Norfolk Health & Wellbeing Board

Date: **Wednesday 27 September 2023**
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 Jo Rust	Cllr Bal Anota
Breckland District Council	Cllr Tristan Ashby	Cllr Sam Chapman-Allen
Broadland District Council	Cllr Natasha Harpley	
Cambridgeshire Community Services NHS Trust	Anna Gill	Steve Bush
East Coast Community Healthcare CIC	Ian Hutchison	Tony Osmanski
East of England Ambulance Trust	David Allen	
East Suffolk Council	Cllr Mike Ninnmey	
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	Stephen Javes
Norfolk Care Association	Angela Steggles	
Norfolk Community Health & Care NHS Trust	Lynda Thomas	Stephen Collman
Norfolk Constabulary	ACC Nick Davison	Supt Chris Balmer
Norfolk County Council, Cabinet member for Public Health and Wellbeing, Leader (nominee)	Cllr Bill Borrett	
Norfolk County Council, Cabinet member for Childrens Services and Education	Cllr Penny Carpenter	
Norfolk County Council, Director of Public Health	Stuart Lines	
Norfolk County Council, Interim Executive Director Adult Social Services	Debbie Bartlett	
Norfolk County Council, Executive Director Children's Services	Sara Tough	Sarah Jones
Norfolk County Council, Cabinet member for Adult Social Services	Cllr Alison Thomas	
Norfolk & Norwich University Hospital NHS Trust	Tom Spink	
Norfolk & Suffolk NHS Foundation Trust	Stuart Richardson	Kathryn Ellis
Norfolk and Waveney Integrated Care Board NHS	Tracy Williams	
Norfolk and Waveney Integrated Care Board NHS	Dr Satish Singh	
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 Wendy Fredericks	Cllr Liz Withington
Norwich City Council	Cllr Cate Oliver	
Police and Crime Commissioner	Giles Orpen-Smellie	Dr Gavin Thompson
Queen Elizabeth Hospital NHS Trust	Chris Lawrence	Alice Webster
South Norfolk District Council	Cllr Kim Carsok	Cllr Andy Evans
Voluntary Sector Representative	Emma Ratzer	Pete Boczko
Voluntary Sector Representative	Dan Mobbs	
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: Maisie Coldman on 01603 638001 or email: committees@norfolk.gov.uk

Integrated Care Partnership

Date: **Wednesday 27 September 2023**

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
Place Board Chairs for each Place Board area
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)

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

Maisie Coldman on 01603 638001 or email: committees@norfolk.gov.uk

Norfolk Health & Wellbeing Board and Integrated Care Partnership

Wednesday 27 September 2023
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 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 22 September 2023**	Chair	
7.	Urgent arising matters	Chair	
8.	Election of Vice Chairs (HWB)	Chair	
9.	Amendments to the Health and Wellbeing Board Terms of Reference (HWB)	Chair	(Page 14)
10.	Norfolk Safeguarding Children Partnership Annual Report (HWB) [*Presentation]*	Sara Tough/ Chris Robson/ Mark Osborn	(Page 19)
11.	Norfolk Safeguarding Adults Board Annual Report for 2022/23 (HWB) *[Presentation]*	Debbie Bartlett/ Heather Roach	(Page 73)
12.	Norfolk Better Care Fund: 2023 - 2025 (HWB) *[Presentation]*	Debbie Bartlett/ Gary Heathcote/ Christine Breeze	(Page 123)
	Norfolk and Waveney Integrated Care Partnership		
1.	Election of Chair and Vice Chair	Committee Officer/ Chair	
2.	ICP Minutes	Chair	(Page 5)
3.	Actions arising	Chair	
4.	Declarations of Interest	Chair	
5.	Public Questions (How to submit a question: ICP) Deadline for questions: **9am, Friday 22 September 2023**	Chair	
6.	Amendments to the Integrated Care Partnership Terms of Reference (ICP)	Chair	(Page 190)
7.	Ageing Well Priorities (ICP)	Tracey Bleakley/ Shelia Glenn	(Page 200)
8.	Right Care, Right Person – Norfolk & Waveney Implementation (ICP)	ACC Nick Davison	(Page 203)
9.	Integrated Winter Plan for 2023/24 (ICP)	Debbie Bartlett/ Gary Heathcote Tracey Bleakley/ Marcus Bailey	(Page 206)
10.	Respiratory Disease: Public Health outcomes and prevention priorities for the system (ICP) *[Presentation]*	Stuart Lines/ Dr Abhijit Bagade	(Page 216)

