Norfolk and Waveney

Key Definitions

Life Expectancy - a person's **estimated length of life** based on age, gender, and where they live

Healthy Life Expectancy - average years somebody is expected to live in **good health**

Healthy Life Expectancy

Proportion of life spent in poor health:

21% or over **17 years**

24% or over **20 years**

Healthy life expectancy is **in line** with **national average**

Although they live longer, the proportion of life spent in **poor health** is **higher for females**

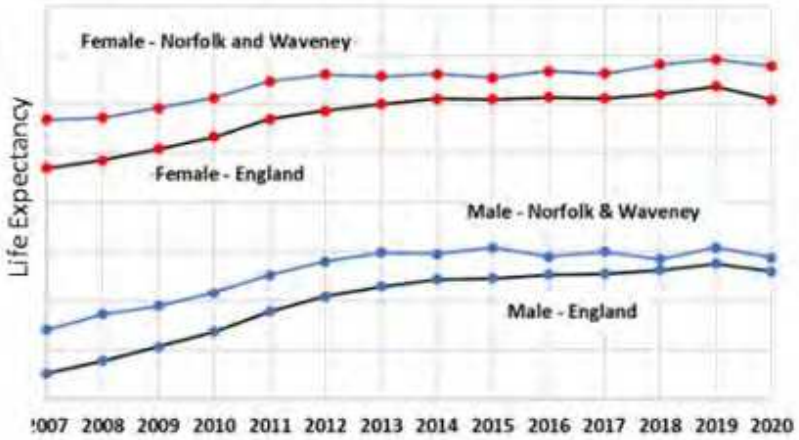
What is the Situation?

A person born in Norfolk and Waveney can expect to live...

83.8 years

79.9 years

This is **higher than national** average life expectancy.



Life expectancy is **lower for males** with females expected to live longer by an average 3 years and 11 months

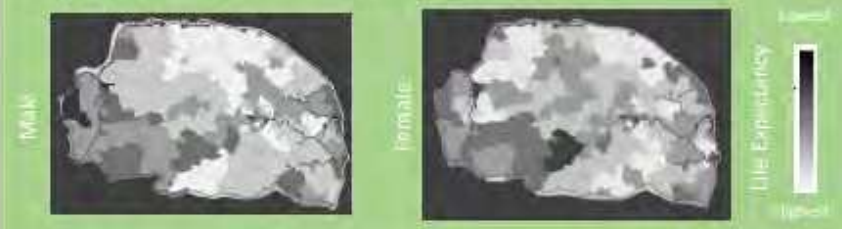
Improvements in life expectancy have **stalled in last 10 years**

Most recent data (2018-20) shows a **local and national decline**

Future data will help understand impacts of **Covid 19**

How does this vary across Norfolk and Waveney?

There is geographical variation across Norfolk and Waveney; **deprived areas** have lower life expectancy



On average, males in most deprived areas live over **9 years** less than those in most affluent areas. This is over **7 years** for females

Biggest contributors to gaps between most and least deprived:

Circulatory Disease* around **25%** for males and females

Cancer* around **20%** for males and females

Respiratory Conditions around **17%** for males, **20%** for females

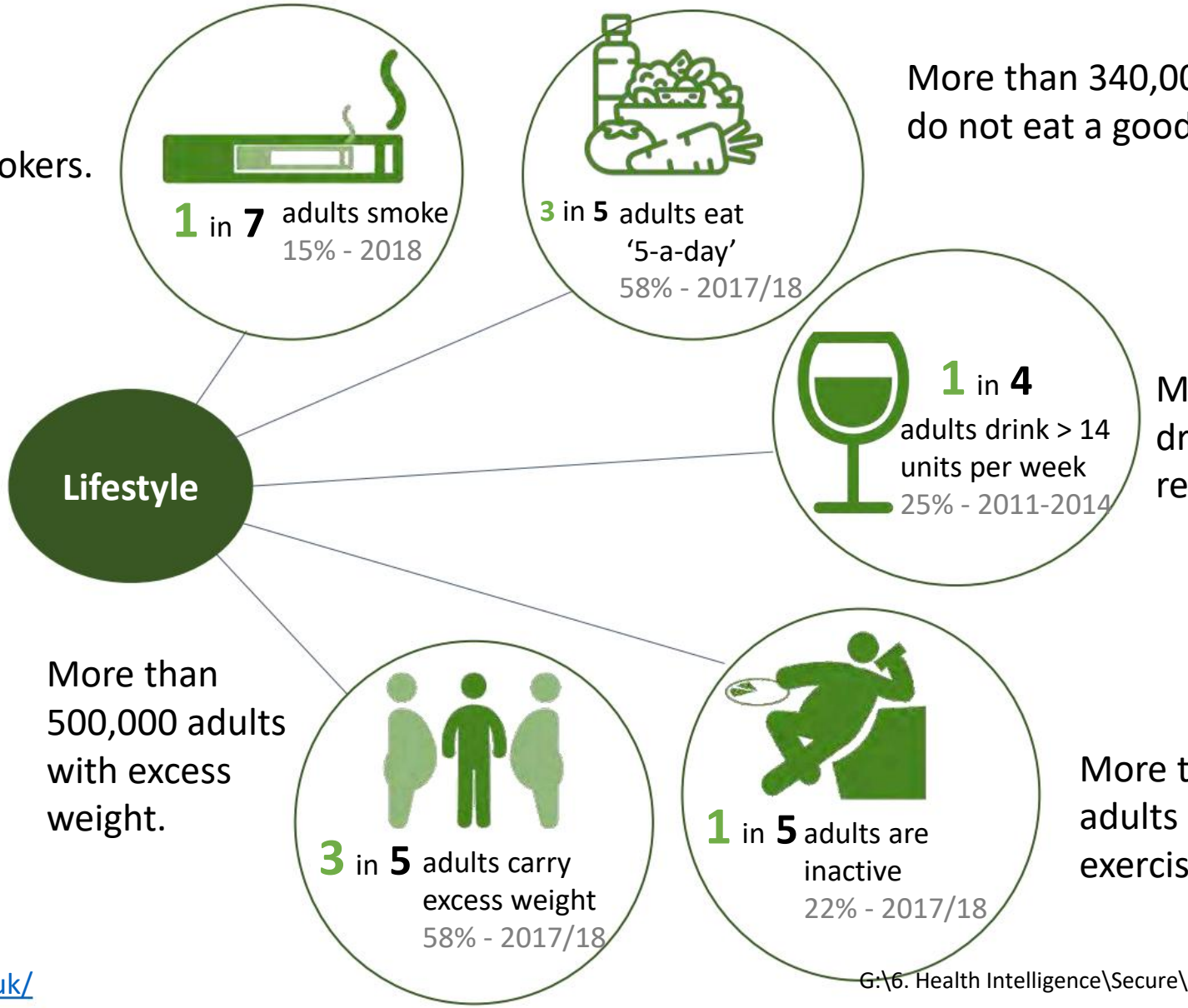
Other factors include **mental health**, **digestive health** and **smoking**

**Generally higher rates for males*

Infographic produced by Insight & Analytics - March 2022. Data taken from 'Life Expectancy JSNA Briefing Paper'. Data is for Norfolk and Waveney unless otherwise stated.

Norfolk County Council

Together with other lifestyle factors there are alcohol prevention opportunities across Norfolk. Approximately 1 in 4 adults drink more than the recommended amount each week.



https://fingertips.phe.org.uk/

Icons made by Freepik from www.flaticon.com

Norfolk Tobacco Health Needs Assessment Summary

What is the situation?

14.5% of Norfolk adults are **regular smokers** (2019 data)

Norfolk **prevalence similar** to **regional** and **national rates**

Increasing rates in Norfolk since 2016

Smoking is the UK's **largest contributor** to ill health and **health inequalities**

Who is more likely to smoke?

Prevalence is higher amongst **men**

15.6% of men and **13.5%** of women smoke

25-29 year olds

People in **routine or manual jobs**

Almost **25%** of employed adults in Norfolk are in these roles

People who are **unemployed**

Sexual and **ethnic minority groups**

People in **deprived areas**

Great Yarmouth has the highest prevalence in Norfolk

Priority Populations

People with long standing **mental health conditions** are **3X** more likely to smoke and **25.8%** smoke in Norfolk

Pregnant women who smoke are at increased risk of experiencing complications

14% of mothers are **smokers at delivery**

Above national and **regional average**

Around **2,852** young people start smoking each year

7.9% of 15 year olds are **regular smokers**

Familial attitudes, peers and **social norms** contributing factors

Estimated **79%** of Norfolk **prisoners** smoke

Strategies & Targets

Towards a Smoke-free Generation: A Tobacco Control Plan for England 2017 aims to:

- Reduce the number of **15-year-olds who regularly smoke to 3% or less**
- Reduce smoking among **adults to 12% or less**
- Reduce the inequalities gap in smoking prevalence between those in **routine and manual occupations** and the general population
- Reduce smoking in pregnancy to **6% or less**

Reduce number of **Norfolk smokers by 18,446**

What are the impacts and risks?

Rates per 100,000 population...

186 Deaths

16 oesophageal cancer registrations

67 lung cancer registrations

14 oral cancer registrations

1574 Hospital admissions

Data periods: cancer, 2016-18; deaths, 2017-19; hospital admissions, 2019-20

£12 billion (approximate annual national **economic cost**)

Excess of **23,000 cigarettes butts on Norfolk beaches**

Contributes to **climate change**

1.2 million illicit cigarettes seized in 2019

Low costs make them **more accessible** which may **inhibit efforts to quit**

Fire risks

Smoking Cessation

General decline in **engagement with stop smoking** services (sss)

Around **50%** of people **successfully quit** when they engaging with SSS

Likelihood of **success** for 4-week quit **increases with age**

e-cigarettes most popular aid used in quit attempts

Infographic produced by Insight & Analytics - November 2021. Data taken from 'Norfolk Tobacco Health Needs Assessment'. Data is for Norfolk unless otherwise stated.

Norfolk County Council

Draft Work Programme 2022-23

- Gypsy Roma Traveller.
- Oral Health.
- NHS Health Checks.
- Sexual and Reproductive Health.
- Prevention – obesity.
- Child Health.
- Eye Care.
- Overview of the Health of Norfolk population.
- Refresh of Population Overview to include the 2021 Census data.
- Refresh of interactive dashboards to include recently released national data.
- The Healthcare Evaluation theme will provide a focus on prevention opportunities and system priorities. A work programme is being developed collaboratively, with the initial focus on Urgent and Emergency Care.

Communication and Partner Involvement

- Using the JSNA for population needs insight and intelligence to inform strategy, commissioning and planning.
- Sharing and dissemination.
- Are there any gaps? Suggestions for further products?
- Leads for specific topic areas/ participation in steering groups.

If you have any feedback or need any further help please contact Norfolk's JSNA team: insight@norfolk.gov.uk

Norfolk County Council

Report title: Presentation of Norfolk Safeguarding Adults Board Annual Report for 2021/22

Date of meeting: 21 September 2022

Sponsor (HWB member): James Bullion, Executive Director, Adult Social Services

Reason for the Report

Publication of a safeguarding adults board's annual report is a statutory requirement under the Care Act (14.136 Care Act Guidance 2021). This report is to be shared with the Chair of Health and Wellbeing Board (14.160), and it is expected that the HWB 'fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the board. (14.161)

In addition, a copy of the annual report is required to be sent to the chief executive and Leader of the local authority, the Police and Crime Commissioner, the Chief Constable and the local Healthwatch.

Report summary

The Norfolk Safeguarding Adults Board (NSAB) annual report provides key point summaries on adult safeguarding activity covering the following topics:

- The statutory duty to carry out Safeguarding Adults Reviews.
- Activity summaries from NSAB's three statutory partners: the local authority, Norfolk Constabulary and the Clinical Commissioning Group (now Integrated Care Board).
- NSAB's key achievements during 2021/22.
- Review of the business plan.
- NSAB's website and social media.

Recommendations

The HWB is asked to:

a) Endorse the contents of the NSAB 2021/22 annual report.
b) Promote the work of NSAB to partner organisations and stakeholders.
c) Use media and communications channels to promote the safeguarding messages.

1. Background

1.1 The purpose of Norfolk Safeguarding Adults Board (NSAB) is to help and safeguard adults with care and support needs. It does this by:

a) Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
b) Assuring itself that safeguarding practice is person-centred and outcome-focussed.
c) Working collaboratively to prevent abuse and neglect where possible.
d) Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.
e) Assuring itself that safeguarding practice is continually improving and enhancing the quality of life of adults in its area.

1.2 The publication of the NSAB annual report is in order to fulfil the statutory requirement on safeguarding adults boards (14.136 Care Act Guidance 2016).

1.3 The NSAB leads adult safeguarding arrangements across Norfolk and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. The NSAB 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.

1.4 This requires the NSAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in "Making Safeguarding Personal". It also concerns itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

a) the safety of people who use services in local health settings, including mental health.
b) the safety of adults with care and support needs living in social housing.
c) effective interventions with adults who self-neglect, for whatever reason.
d) the quality of local care and support services.
e) the effectiveness of prisons in safeguarding offenders.
f) making connections between adult safeguarding and domestic abuse.

1.5 Along with the three statutory partners the board has a wider membership covering a range of agencies who are active in safeguarding adults in the county. These include health provider organisations from both acute and community settings, Norfolk Fire and Rescue Service, Healthwatch, probation, CQC, prisons, district councils, representatives from the voluntary sector and from other partnerships such as the Learning Disability Partnership.

1.6 Safeguarding services sit within the adult social services department (ASSD), led strategically by James Bullion, Executive Director of Adult Social Services who takes a keen and supportive role in respect of NSAB. NSAB is also supported by Craig Chalmers (Director of Community Social Work) and Helen Thacker (Head of Service), who leads the ASSD operational safeguarding service.

2. Some of NSAB's key achievements and activity during 2021/22

2.1 During the year 2021/2022, 4,928 safeguarding concerns were reported to the local authority. This represents again a significant increase from 4,294 the previous year. There have also been some changes to the types of abuse being experienced across the county over the last three years. Neglect and acts of omission is the most reported category with 875 reports this year. Physical abuse has slightly reduced to 689 reports, but as experienced nationally there has also been an increase in the number of domestic abuse concerns being reported.

2.2 The number of referrals received by the board for consideration as a Safeguarding Adults Review (SAR) has also continued to rise. There have been 20 referrals to the Safeguarding Adults Review Group in the last year, again an increase on previous years. Twelve of the referrals resulted in some form of learning outcome and two have been commissioned as SARs with one also being commissioned as a joint SAR and Domestic Homicide Review.

2.3 The board resources increased in October 2021 with the addition of a shared communications officer with the Norfolk Safeguarding Children Partnership which has enabled us to develop a board communications strategy. The refreshed NSAB website was launched in June 2021 with positive feedback and one of the most popular communications from the board remains the Board Manager's monthly blog.

Key highlights for 2021/2022

2.4 The Safeguarding Adults Review into the deaths of Joanna, Jon and Ben was published in September 2021 and focussed on the harrowing deaths of the three young people who were resident at Cawston Park, a private hospital in Norfolk. All of them had physical health needs and either learning disabilities, mental health issues or both. The publication of the review, the delivery of the recommendations and on-going work has been of national importance. Locally, recommendations were made to Norfolk County Council and the Clinical Commissioning Group (now Integrated Care Board) around the provision of services to people with behaviours that challenge, specifically in terms of moving away from medical admissions and social care discharges and adopting an ethical commissioning framework. The remaining patients at Cawston Park were moved and the hospital subsequently closed.

2.5 National recommendations were made to NHS England in respect of the oversight of commissioned services for people with behaviours that challenge which led to a national review of patients' safety and wellbeing. Recommendations were made to the Law Commission relating to the current legislation around corporate criminal liability, the Care Quality Commission (CQC) regarding aspects of their regulatory role and the Department for Health and Social Care in respect of the proposed changes to the Mental Health Act.

2.6 In December 2021 NSAB arranged for the Minister for Health and Social Care, Gillian Keegan MP, to visit Norfolk and meet with two of the families involved in the SAR and others whose children had also been accommodated at the hospital. She also met with the leader of the local authority, the Cabinet Member for Adult Social Care, Public Health & Prevention, the Executive Director for Adult Social Services, the Chief Nurse from the CCG, NSAB Independent Chair and Jerome Mayhew MP for Broadland.

2.7 Under the leadership of NSAB's previous chair the county has also developed a "Coalition for Change" core group whose main purpose will be to assist in co-producing a strategy to provide an improved service for people with behaviours that challenge.

2.8 A "Progress Summit" has been organised by NSAB for 6 September 2022 with invitations for all agencies responsible for the delivery of the SAR recommendations.

2.9 Other key highlights for the year 2021/2022 include the development of a three-minute animated film called "Tricky Friends". Developed by the board manager, this animation was designed for people with learning disabilities and autism to help raise awareness of exploitation. The animation has proved incredibly popular and is now being used across at least 30 other safeguarding boards. It has also been translated into Ukrainian in response to the "Homes for Ukraine" programme.

2.10 The board continues to deliver against its strategic aims of "Preventing abuse and neglect, Managing and responding to concerns and enquiries about abuse and neglect and Learning lessons and shaping future practice" (PML). It has used this framework to tackle the issue of consistency of the reporting of safeguarding concerns, which has led to several productive workshops between health and local authority colleagues and the on-going development of a safeguarding matrix document to provide guidance around a consistent approach. The PML approach has also addressed the issue of practitioners' understanding of Mental Capacity Assessments and following on from a well-supported on-line survey several NSAB led workshops are now being held.

2.11 A self-neglect and hoarding subgroup has also been developed by the board to address this specific area of concern and provide practical guidance and support to professionals faced with such challenges. A recent webinar attracted over 150 professionals and showcased the

specific journey of one individual who had been assisted through such challenging circumstances.

2.12 Under the leadership of the deputy board manager the Locality Safeguarding Adults Partnerships (LSAP) have grown significantly. They are the specific link between the strategy and operational practice. LSAPs have discussed a wide range of topics including safeguarding language, organisational abuse, domestic abuse and carers.

2.13 A key strength of the board is its ability to work together and with other partnerships to raise awareness of specific safeguarding issues, promoting various topics through different medias e.g., 7-minute briefings, webinars, face to face and virtual training. A joint event focussing on Professional Curiosity was delivered with our colleagues from the Norfolk Safeguarding Children Partnership.

2.14 The board has continued to see steady increases in visitors to its new website. As a result of promotion of the new site, the visitor numbers increased from 1,960 in May 2021 to 2,543 in July 2021. The highest number of users recorded was in visits to the SAR for Joanna, Jon and Ben. Twitter followers have also increased from 1,443 to 1,634. This social media platform is an excellent way to share safeguarding information publicly but also to share and identify best practice with other boards.

Officer Contact

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

Name	Tel	Email
Walter Lloyd-Smith	01603 638289	walter.lloyd-smith@norfolk.gov.uk

Norfolk Safeguarding Adults Board

Annual Report

1 April 2021 – 31 March 2022

Norfolk Safeguarding Adults Board

@NorfolkSAB

norfolksafeguardingadultsboard.info

Contents

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About the board

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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 from abuse and harm. Norfolk Safeguarding Adults Board (NSAB) is committed to ensuring that the person is at the centre of our attention as well as focusing on the outcome of investigations. We need to make sure that any agencies, or individuals, do everything they can to prevent abuse from occurring, to 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. You can read more about the board's main objectives in section 43 of the Care Act 2014.

By law, the board must have three core members which are: Norfolk County Council, Norfolk Constabulary and the Norfolk & Waveney NHS Clinical Commissioning Group. To work effectively we have a wider range of partners as members ***(see page 5)***.

"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:

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

About the board

@NorfolkSAB

The board has three core duties. They are:

- Develop and publish a strategic plan setting out how we will meet our objectives and how the board members and our partner agencies will contribute
- To make sure that Safeguarding Adult Reviews take place for any cases which meet the criteria
- Publish an annual report showing that we have done what we should be doing

"NSAB will work together with other organisations so that there are more people involved in making sure that the people of Norfolk remain safe, and the board has done what it said it will do."

About the board

@NorfolkSAB

	May 2021	July	Sept	Nov	Jan 2022	Mar
Acute hospitals	Tracey Denny (dep) Kim Goodby (dep)	Edmund Tabay (dep)	Kim Goodby (dep)	Kim Goodby (dep)	Kim Goodby (dep)	Kim Goodby (dep)
Adult social services	James Bullion Craig Chalmers Helen Thacker	Craig Chalmers	James Bullion Craig Chalmers	Craig Chalmers Helen Thacker	Craig Chalmers Helen Thacker	Craig Chalmers Helen Thacker
ARMC	Michael Millage			Michael Millage		Michael Millage
Build Charity	James Kearns			James Kearns	James Kearns	
District councils			Mike Pursehouse	Mike Pursehouse		
DWP	Lisa Barraclough			Lisa Barraclough		Lisa Barraclough
Healthwatch			Judith Sharpe	Judith Sharpe	Judith Sharpe	Judith Sharpe
Councillor	Penny Carpenter	Penny Carpenter	Penny Carpenter	Penny Carpenter	Penny Carpenter	Penny Carpenter
NCH&C	Carolyn Fowler	Maria Richardson (dep)	Carolyn Fowler	Carolyn Fowler	Victoria Aspinall (dep)	Carolyn Fowler Victoria Aspinall
Norfolk Constabulary	Chris Balmer	Chris Balmer	Chris Balmer	Andy Coller (dep)	Chris Balmer	Andy Coller (dep)
Norfolk Fire & Rescue				Greg Preston	Greg Preston	Greg Preston
NWCCG	Sarah Jane Ward (dep) Gary Woodward	Cath Byford Gary Woodward Sarah Jane Ward	Gary Woodward Sarah Jane Ward	Cath Byford Gary Woodward Sarah Jane Ward	Cath Byford Gary Woodward	Cath Byford Gary Woodward
NSFT	Arusha Sturgeon (dep for Saranna Burgess)			Saranna Burgess	Saranna Burgess	
Police & Crime Commissioner Office	Amanda Murr (dep)		Amanda Murr (dep)	Gavin Thompson Amanda Murr	Amanda Murr	Gavin Thompson
Prison service		Amy Askew				
Probation	Jo Rusby			Leon McLoughlin-Smith		Leon McLoughlin-Smith
Public Health	Sally Hughes	Sally Hughes	Sally Hughes	Sally Hughes	Sally Hughes	Sally Hughes
UEA	Ian Callaghan	Ian Callaghan	Ian Callaghan	Ian Callaghan		
Voluntary sector		Ben Reed (Equal Lives)	Ben Reed (Equal Lives)	Ben Reed (Equal Lives)		Ben Reed (Equal Lives)

This table shows the organisations that our board members have come from, and the board meetings that they have attended (deputies are shown where they've attended on behalf of board members)

ARMC - Association Representing Mental Health Care

DWP - Department of Work & Pensions

NCH&C - Norfolk Community Health and Care Trust

NWCCG - Norfolk & Waveney CCG

NSFT - Norfolk & Suffolk NHS Foundation Trust

UEA - University of East Anglia

Message from
Heather Roach, independent chair

Welcome to the Norfolk Safeguarding Adults Board annual report for 2021/22 and my first for the partnership having been appointed as the independent chair for the board in August last year.