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 June 2023 at 09:30am
in Old Canteen, County Hall Martineau Lane Norwich

Present:	**Representing:**
Cllr Tristan Ashby	Breckland District Council
Cllr Natasha Harpley	Broadland District Council
Adele Madin	East Coast Community Healthcare CIC
Mark Little	East of England Ambulance Trust
Cllr Mike Ninnmey	East Suffolk Council
Jonathan Barber	Great Yarmouth & Waveney Place Board
Patrick Peal	Healthwatch Norfolk
Joanne Segasby	James Paget University Hospital NHS Trust
Christine Futter	Norfolk Care Association
Angela Steggles	Norfolk Care Association
Lynda Thomas	Norfolk Community Health & Care NHS Trust
ACC Nick Davison	Norfolk Constabulary
Cllr Bill Borrett	Norfolk County Council, Cabinet member for Public Health and Wellbeing, Leader (nominee)
Cllr Penny Carpenter	Norfolk County Council, Cabinet member for Childrens Services and Education
Stuart Lines	Norfolk County Council, Director of Public Health
Debbie Bartlett	Norfolk County Council, Interim Executive Director Adult Social Services
Sara Tough	Norfolk County Council, Executive Director Children's Services
Cllr Alison Thomas	Norfolk County Council, Cabinet member for Adult Social Services
Kathryn Ellis	Norfolk & Suffolk NHS Foundation Trust
Tracy Williams	Norfolk and Waveney Integrated Care Board NHS
Rt Hon Patricia Hewitt	Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair)
Tracey Bleakley	Norfolk and Waveney Integrated Care Board (Chief Executive)
Cllr Wendy Fredericks	North Norfolk District Council
Cllr Cate Oliver	Norwich City Council
Giles Orpen-Smellie	Police and Crime Commissioner
Cllr Kim Carsok	South Norfolk District Council
Emma Ratzer	Voluntary Sector Representative
Alan Hopley	Voluntary Sector Representative
Carly West Burnham	West Norfolk Place Board

Guest Members

Cllr Beccy Hopfensperger	Suffolk Health and Wellbeing Board
Bernadette Lawrence	Suffolk County Council

Officers Present

Stephanie Butcher	Policy Manager Health and Wellbeing Board
Jonathan Hall	Committee Support Manager
Rachael Grant	Policy Manager Public Health
Maisie Coldman	Committee Officer

Speakers:

Sadie Parker	Director of Primary Care at NHS Norfolk and Waveney

Liz Joyce	Head of System Transformation at NHS Norfolk and Waveney Integrated Care Board
Lorrayne Barrett	Quality Assurance and Performance Improvement
Bethany Small	Commissioning Manager, Social Care and Health Partnerships
Dr Abhijit Bagade	Consultant in Public Health, Norfolk County Council

Norfolk Health and Wellbeing Board (HWB)

1. Apologies

1.1 Apologies were received from Tom Spink and their substitute Sam Higginson, Dr James Gair, Chris Lawrence and their substitute Alice Webster, Anna Gill and their substitute Steve Bush, Cllr Kemp, Cllr Flaxman-Taylor. Ian Hutchinson and their substitute Tony Osmanski (substituted by Adele Madin), Stuart Richardson (substituted by Kathryn Ellis) and David Allen (substituted by Mark Little.

2. Chair's opening remarks

2.1 Since the last meeting there had been a number of changes to the membership of the Board in part due to the District Council election in May 2023. The Chair welcomed the new members to the Health and Wellbeing Board (HWB) and Integrated Care Partnership (ICP) and provided an overview of the purpose and focus of the HWB and ICP.

3. HWB minutes

3.1 The minutes of the Health and Wellbeing Board meeting held on 8 March 2023 were agreed as an accurate record and signed by the Chair.

4. Actions arising

4.1 None.

5. Declarations of interest

5.1 No interests were declared.

6. Public questions

6.1 None.

7. Urgent Matters Arising

7.1 None.

8. Five Year Joint Forward Plan (HWB)

8.1 Tracey Bleakly, Chief Executive of Norfolk and Waveney Integrated Care Board (ICB) introduced the paper on the Five Year Joint Forward Plan (JFP). Liz Joyce, Head of System Transformation at NHS Norfolk and Waveney Integrated Care Board provided additional information. The report provided an overview of the engagement and development undertaken to develop the JFP and information that noted the areas of

ambition, which included a plan on how services and partnerships could work together to achieve these.

8.2 The following points and comments were discussed:

- Some members felt that Adult Social Care's inclusion should not only involve partnership work with Norfolk County Council but also the independent sector.

- It was suggested that if Place could understand the plans behind the JFP objectives, they could understand their role and support their delivery.

- The JFP would be monitored through various mechanisms. Progress against the plan would be publicly visible in each NHS partner's annual report and the ICB's annual report. Existing programs and delivery groups that prioritize transparency would continue. Collectively, these monitoring efforts would hold the ICB accountable and keep the public informed of progress.

- The JFP was generally endorsed. The emphasis on prevention and health inequalities was welcomed by some members, as were the engagement processes across the system.

- Sara Tough, Executive Director of Children's Services, provided additional information about the partnership work that was taking place with Suffolk. This illustrated how integrated working was occurring between system partners that are leading specific parts of the plan.

- The Chair read out a statement of opinion that was required by the Norfolk Health and Wellbeing Board to be included within the JFP that was agreed by the HWB members.

8.3 The Health and Wellbeing Board **resolved** to:

- Consider the content of the draft JFP for Norfolk & Waveney and whether it takes proper account of the transitional Integrated Care Strategy for Norfolk and Waveney / Joint Health and Wellbeing Strategy for Norfolk that relates to any part of the period to which the JFP relates.

- Agree to delegate to the Chairman of the Committee to provide a statement of opinion on behalf of the Norfolk Health and Wellbeing Board for inclusion in the JFP to meet the publication deadline of 30 June 2023, based on the comments raised by the Board at today’s meeting.

9. **Norfolk’s Better Care Fund (BCF) End of Year Return (2022/23) and BCF 2023-25 Update (HWB)**

9.1 Debbie Bartlett, Norfolk County Council Interim Executive Director of Adult Social Services introduced the report that noted the impact of Norfolk’s Better Care Fund (BCF) 2022/23 and the plans for 2023-2025.

9.2 Bethany Small, Commissioning Manager, Social Care & Health Partnerships presented the annexed presentation

09:56 Cllr Mike Ninnmey arrived.

9.2 The following points and comments were discussed:

- The evaluation of the 2022/23 BCF was scheduled to take place in quarter three of 2023/24 after the programmes have been running for a year. The evaluation would be after the plan for 2023-25 has been developed. Consideration would be given to amending the timeline to reflect this.

- Some members felt that additional metrics should be included within the report. Notably, the pressure placed on the NHS over the winter period and the pressure within the Voluntary Sector. Monitoring, and tracking these pressures were felt to be important in aiding the understating of the system and what was required to improve it.

- The impacts of the 2022/23 BCF programs are understood within individual programs. It was the ambition of the 2023-25 plan to better understand the overall impact of the BCG programs combined. It was a national requirement that output data from funded projects be fed back into the system; it was thought that this would improve general understanding. Activities to identify key performance indicators, baseline markers, and achievements of funded projects are underway. Together, this information would be collated to show the impact on the people using the projects.