I am delighted to be working with such a positive and productive team who have given me such a warm welcome. The team that supports the partnership led by board manager Walter Lloyd-Smith and supported by Becky Booth, Andrea Smith and James Butler has a wealth of experience and knowledge plus endless enthusiasm to make a real difference to our communities and keeping people safe. The team has recently benefitted from the addition of Nathan Jarvis as a shared resource with Norfolk Safeguarding Children Partnership to develop our communications and engagement strategy further.

A significant part of a safeguarding board's role relates to ensuring that learning and improvements to professional practice are embedded within our partner agencies and that services users receive the very best care and support. Shortly after taking up my new role the board published the Safeguarding Adults Review (SAR) relating to the tragic deaths of **Joanna, Jon, and Ben** whilst inpatients at Cawston Park private hospital. Under the excellent leadership of my predecessor, Joan Maughan, and author Margaret Flynn, this report marks a point in time where we must consider carefully the services provided for people like Joanna, Jon and Ben and ensure that going forward they are fit for purpose, designed to be close to their homes and enable them to live a fulfilling life. The impact of this truly shocking review must have only one outcome – a significantly better offer of support to our most vulnerable of communities.

Norfolk has commenced an ambitious response to the SAR, its purpose being to engage with people with lived experience to co-produce services that are fit for purpose, close to a person's home and of excellent quality.

NSAB has very much continued its business as usual despite the continued restrictions and difficulties of the pandemic. All our activities have taken place virtually but now with some limited face to face opportunities.

I have had the privilege of meeting many new people and groups within Norfolk and I am particularly impressed with the network of **Locality Safeguarding Adults Partnerships** that run throughout the county under the guidance and support of Becky, the deputy board manager. They are our link with front line practitioners and communities allowing an essential two way flow of information between the board and our frontline.

I am also pleased to report that the board is at the forefront of developing best practice and shaping safeguarding across other boards by sharing information nationally. One particularly innovative project developed by our board manager Walter has been a short, animated video called **"Tricky Friends"**. The video is aimed at promoting discussion with adults who have learning disabilities or autism and who may become susceptible to exploitation. A huge number of other safeguarding boards have adopted the video, adapting it to their needs as necessary.

The contribution of all our board members has again been outstanding despite the immense pressures on all our services. My thanks go to each one of them.

Finally, I would like to take the opportunity to thank Joan Maughan for her support to me in this new role and for her service to the board for the last seven years. She has developed and led a truly successful partnership and has continued to promote and drive the Coalition for Change.

Heather Roach
Independent chair, NSAB

Message from
Walter Lloyd-Smith, board manager

Adjustment, adaption & driving change
The importance of a legacy for Joanna, Jon and Ben

Quite correctly the first half of this year was dominated by bringing the Safeguarding Adult Review for Joanna, Jon and Ben to publication. I'd like to record my thanks to their families for their support of this review, as well as the panel of colleagues and the independent author Margaret Flynn, whose dedication and hard work got this done. It holds up a mirror to us all – all the changes our system needs to make are significant, and the need for lasting system improvements extends far beyond Norfolk. Collectively we must work to ensure a possitive legacy in the names of Joanna, Jon and Ben. The question 'so what difference have we made?' I come back to time and again.

Joanna, Jon, and Ben

The SAR was published at 11am on 9 September 2021 and led the national news bulletins on BBC and ITV that evening. It also prompted an adjournment debate in parliament with a ministerial reply. This national interest was again reflected in December with a visit to Norfolk by the Minister for Care and Mental Health to meet with the families and hear their stories directly. Since publication, NSAB has been meeting key national stakeholders and pushing hard for change. Locally partners are using this review to bring about new services and ways to support adults like Joanna, Jon and Ben outside of a hospital. NSAB will continue to hold them to account for this change.

In other work, the pandemic continued to put pressure on partners but there was no stepping back from their adult safeguarding responsibilities. The second half of the year saw the board continue most of its engagement virtually, with the odd face to face meeting (I really appreciate the value of meeting with colleagues).

After nearly seven years leading the board, Joan Maughan stepped down as our independent chair in May. Joan leaves a significant legacy of a stronger, more active safeguarding system in Norfolk with a raised profile – she will be very much missed.

Heather Roach joined as the new chair in August and has skilfully and very ably picked up from Joan. Under Heather's stewardship so far, we have introduced a more structured approach to managing safeguarding risks across the partnership, including a new assurance framework, and strengthened our strategic and business planning.

Some of the key highlights from this year include:

- In May the board agreed to set up a new subgroup on self-neglect and hoarding. Through this subgroup we have brought together key partners to bring greater focus to the ongoing critical area of work
- a revamped and refreshed website (June)
- publication of a range of guidance on topics such as:
  - domestic abuse and older adults (April)
  - What is communication?
  - Transitional safeguarding (August)
  - Managing racist abuse when providing care (August)
  - Child & Adult Safeguarding – an overview (December)

Message from
Walter Lloyd-Smith, board manager

We have been approached by a number of boards requesting to use these, and previously published guidance documents.

- Under the leadership of the deputy board manager, our locality safeguarding adult partnerships have grown in size with a much tighter focus
- In October 2021 the team was joined by Nathan Jarvis as communication officer (shared with the Norfolk Safeguarding Childrens Partnership). Straight away Nathan has helped to strengthen the board's communications, building on the ongoing excellent work delivered by Andrea Smith

A piece of work I am particularly proud of was the launch of our three minute animation called Tricky Friends in August 2021.

Regional and national work

Across the year I have been pleased to play an active part representing the NSAB in regional and national adult safeguarding networks. Ensuring NSAB is linked in this way helps us keep informed and briefed on topics of national importance. This work has included being part of the steering group supporting the Safeguarding Adults National Network (SANN), chairing national meetings, as well as becoming co chair for a SANN task and finish group looking at allegations against people in a position of trust and producing a rapid read document. This in turn helped NSAB deliver its work during the year.

NSAB Team

All the achievements and work highlighted in this report would not have been possible without the active support of the board members and the NSAB business team, Becky Booth (deputy board manager), Andrea Smith and James Butler (board coordinators).

Each of them works tirelessly across all aspects of the board's work. I would like to pay particular tribute to Becky's work this year which has been outstanding in significantly refocusing, consolidating and strengthening our local partnerships ***(see page 21)*** and collaborative work with other partnerships; Andrea who has grown our social media and engagement work with real skill and James whose stewardship of our review work ***(see page 11)*** has been meticulous.

All three are highly dedicated and motivated colleagues who take forward the vast majority of what the board does. Their skill, drive and efficiency acts as a constant reminder that effective safeguarding is never done by one person. It is done by a team of people… who are working collaboratively across agencies.

We have gained **191 new Twitter followers** and, of my 11 blogs, the most popular were those in October (Middle lane motorway drivers and petroleum panic) **205 views**, August (Aardvark, Dr Johnson and the idea of an adult safeguarding dictionary) **137 views** and November (How are you shaping your organisation's safeguarding culture?), **124 views**.

A year in which we have definitely made a difference.

Walter Lloyd-Smith
NSAB Board manager / business lead

* Unique page views show the number of times the page was viewed within one session, so is more accurate in showing the number of unique users that have seen it.

Safeguarding Adult Reviews

Section 44 of the Care Act states that we must carry out a Safeguarding Adult 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 blame any individual or organisation.

This update on the business of the Safeguarding Adults Review Group (SARG), subgroup of the Norfolk Safeguarding Adult Board, spans the year of 1 April 2021 to 31 March 2022.

The group is a well established multi agency and multi disciplinary group. All members bring to the group a variety of experience and skills including extensive experience across child, domestic abuse and adult safeguarding agendas.

SARG's membership

The group has professionals from backgrounds including health settings such as acute physical healthcare, mental health, drugs and alcohol and primary care; there is legal representation, plus police, social care and quality assurance.

Decision making in the group sits with the statutory partners of health, police and social care with the oversight of a chair not affiliated to the designated statutory partner organisations. The group is extremely well supported, and no meetings have had to be cancelled due to non-attendance. Albeit there has been recognition of the need for flexibility during the height of the pandemic due to the need for many agencies to operate under business continuity restrictions.

Observers at SARG

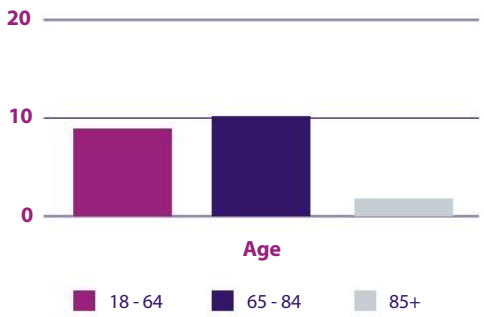
The group actively invite and welcome observers from across agencies, at the eleven meetings held in this period there have been eleven observers. This is helpful in both raising awareness of the groups work and function as well as providing the opportunity for an objective comment on the groups approach to discussion and decision making.

Each referral is considered with great care and attention, with **12 of the 20 referrals** received resulting in some form of learning taken, including two statutory reviews (SARs) and one joint Domestic Homicide Review/SAR.

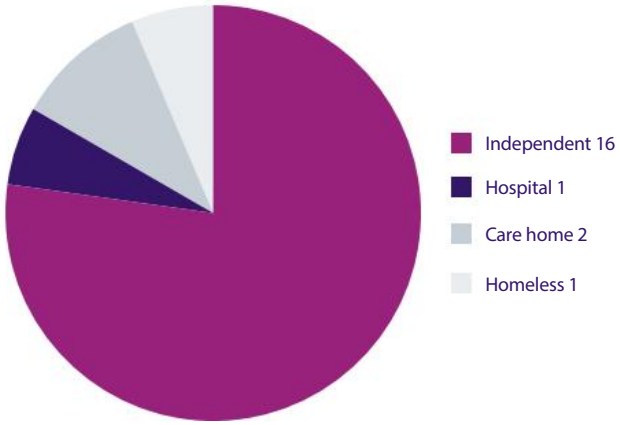
Data

The group has received 20 referrals in this period concerning 11 females and nine males. Ethnicity has been recorded as; 13 'white British', one 'other' white background, and six 'not stated'.

Age of person at the centre of SAR

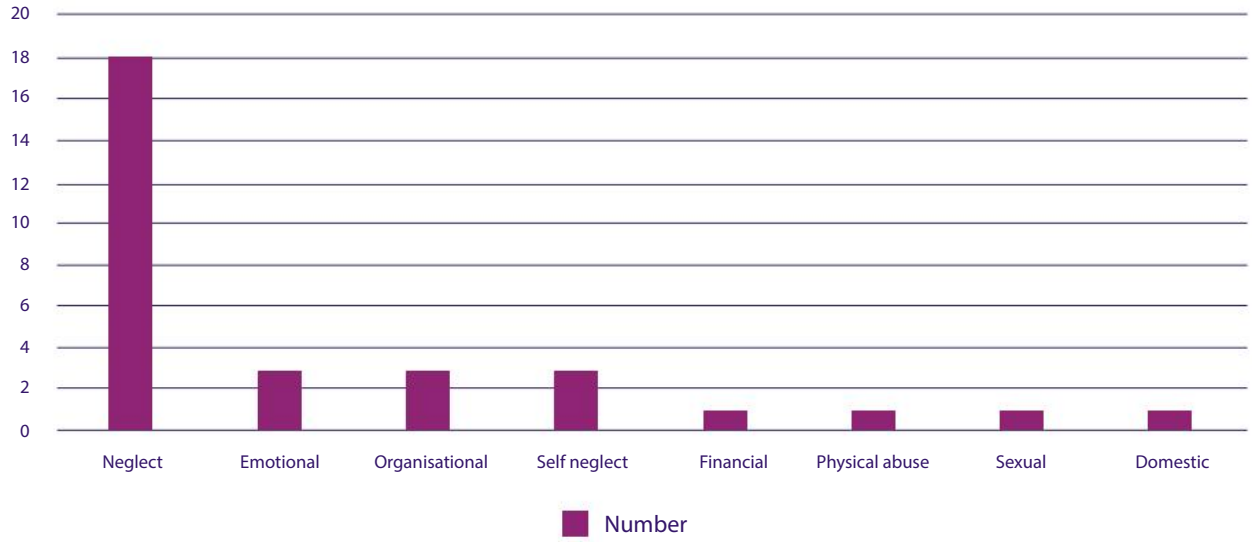


Where individual lived at the time where abuse/harm occurred



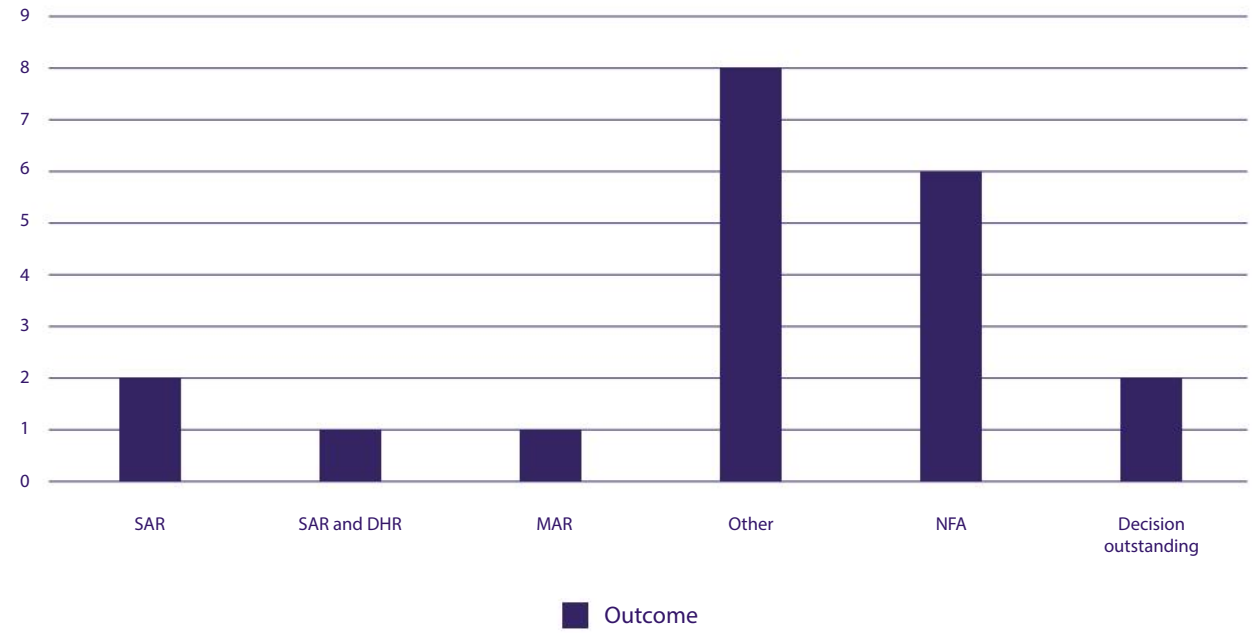
Safeguarding Adult Reviews

Type of abuse



The group has received no referrals related to modern slavery, human trafficking or discrimination. In the main, the allegation is made against an organisation (17 out of 20 referrals).

Outcome



SAR = Safeguarding Adults Review
DHR = Domestic Homicide Review
MAR = multi agency review.
Other = actions for improvement noted and taken without the need for a full review i.e. raising awareness on executive capacity, improving communication between pharmacies and GPs where a person does not pick up medications
NFA = no further action i.e. referral does not meet Care Act referral definition, or no evidence of abuse, or improvement actions already in place therefore duplication not appropriate.

Safeguarding Adult Reviews

Themes from published reviews:

The Safeguarding Adults Review into the deaths of **Joanna, Jon and Ben** was published in September 2021, and focused on the harrowing deaths of three people who were resident in a private hospital in Norfolk. All had physical health needs and either learning disabilities, mental health issues or both.

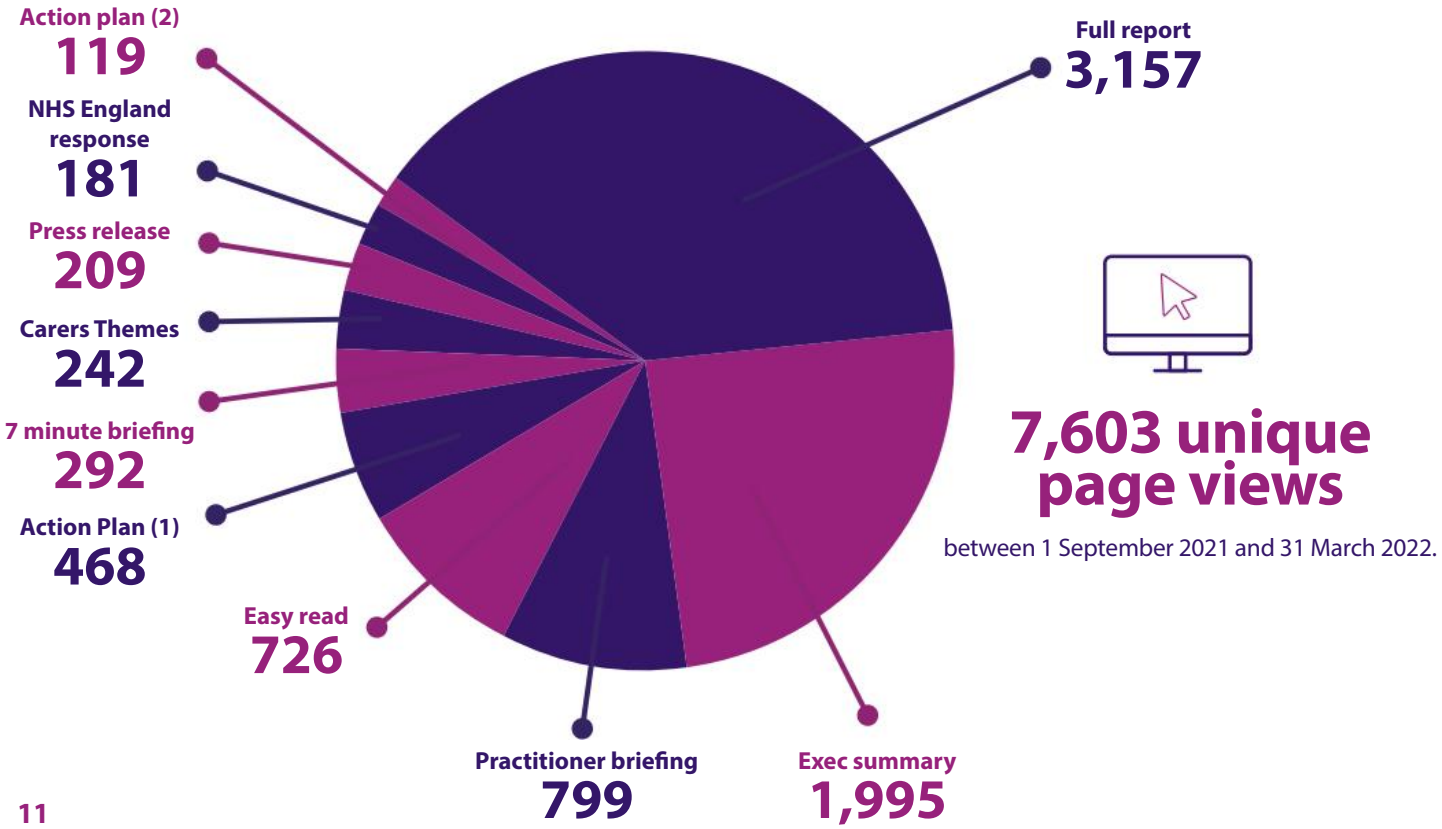
Publication of this review has been of major importance, both to Norfolk and nationally such that, on the day of publication, it was the lead news story on national television news and radio. More importantly it gives us the key themes including: safety and quality oversight by commissioning bodies of people placed out of area, ethical commissioning, listening to families, the skills, training and expertise of staff within such units and the role of the regulator. The action plan and full report can be found on the safeguarding board website.

Using data from our website, we can see the number of times the page and documents have been viewed since they were published. This is a positive outcome in terms of sharing learning from this important SAR, and ultimately making a difference in the lives of other young people like Joanna, Jon and Ben.

The Safeguarding Adults Review Group tried meeting once every two months however the volume of work has been so significant that they're meeting virtually once a month again now (as of July 2021).

Part of the group's work is to oversee the composite action plan (where it keeps track of the recommendations and associated actions from each SAR) and update the board on progress. The group holds an extraordinary meeting on a quarterly basis to undertake this task.

Downloads of available material relating to this SAR:



Contributions from our three statutory partners

Adult social services

Norfolk Constabulary

Clinical Commissioning Group

Question 1. What has your organisation done around preventing abuse and neglect within Norfolk

ASSD Through our close engagement and good relationships with partnership colleagues we contribute to the rapid identification of emerging risks and issues and work with our partners to develop preventative strategies. Our work to raise awareness of current and emerging safeguarding issues internally is covered in question 3 below and our proactive approach to addressing shortfalls and learning gaps is highlighted in question 4. We are fully engaged with campaigns led by the Norfolk Safeguarding Adults Board and the Domestic Abuse and Sexual Violence Group, to raise awareness of abuse and neglect among the public and professionals.