- Some members felt that in order to ensure that people can manage their health and wellbeing and live independently in their communities, the issues within the social care sector need to be understood and addressed.

- Acknowledgement was given to the work that has been done to allocate the 2022/23 funding which afforded the criteria to be met and funding maximized.

- Some members question if the funding was getting to the correct people or whether the processes are impacting the timely development of programs and subsequently their ability to offer support. The potential to expand understanding and use of data was noted as an avenue to improve this.

- Additional data was requested from the Department for Health and Social Care and the Department of Levelling up Housing & Communities to aid the government's understanding of what was happening across each of the ICB systems in England and how the BCF was being used. This information was also helpful for individual systems and partners. The data being collected contributed to the establishment of benchmarks and base levels across the systems, and it was thought that data would continue to be requested.

9.3 The HWB **resolved** to:

- Receive and agree the 2022/23 Better Care Fund End of Year Return

- Support the progress of the Better Care Fund (BCF) planning approach, including the local priorities and alignment with Place.

- Sign off the Norfolk BCF 2023-25 Plan at the September Health and Wellbeing Board, for full and final submission.

The Health and Wellbeing board closed at 10:34am

The meeting moved on to Integrated Care Partnership (ICP) matters after a 10-minute comfort break.

Integrated Care Partnership

1. Minutes

1.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 8 March 2023 were agreed as an accurate record and signed by the Chair.

2. **Actions Arising**

2.1 None

3. Declarations of Interest

3.1 None

4. Public Questions

4.1 No public questions had been received.

5. Our approach to improving Pharmacy, Ophthalmology and Dental Services (ICP)

5.1 Sadie Parker, Director of Primary Care at NHS Norfolk, and Waveney introduced the report on the approach to improving pharmacy, ophthalmology, and dental services (ICP). Within the report, access to primary care services and the sustainability of the workforce were referenced as primacy care's biggest issues. Approaches to address the issues are being incorporated into a long-term strategy that was intended to be agreed upon by March 2024. Short term measures are being considered and implemented alongside this.

The following points and comments were discussed:

- There are expected to be national changes to the dental framework, but the ICB do not have the details of this timeframe or what would be prioritised.

- A member questioned if dental contracts could be expediated following an anecdotal example of a local dentist struggling to get an NHS contract. In response to this, members heard that the ICB did not inherit a team from NHS England and they are working with limited resources to manage many priorities. A team was currently being recruited and trained to meet the challengers.

- The oral health of children and young people had been identified as an early priority. Data from the Oral Needs Health Assessment was expected later in the

year which would provide direction to which groups need to be targeted. Prevention initiatives, such as supervised dental tooth brushing, would require partnership working with Norfolk County Council. Sara Tough noted that this was a priority for Children's Services and that the Childrens Strategic Alliance would welcome a discussion on how the Alliance can assist with the issues raised. There was also scope for the voluntary sector's involvement.

- The training, as well as recruitment and retention, of dental staff, has been identified as a priority. Across Norfolk and Waveney there are only six dental training practices, and these were based in Great Yarmouth and Norwich, amongst those six, there are only five foundation dentists. Work was being undertaken to develop a plan to incentivise training and to encourage people to stay in Norfolk and Waveney once trained. The Centre for Dental Development at the University of Suffolk has the potential to provide opportunities for the local area, the Executive of the ICB has been having discussions with Suffolk University to determine what place they may have in the plan.

- In response to a member's question about sourcing medication from alternative pharmacies when medication was unavailable at a patient's usual practice, it was confirmed that there are strict regulations, developed by a single regional committee, that govern this. Community pharmacies and dispensary doctors also play different roles and do not have the same capabilities. The ICB was working on strengthening the communication between community pharmacies and practices so that patients are better informed of shortages issues.

- Paper was useful to highlight the issues facing Norfolk and Waveney with Community Pharmacy workforce numbers and shortages.

- Community pharmacies face additional pressure to roll out government services. Some members noted that a population health-based approach might be more suitable and manageable. Community pharmacies would be able to provide specific services based on the communities' identified health needs.

- The movement of responsibility from NHS England to the ICB was felt to be a new opportunity to manage resources as a partnership and make better use of what was available. It was generally felt that national change was needed and that would require a collective effort and Members of Parliament involvement to be able to influence at a national level.

5.2 The ICP **resolved** to:

- Endorse the ICB's approach to improving pharmaceutical, optometry and dental services.

- Support the ICB's engagement with local people regarding these services.

- Consider and discuss how we can make the most of the new opportunities open to us now that the ICB is responsible for commissioning all primary care services.

6. Mental Health System Collaboratives (ICP)

6.1 Lorrayne Barrett, Quality Assurance and Performance Improvement, introduced the report on Mental Health System Collaboratives (MHSC) which are focusing on Children and Dementia.

6.2 Members also heard from Adele Madin, Director of Operations at East Coast Community Healthcare, Kathryn Ellis, Director or Strategy and Partnerships at Norfolk and Suffolk Foundation Trust, Sara Tough, Executive Director of Children Services at Norfolk County Council and Tracey Bleakley, Chief Executive Officer of Norfolk and Waveney Integrated Care Board. The speakers demonstrated their optimism towards the Mental Health Collaboratives and partners coming together and working in a community based, multidisciplinary way towards a common cause.

6.3 The following points and comments were discussed:

- The inclusion of the Voluntary Sector within the MHSC was noted.
- There was collaborative work happening with Suffolk to ensure that integration between local authorities occurs and that the Waveney population can benefit from the MHSC.

6.4 The ICP **resolved** to:

- Endorse the approach outlined to establishing the Adult and Children and Young People's Mental Health System Collaboratives.

7. Children's Social Care reforms, SEND and Alternative Provision Improvement Plan (ICP)

7.1 Sara Tough, Executive Director of Children Services at Norfolk County Council, introduced the report on Children's Social Care reforms, Special Educational Needs and Disabilities (SEND) and Alternative Provision Improvement Plan.

7.2 The proposed reforms, across social care, education, and SEND have started to acknowledge the impact of the additional demand that was being seen across the country on organisations and services. An underlying principle of the reforms was an increased focus on multi-disciplinary working between key agencies working with children and families. The more integrated approach provides the opportunity to realise NCC's ambition that all children within the county are impacted by the FLOURISH initiative in Norfolk.

12:02 Nick Davison left the meeting

7.3 The ICP **resolved** to:

- Endorse the principle of increased multi-disciplinary working between key agencies working with children and families in Norfolk.
- Endorse our response to both sets of proposed reforms.
- Endorse our aim to become a pathfinder authority, if the opportunity is open to Norfolk, as defined in the Stable Families, Built on Love Strategy.

8. Public Health Prevention: Cardiovascular Disease (ICP)

8. 1 Stuart Lines, Director of Public Health, Norfolk County Council, introduced the report on Public Health Prevention: Cardiovascular Disease.

8.2 Dr Abhijit Bagade provided members with a presentation providing details noted in the report.

12:20 Bernadette Lawrence left the meeting

8.3 The following points and comments were discussed:

- Measuring prevention and the impacts of initiatives can be difficult, some members felt that by working within identified areas where the population was at risk of cardiovascular disease, data would become available to afford comparisons and insight into whether prevention efforts have been impactful or not.

- The East Anglia Air Ambulance responds to cardiac arrests and the data they collect could provide additional information regarding the locality of cardiovascular disease to further supplement existing data.

- Training people on how to resuscitate and use defibrillators was thought to be important.

- Promoting the uptake of NHS health checks was important so that people at risk of cardiovascular disease can be identified and preventative measures put in place.

- The location based targeted intervention was to uplift localities to the same level of health and reduce the health inequality gap between localities. Some members did however raise concerns about targeted location-based interventions and the possibility of all local populations not being able to benefit.