Norfolk Constabulary The last year has been another challenging but rewarding one for the constabulary, working in partnership to protect vulnerable adults in Norfolk. While of course we have a responsibility to intervene to investigate when crimes have occurred, we subscribe wholeheartedly to the notion that prevention is better than cure. This is why we have continued our commitment to joint initiatives such as the Norfolk Against Scams Partnership so that we can minimise the risk of victims falling prey to offenders. This includes targeted advice for vulnerable groups delivered by the range of partners but also personal contact via policing resources where crimes have occurred, in order to prevent revictimisation.

CCGs The Norfolk and Waveney Clinical Commissioning Group has continued to work in new and innovative ways e.g. utilising video technology to maintain links with commissioned services, continuing to support and seek assurance that they have the appropriate policies and processes in place to keep their patients safe. The CCG developed and delivered a vaccination programme, ensuring equity in access to those lacking the mental capacity to consent.

Contributions from our three statutory partners

Question 2. How does your organisation effectively manage and respond to concerns and enquiries around abuse and neglect?

ASSD For people who do not have an allocated worker, safeguarding concerns are received by telephone at our customer service centre, and by email or via Norfolk County Council's online portal to our front door team the social care community engagement team (SCCE). We have a safeguarding team comprising 9.5 full time equivalent (12 individuals) senior social workers (known as safeguarding adults practice consultants) and two team managers. The team has been expanded in the past year to account for an increase in demand and complexity and a related increase in the need for support to our SCCE, locality and county teams with safeguarding issues. S42 enquiries with very complex issues such as those involving multiple people in provider settings, or those where our own department's staff are identified as a person alleged to have caused harm, are overseen by the safeguarding adults practice consultants who work very closely with our integrated quality service team for provider concerns. Other s42 enquiries are carried out by locality practitioners with support and guidance from the safeguarding team.

The safeguarding team also supports the multi agency partnership in carrying out record checks and data sharing for police-led processes such as Clare's Law, Multi Agency Risk Assessment Conference (MARAC), multi agency public protection arrangements (MAPPA), domestic abuse perpetrator partnership approach (DAPPA) and missing persons, to name but a few. The team also deals with safeguarding adults data sharing requests when concerns are raised about adults in positions of trust.

We have robust processes and procedures to cover safeguarding adults which are reviewed and updated annually.

Norfolk Constabulary When cases do escalate to abuse and neglect, either in the context of financial abuse or by other means, our specialist teams in the Multi Agency Safeguarding Hub (MASH) are available seven days a week to agree the right joint plan. In cases where the right outcome for all parties is for a non criminal justice response then police can still play an active part in information sharing and safeguarding to keep people safe. There are also cases where a police response is required, and our Adult Abuse Investigation Unit is a small team of investigators with specialist knowledge of the Care Act alongside other legislation that allows them to deliver a compassionate and professional response.

Contributions from our three statutory partners

CCGs The CCG adopts a 'no wrong door' approach to adult safeguarding, with a dedicated team supporting communication with internal clinical teams and commissioned services alike.

New pathways and process have been developed to link in the local authority with the appropriate case managers within the CCG, alongside the adult safeguarding team supporting communication and information flow, as required.

The CCG's adult safeguarding team continues to support the commissioned provider organisations in ensuring they meet their adult safeguarding requirements. Working in synergy to assist in progressing statutory reviews.

Question 3. What does your organisation do to ensure that it learns lessons when things don't go well? Can you give an example?

ASSD The adult social service department is a learning organisation, and this is very much evidenced through our contribution to the Safeguarding Adults Review Group and Norfolk County Community Safety Partnership which oversees the Domestic Homicide Reviews in the county. Adult social care staff are attuned to identifying cases where there is learning for both our own and other organisations. This is evidenced by the fact that out of 20 referrals to the Safeguarding Adults Review Group in 2021/22, eight were made by adult social care staff.

An example is a case which has been referred for a Domestic Homicide Review. As soon as we were made aware of the case, a chronology was put together and learning for our organisation identified. Our head of service for safeguarding convened a meeting of the managers of all the teams involved to go through events and identify learning. Learning was highlighted for individual staff and addressed by managers through conversations and further training. Learning was also identified at an organisational level and work has been done to raise awareness of issues such as predatory marriage, risk assessment, accumulating risk and reminders to staff were issued about carrying out domestic abuse stalking and harassment (DASH) risk assessments when necessary. The mandatory safeguarding training programme has been reviewed and refreshed to give particular emphasis to issues such as exploitation, coercion and control,

Contributions from our three statutory partners

and more DASH and self-neglect training courses have been arranged. Some procedures have been reviewed and rewritten (for example the procedure for safely ceasing involvement) and all the learning has been cascaded to staff via the popular organisation wide learning briefings which are shared with all staff and discussed in team meetings.

Norfolk Constabulary As for all other organisations there are times when policing does not get it right. As a force we would always seek to learn from how things aren't working, or haven't worked in the past, and make the necessary changes. As an example, we have realised that the very positive increase in cases where frontline officers are recognising vulnerability brings with it a risk that we will send so many referrals to adult social care that we could overwhelm the system. Managers from police and social care teams in the MASH have therefore held meetings and agreed on what information needs to be passed most urgently. This allows the joint team to focus on cases where there is the greatest risk of harm to individuals.

CCGs In response to the learning from the SAR Joanna, Jon and Ben, the CCG has gone to great lengths to ensure the whole of the health system in the county (and the Waveney area of Suffolk) is sighted on the findings. High profile media engagement and communications were undertaken, bulletins produced, and new roles created to support ongoing improvements to the care given to those living with learning disability and/or autism. The CCG met its requirements to check on this cohort of patients, as outlined in the Safe and Wellbeing Review Programme, set up in response to the SAR.

Question 4. What has been the most challenging aspect of Covid on your organisation in the last year?

ASSD Post lockdown periods and the recovery phase from Covid have led to an increase in contacts being made to adult social care by both the public and partner agencies. The adult social care department has been significantly impacted by staff sickness not just due to Covid but also other seasonal viruses and an increase in stress related illnesses.

Many staff have left and there are difficulties recruiting and retaining staff in the current climate. Social work vacancies are at 18% and some parts of the service have seen high staffing turnover rates at the same time as significant increases in calls to our front door and duty numbers. In addition, there is a crisis in the care market driven by Brexit (which may

Contributions from our three statutory partners

have lost only a small number of staff but has had a significant impact on overseas recruitment), compulsory vaccination for care home staff and economic changes occurring as a result of Covid and enabling employees to move to better paid areas of the economy. These factors have led to a reduction in the number of care staff able to support with packages of care in the community and as such, a large number of people awaiting care packages.

Alongside these issues, the introduction of the discharge to assess procedure in March 2020 (introduced to free up capacity in the acute hospitals) has created an almost doubling of demand for domiciliary care and significant increases for residential care and has contributed to the development of large backlogs and delays in assessment and provision of care. It has also contributed to price inflation for social care placements leading to budget pressures.

Norfolk Constabulary No review of 2021/22 could be complete without a mention of the impact of the Covid virus but looking back now we can say that 2021 was the year we learned to work around the virus, even if we haven't yet learned to live with it. Like all other large organisations there were periods of high sickness absence and regular changes in practice to keep up with the latest advice, but the constabulary remains proud of its ability to offer consistent service to the public over the last year despite the challenges it has faced.

CCGs The challenge of developing and delivering the vaccination programme alongside maintaining core functions was the CCGs' greatest challenge. Many staff were redeployed, amplifying work pressures.

Key decisions on what could be paused or temporarily stood down were made with a clear focus on the accompanying safeguarding risks.

Supporting staff resilience and retaining an effective workforce in terms of numbers and with the appropriate knowledge and training has been a challenge for the CCG, one it shares with all partner agencies.

Communications

In October 2021, a new lead communications role was created in conjunction with Norfolk Safeguarding Children Partnership. Nathan Jarvis was appointed into the role.

The aim of the role was to coordinate the ongoing work of the board and enhance the impact of the communications work through collaboration with key partners across it. The board already offers a multitude of valuable opportunities for professionals and those working with adults at risk to develop their safeguarding practice.

A new communications strategy was developed, building on the board's own strategy using the key pillars of prevention, management and learning. The key messages and campaigns identified for the coming year will help to achieve these objectives.

The overall objectives of the strategy will be achieved by strengthening awareness of safeguarding among the general public, creating resources and sharing learning with those working with adults as risk and managing the board's response to emerging safeguarding issues.

In the last year, key outputs have for the board's communications have been:

- Publishing the Joanna, Jon and Ben SAR (September 2021) which garnered national media support and the report generated over 8,000 views on the NSAB website **(see page 11)**
- The **Tricky Friends** animation, developed to help adults with learning difficulties talk about what good friendships are, when they might be harmful and what they can do to stay safe.This has been adapted by 30 other SABs, viewed 10,000 times and since been modified for young people, where it was introduced to 120 schools in a curriculum training webinar
- Taking part in Safeguarding Adults Week, a major campaign by Ann Craft Trust to help raise awareness of adults safeguarding. Several board members and supporters wrote blog posts to drive traffic to the NSAB website
- As part of the Domestic Abuse and Sexual Violence Awareness Group, developing new resources and campaigns to raise awareness of domestic abuse in older adults, including the development of a new information booklet for domiciliary carers in Norfolk (approx. 6,000).

PML update (Prevention, Managing, Learning)

Collaboration is key and meetings of this thematic subgroup continued to be compromised on occasions during this year because of the ongoing impact of the pandemic response.

Despite the challenges and pressures faced, four out of the six meetings were able to go ahead and up to 36 colleagues from across the partnership worked together on problems or issues that they were facing.

Issues tackled in the 2021/22 round of meetings include:

- how the Suffolk Safeguarding Adults Framework might be adopted for Norfolk
- mental capacity, as it interacts with safeguarding

After several discussions held outside our PML subgroup (the letters follow our strategic three pillars: Prevention, Managing and responding to concerns and Learning lessons and shaping practice), which articulated quite different views on the structure the framework document should take, it was decided that as two of the three statutory partners held clearly different positions, it would not be possible to progress the work at this time. *

Given the intermittent nature of the year's work, a review exercise was held in September 2021 to look at the current role for the subgroup and the way it was set up.

There was resounding and positive support that PML should continue, but adjustments were made to the way that it met. The meeting duration was shortened to a maximum of 1.5 hours (depending on the work in hand). The proposal is to run longer meetings when required, but hold them face to face, bringing PML back together again in the same room.

Good work has been done this year based on local findings that show a lack of knowledge and awareness by some of mental capacity assessments. The meeting in January was used to help shape a mental capacity workforce survey, which is to run in April 2022.

Thank you to all PML members for your hard work and willingness to support the work of this subgroup.

* Subsequently some work has resumed outside of PML on understanding what constitutes an adult safeguarding concern, with NSAB facilitating these workshops discussions.

Locality Safeguarding Adults Partnerships (LSAPs)

There are five LSAPs in Norfolk, in line with adult social care locality areas, and they meet up every other month. The partnerships are made up of a range of local organisations, agencies and individuals who work with adults at risk and/or have responsibility for safeguarding adults within their role.

The aim of these local networks is to support NSAB work within those communities to ensure they have a culture that does not tolerate abuse, work together to prevent harm, and know what to do when abuse happens.

Support to our LSAPs

Deputy board manager Becky has continued to actively support each of the partnerships over the last 12 months. Aided by NSAB board coordinator Andrea, Becky works with the chairs, local coordinators, and business group to plan and structure the meetings to make the most effective use of the time available.

There is now a standing item on the board agenda to update on what the LSAPs are doing which has further strengthened those essential links between strategic planning and operational practice. In addition, LSAP membership was a specific item discussed at the board meeting in January 2022, with members asked to promote the partnerships, leading to an increase in attendance which we hope will continue.

Norfolk County Council continues to offer administrative support which has been invaluable to the smooth running of the meetings and interim communications. NSAB thanks the local authority for this continued support.

Learning opportunities

In 2021/22 we organised a series of online guest speakers to do short presentations and Q&A on a variety of safeguarding topics – at the beginning this was just for LSAP members but as the webinars continued, we realised that in the virtual world we could open this up more widely, so we now encourage LSAP members to share within their own organisations to maximise our reach. Some of our webinars had over 80 people attending, and the positive feedback we received means that we are continuing this into 2022/23.

LSAP members have told us that they find these useful for their bitesize nature, local context where possible, and valuable learning. Webinar topics have included carer support, Channel Panel, cuckooing, hate crime and modern slavery. More detail is available on our website.

The LSAPs have continued to discuss set topics when they meet, with the idea that this drives focused action in the following weeks, picked up at the beginning of the next meeting. In 2021/22 topics included safeguarding language, organisational abuse (linked with a presentation about Norfolk SAR Joanna, Jon and Ben), and domestic abuse and carers (including a presentation on Norfolk DHR Daisy).

Once again, these meetings have been impacted at times by the pandemic pressures over the period, but members continued to evidence their safeguarding adults commitment, adaptability, and positivity throughout.

Feedback from members has told us that the LSAPs are felt to be very positive partnerships supporting multi agency learning, understanding and improved skills in safeguarding adults; they enable information and themes to be shared back into local teams on a regular basis. The webinars are valued, and the refreshed NSAB website is a useful resource for partners too.

Locality Safeguarding Adults Partnerships (LSAPs)

In 2021 we talked a lot about language and communication, linked to helping us to have a common understanding. We try to find different ways to engage members in our virtual meetings, and in one meeting we used word clouds to build images for each LSAP based on the words we think of in relation to safeguarding – you can see the results of this on our website in the LSAP section.

There have been some changes in our co chairs and support colleagues over the last 12 months: we have said thank you and farewell to Paula, Roy, Simon, Michelle, Yasmin and Rosie but welcome to Maria, Jenn, Lois and Daryl.

Northern feedback from the meetings chaired by NCC colleagues Nina and Katherine has told us that group discussions on the different topics really support safeguarding adults awareness and good practice for them. LSAP minutes and additional material are shared with members' teams, webinars found very useful, especially as 'bitesize' learning; the improved structure to the meetings has been well received.

Western we have had some difficulty finding a replacement chair so Walter and Becky had been doing this between them but we are hopeful that in 2022/23 we can resolve this. It is a very engaged group with consistent attendance. When planning at the start of the year, the group identified a particular interest in modern slavery, County Lines, and have taken some strong promotion of professional curiosity (linked to learning from the Joanna, Jon and Ben SAR and DHR Daisy), back to their agencies.

Central this partnership has been supported by chairs from Voluntary Norfolk (Laura)/ Carers Matter (Maria) alongside NCC (Simon) into 2022. The group have had a lot of interest in adult exploitation, including cuckooing, leading to a request to hear more about police-led Project ADDER and VARAC which are pilots in the Norwich area. There have been very engaged discussions about support for carers and safeguarding prevention.

Southern chair Steven Whitton writes: like many partnerships relying on multi agency collaboration, the last 12 months provided challenges around continuity of membership engagement, as each organisation responded to local, national and international demands.

Positive reflections on the last year include: maintaining a core membership to fulfil our schedule of meetings; creating stronger relationships with both Breckland and South Norfolk district councils to learn from colleagues in early help hubs, and high engagement with sessions to learn from SAR Joanna, Jon and Ben and the more recent DHR Daisy.

The challenge for the next 12 months is to develop the representation of carers and community based services in our membership and to strengthen links with the southern local safeguarding children group to improve awareness and understanding of the transition period for young people and adults. We are hoping to have a new co chair in post soon!

Eastern a year of able chairing by Lyn and Sue has promoted really positive discussions linked to the topics. From the DHR Daisy there was a strong focus on promoting best practice across the area, maintaining professional curiosity so we really see carers; that we recognise adult children as carers, and financial pressures as well as emotional ones.

Locality Safeguarding Adults Partnerships (LSAPs)

Some comments from our members:

LSAPs are

"...an invaluable way for libraries to be involved with all the partners and be a part of the conversation, this is especially useful when we talk about the more clinical side of things. It helps add clarity to our thinking and ultimately the way we can support the customers."
(ELSAP member)

"I value involvement with the ELSAP for many reasons, including the multi agency membership and networking opportunity it provides, the sharing of serious case reviews and lessons learnt, local safeguarding audit outcomes and reports, interactive case study presentations, and so on.

Membership of my local safeguarding adults partnership meeting reminds me of the importance of maintaining safeguarding as a priority in all clinical practice and that it is everyone's business. I have now increased the time available for discussing safeguarding issues in my MDT's weekly meeting, and including in general or about local providers, as well about a specific individual recently referred or currently active to the team. I have also added an explicit safeguarding section to our monthly joint health and social care meeting."

From the WLSAP:

"from a police perspective we find the seminars and SARs particularly powerful in terms of learning. The meetings also provide us with the opportunity to ask questions and increase our overall knowledge around adult safeguarding and the local support that is available."

"Being new in post, I have found the WLSAPs particularly helpful in terms of my own learning and development, they have also helped me to increase my awareness of issues experienced by other organisations, and to consider how they impact on my own organisation. SAR and DHR presentations are particularly impactful, in terms of organisation learning and development."

Business plan review

In 2021/22 we continued to work within the peaks and troughs of pandemic measures and restrictions, but there was less significant impact, and we achieved many actions against our business plan.

Prevention & engagement

We have continued to support the development and work of Norfolk Anti-Slavery Network (NASN), attending quarterly network meetings and now a subgroup looking at data collection. The refreshed NSAB website (launched in June 2021) has a dedicated Modern Slavery & Human Trafficking page and supports awareness raising and signposting. We have continued to discuss this issue within our LSAPs; in June and September we held webinars on modern slavery and exploitation respectively, with over 90 people from across the partnership attending.

Our plan for a **learning disability and autism summit** has been transformed following the publication of Norfolk SAR Joanna, Jon and Ben and is now being taken forward as an action to develop a Coalition for Change.

We continue to work on our care home commitments; in 2021 we completed a focused piece of work (with Norfolk County Council and St Thomas Training) to review the content of the 'Safeguarding knowhow for provider managers' training, to enhance the Norfolk context and refresh in relation to current needs in the county. We have maintained close links with Norfolk & Suffolk Care Services including presenting at providers meetings, articles for newsletters, and are now working on safeguarding and dementia videos as part of a series they are producing with the Clinical Commissioning Group.

Sadly, this year we made the decision to cease the work of our Safeguarding Friends voluntary scheme; despite the dedication of the founder members, it has not been possible to extend the reach of this, now compounded by the impact of Covid. We extend our sincere thanks to Linda Naylor, Judith Frary and Penny Levett for their hard work over the last six years in the west of Norfolk.

In the reporting year we achieved a high national, regional and local profile – in particular:

- national coverage of SAR Joanna, Jon and Ben including mentions in the House of Commons (adjournment debate 9 September)
- our short animation Tricky Friends
- our refreshed website launched in June 2021 – we have had an increase in visitors (around 38%) and continue to receive positive feedback from a range of users

We have been working hard in Norfolk to raise our profile and safeguarding awareness with other relevant sectors, including building strong connections with our local councils (for example, the development of a bespoke training package with Norfolk Safeguarding Children Partnership (NSCP), and support of housing provider events). We have been working on building local networks through our LSAPs and have put on a series of webinars on various safeguarding topics which have been very well attended.

We are working on various campaigns: with Norfolk County Council and carers groups (safeguarding and carers); the domestic abuse and older adults group; refreshed our **See, hear, say** campaign; self-neglect and hoarding (linked to our new subgroup). We have created and given presentations on safeguarding to a wide variety

Business plan review

of groups, including GPs, providers, social work apprentices, safeguarding leads.

Roll out of the self-assessment audit tool was postponed due to the need to make some amendments and is now part of the review of our wider plans to strengthen our assurance function in 2022/23.

Managing & responding

We have continued to work closely with our NSCP colleagues, particularly in relation to our local safeguarding networks (with a joint event around **professional curiosity** and **trauma** in relation to both adults and children planned for April 2022) and our district councils (supporting the District Council Safeguarding Group, joint training and events). NSAB and NSCP also developed and published guidance in August 2021 to help workers understand the similarities and differences between child and adult safeguarding.

With regard to **self-neglect** and **hoarding**, which remains an issue of concern for all of our partners, the board agreed in May 2021 to establish a new subgroup to further develop our work on supporting county approaches. The group first met in October and is currently looking at a simple data collection tool as well as more bitesize versions of the strategy; it also had a presentation from West Sussex who have developed a model of the team around the person. We have also continued discussions and collaboration in the LSAPs and held a very well attended event in November which generated ideas for further workshop events in 2022.

Learning from and shaping future practice

In 2020/21 we added an aim specifically to support our **responses to Covid**, but over 2021/22 these have become linked to our business as usual, and so removed from our plan as a separate entity.

Although the SAR was not published until September, we did create a 7 Minute Briefing on 'Managing racist abuse when providing care' published in June, based on some of the immediate learning relevant to our multi agency networks. The SAR itself received national attention and the NSAB webpage was widely viewed, it included shorter briefings, an easy read version and video clips from the report author and our chair at that time, Joan Maughan.

We now have a page on the website dedicated to the **Mental Capacity Act**, with guidance, examples, and links. We have been working on a workforce survey for Norfolk in our PML subgroup so that we can identify what additional support people need to fully embed the principles in their day to day work. We are also looking at pro forma examples of MCA assessments that are useful in a multi agency context. MCA, like self-neglect and hoarding, continues to provide lively debate in our LSAPs!

Our work with **carers** and safeguarding is particularly driven by learning from past SARs and recent Domestic Homicide Reviews, promoting a wider awareness of the needs of, and stresses on, informal carers. In March 2022 our deputy board manager presented an overview of Norfolk DHR 'Daisy' (involving a carer whose own needs were not supported) to each of the LSAPs, prompting rich discussion around this subject and plans for dissemination back into members' organisations.

Our highlights of the year 2021/22

April 2021	See, hear, say roller banners dispatched to district council offices, as the country starts opening up after lockdown Model policy for voluntary organisations published on our website Our board manager supports the delivery of a joint national SAB chairs & national board managers network workshop on local resilience forums
May	See, hear, say roller banners distributed to libraries around Norfolk We run our first LSAP webinar on carer support (with 15 attendees) Second LSAP webinar of the month, this time on the subject of hate crime (32 attendees) Our board manager met with academics from King's College with a view to support research into self-neglect and hoarding
June	We're very excited as our new look website is launched this month! Another LSAP webinar: modern slavery (26 attendees) Our campaign highlighting carers & abuse of older adults begins
July	Training on self-neglect and hoarding given to Norwich GPs by our board manager, in collaboration with Sarah Young (head of D2A service improvement in central Norfolk and also Norwich PCN development team) Our first self-neglect & hoarding subgroup meeting LSAP webinar on Channel Panel (10 attendees) Alex Ruck Keene spoke at the July board meeting about Liberty Protection Safeguards and why safeguarding adults boards need to think about them and what they can do
August	On 9 August, Heather Roach started in post as our new board chair Our Tricky Friends animation was launched on 20 August at the Independence Matters community hub in Dereham LSAP webinar on cybercrime & scams (12 attendees) A slightly quieter work month enabled us to complete the following publications: 7 minute briefings on Managing racist abuse when providing care and Transitional safeguarding (we were approached by another SAB to borrow this guidance), plus child & adult safeguarding guidance and MCA guidance. All available on our website!

Our highlights of the year 2021/22

September	NSAB received national coverage on 9 September when our SAR into the three deaths at Cawston Park hospital was published LSAP webinar on exploitation (92 attendees) Our new chair Heather met (virtually) board members, as a group, for the first time Update on NSAB carers & abuse of older adults campaign – 2,000 postcards distributed via carers pack between June and September A revised Herbert Protocol form is published, in collaboration with Norfolk police
October	Nathan Jarvis joins us as communication lead, dividing his time between us and the Norfolk Safeguarding Children Partnership LSAP webinar on cuckooing (over 100 attendees)
November	We hold our first webinar on self-neglect and hoarding, joined by Lofty Heights (over 175 attendees) Our board manager provides safeguarding adult training to 50 plus UEA Clinical Psychology students We're joined by Dr Hannah Bows for a conversation on 'Contemporary perspectives on domestic violence and older adults'. 87 people attend It's Safeguarding Adults Week, and we publish guest blogs from Gary Dack (Norwich City Football Club) and NSAB members: Judith Sharpe and James Kearns, during this week
December	In collaboration with Norfolk Safeguarding Children Partnership, we host a district councils and housing provider workshop which focused on domestic abuse and anti-social behaviour Following publication of the SAR, the Minister for Health & Social Care meets Cawston Park families at County Hall
January 2022	NSAB facilitates a problem solving workshop on the impact of system pressures on adult safeguarding with selected NSAB members Our deputy board manager held a three hour virtual session for social worker apprentices, covering safeguarding in practice and what the safeguarding board does
February	Lisa Barraclough, from the Department of Work & Pensions (and NSAB member), wrote the first guest blog for our website NSAB were referenced in the CQC Monitoring Mental Health Act (MHA) report 2020/21 We publish a 7 minute briefing titled What is communication? This was produced in collaboration with Kate Brolly from N&WCCG
March	LSAP webinar on dealing with distressing calls with Helen from the Samaritans (over 80 attendees) We held our first local authority & health workshop to develop a tool for understanding safeguarding concerns

Our website and social media

Twitter @Norfolksab

In March 2021, NSAB had 1,443 Twitter followers; in March 2022 we had 1,634. Each month there has been a steady increase. Of course, as with the majority of Twitter accounts, followers come and go but we are followed by many of the key organisations that we deal with, and many of the other safeguarding adults boards too.

We use Twitter to share lots of important safeguarding related information including national updates as well as local ones. We also support a lot of our key partners by retweeting their information. In the last two years there has been a rise in the number of scams reported and NSAB has used its Twitter feed to share and retweet information on what to look out for, and what to do if scammed.

We've also tried to show a more human side to our account. The tweet revealing that it was our board manager Walter's birthday received 31 likes; one of the highest numbers a single tweet of ours has had!

During the last year, NSAB tweeted around 610 times which averages at around 51 tweets a month. We had our highest number of new followers in September, the month that the Cawston Park SAR was published.

Website

After months of planning and hard work, our refreshed website went live on Tuesday 15 June 2021. We're so pleased with the way that it looks and have had some fantastic feedback, praising how easy it is to navigate and its more modern feel. As a result of promotion of the new site, the user numbers increased from 1,960 in May to 2,543 in July and continued to rise until October.

We had an average of 2,655 users a month visit our website. The average in the last reporting year was 1,868, meaning a considerable increase of an average 787 users per month. The highest number of users was, unsurprisingly, in September (total 5,980) when we published our Safeguarding Adult Review into the three deaths at Cawston Park hospital. This of course was responsible for bolstering the user numbers.

We continue to share news stories which we feel will be of interest. Approximately 421 have been published. The most popular news story clicked during the year was actually published back in October 2018, and related to the Children's Advice and Duty Service. We're very curious to know why this received 374 hits!

Walter always receives much praise for his blogs which provide a source of enjoyment (and enlightenment) for many of our users. The most popular blog in the last year was in October: Middle lane motorway drivers and petroleum panic.

Safeguarding Adults Collection Return 2021/22

We have picked out three abuse types which have shown the biggest changes over the past three reporting years: pre pandemic, during the pandemic and now. As reported in the media, the number of domestic abuse cases have increased considerably during the pandemic, and this has included those where safeguarding adults duties would apply. NSAB continues to work closely with partners to promote greater awareness of the issue where it links with safeguarding adults, and in 2021/22 developed a campaign with the Domestic abuse and sexual violence group focusing on older adults and domestic abuse.

In Norfolk pre pandemic, physical abuse was the most commonly reported type of abuse; however, this has now been overtaken by neglect and acts of omission, which showed a substantial increase in 2020/21, and has jumped again in the latest reporting year, although the increase isn't quite as marked.

There are several things which may be supporting the slight slowdown: increased visiting to services as restrictions eased, the positive impact of a more structured approach to supporting quality and safety in care settings, continued work by partners and organisations to offer information, support and training opportunities to providers. NSAB has also maintained its commitment to care homes to promote best practice.

Abuse type	2019/20	2020/21	2021/22
Domestic abuse	89	196	210
Neglect and acts of omission	623	814	875
Physical abuse	776	743	689

Counts of Individuals by Age Band	18-64	65-74	75-84	85-94	95+
Individuals involved in Section 42 safeguarding enquiries	622	158	335	390	84

Counts of Individuals by Gender	Male	Female	Not Known
Individuals involved in Section 42 safeguarding enquiries	645	943	1

Safeguarding Adults Collection Return 2021/22

Abuse location

We've included this category as the number of abuse cases reported in the adult at risk's own home has increased noticeably. Again, the pandemic could be a factor as people were only mixing with their own household, which may include a carer (paid or unpaid), leading to increased strain on those carers.

The number of abuse cases in residential care homes increased during the pandemic but the numbers have fallen again.

Location	2019/20	2020/21	2021/22
Own home	786	1,071	1,156
Residential care homes	814	926	880

Risk conclusion

The number of cases where risk remained has seen a gradual small reduction, and the figures for risk removed has a steady and positive increase in percentage terms..

Risk	2019/20	2020/21	2021/22
Remained	153 (8%)	102 (7%)	109 (6%)
Reduced	1,221 (62%)	996 (61%)	991 (59%)
Removed	584 (30%)	518 (32%)	590 (35%)
Total	1958	1616	1690

Mental capacity

Here we are looking for numbers of 'not recorded' to be lower – during the lockdowns and other pandemic restrictions there was an increase in cases where mental capacity of the adult at risk was not recorded. This percentage is decreasing, and we would hope to see it lower again in the 2022/23 SAC return, particularly as NSAB are continuing to focus on use and understanding of the Mental Capacity Act.

Capacity	2019/20	2020/21	2021/22
Yes, they lacked capacity	36%	43%	41%
No, they did not lack capacity	51%	35%	40%
Don't know	5%	1%	3%
Not recorded	8%	21%	16%

For further information, please see //digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2021-22

Financial summary 2021/22

Income Source	General funding	Contribution to deputy board manager post
NCC	20,000	10,000
CCG	22,500	10,000
Norfolk Constabulary	20,000	10,000
Other partners • District councils x 7 (£5K per District council) • Norfolk Suffolk Foundation Trust (£3K) • Norfolk Community Health & Care (3K) • Queen Elizabeth Hospital (3K)		44,000
Income from Train the Trainer	3,691	
Contribution from research project	2,500	
(NB: Balance brought forward from 2019/20 transferred to SAR budget 2021/22 = 27,615)		
Total	68,691	74,000

Costs Breakdown – General budget	
Total staffing • Independent chair(s) plus recruitment costs (22,654) • Deputy manager (57,188) • NSAB contribution to board coordinator hours (11,822)	91,664
Training, research costs, promotional materials and speaker costs (also includes Train the Trainer)	6,090
NSAB website costs	2,683
Design & animation production costs	1,746
Pride sponsorship	960
Annual Report	1,200
Report from Healthwatch	7,000
Miscellaneous	816
Total	112,159

Total income	142,691
Total expenditure	112,159
Carry forward to 2022/23 (Will be transferred to SAR budget)	30,532

Financial summary 2021/22

SAR costs	
SAR report and related costs 2021/22	43,207
Balance brought forward in 2019/20 from general budget	3,731
Balance	-39,476
Transfer from general budget 2021/22	27,615
Balance for SAR budget for 2022/23	-11,861

NSAB began the year with a carry forward amount of £27,615. This is transferred to the Safeguarding Adults Review budget and set against the Cawston Park hospital SAR and future costs.

Staffing costs of the deputy manager post continue to be met through additional contributions from our statutory partners, plus our district councils, one of our acute health partners, community health, and mental health trust too.

Each year the Locality Safeguarding Adults Partnerships are allocated £500 (total £2,500) each in support of their work. This was not spent in 2021/22, so will be carried forward.

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Report title: Norfolk Better Care Fund (BCF) 2022/23

Date of meeting: 21 September 2022

Sponsor (HWB member): James Bullion, Director of Adult Social Care

Reason for the Report

To update Health and Wellbeing Board members on the development of the 2022/23 BCF Plan, including delivery of the local priorities agreed following the Board's review of the Core BCF.

Report summary

The BCF is a nationally mandated programme, aiming to join up health and care services so people can manage their health and wellbeing and live independently in their communities for as long as possible. Alongside key national metrics that the BCF must deliver (figure 1), the Health and Wellbeing Board (HWB) set the following delivery priorities, that reflect key local strategic direction for the Board, the ICS and its partners, including emerging place-based priorities:

- Inequalities and support for wider factors of wellbeing.
- Prevention.
- Sustainable system (including Admissions Avoidance).
- Person centred care and discharge.
- The DFG and housing as a theme across all of these priorities.

A key priority of the HWB was to lead a review of Norfolk's BCF in 2021/22, to shape a future BCF to further deliver local priorities, strengthen joint commissioning and service design, and focus strategy and funding on some of the most important emerging priorities for integration.

Recommendations on enacting transformation are being delivered and will be outlined in full detail with the submission of the 2022/23 BCF Plan to the HWB in November 2022, but includes:

- Full reshaping of the BCF to the priorities agreed by the system, that reflect key local strategic direction, including emerging place-based priorities. This includes re-baselining the BCF, to create a refreshed programme with services based around the priorities.
- Developing the BCF to encompass system and place priorities, via the local approach to 2022/23 planning process, which includes joint working with the new ICS Place structures.

For 2022/23 we are asked to submit to NHSE Norfolk's BCF plan, with guidance released in late July 2022. Split across narrative, financial and metrics plans, a submission is being developed for draft submission by 26 September, and final submission following HWB sign-off in November 2022. In developing the plan, an approach is being taken to create both a plan that meets national planning requirements, but also drives forward Norfolk's ambitions for the BCF. This includes:

- A single BCF plan that combines system and Place ambitions and brings together teams and leaders who are delivering services and change that drive the BCF priorities.
- Development of Norfolk's BCF approach, in anticipation of future national changes.
- Increasingly align the BCF with new ICS Places, supporting local joint health and care working. This includes collaborative proposals from Health and Wellbeing Partnerships with funding through the annual BCF uplift to support localised delivery of the BCF.

Recommendations

The HWB is asked to:

1. Support the progress of the Better Care Fund (BCF) planning approach, including the local priorities and alignment with Place.
2. Sign off the Norfolk BCF 2022/23 Plan at the November HWB, for full and final submission.

1. Context

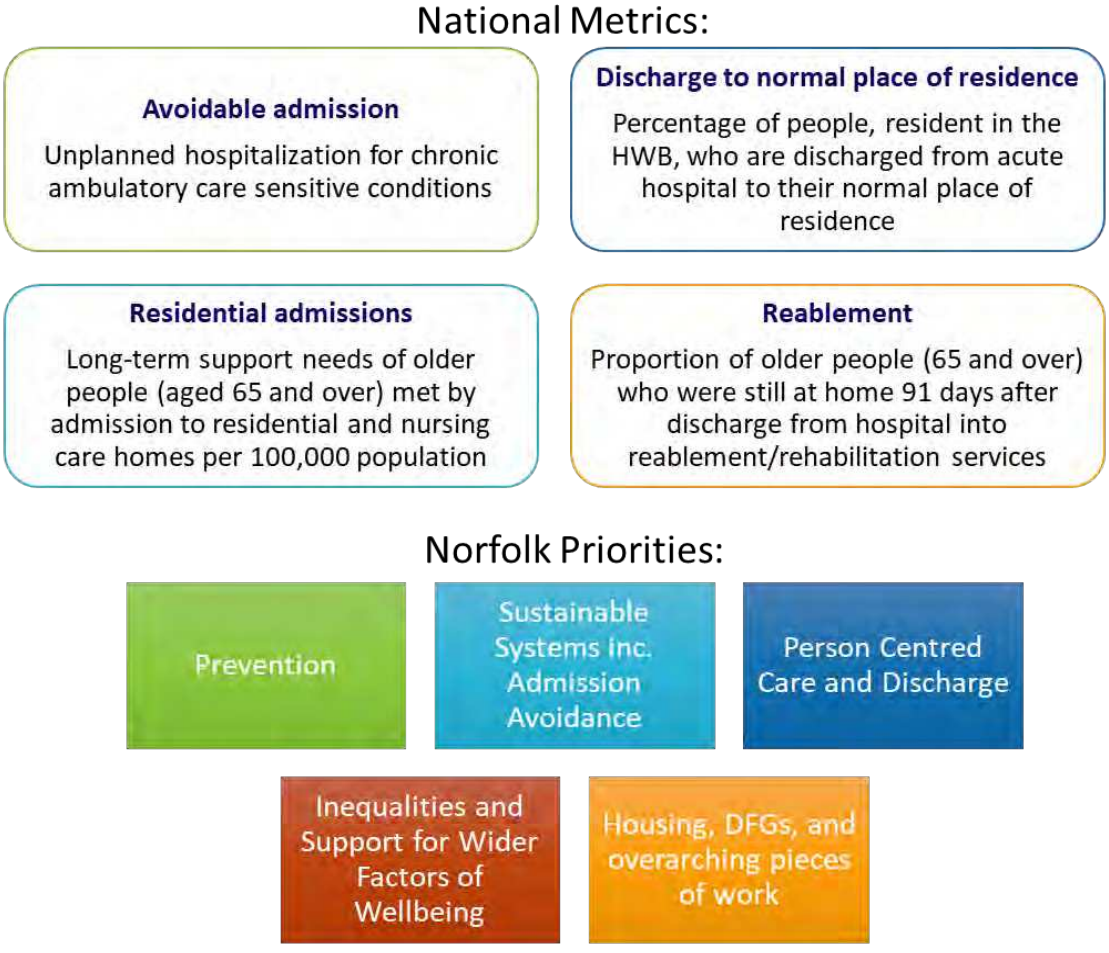
1.1 The Better Care Fund (BCF) supports local health and care systems to successfully deliver integration in a way that supports person-centred care, sustainability and better outcomes for people and carers. It represents a national collaboration between: The Department of Health and Social Care; Department for Levelling Up, Housing and Communities; NHS England; and The Local Government Association. Since 2013, the BCF has allocated funding to each Health and Wellbeing Board (HWB) area, for joint decision making.

1.2 The BCF is a key element of future joint working, focusing on some of the most important integration priorities. It is executed through three funding streams under the BCF 'banner':

- Core BCF (subject of the Norfolk BCF review in 2021/22) – bringing Local Authority and NHS partners together to agree integrated priorities, pool funding and jointly agree spending plans.
- Disabled Facilities Grant (DFG) – Help towards the costs of making changes to a person's home so they continue to live there, led by District, Borough and City Councils in Norfolk.
- iBCF – Available social care funds for meeting adult social care needs, ensuring that the social care provider market is supported, and reducing pressures on the NHS.

1.3 Partners in Norfolk have long utilised the BCF to fund and develop critical services that support the health and wellbeing of our population, including care from the provider market, key health and care operational teams, and community-based support from the VCSE sector. There are four key national metrics that the BCF must deliver, and five Norfolk priorities agreed by the HWB (figure 1). There are then a series of key areas that the BCF must deliver in each HWB footprint, as identified in national guidance (appendix 1), which includes how the BCF plan is developed, how funding is allocated, how partners should demonstrate an integrated approach and services it should look to deliver.

1.4. Figure 1: BCF National Metrics and Norfolk Priorities:



2. BCF Review

2.1. A key priority in 2021/22 of the HWB was to lead a review of Norfolk's 'Core BCF'. This would further strengthen a BCF that acts as a delivery arm of system and place priorities for integrated working, with the BCF also seen as a key vehicle to drive future integration within an ICS.

2.2. With the aim of developing an ambitious BCF programme which meets the future needs of our population, health and social care commissioners worked in partnership to lead the review with wider partners of the Core BCF, identifying the following key themes:

- Services funded within the Core BCF largely tied back to current national BCF aims and fund a range of services that provide extensive benefit to Norfolk's population.
- There is significant opportunity to use the BCF to support other increasingly important local areas of joint health and care working, including prevention and inequalities.
- The BCF was predominantly system focused, with opportunities to align with place priorities and processes.
- Services within the BCF often account for only a small proportion of their total funding, challenging tie-back to directly attributable better outcomes.
- Good organisational joint working on the future of the BCF is now in place, with partners seeing it as a key delivery arm of future integrated priorities between health and care.

2.3. Following the review, the HWB agreed a new Plan for Norfolk's BCF, which detailed revised priorities for the BCF programme moving forward and proposed a set of principles for how the BCF should be developed in the future. A series of specific recommendations on enacting that transformation are being delivered. These will be outlined in further detail with the submission of the 2022/23 BCF Plan to the HWB in November 2022, but delivery includes:

- Norfolk's BCF is being reshaped with the following delivery priorities agreed by the system, that reflect key local strategic direction, including emerging place-based priorities:
    - Inequalities and support for wider factors of wellbeing.
    - Prevention.
    - Sustainable system (including Admissions Avoidance).
    - Person centred care and discharge.
    - The DFG and housing sits as a theme across all of these priorities.
- These priorities are being translated into delivery, including: strategically through engagement with our new ICS Place structure and ICS governance; tactically through the priorities being a core requirement for use of any future funding for the Core BCF, re-baselining the BCF utilising these priorities; and operationally through developing a monitoring and outcomes delivery approach to the BCF shaped around these priorities.
- The BCF has been re-baselined, to create a to create a refreshed and reprofiled programme with services and projects based around the Norfolk BCF priorities, improving joint financial working and drivers for integration and focus on system and place priorities. The BCF review identified that many of the projects and workstreams within the BCF were only part funded by it, with funding sitting in various other budgets. As far as possible where services are funded via multiple budgets, that has now been addressed. This will allow us to have greater oversight of the programme as a whole

and better understanding of the impact the BCF has in Norfolk, and is more focussed on services that are meaningfully joint between NCC and the ICB in funding and impact.

- The BCF is being developed to encompass both system and place priorities and processes, via the local approach to 2022/23 planning process, which includes increased engagement with Place partners, theme leads such as intermediate care and discharge, and service leads responsible for the delivery of all services funded through the BCF. This will enable more comprehensive understanding of the BCF and joint development of its future.

- An integrated officer level governance has been established, which has driven the BCF Review work and will continue to develop.

3. BCF Planning Process in 2022/23

3.1 For 2022/23 we are asked to submit to NHSE&I Norfolk's BCF plan, with guidance released in late July 2022. Split across a narrative plan, and a financial and metrics plan, it will need to include.

- Our priorities for 2022/23 and key changes made to the previous BCF Plans.
- Our overall approach to integration in Norfolk, including: joint priorities; joint commissioning; supporting people to remain independent at home; and how BCF funded services are supporting this.
- How we engaged stakeholders in developing and preparing the plan.
- The governance routes for the BCF.
- Our overall approach to key themes the BCF must deliver on, including discharge and intermediate care.
- Our approach to the Disabled Facilities Grant and wider housing services.
- Our priorities for addressing health inequalities and equality for people with protected characteristics (under the Equality Act 2010).
- Detailed income and expenditure associated with the BCF, and our expected performance against the metrics.
- Confirm that we have met the National Conditions set out in the BCF Planning Requirements document.

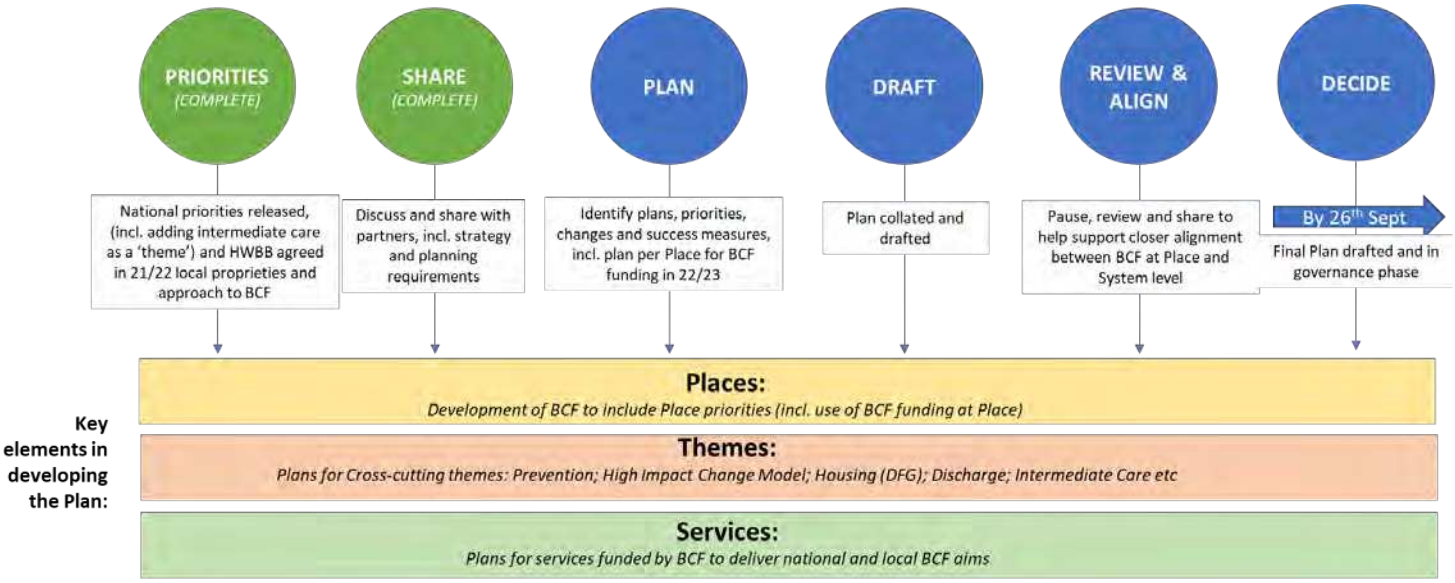
3.2 For 2022/23, the core elements of the BCF planning requirements remain consistent and with an aim to continue strengthening the integration of commissioning and delivery of services and providing person-centred care, as well as continuing to support system recovery from the pandemic. It will also strengthen focus on person-centred outcomes by asking areas to meet two overarching objectives reflecting the priorities for health and social care integration: Enable people to stay well, safe and independent at home for longer; Provide the right care in the right place at the right time. The main additional requirement in the 2022/23 plan is to develop capacity and demand plans for intermediate care covering both admission avoidance and hospital discharge across health and social care. This plan is being developed with alignment to wider planning and delivery via the systems Urgent and Emergency Care plans for the winter.

<u>Our approach</u>

3.3. In development of the 2022/23 submission of Norfolk's BCF Plan, an approach is being taken to develop both a comprehensive plan that meets the national planning requirements, but also drives forward Norfolk's local ambitions for the BCF. This means a plan is being developed that brings together a single strategic approach to the local and national themes it must deliver against, the services it funds and their plans, and our Places and their priorities. This will deliver a new approach to how Norfolk's BCF plan is developed, that combines both its system and Place ambitions and prepares our BCF for future expected

national changes, focusing on increasing joint working and combining system and place priorities.

3.4. Figure 2: Norfolk BCF 2022/23 Plan Development Approach



Norfolk's BCF and Place

3.5. We have a local aim to increasingly align the BCF with Places, by using it to support important local areas of joint health and care working, and ensuring that the BCF reflects Place priorities.

3.6. Place working brings an opportunity to further deliver on core BCF guidance to involve NHS trusts, social care providers, voluntary and community service partners and other partners in the development of the BCF.

3.7. For 22/23, funding through Norfolk's annual BCF uplift has been identified to support delivery of the BCF priorities at Place. There is £574,000 total, recurrent, or £82,000 per Health and Wellbeing Partnership area in Norfolk. This portion of the BCF is drawn from the Core BCF's annual uplift for planned spend by adult social care, with outcomes that must contribute to the BCF aims (national and local).

3.8. In developing plans, prevention and inequalities are being particularly explored, in line with BCF review that identified these were particular areas for development within the BCF plan. The Prevention High Impact Change Model is one example of that, which provides guidance around prevention, and is the model of the prevention that the BCF uses. The model aims to support local care, health, and wellbeing partners to work together to prevent, delay or divert the need for acute hospital or long-term bed-based care.

3.9. The key aim of this new approach is collaborative proposals, to best support the delivery of the BCF metrics and aims and working together at Place. Health and Wellbeing Partnerships have formed task and finish groups to lead the development of collaborative proposals. Proposals will be developed through these for each partnership area to best build ideas and consensus on collaborative proposals, and then evaluated at Partnership level to ensure local decision making and the core BCF requirements are met.

4. Next Steps

4.1 Development of the 2022/23 submission of Norfolk's BCF Plan, including draft submission to NHSE by 26 September, and full and final submission following HWB sign-off in November 2022.

Officer Contact

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

Name	Tel	Email
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Appendix 1: BCF National Requirements: Summary

There are a series of key areas that the BCF must deliver in each HWB footprint, as identified in national guidance. They include, but are not limited to:

- Delivering our overarching approach to support people to remain independent at home, and how BCF funding will be used to support this.
- Defining our approaches to collaborative commissioning and joint health and social care improvements.
- Ensuring we have a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally.
- Ensuring spend from the CCG minimum contribution on social care supports: local authority delivery of reablement; carers' breaks; carer support under the Care Act 2014
- Describing our investment in out-of-hospital services commissioned by ICBs, while supporting local integration aims.
- Agreeing our approach to support safe and timely discharge, including ongoing arrangements to embed home first - co-ordination at discharge being only one element
- Reducing health inequalities and inequalities for people with protected characteristics local BCF Plans and expenditure that include schemes such as:

Assistive technologies and equipment	**Technology in care to support self-management, maintenance of independence and delivery of care.**
Care Act implementation related duties	Implementation of Care Act related duties (including carers, independent mental health advocacy etc.)
Community based schemes	Cross sector practitioners delivering services in the community typically at a PCN level
DFG related schemes	Including means-tested capital grant for adapting a property, supporting independence at home.
Enablers for integration	The enabling foundations of health, social care and housing integration, including technology, workforce, market development, programme management, joint commissioning infrastructure.
High Impact Change Model	Approaches supporting timely and effective discharge and preventative support through joint working.
Home care or domiciliary care	Services that aim to help people live in their own homes through the provision of domiciliary care.
Integrated care planning and navigation	Navigation that helps people find their way to services and support and consequently self-manage.

Bed based intermediate care services	Short-term intervention to preserve independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care.
Reablement in a person's own home	Support in your home to improve your confidence and ability to live as independently as possible.
Personalised budgeting and commissioning	Various person-centred approaches to commissioning and budgeting, including direct payments.
Personalised care at home	Ensure a person can continue to live at home, through health, home care and mental health support.
Prevention/early intervention	Population empowered to live well in a holistic sense helping prevent formal care, including social prescribing.
Residential placements	Accommodation for people with LD or PD, MH difficulties or with sight or hearing loss.
Other	Scheme with objectives and services that meet the purpose of the BCF.

Report title: All Age Carers Strategy for Norfolk and Waveney 2022 – 2025 Progress Report

Date of meeting: 21 September 2022

Sponsor (ICP member): James Bullion, Executive Director, Adult Social Services

Reason for the Report

To provide an update to the Integrated Care Partnership (ICP) on the development of an All Age Carers Strategy for Norfolk and Waveney including presentation of the Carers Engagement Report. In addition, request support from the Board linked to the report's key themes and recommendations.

Report summary

The Health and Wellbeing Board and Integrated Care Partnership have championed the development of an All Age Carers Strategy for Norfolk and Waveney. This report brings the detailed findings from user-led research and engagement. It includes data from a Carers Survey, which was completed by 445 Carers. In co-production with Carers, the report draws upon the findings from this survey to identify key themes, solutions, and recommendations to support further discussions with funders, commissioners, and service providers.

The key themes in the Carers Engagement Report focus on the importance of:

- Accessing the right care for the cared for person.
- Accessing support and knowing what's available.
- Continuity of support and recognition of the existing fragmentation of services.
- Communication between services and departments.
- Carers groups and other community networks.
- Identification and raising awareness of Carers and capturing their value.
- Involving Carers in long-term care planning.
- Mental health support for Carers and the person cared for (crosscutting theme).

Recommendations

The ICP is asked to:

a) Endorse the key themes and recommendations for the Carers Strategy 2022
b) Commit to engaging with a task and finish group to develop a set of actions for all partners to deliver in line with the strategy and to support a task and finish group to take the strategic recommendations forward.

1. Background

1.1 In the summer of 2021, Carers Voice started the process of co-producing the Carers Engagement Report with a view to informing the development of an All Age Carers Strategy for Norfolk and Waveney. The research was supported by Norfolk County Council and the Health and Wellbeing Board. The research methods included a survey, interviews, and focus groups, with 445 Carers responding to the survey. Some of the key findings from this work included:

a) The high demand for mental health services from both Carers and cared for, and the difficulties getting access to these services. 1 in 4 Carers reported having support needs in relation to their own mental health with 84% stating the importance of support with

their mental health. 35.3% of the people being cared for required support with their mental health.

b) The high amount of care provided by Carers, with 47.5% of survey respondents providing more than 50 hours of care per week, and 25% of respondents supporting more than one person.
c) The complex needs being supported by some Carers, who can feel they are having to join the services together.
d) The negative effect that caring can have on the day to day life of Carers, where this includes physical and mental health, their relationships, financial circumstances, employment and education.

2. Context and Strategic Issue

2.1 A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

2.2 Around 1 in 8 people are Carers, that's 6.5 million people in the UK. According to the 2011 census, there are over 108,000 Carers in the Norfolk and Waveney Integrated Care System with a fifth of these being Young Carers and Young Adult Carers.

2.3 In the UK:

- Every day another 6,000 people take on a caring responsibility – that equals over 2 million people each year.
- 1.4 million people provide over 50 hours of care per week.
- Over 1 million people care for more than one person.

2.4 Carers save the state £132bn (average saving of £19,336 per Carer) a year which is more than the NHS budget for 2018/2019 (£129bn). This further breaks down to over £250k a minute. Without the support of Carers, the NHS, which is already overstretched, would face further formidable challenges. Supporting Carers enables hundreds of thousands of patients to be cared for in their own homes with a reduced pressure on the NHS. Providing timely support to patients and their Carers helps prevent crisis and reduces the burden on the existing healthcare system.

2.5 Following the Health and Care Act of 2022, the Integrated Care Board for Norfolk and Waveney has a duty:

- To involve Carers in the planning and commissioning of services.
- To promote the involvement of Carers in decisions which relate to the prevention or diagnosis of illness or the care or treatment of the person they care for.
- To involve Carers in plans relating to discharge from hospital as soon as feasible if the person they care for is likely to require care and support.

3. Methodology and Co-Production

3.1 The methodology used in the Carers Engagement Report comprised three substantive phases, which were underpinned by a commitment to co-production. This approach aims to move beyond short term engagement with a view to empowering Carers to develop an All Age Carers Strategy in partnership with other stakeholders.

3.2 Phase one: working with Carers to design and test the survey including checking the appropriateness of questions and language. Work was also carried out to raise the profile of the survey to achieve widespread publicity and promotion at the point of launch.

3.3 Phase two: launch and promotion of the survey and circulation across various platforms including social media. Additional promotion was achieved using press releases, interviews

and social media. In addition, Carers Voice emailed the survey to their 1500 members and to 80 Carers groups across Norfolk and Waveney. The survey was also sent to 84 County Councillors, all local FE colleges and universities, and a wide range of voluntary organisations and networks. It was also circulated by officers at Norfolk County Council and sent directly to Young Carers and sensory support groups. The survey was also available in easy read and hard copy formats, and printed versions were provided in community venues such as local churches and information hubs. The survey was directly promoted to 20 minority groups with specific outreach undertaken to support this, whilst participation from young people was encouraged by introducing the survey as a discussion topic in group meetings.

3.4 During this same phase, focus groups were extensively advertised by Carers groups and other partners. These provided participants with the opportunity to give more detailed contributions and / or to raise any themes not covered in the survey. Focus groups took place with four of these linked to specialist themes covering mental health, dementia, long term care planning, and General Practice and Community Nurses. They were supplemented by a series of semi structured interviews.

3.5 Phase three: ensuring continuous feedback to participants, which was facilitated by an extra focus group and interviews. These provided updates on survey findings and helped to identify possible solutions. These sessions directly informed the themes of the report.

4. Next steps

4.1. The work to date has ensured a strong foundation which has been led by Carers to support future planning. Key to turning the themes into tangible outcomes for people will be further co-production with Carers and ICP partners to identify and agree a set of actions which can be tracked and measured and against which individual partners can be held to account.

5. The key recommendations to develop these actions are:

- Establishing a task and finish co-production group to develop an All Age Carers Strategy to develop an action plan.
- Identifying workstreams for extra research and analysis.
- Using the findings from the survey and focus groups to develop a set of indicators to track the implementation of the action plan.

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Co-produced Engagement with All Age Carers in Norfolk and Waveney

Summary of Approach and Main Findings

Report by:
Carers Voice Norfolk and Waveney
Sharon Brooks
June 2022

1: Background and Context

In the summer of 2021, Carers Voice started the process of engaging Carers in the design of a survey, with a view to informing the development of an All Age Carers Strategy for Norfolk and Waveney. This work was supported by Norfolk County Council and included co-producing the survey with Carers and other key stakeholders. The decision to place co-production at the centre of this work helped to increase the relevance of the survey and enabled Carers to directly impact the actions and recommendations. By April 2022, co-production had contributed to a high response rate, with more than 445 Carers completing the survey and 50 participants taking part in focus groups and interviews. Based upon this, it seems reasonable to suggest that the approach has overcome some of the challenges associated with survey fatigue.

The previous Carers Strategy for Norfolk and Waveney ran until 2017, although discussions to update and refresh this preceded the launch of the survey, which took place in November 2021. Groups involved in these discussions included the Locality Carers Involvement Groups for Norfolk and Waveney, the Carers Voice Partnership Board, and the Health and Wellbeing Board for Norfolk and Waveney. This level of early engagement meant that the survey was able to hit the ground running upon launch, reaching out to a range of Carers Groups and networks. Despite this, the survey needed to find more creative ways to engage Hidden Carers, and to achieve this, the use of co-production was extended to include more generalist groups and services.

In addition to this survey, other research projects aimed at Carers are carried out on an annual basis. These include the Survey of Adult Carers in England (Department of Health and Social Care) and the State of Caring Survey (Carers UK). This report can be used to add value to these surveys by providing more local context, which has been strengthened by the use of open-ended questions and focus groups. Collectively, these surveys provide the opportunity to develop a set of local indicators, which can be used to identify trends and to monitor a Carers Strategy. The recent projects undertaken by Caring Together, which focussed on Young Carers and Parent Carers, should be taken into account when establishing these indicators.

The focus on co-production meant that the process of developing and implementing the survey was extended over a four-month period. The potential downsides of having a less controlled timeframe were outweighed by the benefits of extending reach to underrepresented groups, which helped to improve the quality of the findings. The longer timeframe also enabled focus groups and interviews to start identifying emerging trends linked to the pandemic and cost of living.

To facilitate reach to a wide group of Carers, Carers Voice worked in partnership with grassroots providers including smaller community and voluntary groups. Support from these organisations included promotion of the survey and discussion of its themes within meetings. Carers Voice also worked with community development organisations and Healthwatch Norfolk to facilitate workshops and to provide reach to a wider network of services. In addition, telephone calls were arranged for those people who were unable to attend workshops. All of this helped to ensure the broadest level of engagement in the available timeframe.

The more iterative approach associated with co-production has helped to identify links between the Carers survey and other emerging work, such as the implementation of an Integrated Care System for Norfolk and Waveney, and the design of skills and employment services by local councils using the UK Government's Community Renewal Fund. This type of strategic alignment will be further supported by linking the accountability for this work to multi-stakeholder bodies such as the Carers Voice Partnership Board and the Health and Wellbeing Board for Norfolk and Waveney.

2: Methodology and Co-production

The methodology used in this work comprised three substantive phases, which are underpinned by a commitment to co-production. This approach aims to move beyond short term engagement with a view to empowering Carers to develop an All Age Carers Strategy in partnership with other stakeholders. These phases are summarised below. Combined, they can be credited with helping to achieve a large number of engaged responses to the survey, which is demonstrated by a high completion rate for all questions. There were also a large number of comments made using the survey's open text boxes, and a good rate of sign up to focus groups, with the majority of participants opting to join follow-up sessions.

Phase one: working with Carers to design and test the survey including checking the appropriateness of questions and language. These groups included Norfolk Young Carers Forum, Locality Carers Involvement Groups, Family Voice Norfolk, Autism Engagement Group, West Norfolk Carers, Carers Matter Norfolk, and Young Carers Matter Norfolk. Work was also carried out to raise the profile of the survey in order to achieve widespread publicity and promotion at the point of launch. This phase started in summer 2021 and was completed by November 2021.

Phase two: launch and promotion of the survey and circulation across various platforms including social media. Additional promotion was achieved using press releases, with the survey featuring in a number of local titles including the Eastern Daily Press. Carers Voice also provided interviews and information to local broadcast media including BBC Radio Norfolk and Future Radio. All of these organisations were encouraged to include the survey link in their social media. In addition, Carers Voice emailed the survey to their 1500 members and to 80 Carers Groups across Norfolk and Waveney. The survey was also sent to 84 County Councillors, all local FE colleges and universities, and a wide range of voluntary organisations and networks. It was also circulated by officers at Norfolk County Council and sent directly to Young Carers, Young Adult Carers and Sensory Support Groups. The survey was also available in easy read and hard copy formats, and printed versions were provided in community venues such as local churches and information hubs. The survey was directly promoted to 20 minority groups with specific outreach undertaken to support this, whilst participation from Young Carers and Young Adult Carers was encouraged by introducing the survey as a discussion topic in group meetings. This phase of work was able to build on the preparatory work at phase one, which meant the survey enjoyed a high level of recognition ahead of its launch. This also helped to achieve a snowballing effect, and this ongoing momentum was a key reason for keeping the survey open for an extended period, which took place over four months up to 31 March 2022.

During this same phase, focus groups were extensively advertised by Carers Groups and other partners. These provided participants with the opportunity to give more detailed contributions and / or to raise any themes not covered in the survey. In total, 10 focus groups took place with four of these linked to specialist themes covering mental health, dementia, long term care planning, and General Practice and Community Nurses. These focus groups asked participants to think about a) what's working well, b) what could be working better, and c) what more can we do. These initial focus groups took place over a two-month period and were completed at the end of January 2022. They were supplemented by a series of semi structured interviews, which were conducted with 10 people who were unable to attend the online sessions.

Phase three: ensuring continuous feedback to participants, which was facilitated by an extra focus group and interviews. These provided updates on survey findings and helped to identify possible solutions. These sessions directly informed the themes and ideas set out in section 4 of this report. Participants from the focus groups and interviews will continue to be updated on next steps, with a number of them expressing an interest in supporting the development and monitoring of an All Age Carers Strategy. This opportunity to stay involved will be widely promoted using Carers Groups and local networks.

Using a combination of survey, focus groups and interviews means that the themes and recommendations in this report are drawn from both quantitative and qualitative data. Following feedback from Carers, the survey itself also embedded some qualitive elements by encouraging extra comments. In total 15 of the 21 questions included open text boxes, which received a total of 2055 responses. Removing the 3 questions that only allowed for open ended responses still results in an extra 1075 comments, with 5 questions each receiving 100 or more additional comments. These high engagement questions were:

- Please tell us why the person or people you care for need your help and support? (192 extra comments).
- Please tell us if you have any support needs yourself? (133 extra comments).
- Have you had a Carer's Assessment (100 extra comments).
- As a Carer, where have you been able to find help or support for yourself? (134 extra comments).
- Have you found it easy or difficult to get the support you need as a Carer? (115 extra comments).

Piloting the survey with Carers also helped to achieve a high degree of relevance with very few people choosing to bypass questions. The lowest number of skipped responses for a single question was 2, and the highest number was 51, although the majority of skipped responses were in the range of 2-19. This means that on average, less than 5% of respondents skipped any single question, suggesting that the survey held people's attention from start to finish. Along with the high number of extra comments, this demonstrates how co-production can enhance the effectiveness of research methodologies. Other benefits from co-production include:

- Raising awareness of the survey and forming connections between Carers.
- Increasing the profile of Carers Groups and the value they provide.
- Creating shared spaces for Carers and services to exchange ideas.
- Providing wider context by testing and validating key themes.
- Reducing consultation fatigue by encouraging wider ownership of the survey and its findings.
- Developing new partnerships and raising awareness of specific groups, such as Young Carers.
- Extending knowledge of accreditation schemes such as Carers Friendly Tick and Disability Confident.
- Providing time and space to understand the impact of emerging themes, such as the cost of living crisis.
- Adding momentum to existing work, such as Carers Passports and Carers Ambassadors.
- Providing a blueprint for how Carers can engage with strategic bodies and vice versa.
- Raising the profile of Carers amongst generalist services, such as employability support.
- Establishing indicators to add value and local context to national survey work.
- Providing Carers with more time and space to tell their story.
- Articulating the value of caring within the context of public sector budgets.

3: Recommendations

The following recommendations have been drawn from the survey findings and the extra context provided by focus groups and interviews. These recommendations are overarching and are designed to provide a strategic framework for supporting the development and implementation of an All Age Carers Strategy. The action plan for this strategy will be more operational in nature but there should be a clear and recognised interdependency between the actions and recommendations, which will help to create a single monitoring framework. Both the action plan and monitoring framework can be drawn from the ideas set out in table 4.2 and used to support the flow of information between Locality Groups, the Carers Voice Partnership Board, the Integrated Care Partnership and the Health and Wellbeing Board for Norfolk and Waveney.

Recommendations	Detail
Recommendation 1: To establish a task and finish co-production group to develop an All Age Carers Strategy underpinned by an action plan. Monitoring of the strategy to be overseen by the Carers Voice Partnership Board, which will be informed by experiences of Carers Locality Groups, and report to the Integrated Care Partnership and the Health and Wellbeing Board for Norfolk and Waveney.	The action plan will build upon the solutions identified in table 4.2. Along with the strategy, it should include a realistic timeframe and monitoring framework. The plan should identify any resource implications, and where necessary, suggest ways of overcoming these, such as improved alignment and/ or leverage of external funds. The action plan and strategy should be co-produced and create links to the roll out of an Integrated Care System for Norfolk and Waveney.
Recommendation 2: To use the findings from the survey and focus groups to develop a set of indicators showing demand and supply of key services and support to Carers. To use these indicators to add value to other datasets including regional and national Carers surveys.	To use indicators to facilitate join-up across services, and wherever practicable, to share these with other services and strategy groups. To include indicators that can be used to show the impact of external factors, such as the effects of rising cost of living and the longer-term impact of the pandemic. These indicators should help to monitor demand for community support and other key services such as benefit and debt advice, and mental health services. A Carers Panel could be used to inform and update indicators at agreed intervals.

Recommendation 3: To identify workstreams for extra research and analysis and to invite partners to align their resources and pool budgets, with a view to improving services for Carers.	To link workstreams to those parts of the action plan and strategy that require more in-depth research and resources. To support Carers and services to use the findings from this work to test new ways of working. To convene a multi-stakeholder funders' group to share findings and to identify opportunities to support programme development.
Recommendation 4: From the perspective of both Carers and services, to understand the equilibrium between support offered by family and community infrastructure, and the support made available by professional services.	Survey and focus group work shows the high level of support provided by family and community infrastructure and the impact this can have on other areas of life, such as friendships, education, work, and the mental health of both the Carer and cared for. Working with Carers and services to identify the amount of support provided by each, and to agree what a fair, realistic, and balanced arrangement should look like will support prevention by helping to inform the commissioning of future services by redressing the balance, recognising the value of community infrastructure, and attributing resources accordingly. Working with the principles and commitment to Carers in the Carers Charter particularly regarding the identification and support of Young Carers and Young Adult Carers in education. Establishing a set of shared value measurements for the work undertaken by primary and secondary Carers will support this.
Recommendation 5: To build upon co-production to complement existing work, and to maintain conversations with wider stakeholders including generalist services, funders and commissioners.	To widen impact by promoting the strategy to generalist services and to add momentum to existing co-production, including Carer-led small grant panels and the development of a Carers Passport. To further embed co-production by supporting Carers to monitor the strategy and to capture the value they place on community networks. To support other services to involve Carers in their delivery and commissioning plans by developing a Carers Engagement Toolkit.

4: Key Themes

This section includes quantitative data collected from focus groups. These comprised 6 generalist focus groups open to Carers and 4 specialist focus groups aimed at both Carers and service providers. The four specialist themes covered were dementia, long term care planning, mental health, and General Practice and Community Nurses. Table 4.1 shows the main comments and themes from these focus groups, which gave Carers and services the opportunity to add context to survey responses and to quality check the research analysis. They also allowed more space to explore issues that were not directly referenced in the survey and / or to build upon comments made in open text boxes. Although they were supported by different facilitators, the generalist and specialist focus groups used a similar structure, which asked Carers to draw upon their own experiences to identify what works well and what needs to improve. These workshops were carried out between December 2021 and January 2022 and were supplemented by interviews with 10 participants who were unable to attend the online sessions. Typically, these interviews lasted up to one hour and used the same semi structured question frame as focus groups. Findings from interviews have been included as part of the comments and themes from the focus groups. Two follow-up sessions took place in February and March 2022 to review main themes and to identify possible solutions. These sessions were framed around four main groupings based upon the comments made at previous focus groups. These solutions are shown in table 4.2, providing the basis for an initial action plan to underpin, and help drive, the overarching strategic recommendations made in section 3. In total, 50 people took part in focus groups and interviews.

4.1: Findings from Generalist Focus Groups

Themes	Notes
Theme 1: The importance of getting the care right for the cared for.	• When this doesn't happen, it can have an impact on the wider family, with less time available for friendships and other support networks. As a result of this, both the Carer and cared for can experience increased anxieties and worsening mental health. • The education and access to employment for Young Carers and Young Adult Carers can be impacted by the levels of support. • Putting in place the right care package at the outset can be especially critical in some areas, such as dementia support. • Delayed or inappropriate levels of support can also impact on household finances, with the Carer having to reduce hours or give up work to compensate for a lack of professional support. Economic factors, such as rising cost of living, are likely to worsen these impacts.

Theme 2: Accessing support and knowing what's available.	• Making an application for support can take a long time and it can be difficult to understand the processes involved and eligibility criteria. • Meanwhile, reassessments for support can feel too narrow rather than based upon the needs of the whole person or the experience of the Carer. • The language used by support services doesn't always resonate with Carers including Hidden Carers. • Once identified, services can be hard to navigate and there is still a need for human contact, as well as online services. • All of this can leave Carers feeling unsupported and outside of a system that isn't working for them or their cared for.
Theme 3: Continuity of support and fragmentation of services.	• A lack of resources and contingency planning can impact on service continuity, which is compounded by Carers having to navigate fragmented services. • Carers can also be left feeling unsupported during periods of staff absence, and when key services are restructured, such as GP mergers. • There is a need to improve information and coordination during discharge from hospital and fully involve Carers in discharge plans. • The experience of GP surgeries is mixed, with Carers expressing some positive and negative experiences. • These differing experiences can include knowledge and availability of mental health support, the accessibility of online services, the likelihood of seeing a named GP, and the experience of ordering prescriptions. • The impact of the pandemic has been especially harsh on some groups, including people with dementia. Understanding this will help to shape continuity plans for Carers and their support networks.

Theme 4: Communication between services and departments.	• Professionals including health practitioners are often praised for doing the best they can against a backdrop of limited resources and rising demand. • This results in Carers having to repeat information during appointments and handovers. • In response to these problems, Carers have to develop workarounds including having to understand professional language. • These workarounds become harder for Carers who are struggling with their own health, who do not have the confidence to ask questions, who may be Young Carers, Young Adult Carers or whose expertise remains unacknowledged. • During focus groups, some good practice examples were cited of specific services, such as a hospital department or GP surgery. Sharing best practice would help to address inconsistencies.
Theme 5: The Role of Carers Groups and other community networks.	• These groups and networks can provide Carers with companionship and a listening ear, providing Carers with much needed time for themselves. This can be especially valuable in the absence of respite care. • Throughout the pandemic, some of these groups were able to continue using zoom, and focus groups helped to connect them to potential new members. • Amongst professional services there can be an assumption that Carers continue to cope, and these types of groups can help Carers to articulate when that isn't the case. • Voluntary sector support was recognised for helping to keep people connected during the pandemic. Groups referenced in this way were Carers Voice and Carers Matter Norfolk.

Theme 6: Identification and raising awareness of Carers and capturing their value	• Public awareness campaigns can support prevention by asking people how they would cope if they had caring responsibilities. • Such campaigns can also help to raise awareness amongst Hidden Carers and their support networks, such as community groups and Young Carers and Young Adult Carers and their networks. • Services should use language that will be recognised by Carers and Hidden Carers of all ages which can be supported by Carer awareness training. • This awareness can be extended to other services using the Carers Friendly Tick and Disability Confident schemes. • Capturing the value and savings made by Carers will help to inform commissioning and make clearer the breadth of support that is provided by Carers.
Theme 7: Involving Carers and long-term care planning.	• Carers want to be more involved, and this should be by design and not accident. • The language used by some services including GP surgeries can feel exclusive. • It is not always clear who Carers should talk to about contingency planning, in particular, parents who are caring for their children. • There is a lack of focus on long-term care planning and the resources needed to replace Carers. Attaching a list of Carers tasks to a care plan might help to start this conversation. • Despite feeling as if they have to take on the role of the professional, the experience of Carers isn't always acknowledged at critical points.
Crosscutting theme: Mental health support for Carers and cared for.	• Access to mental health support is cross cutting, which was raised frequently when discussing other themes. It is also an area of support that has become more needed, with many Carers becoming increasingly isolated during the pandemic. • GP surgeries are often the first point of contact for mental health support, however there can be inconsistencies with some GPs having more specialist knowledge. • The lack of availability of respite care can have a direct impact on the mental health of both Carer and cared for. • The lack of support, long waiting times, and fragmentation of support in mental health services, all serve to increase the anxieties felt by Carers. • Whilst waiting for professional support, community networks can provide a vital role although it should be acknowledged that some of this support was interrupted by the pandemic.

4.2: Ideas from Solutions Workshop

Theme	Example Solutions
Raise awareness of Carers and their value.	• Development of an All Age Carers Strategy. • Introduction of a Carers Passport and introduction of Carers lead in key services, helping to raise awareness of the passport and Carers Strategy. • Work with the Integrated Care Board and across the Integrated Care System to ensure Carers are fully involved in discharge plans. • Demonstrate the value provided by Carers including savings made to public purse. • Develop a public awareness campaign to help people prepare for their future caring roles.
Improve access to information and services including single point of contact.	• Provide information in different formats. • Recognise GP surgeries as first point of contact and understand how community infrastructure can support this role. • Increase the knowledge of Carers amongst more general advice services such as employment support. • Explore opportunities for services to bring together their publicity and promotional activities.
Provide support for Carers Groups and share learning of their experiences.	• Research the support needs of these groups and the scope for small grants to assist with basic needs, such as meeting space. • Support these groups to share grassroots experiences with commissioners and grant making bodies. • Enable these groups to provide representation to relevant partnerships and networks including those linked to an All Age Carers Strategy. • Offer training and facilitation support to these groups.
Reach out to Hidden Carers.	• Raise awareness amongst generalist services, which might already be supporting Hidden Carers at community projects, such as food banks and job clubs. • Encourage services to pool their marketing budgets and to use language that will resonate with the wider public. • Utilise GP surgeries as a first point of contact and strengthen links between surgeries and community infrastructure, such as Carers Ambassadors. • Strengthen links to community assets such as libraries and village shops.

5. Appendix: Survey Findings

The findings are based upon responses from 445 Carers. The survey was open between November 2021 and March 2022, with the majority of responses made in the first two months. Responses gained in the second half of this period were often from specific groups as a result of targeted outreach, such as Young Carers. The survey comprised 21 questions, with 5 of these linked to characteristics covering age, gender, sexual orientation, ethnic origin, and location. On the last of these, respondents were asked to provide the first part of their postcode. In most cases, these postcode areas could be mapped against district councils, however, in some cases these areas straddled more than one local authority, and where this happened, responses were divided proportionately.

5.1: Profile of Respondents

5.1.1: Please tell us your age and the age of the person or people you are caring for.

Answer Choice	Carer	Cared for
15 years or under	75	71
16-25 years	12	58
26-45 years	58	83
46-64 years	172	93
65-84 years	114	118
85 years or over	7	81
Prefer not to say	6	6
Total	444	510

Notes:

- 444 / 445 people responded to this question.
- The number of respondents under the cared for column exceeds 445 as some people care for more than one person.
- 16.9% of respondents were from Carers aged 15 or younger. Engagement of people aged 16-25 will be enhanced as part of the task and finish work and during design of the monitoring framework for the All Age Carers Strategy.
- 38.7% of respondents were aged 46-64.
- 27.3% of Carers were aged over 65, which can be linked to concerns about contingency planning (see section 3.2).

5.1.2: Please tell us your gender and the gender of the person / people you care for.

Answer Choice	Carer	Cared for
Female	322	243
Male	101	247
Trans Woman	0	2
Trans Man	2	3
Non-Binary	3	0
Other	1	0
Do not know	2	0
Prefer not to say	11	7

Notes:

- 442 / 445 people responded to this question.
- The number of responses under the 'cared for' column totals 502, as this includes respondents who care for more than one person.
- Almost three quarters of Carers who responded to the survey were female (72.9%) compared to 22.9% male.

5.1.3: What is your sexual orientation?

Answer Choice	Number of responses
Heterosexual	307
Gay or Lesbian	11
Bisexual	23
Other	6
Do not know	7
Prefer not to say	76
Total	428

Notes:

- 428 / 445 respondents answered this question.
- 17.8% of respondents preferred not to answer.

5.1.4: How would you describe your ethnic origin?

Answer Choice	Number of responses
White British, English, Welsh, Scottish, Northern Irish or British	399
White Irish	1
White Gypsy or Irish Traveller	0
Any other white background	7
White and Black Caribbean	2
White and Black African	0
White and Asian	1
Any other mixed or multiple ethnic background	4
Indian	2
Pakistani	0
Bangladeshi	0
Chinese	0
Any other Asian background	0
Black African	2
Black Caribbean	0
Any other Black, African or Caribbean background	0
Arab	1
Any other ethnic group	4
Prefer not to say	17
Total	439

Notes:

- 439 / 445 people responded to this question.
- 90.9% of respondents described themselves as White British, English, Welsh, Scottish, Northern Irish or British.
- 3.9% of respondents preferred not to answer.

5.1.5: What is the first half of your postcode?

(postcode areas have been mapped against district boundaries, shown below)

Answer Choice	Number of responses
Great Yarmouth and Waveney	104
Norwich	70
Breckland	61
King's Lynn and West Norfolk	54
North Norfolk	48
South Norfolk	46
Broadland	43
Total	426

Notes:

- A small number of responses have not been included in this table as it was not possible to map their postcodes to areas in Norfolk or Waveney.
- Respondents were drawn from 47 postal areas, which suggests the survey was well promoted.
- A high number of responses were received from Great Yarmouth, which were supported by community organisations in the area, such as Young Carers Groups.
- Exploring the link between response levels and community infrastructure is a potential theme for extra research, which can be considered as part of strategy development.

5.2: Main Questions

5.2.1: How many people do you care for?

Answer Choice	Number of responses
1 person	329
2 people	74
3 people	24
4 people	9
5 people	6
Total	442

Notes including links to themes and recommendations in section 3 and 4:

- A total of 113 people, or 25.6% of respondents, are looking after more than 1 person.
- This provides some level of insight into the multiple needs being supported by Carers and makes the case for services to operate at a whole family level.
- As such, responses to this question have helped to inform theme 1, the importance of getting care right for the cared for, theme 3, the need to improve continuity of support and reduce fragmentation of services, and theme 6, raising awareness and capturing the value of Carers. There is also a clear link to recommendation 4, to understand the balance of support that is provided by Carers and services.

5.2.2: How many hours a week on average do you spend caring?

Answer Choice	Number of responses
Up to 10 hours	62
Up to 20 hours	49
Up to 30 hours	47
Up to 40 hours	40
Up to 50 hours	24
More than 50 hours	208
Other	8
Total	438

Notes including links to themes and recommendations in section 3 and 4:

- Almost half of respondents (47.5%) provide more than 50 hours of care per week, and some of this will result from the number of respondents caring for more than 1 person (25.6%).
- Extra research in this area might cover how many Carers have been able to make planned adjustments to their working or family life, and this could be included as part of the indicators set out in recommendation 2, section 3.
- In addition, responses to this question have helped to inform theme 1, the importance of getting the care right for the cared for, theme 5, the role of Carers Groups in providing Carers with time for themselves in the absence of respite care, and theme 6, demonstrating the value of Carers and raising awareness amongst employers and other organisations using the Carers Friendly Tick and Disability Confident schemes.

5.2.3: Please tell us why the person / people you care for need(s) your help and support.

Answer Choice	Number of responses
Autism	92
Dementia	111
End of life	17
Frailty	90
Learning Disability	76
Mental Health	156
Physical Disability	195
Sensory Impairment	61
Addiction	8
Other	86

Notes including links to themes and recommendations in section 3 and 4:

- 442 / 445 people responded to this question, with 35.3% of people cared for requiring support with their mental health.
- 192 people used the open-ended text box to provide additional information about the health and personal care needs of the person they care for. These responses help to demonstrate the complexity of support that is often provided by Carers, in addition to the number of hours shown in table 5.2.2.
- Based upon the types of support provided and the likelihood of Carers needing to interact with multiple services, responses to this question have helped to inform theme 1, the importance of getting the care right for the person being cared for, theme 3, the need to improve continuity of support and reduce fragmentation of services, theme 4, the importance of good communication between services and departments, and theme 7, the need to involve Carers in long term care planning.
- There is also a strong link to the cross-cutting theme of mental health support for both Carers and the cared for, in particular, where there is an absence of respite care and / or a lack of join up between other health services.

5.2.4: Please tell us if you have any support needs yourself.

Answer Choice	Number of responses
Autism	14
Dementia	4
End of life	2
Frailty	5
Learning Disability	14
Mental Health	102
Physical Disability	63
Sensory Impairment	17
Addiction	3
Other	56
None	196

Notes including links to themes and recommendations in section 3 and 4:

- 402 / 445 people responded to this question, with 133 providing more information on their health needs using the open text box. This additional information reinforced the need for services to join-up and to provide a whole family approach.
- A quarter of Carers who responded to the survey required support with their own mental health, and 15.7% responded that they have a physical disability, which should probably be taken as a minimum figure when read in conjunction with the extra comments.
- The support needs of Carers in this survey have helped to inform theme 1, the importance of getting the care right for the cared for, and the likely impact on mental and physical health when this doesn't happen, theme 3, the need to reduce the fragmentation of services to provide a more joined-up and a whole family approach, theme 4, the need to acknowledge the experience of Carers, and theme 7, the need to involve Carers in long term care planning.

5.2.5: Have you had a Carer's Assessment?

Answer Choice	Number of responses
Yes	144
No	215
Not sure	87
Total	446

Notes including links to themes and recommendations in section 3 and 4:

- Nearly 50% of Carers taking part in this survey had not received a Carer's Assessment.
- A further 20% were unsure if they had received an assessment, meaning that the number of respondents without an assessment could be as high as 70%.
- Against this backdrop, it is perhaps not surprising that a quarter of Carers who responded to this survey had their own mental health support needs.
- Responses to this question have helped to inform theme 2, the need to make it easier to access and find out about support, theme 4, improved communication between services to raise awareness of Carer's Assessments, theme 5, the value of community infrastructure in enabling Carers to share experiences with other Carers, theme 7, the need to involve Carers in long term planning, and the cross cutting theme of mental health, where a lack of support and waiting times can increase anxieties felt by Carers.

5.2.6: As a Carer, where have you been able to find help and support for yourself?

Answer Choice	Number of responses
Doctor / health service	85
Social services	57
Family and / or friends	193
Carers Matter Norfolk	137
Other Carer group / organisation	93
Charities / community group	58
Education provider	18
Religious group	22
Other	27
I have not been able to find the help and support I need	87
I do not need any support or services	28

Notes including links to themes and recommendations in section 3 and 4:

- When measured against the number of Carers who provide more than 50 hours of care per week (Q5.2.1) and who support multiple needs (5.2.3), it is perhaps to be expected that only 6.4% of respondents do not require any support services.
- A total of 438 / 445 respondents answered this question with a large number (134) providing more information using the open text box. These extra responses reinforced the importance of family and friends and the voluntary sector including national charities such as Dementia UK and the Alzheimer's Society. There were also comments linked to lack of support during periods of staff absence, and uncertainty around where to turn for help.
- Responses to question 3.2.4 showed that 48.8% of respondents did not have any support needs, which is much higher than the 6.4% of people in this question who said they didn't have any need for support or services. This difference is probably best explained by the framing of the questions, with the answer choices in 5.2.4 focussing on medical conditions, whereas the options in this question cover more informal support such as charities and community groups. Although these are broader categories, they can be linked to wider determinants of health.
- An additional line of enquiry for future research would be to ask how many people have approached their doctor or health service in the first instance when looking for support, which links to recommendation 3. In addition to this, the high number of people shown to be receiving support from family and friends confirms the importance of community networks (theme 5) along with the need to capture their value (theme 6 and recommendation 4).

5.2.7: Have you found it easy or difficult to get the support you need as a Carer?

Answer Choice	Number of responses
I have found it very easy	22
I have found it quite easy	31
I have found it neither easy nor difficult	109
I have found it quite difficult	125
I have found it very difficult	118
I do not need any support or services	24

Notes including links to themes and recommendations in section 3 and 4:

- 429 / 445 people responded to this question with 115 providing extra information using the open text boxes, where key themes included difficulties finding and then navigating support and waiting times.
- Only 5.6% of respondents say that they don't need any support or services, which is close to the number who answered the same in question 5.2.6 and is again likely to result from the volume and complexity of tasks undertaken by Carers in this survey.
- 56.6% of respondents attach some level of difficulty to finding the support they need as a Carer, with 27.5% finding it very difficult. In comparison, only 12.4% of respondents have found it quite easy or very easy to find the support they need.
- Responses to this question have helped to inform theme 2, access to support and knowing what's available. This is linked to the cross-cutting theme suggesting that anxieties linked to mental health are worsened when access to support is delayed. According to Carers focus groups, the introduction of a Carers Passport and service map is seen as partial solution to the difficulties of finding support as it enables identification and recognition of Carer knowledge. These themes are covered in more detail in section 4.2.

5.2.8: Please tell us how important the following are to you?

Answer Choice	Extremely important	Very important	Somewhat important	Not so important	Not at all important
Time for yourself / time away from caring role.	207	110	94	26	7
Support with your physical health	98	115	112	66	42
Support with your mental health	138	127	103	43	17
Someone to talk to	161	145	76	37	17
Advice on benefits and finance	96	96	98	68	53
Planning including for an emergency and future	144	131	95	36	26
More information about the services available to Carers.	129	119	93	49	32
Practical support including home adaptions and technology	88	121	86	70	50
Knowing the person(s) you care for is safe and receiving the support they need.	323	87	16	3	6

Notes including links to themes and recommendations in section 3 and 4:

- 444 / 445 people responded to this question with 83 people providing extra information using the open text boxes. These comments help to draw attention to the importance of contingency planning, the time spent by Carers having to join-up services, the difficulties of knowing what services are available, and the potential benefits of appropriate respite.
- The ranking of answers is below. This is based upon combining the extremely, very and somewhat important categories to demonstrate the amount of importance attached to each answer choice. Percentages have been calculated using the total number of people who responded to each answer choice.
    - Knowing the person(s) you care for is safe and receiving the support they need: 97.9%
    - Time for yourself / time away from caring role: 92.6%
    - Someone to talk to: 87.6%
    - Planning including for an emergency and the future: 85.6%
    - Support with your mental health: 84.4%
    - More information about the services available to Carers: 80.1%
    - Support with your physical health: 75.1%
    - Practical support including home adaptions and technology: 71.1%
    - Advice on benefits and finances: 70.6%
- The level of importance attached to each category adds to the picture of Carers managing a high volume of care needs and multiple support.
- Answers from this question have helped to inform most of the themes set out in section 4.1 including theme 1, the importance of getting the care right for the cared for, theme 3, supporting continuity of support and reducing the fragmentation of services, and theme 5, the role of Carers Groups and other community networks, which can be linked to the answer choice of having someone to talk to.
- The high number of people attaching importance to mental health support reinforces this as a cross cutting theme. There is also the opportunity to include the number of people who require advice on benefits and finances within the monitoring framework for an All Age Carers Strategy (recommendation 2). This would allow services to reflect the need of Carers in their responses to rising cost of living.

5.2.9: Have you been involved in the planning and development of care for the person / people you look after?

Answer Choice	Number of responses
Yes	196
No	83
Not aware of a plan being created	156

Notes including links to themes and recommendations in section 3 and 4:

- 435 / 445 people responded to this question, with 88 providing more information using the open text boxes, where comments suggested a need for more information about care planning including when and how to ask for one, and what they should contain.
- More than a third of people responding to this question were not aware of a plan being created for the person they care for, with less than half confirming that they had been involved in the planning and development of care. For more context, these answers should be read in conjunction with responses to 5.2.8 covering the high number of Carers attaching some level of importance to planning for future and emergency, having more information about services available to Carers, and practical support including technology and home adaptions.
- Responses to this question have helped to inform theme 7, involving Carers and long-term care planning, and link to the ideas in section 4.2 around working with the Integrated Care Board and across the Integrated Care System to fully involve Carers in hospital discharge plans. There are also clear links to the principle and practice of co-production as set out in recommendation 5.

5.2.10: During this planning and development of care, did you feel that you were:

Answer Choice	Yes	No
Listened to	163	52
Respected	166	48
Valued	141	68

Notes including links to themes and recommendations in section 3 and 4:

- 394 / 445 people responded to this question. Apart from the open-ended question in 3.2.16, this represents the lowest response rate, which is likely to have resulted from the number of people not involved / unaware of care planning (54.9% in question 5.2.9).
- 57 people provided more information using the open text box, which included examples of involvement by both design and accident, and some examples of Carers not being recognised / assumed to be coping.
- Of those who had been involved in care planning, 75.8% felt that they had been listened to, 77.6% felt respected, and 67.5% felt valued. This indicates that when involved, more than two thirds of Carers are satisfied with their experience of care planning. However, these numbers need to be read alongside the numbers of people who haven't been involved in, or who are unaware of, care planning.
- Responses to this question and question 5.2.9 have helped to inform theme 4, communication between services and departments, with opportunities to raise awareness of care planning at different touch points, theme 7, the need to involve Carers in long term care planning, recommendation 4, to understand the equilibrium between support provided by Carers and services, and recommendation 5, to build upon and embed co-production.

5.2.11: Please tell us how your caring role has changed any of the following.

Answer Choice	Very positive change	Some positive change	No change	Some negative change	Very negative change	Not applicable
Your physical health	11	46	126	185	56	7
Your mental health	16	35	65	198	113	7
Your financial circumstances	9	16	147	119	88	46
Time for yourself	22	31	49	148	180	5
Your day to day life	23	35	64	171	138	5
Your relationships	19	38	119	141	100	18
Your employment	7	12	103	57	83	158
Your education	6	25	136	42	26	185

Notes including links to themes and recommendations in section 3 and 4:

- 439 / 445 people responded to this question with 64 providing more information in the open text box. Comments gave more detail on reasons for leaving work or education, and the effects of this on household finances and being able to meet the cost of care.
- The ranking of answers is below, and this is based upon the number of people who indicated that caring had resulted in some negative change or a very negative change. Percentages have been calculated using the total number of people who responded to each answer choice.
    - Time for yourself: 75.4%
    - Mental health: 71.7%
    - Day to day life: 70.9%
    - Physical health: 55.9%
    - Relationships: 55.4%
    - Financial circumstances: 48.7%
    - Employment: 33.3%
    - Education: 16.2%
- The high number of people stating some level of negative impact on time for yourself, day to day life, and relationships has helped to inform theme 5, which acknowledges the important role played by Carers Groups and other community networks.
- The number of extra comments in the open text box suggests that the impact on Carers and their employment might be greater than the 33.3% stated above. This links to theme 6, raising awareness of Carers and in particular, amongst employability services using the Carers Friendly Tick and Disability Confident schemes. There is also the option to consider education and employment as areas for further research as set out in recommendation 3.
- The impact of caring on Carers mental health confirms this as a cross cutting theme.

5.2.12: Are you currently in paid employment / self-employment / education / voluntary work / retired?

Answer Choice	Number of responses
Full time paid employment	48
Part time paid employment	66
Full time self-employment	9
Part time self-employment	12
Education	79
Voluntary work	29
Retired	115
Unable to work as a result of caring responsibilities	89
Not currently in paid employment / education / voluntary work	48

Notes including links to themes and recommendations in section 3 and 4:

- 435 / 445 people responded to this question with 80 providing more information in the open text box. Comments were similar to those provided in 5.2.11 covering the reasons for giving up work, the flexibility or otherwise of employers, the options for online work or training, and the value of volunteering.
- In total, a fifth of respondents (20.5%) stated they were unable to work because of their caring responsibilities, and as part of the proposed monitoring framework for an All Age Carers Strategy, it would be helpful to develop an indicator to monitor this alongside any changes to household finances. Monitoring such trends will help to engage providers of employment services, which can often include wrap around support in money and debt.
- The impact of not being able to work or having to reduce hours should be factored into the development of value measurements for caring, which is included in theme 6 and recommendation 4. There is also the potential to compare the survey findings to wider labour market data and join-up with the Local Enterprise Partnership and others which will help to support this (recommendation 5).

5.2.13: How do you prefer to make contact with people and services?

Answer Choice	Number of responses
Telephone	219
Email	276
Post	90
In-person	176
Online	142
Other	22

Notes including links to themes and recommendations in section 3 and 4:

- 426 / 445 people responded to this question, with 22 providing more information in the open text box, where other options included use of text for people who are deaf, and in-person use of sign language.
- That just over 50% of people prefer to make contact using the telephone might reflect the personal and complex nature of enquiries. This could also mirror how services are provided, with a number of health enquiries still having to be conducted over the telephone.
- There is also the potential for responses to be split according to age groups, which might explain the relatively high number of people preferring to correspond using post. This might be driven by the fact that 27% of all survey respondents are aged 65 or over.
- Despite the increased use of online technologies during the pandemic, 41.3% of respondents still prefer to communicate in person, which reinforces the importance of human contact and should be considered when developing awareness tools, such as service maps and Carers Passports.
- These findings should also be captured when taking forward co-production and reflected in the proposed engagement toolkit, as set out in recommendation 5.

5.2.14: How did you find out about this survey?

There were no answer prompts to this question. A total of 399 respondents provided information in an open text box. This was one of the last questions, which suggests the survey managed to avoid response fatigue. In total, there were 18 different responses, which confirms the importance of including different types of communication in co-production and engagement toolkits. In no particular order, the 18 responses were:

Response
Email
Charity and community groups
Facebook
Carers Groups and peer support networks
Workplace
Radio
Press
NHS including hospitals
Friends
School / college
Councillors / council services
Norfolk Residents panel
Post
Websites
Word of mouth
Twitter
Support workers
Newsletters

5.2.15: What is your relationship to the person(s) you care for?

Answer choice	Number of responses
I am their parent	116
I am their sibling	50
I am their spouse / partner	162
I am their son / daughter	142
I am their grandparent	5
Other family member	17
I am their friend / neighbour	14
Other	8

Notes including links to themes and recommendations in section 3 and 4:

- 440 / 445 people responded to this question. The number of individual responses exceeds this number, which reflects the fact that some respondents care for more than 1 person.
- More than a quarter or respondents (26.4%) are a parent caring for their son or daughter. In particular, this should be considered when reviewing responses to question 5.2.5 (Carer's Assessments), and 5.2.9 and 5.2.10 (involvement in care planning).
- The high number of Parent Carers has helped to inform the main themes of this report including the need to involve Carers in long term planning, for services to support conversations around contingency, and to adopt practical measures such as attaching a list of Carers tasks to care plans. Understanding the concerns of specific groups of Parent Carers is an area for extra research as set out in recommendation 3.
- Responses to this question also help to highlight how caring can impact on wider family life and preparing people for this could be taken forward in awareness raising campaigns as covered in theme 6 and recommendation 4.

5.2.16: Please use this space if you would like to tell us more about any concerns you have as a Carer for the future, any changes that would improve services, and any further comments.

There were no prompts to this question. A total of 146 respondents provided information in an open text box. When read collectively, the responses show a need to improve access to services. The list below has been formed by grouping key phrases and themes. However, this is not an exact science, and some level of interpretation was needed to align similar looking references. Despite this, some clear themes emerged linked to concerns about contingency planning in the absence of the Carer (25.3% of responses), household finances including the cost of care (11.8% of responses), and the availability of appropriate care and fragmentation of support (10.4% of responses). All of the areas listed below have informed the development of the themes and recommendations in this report, including theme 2, accessing support and knowing what is available, theme 3, the need to improve continuity of support and reduce fragmentation, theme 6, raising awareness of Carers including amongst employment and money and debt wrap around services, theme 7, involving Carers in long term care planning, and the cross cutting theme of the importance of mental health support.

Comments and themes ranked according to number of references made:
The need for contingency plans and concerns about coping in the future.
Impact of caring on household finances and the high cost of care.
The lack of appropriate care and fragmentation of support
The need to recognise and value Carers.
The impact of caring on employment.
The impact of caring on relationships and lack of respite care.
The importance of human contact to help navigate services.
The impact on health including mental health.
Making information more accessible including for users of British Sign Language.

Report title: National Reform of Adult Social Care

Date of meeting: 21 September 2022

Sponsor (ICP member): James Bullion (Executive Director of Adult Social Care)

Reason for the Report

Governments national reform of Adult Social Care will have a material impact on the delivery of Adult Social Care services in Norfolk and Waveney. In line with the ICP terms of reference, it will be of vital importance that both the impacts on Adult Social Care and the wider Health and Care system, are fully understood and embedded into the Integrated Care Strategy and Place based delivery plans.

Report summary

During 2021, Government committed to transforming the delivery of care in England through specific reforms of Health and Social Care. Governments "Build Back Better: Our plan for Health and Social Care" set out the foundations for the post-pandemic recovery and closer working of the Health and Social Care systems. This included the Royal Assent of the Health and Care Bill in April 2022 and the delivery of two mutually reinforcing white papers, one focusing on the integration of health and care and one focused on the wider reform of social care. Within the white paper published in December 2021 called "People at the Heart of Care: adult social care reform white paper", a 10-year vision for Adult Social Care is described. The paper outlines the areas of work intended to be delivered to achieve three broad objectives for Adult Social Care of:

1) People have choice, control, and support to live independent lives.
2) People can access outstanding quality and tailored care and support.
3) People find adult social care fair and accessible.

This paper and accompanying presentation outlines for the Integrated Care Partnership (ICP) some of the key areas reform focuses upon to achieve these objectives and some of the likely key impacts the change will bring. This will enable the board to continue to recognise, and shape, the changes to happen at a local level, through strong collaboration on its vital areas of work such as prevention, housing and carers. Furthermore, individual partners on the ICP will have a greater awareness and understanding of the impacts that may be present in delivering reform, thus enabling a system approach, where appropriate, to manage the change in a sustainable way.

Recommendations

The ICP is asked to:

a) Support the embedding of Adult Social Care Reform into its wider strategic planning.
b) ICP Partner Organisations are asked to, where applicable, work collaboratively together to embrace the opportunities and manage the challenges that may be present in the delivery of Adult Social Care Reform.

1. Background

1.1 During 2021, Government committed to transforming the delivery of care in England through specific reforms of Health and Social Care. Governments "Build Back Better: Our plan for Health and Social Care" set out the foundations for the post-pandemic recovery and closer working of the Health and Social Care systems.

Go to Gov.uk to read the policy paper Build Back Better: Our Plan for Health and Social Care.

1.2 In order to deliver the reform of these two systems, Government produced two mutually reinforcing policy white papers. The first of which was the health and social care integration white paper "Health and social care integration: joining up care for people, places, and populations". Members of this ICP will be familiar with the intensions of this white paper, with the creation of this ICP being a direct output of it. As a reminder, the overarching aim of this white paper is to join up care for:

- Patients and people who draw on services.
- Staff looking for ways to better support increasing numbers of people with care needs.
- Organisation delivering these services to the local population.

Go to Gov.uk to find the health and social care Integration white paper.

1.3 In December 2021, the Government published the second sibling white paper, and the focus of this ICP paper and accompanying presentation, on the targeted reforms of social care "People at the Heart of Care: adult social care reform white paper". The white paper sets out a 10-year vision for how support and care in England will be transformed. This vision centres around the following 3 objectives:

1) People have choice, control, and support to live independent lives.
2) People can access outstanding quality and tailored care and support.
3) People find adult social care fair and accessible.

Go to Gov.uk to find the People at the Heart of Care: adult social care reform white paper.

1.4 This reform builds upon existing legislation, such as the Care Act 2014, and represents a significant national system change. To deliver this change, Government announced £5.4bn of national funding towards the expected costs of this reform for the next three years (starting 2022/23).

1.5 The Health and Care Bill that underpins much of the above reform received Royal Assent on the 28 April 2022. In addition, the Health and Care levy (1.25% rise in National Insurance) which is currently planned to provide the funding for the reform (as well as NHS backlog and rebuild) began in April 2022. The timelines for beginning to deliver reform are therefore immediate.

Visit the UK Parliament website to view the Health and Care Act 2022 government bill.

1.6 The vision set out by government has a strong alignment to both Norfolk County Council's own Better Together, For Norfolk Strategy and the Adult Social Care departments vision in "supporting people to be independent, resilient and well".

1.7 The reform, and its accompanying legislation, is positive news for those that either deliver or draw upon Adult Social Care. For many, this change will reduce the worry of potentially facing a future that may contain huge and unlimited social care costs. However, the reform does not limit itself to just concentrating on how people pay for care. It reemphasises key parts of the Care Act and provides for a refreshed focus on delivering change that positively impacts people's lives. Many of these key themes, such as prevention, housing, carers, being central to the work of the ICP and HWB.

2. The Scope of Adult Social Care Reform (summarised)

2.1 The scope of Governments reform of Adult Social Care is extremely broad. In attempting to summarise it into manageable segments to aid absorption and facilitate delivery, we have considered two separate approaches:

2.2 Appendix 1 contains a summary of the changes by considering the delivery of the three objectives listed in the white paper. Under each objective are descriptors that utilise "I" statements to describe what successful delivery will feel like. Linked to these are the requirements of reform placed upon government, the NHS, local authorities, care providers, voluntary and community groups and the wider sector. It is therefore clear that a collaborative approach in line with the ICP aspirations is required to truly deliver reform.

2.3 The second approach takes a more thematic approach and seeks to group the areas of reform under the following headings:

a) Housing (chapter 4 of white paper)
Making every decision about care a decision about housing. Integrating housing into local health and care strategies, with a focus on boosting the supply of specialist housing and funding improved services for residents.

b) Employment opportunities for Autistic People and People with a Learning Disability (chapter 5 of white paper)
People with a disability may face certain barriers to employment. In obtaining employment it provides not only a means for earning income but a stronger connection to communities and provides for greater independence and wellbeing. The Reform programme will provide further support to access and sustain employment opportunities.

c) Workforce (chapter 6 of white paper)
There is no Health and Care system without the continued contributions of the 1.65 million dedicated people who work in the Adult Social Care sector. These staff must be empowered to deliver high quality care, in an employment environment that recognises and rewards their efforts, supports them, and equips them with the right skills and knowledge to undertake their work in a sustainable way.

d) Sustainable Care Markets (chapter 7 of white paper)
Market shaping, commissioning and contract management are critical interventions a Health and Care system should use to ensure the adequate provision of high quality care, that offers choice and is delivered in an efficient and sustainable way. To enable sustainability a "fair cost of care" should be paid by local authorities to providers. In addition, those who financially support themselves should be able to access care at this fair cost rather than potentially paying a premium price.

e) Adult Social Care Assurance Framework (chapter 7 of white paper)
The creation of a framework that enables local people, provider and government to easily see how local authorities are meeting their Adult Social Care duties within the Care Act. Within this will be enhanced accountability, targeted sector improvement and sharing of best practice, and as a last resort government intervention.

f) Paying for Adult Social Care (chapter 2 of white paper)
Much of the public initially believe Adult Social Care is free to access in the same way the NHS is. Many do not realise that access to many long-term services under Adult Social Care are only accessed via an eligibility criteria and a financial means test. From October 2023, government will provide for a more generous financial means test and

also cap the total lifetime amount anyone has to pay towards their personal care costs to £86,000. Local authorities will have to manage the arrangements in counting the costs that build towards this cap.

g) Technology and Digitalisation (chapter 4 of white paper)
Seeking to embed technology seamlessly into the delivery of care and support to enhance and compliment delivery. Utilising digital tools to identify and manage risk, or provide quick appropriate responses prevent avoidable events. Enabling our workforce to utilise and benefit from the latest technology and driving digital technology at a system level.

h) Information and Advice (chapter 5 of white paper)
People who draw on care, and their support networks, need to understand what they may be entitled to, what is available to them in their area, and how to access that support. It is a must to enable and empower people to be independent, make choices and have control of their lives. Sadly, many people access care at a time of crisis and therefore it is even more important that this information is easily accessed and digestible to enable informed decisions to be made.

i) Innovative Models of Care (chapter 4 of white paper)
As the needs of the population evolves, our system of managing these needs to change too. Seeking out best practice to test and adopt new ways of providing high quality care and support at scale in a sustainable way.

j) Unpaid Carers (chapter 5 of white paper)
Unpaid carers play a truly vital and pivotal role in the sustainability of Health and Care systems. It is an imperative that the systems that rely on their support work in partnership with them and provide support so they themselves are empowered to live happy, health and fulfilling lives.

k) Prevention (**chapter 4 of white paper)**
Focusing on prevention and health promotion to support people to live healthier lives for longer. Driving joined-up decision-making across health and care systems, of which prevention is a key part. Investing to prevent the causes of ill health that drive need for services and preventing deconditioning in older adults.

2.4 Throughout the white paper are references to specific projects and associated funding. As referenced, government intends to invest £5.4bn of funding towards delivering reform. Much of this funding injection will be required to deliver the changes in the means-test to access Adult Social Care and the paying of a fair cost, described in 2.3 f) and d) respectively.

3 Key Impacts of Reform

3.1 The creation of the ICP provides a solid foundation to deliver the collaborative requirements described within the white paper. The successful delivery will require an embedding of reform into system and place level strategies. Whilst seen as a very positive addition to the Care Act, it cannot be underestimated the level of change this will bring with it. Significant transformation programmes are in development within both Norfolk and Suffolk County Councils to mobilise the delivery of this broad agenda.

3.2 Many local authorities recognise that this reform is predicted to increase the number of people coming to Adult Social Care for support. The increased public focus on Adult Social Care, alongside changes to the means-test; introduction of the cap; and the ability for people to access our brokerage of care, are likely to surge demand. This at a time where Health and Care systems are already under pressure.

3.3 Managing this additional demand will not be possible by doing things in the same way we currently do. Therefore, we need to be innovative in the way we collectively manage demand in the future. It is clear we will need to expand social care resource, however, recruitment of more social workers (or equivalents) is unlikely to be sufficiently successful to close the demand gap. Therefore, working on alternative models that empower care providers and/or the individuals who draw on the care will be required.

3.4 The introduction of a fair cost of care, and the future ability of people who draw on care to purchase at local authority rates, could have a destabilising impact on an already fragile care market. The implementation of these aspects of reform will again need close collaboration and engagement with the care sector and those that represent them. As partners of the Integrated Care System (ICS) work together to build a stable and sustainable care market, including the development of greater choice and quality improvement, it will need to do so by understanding the impacts of this government market intervention.

3.5 Whilst new monies have been set out at a macro level, many local authorities are concerned about whether the quantum of funding will be sufficient to meet the additional burdens of reform. It is an imperative that central government funding is provided at an appropriate level in order to not place additional financial constraints on local health and care systems.

3.6 Finally, whilst many in the sector can see the opportunities this reform brings, there is an underlying concern that this alone will not “fix” social care. An example, being that the workforce measures and associated funding may not be sufficient to create the desired parity between health and care, especially considering the relevant labour rates. We should therefore perhaps be cautiously optimistic about reform but at the same time together seek to tackle the wicked issues that are not wholly resolved by this change.

Officer Contact
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Appendix A: The Objectives of Social Care Reform

Objective 1: People have choice, control and support to live independent lives

We want greater choice, control, and independence to mean that someone who draws on care and support can say:

- I can live as part of a community, where I am connected to the people who are important to me, including friends and family, and I have the opportunity to meet people who share my interests.
- I lead a fulfilling life with access to support, aids and adaptations to maintain and enhance my wellbeing.
- I am valued for the contribution I make to my community and feel supported to achieve my goals.
- I can live in my own home, with the necessary adaptations, technology, and personal support as designed by me, to enable me to be as independent as possible.
- I have a good choice of alternative housing and support options, so I am able to choose where I live and who I live with, with the opportunities to plan ahead, and take up those options in a timely fashion.
- I have control over my care and support, including what services I receive and how, when and where my care is provided, with access to the necessary information and advice to help me make these decisions and plan for the future.

Choice, control, and independence are not limited to those who draw on care and support. We know that families and unpaid carers must be supported. Therefore, we want unpaid carers to be able to say:

- I am supported to provide care as I wish and do so in a way that takes into account my own access to education, employment, health and wellbeing.
- I have a life outside of caring and I am able to remain connected to the people who matter to me.
- I know my needs are equally recognised and my goals and aspirations are respected and fulfilled.
- I have the right information and advice to be able to make informed decisions.
- I have access to appropriate support that suits my needs, including respite care and carers breaks.

To ensure everyone is provided with greater choice, control and independence, the government, the NHS, local authorities, care providers, voluntary and community groups and the wider sector will work together to:

- Ensure people can adapt their homes and access practical tools and technology, in order to live independently and live well in their own home.
- Make sure that people can access a range of personalised support that reflects their own choices and circumstances – including finding new approaches to improve on the ways we have traditionally delivered care and support.
- Ensure that the opportunity to receive help as a direct payment is understood, with encouragement and support to be able to use it flexibly and innovatively to provide the greatest benefits for each individual.
- Help people to achieve the outcomes that matter to them, by promoting wellbeing and supporting equitable participation in work, community, and other activities.
- Ensure care and support decisions are co-designed with people and their unpaid carers, working with them as equal partners and combining respective knowledge and experience to support joint decision making.
- Champion early health and wellbeing interventions through community support to delay and prevent care needs and reduce the number of people with preventable diseases.

Objective 2: People can access outstanding quality and tailored care and support

We want outstanding quality and personalised support to mean that someone who draws on care and support can say:

- I receive care and support that is safe, responsive to my needs and respects my rights.
- I receive personalised and inclusive support, where the people who care for me know me as an individual and recognise me as having unique strengths, and aspirations and know that my background, values and requirements are unique to me.
- I am supported by a workforce who have the right training, qualifications and values, and are concerned about what matters to me.
- I receive care from a workforce whose careers are valued and whose professional development and wellbeing are prioritised.
- I experience a seamless care journey, where health and care services are joined-up around me and I only have to tell my story once.
- I receive care and support that is co-ordinated, and everyone works well together and with me to plan my care, bringing together services to achieve the outcomes that are important to me.
- I know that if I want, I can receive help as a direct payment instead of having care services organised for me, and that I will be encouraged and supported to use my direct payment in whatever way will best suit my own needs and achieve my outcomes.
- I can make the last stage of my life as good as possible because everyone works together confidently, honestly, and consistently to help me and the people who are important to me, including those who care for me.

We therefore want someone who works in adult social care to be able to say:

- Social care is a rewarding career with clear opportunities to develop and progress, and where I feel valued in my role.
- I feel recognised for the important role I play in helping people who draw on care and support receive high-quality, personalised support that enriches their lives.
- I feel recognised for my existing skills and am able to develop new skills and take on new challenges as I become more experienced.
- There is a culture in my workplace that supports my health and wellbeing.
- I have the confidence to use technology that supports people's needs and frees up time to deliver outstanding care.
- I am able to work effectively with professionals from other organisations including the NHS, housing and community services, learning from each other's practice and supporting each other to achieve shared goals.

To enable people who draw on care and support to receive outstanding quality care, government, local authorities, care providers and the wider sector will aim to make sure:

- Safeguarding and appropriate standards of support are enforced to protect everyone receiving and providing social care.
- Assurance is strengthened to drive up standards of care, making brilliant outcomes easier to identify and share and address areas where improvements can be made.
- There is high-quality and timely data available nationally, regionally and locally to help identify best practice and address areas of improvement.
- Technology is fully utilised to enable proactive and preventative care and to support people's independence.
- Social care is recognised by the public as a valuable and high-quality service, on par with the NHS.
- Social care is provided by a qualified, professionalised, and valued workforce, which has a low turnover to ensure continuity of care.

- All professionals involved in providing care have access to the right digitised information at their fingertips to provide safe, outstanding quality care.
- Health, social care and other services, such as housing, homelessness and community support are joined-up to provide a seamless care experience of person-led support, which also recognises and supports unpaid carers.

Objective 3: People find adult social care fair and accessible

We want fair and accessible adult social care to mean that someone who draws on care and support can say:

- I receive affordable care, and do not have to face unpredictable and unlimited care costs.
- I will have access to the same fee rates for care in care homes that local authorities pay.
- I know where to find user-friendly information and advice that is inclusive of my communication and accessibility needs, to make informed and empowered decisions about my life – now and in the future.
- I know what my rights are and can get information and advice on all the options for my health, care and housing.
- I have accessible care and support to ensure that my needs are met without delay.

We want fair and accessible adult social care to mean that an unpaid carer can say:

- I am able to navigate the health and care system with ease.
- I understand the support that is available to me in my area to maintain my own health and wellbeing and achieve the outcomes that matter to me.
- I am provided with the necessary information and advice to make informed decisions about the care I provide.
- I am provided with the tailored information and advice I need to support and meet the needs of the person I care for.

To ensure the adult social care system is fair and accessible, the government, with the support of local authorities, care providers and the wider sector, will aim to:

- Reform how people in England pay for their care so no one needs to pay more than £86,000 for their personal care costs, alongside more generous means-tested support for anyone with less than £100,000 in chargeable assets.
- Ensure that self-funders can access the same rates for care costs in care homes that local authorities pay, ending the unfairness where self-funders have to pay more for the same care, whilst ensuring local authorities move towards paying a fair cost of care to providers.
- Ensure fees for care are transparent to allow people to make informed decisions.
- Improve information and advice to make it more user-friendly and accessible, helping people to navigate the care system and understand the options available to them.
- Provide information and advice that is accurate, up to date and in formats that are tailored to individual needs.

Report title: Transitional and combined Joint Health and Wellbeing Strategy and Integrated Care Strategy

Date of meeting: 21 September 2022

Sponsor (ICP member): James Bullion, Executive Director, Adult Social Services, Norfolk County Council

Reason for the Report

To update the Integrated Care Partnership on the progress made in developing the Integrated Care Strategy and inform members of the new guidance for the preparation of the strategy from the Department of Health and Social Care, published on 29 July 2022.

Report summary

This report outlines the current direction on the Integrated Care Strategy for Norfolk and Waveney. In previous meetings of the ICP earlier this year, we had discussions relating to the most important themes and key priorities for us at system and place-level.

New guidance from the Department for Health and Social Care was published at the end of July which outlines the steps needed to complete the Integrated Care Strategy, content which should and must be included, and deadlines for completion.

We are proposing to develop a transitional strategy that would enable us to meet the deadline of December 2022 and so that the Integrated Care Board (ICB) can use the strategy to draft its five-year Joint Forward Plan (JFP) by April 2023. It would be a single, combined strategy that acts as both the Joint Health and Wellbeing strategy for Norfolk and the Integrated Care Strategy for Norfolk and Waveney.

The proposal is to build the combined strategy on the existing Joint Health and Wellbeing Strategy for Norfolk. We would further develop it by taking into account the findings of recent research and engagement, including that done by Healthwatch Norfolk and Britain Thinks, ensuring Waveney is fully incorporated and that it meets the requirements of the Integrated Care Strategy guidance. It will be a live document which would be updated through the next 12 months and built on with comprehensive engagement with individuals, communities and organisations across Norfolk and Waveney.

Recommendations

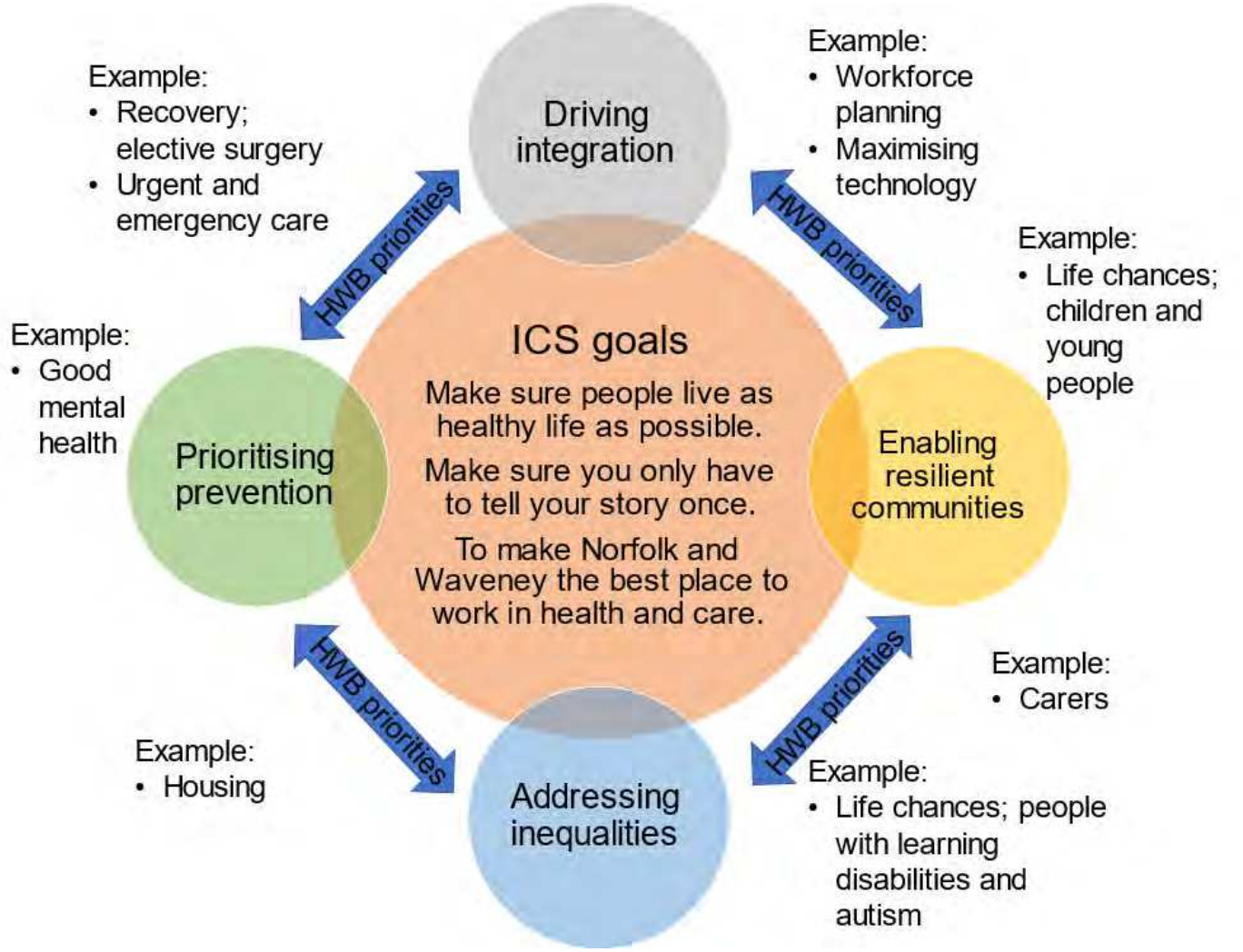
The ICP is asked to:

a) Agree to a transitional and combined Joint Health and Wellbeing Strategy for Norfolk and Integrated Care Strategy for Norfolk and Waveney that will be kept live and updated over the next 12 months, following comprehensive engagement with individuals, communities and organisations across Norfolk and Waveney.

1. Background

1.1 At the development day on 23 February 2022 and at the Health and Wellbeing Board (HWB) and Shadow ICP on 28 April 2022, there was an agreement to bring together the Norfolk and Waveney Integrated Care Strategy with the Health and Wellbeing strategies for Norfolk and Suffolk.

1.2 The four themes/priorities set out in the diagram below for the HWB and Norfolk and Waveney Integrated Care Strategy have also been agreed. These provide the next layer of detail, bringing together priorities against which practical, measurable actions and outcomes can be developed, and the wider partners at system- and place-level can get behind.



1.3 The partnership asked that we look at and identify the next level of potential priorities under those four key themes. We looked at evidence, what various partners were saying, and discussed with local partnerships. At the last meeting we discussed some suggested priorities, but it became clear that it is still too early to get a general consensus due to differing views and perspectives. In order to make this a strategy that is deliverable across the system, it would not be appropriate to drive through priorities that are not wholly agreed by all partners.

1.4 Since then, new guidance for the Integrated Care Strategy has been published, on 29 July 2022. This guidance outlines what must, should and/or may be included in our Integrated Care Strategy. Most notably, there is recognition that:

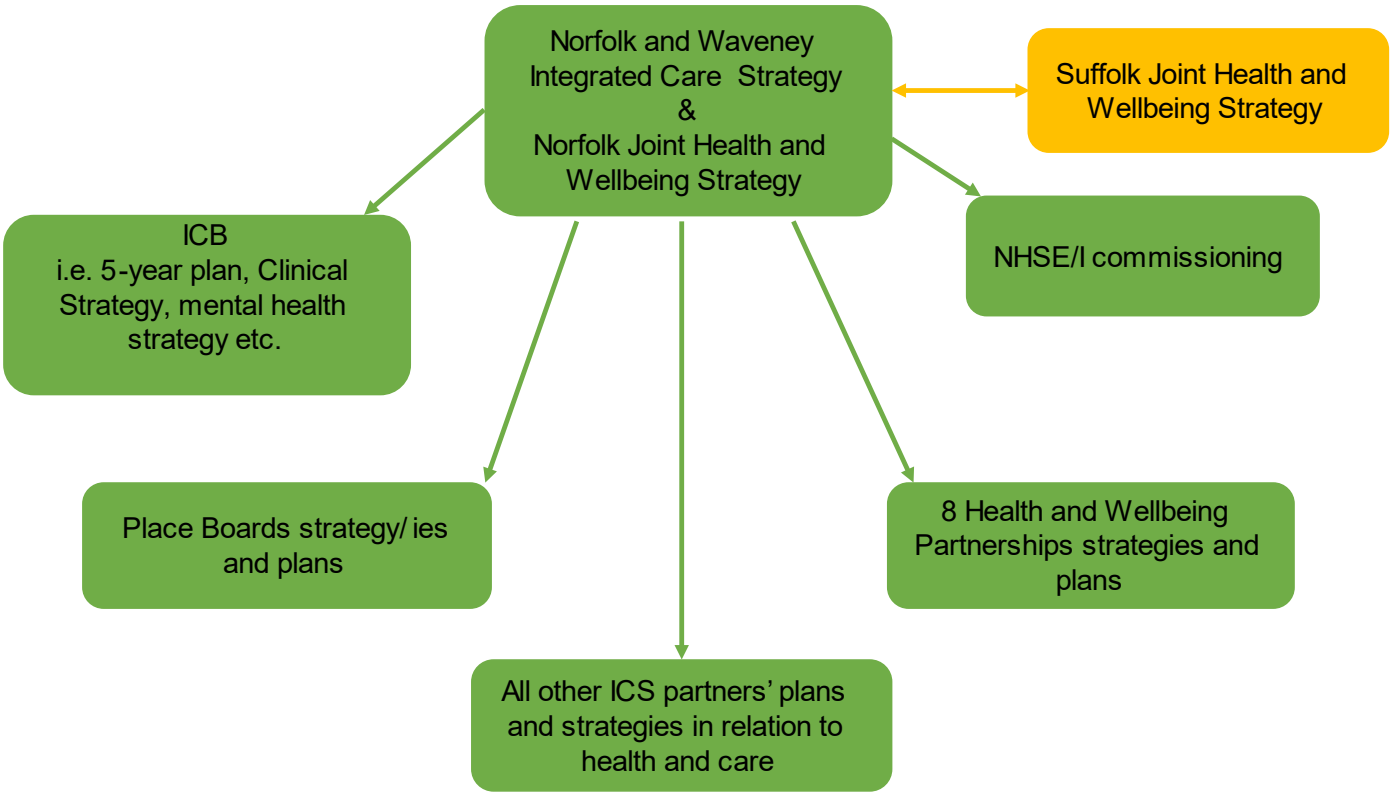
*'2022 to 2023 will be **a transition period**. We expect that integrated care partnerships will want to **refresh and develop their integrated care strategy as they grow and mature**. In order to influence the first 5-year joint forward plans which are to be published before the next financial year, the integrated care partnership would have to publish an initial strategy by December 2022.'*

1.5 The strategy will also be the key guiding document for all the ICS partners to develop their strategies and plans from:

'*The integrated care strategy must set out how the assessed needs (identified in the joint strategic needs assessments) of the integrated care board and integrated care partnership's area are to be met by the exercise of functions by the integrated care board, partner local authorities, and NHSE (when commissioning in that area).* ***These commissioners must have regard to the relevant integrated care strategy when exercising any of their functions, so far as relevant****. With respect to NHSE, this only applies when they are exercising any functions in arranging for the provision of health services in relation to the area of a partner local authority. This includes their commissioning functions, plans and strategies (including the integrated care board and Partner NHS trusts and NHS foundation trusts 5-year joint forward plan) and working with their system partners.'*

1.6 The guidance for the preparation for Integrated Care Strategies can be found on the Gov.uk website.

1.7 The diagram below shows how the Integrated Care Strategy will influence the system structure:



2. Proposal for the Integrated Care Strategy/Joint Health and Wellbeing Strategy

2.1 Due to time constraints and the latest guidance, it is proposed that we swiftly produce a transitional Integrated Care Strategy for Norfolk and Waveney/Joint Health and Wellbeing Strategy for Norfolk by the end of 2022, which confirms our ICS vision and the four themes as already agreed, outlining the main challenges under these for us as a system. This will enable ICS partners and individual organisations to take clear actions to address those challenges and it will also meet the deadline set by the Department of Health and Social Care, whilst setting an initial pathway and structure for the ICS. This will aid in the development of the ICB 5-year joint forward plan, and the strategies currently being worked on at place-level by the Health and Wellbeing Partnerships.

2.2 Under the four agreed themes, these are the challenges for our ICS that have been identified by engagement carried out so far from Britain Thinks and Healthwatch, ICP partners and the latest Joint Strategic Needs Assessment update:

2.2.1 Driving Integration:

- Addressing needs, with all partners managing on reducing or level budgets.
- Working as a single system in the delivery of people centred care, across a complex organisational and service delivery landscape.
- Driving the cultural change necessary to deliver a single sustainable health and wellbeing system.
- Recruiting and retaining key workers across the health and care system.
- Making the most of digital technology and data to improve services, support, and people's care.

2.2.2 Enabling Resilient Communities:

- Supporting people to live independent healthy lives in their communities for as long as possible, through promotion of self-care, early intervention, and digital technology where appropriate.
- Enabling local resources, skills, and expertise to help people, families, and communities to thrive.
- Enabling compassionate, cohesive, caring, and safe communities which support people to take responsibility for their own health and wellbeing.
- Building capacity in our voluntary, community and social enterprise sector.

2.2.3 Addressing Inequalities:

- Identifying and ensuring access to services for those most vulnerable and those groups who are socially excluded and experience multiple overlapping risk factors for poor health.
- Promoting healthy relationships in families and communities.
- Supporting people out of poverty, including hidden rural poverty.

2.2.4 Prioritising Prevention:

- Identifying and protecting investment in prevention within budgets.
- Identifying needs early and providing early access to support.
- Embedding prevention across all of our strategies and policies.
- Raising awareness of the impact of lifestyle on health.

2.3 It is proposed that this transitional strategy will highlight the four themes, the challenges under those themes, the new make-up of the system across Norfolk and Waveney and outline the steps we plan to take as an ICP to widen our engagement with the people, communities, and organisations of the area.

2.4 This will be a working and active document which can be updated and progressed as we garner increased insight and further develop our Integrated Care System.

Officer Contact

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IN TRAN communication for all

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Health and Wellbeing Board and Integrated Care Partnership Attendance Record *(April 2021 – July 2022)*

Member Organisation Represented	HWB Member	29 September 2021	01 December 2021	28 April 2022	08 June 2022	21 July 2022
Cabinet member for Adult Social Care, Public Health and Prevention, NCC	**Cllr Bill Borrett**	X	X	X	X	X
Adult Social Services, Norfolk County Council	**James Bullion**	X	X	X*	X	X
Borough Council of King's Lynn & West Norfolk	**Cllr Sam Sandel**	X*	X*	X		
Breckland District Council	**Cllr Alison Webb**	X		X	X	X
Broadland District Council	**Cllr Fran Whymark**	X	X	X	X	X
Cabinet member for Childrens Services and Education, NCC	**Cllr John Fisher**		X	X	X	
Cambridgeshire Community Services NHS Trust	**Matthew Winn**			X*	X*	X*
Children's Services, Norfolk County Council	**Sara Tough**	X	X	X		
Director of Public Health, Norfolk County Council	**Dr Louise Smith**	X	X	X*	X	X
East Coast Community Healthcare CIC	**Ian Hutchison**		X			X
East of England Ambulance Trust	**David Allen**			X		
East Suffolk Council	**Cllr Mary Rudd**	X*	X	X*	X	X
Great Yarmouth Borough Council	**Cllr Emma Flaxman-Taylor**	X	X	X	X	
Healthwatch Norfolk	**Patrick Peal**	X	X*	X*	X	X
James Paget University Hospital NHS Trust	Anna Hills **Joanne Segasby**	X*			X*	X*
Leader of Norfolk County Council (Nominee)	**Cllr Lana Hempsall**	X	X	X		X
NHS Norfolk & Waveney Clinical Commissioning Group	**Tracy Williams**	X	X	X	X	X
NHS Norfolk & Waveney Clinical Commissioning Group	**Dr Anoop Dhesi**	X			X	
Norfolk Community Health & Care NHS Trust	**Geraldine Broderick**		X*	X*	X*	X*
Norfolk Constabulary	**ACC Nick Davison**	X				X
Norfolk Independent Care	**Dr Sanjay Kaushal** **Christine Futter**				X	X
Norfolk & Norwich University Hospital NHS Trust	David White **Tom Spink**	X*		X*		
Norfolk & Suffolk NHS Foundation Trust	**Stuart Richardson**	X*	X*	X*		
Norfolk and Waveney Health and Care Partnership (Chair)	**Rt Hon Patricia Hewitt**			X	X	X
NHS Norfolk and Waveney Clinical Commissioning Group and Norfolk and Waveney Health and Care Partnership (Executive Lead)	Melanie Craig **Tracey Bleakley**	X		X*		X
North Norfolk District Council	**Cllr Virginia Gay**	X		X	X*	X
Norwich City Council	**Cllr Beth Jones**	X				
Police and Crime Commissioner	**Giles Orpen Smellie**				X*	
Queen Elizabeth Hospital NHS Trust	**Caroline Shaw**	X*	X*	X*		X*
South Norfolk District Council	**Cllr Alison Thomas**	X	X*	X	X	X
Voluntary Sector Representatives	**Emma Ratzer**		X	X		X
Voluntary Sector Representatives	**Dan Mobbs**		X		X	X
Voluntary Sector Representatives	**Alan Hopley**		X	X	X	X

Suffolk County Council (HWB) (Guest)	***Cllr Beccy Hopfensperger***			X		X
Suffolk County Council (ICP)	***Sue Cook***	*n/a*	*n/a*			

* *Indicates Substitute*