- It was noted that the conclusion from the report linked in with the JFP, aligning with the ambition to achieve Population Health Management (PHM), reduce inequalities, and support prevention.

8.4 The ICP **resolved to**:

- Note the information provided and the issues it highlighted.

12:30 Tracy Bleakly and Cllr Tristan Ashby left the meeting.

9. CQC Local Authority and Integrated Care System Assessments (ICP)

9.1 Lorrayne Barrett, Quality Assurance and Performance Improvement, introduced the report on CQC Local Authority and Integrated Care System Assessments (ICP) which provided an overview of what was to come and a summary of the preparation that has been happening.

12:32 Lynda Thomas, Kathryn Ellis, Open Smellie, Jamie Sutterby left the meeting

9.2 The following points and comments were discussed:

- Suffolk County Council has been accepted for the pilot of the Quality Assurance process. This provides an opportunity for Norfolk County Council to offer, and receive, support and learn throughout the process.

9.3 The ICP **resolved to**:

- To note the new assurance regime and support a collaborative approach to the new CQC assessments of both Adult Social Care and our Integrated Care System.

Meeting Concluded at 12:37

Bill Borrett, Chair,

Health and Wellbeing Board and Integrated Care Partnership

Norfolk Health and Wellbeing Board

Item 9

Report title: Amendments to the Health and Wellbeing Board Terms of Reference

Date of meeting: 27 September 2023

Sponsor (HWB member): Debbie Bartlett, Interim Executive Director of Adult Social Services, Norfolk County Council

Reason for the Report

There have been changes to the Cabinet in Norfolk County Council in that there is now a Cabinet Member for Adult Social Care and a Cabinet Member for Public Health and Wellbeing so it has become necessary to make the necessary amendments to the Terms of Reference (ToRs) to amend the membership and titles of the Cabinet Members.

Report summary

ToRs were produced as part of the Governance arrangements for the Health and Wellbeing Board and these align with the Governance for the Integrated care Partnership due to the meetings being held consecutively with the same membership represented at both meetings. There have been changes to the Cabinet in Norfolk County Council in that there is now a Cabinet Member for Adult Social Care and a Cabinet Member for Public Health and Wellbeing, so it has become necessary to make the necessary amendments to the ToRs to amend the membership and titles of the Cabinet Members contained within the ToRs.

Recommendations

The ICP is asked to:

a) Agree to the revised version of the Health and Wellbeing Board Terms of Reference.

1. Background

1.1 It is good practice to review the Governance and Membership of the HWB yearly and there have been recent changes which have prompted the need to revise the ToRs.

2. Revised Terms of Reference

2.1 The revised Terms of Reference for the ICP are attached at **Appendix A.**

Officer Contact

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

Name: Debbie Bartlett Tel:01603 303390 Email: debbie.bartlett@norfolk.gov.uk

Item 9, Appendix A

Health and Wellbeing Board – Terms of Reference

Health and Wellbeing Board

1. Composition

Cabinet Member for Adult Social Care
Cabinet Member for Public Health and Wellbeing
Cabinet Member for Children's Services and Education
Leader of the Council or their nominee
Director of Public Health*
Head of Paid Service (or their nominee), Norfolk County Council
Executive Director of Children's Services*
Executive Director of Adult Social Services*
Chair of Healthwatch Norfolk*
Representatives agreed with the Integrated Care Board
Representatives agreed with all 7 District/City/Borough Councils
Area Director NHS England East Sub Region Team
Three representatives from the voluntary sector, as agreed through Norfolk Voluntary, Community and Social Enterprise System Leadership Group
Norfolk's Police and Crime Commissioner
Norfolk's Chief Constable
Cabinet Member for Community Health & Safety – Waveney District Council (or its successor authority)
East Coast Community Healthcare CIC
James Paget University Hospital NHS Trust
Norfolk Community Health & Care NHS Trust
Norfolk Care Association
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Queen Elizabeth Hospital NHS Trust
Cambridgeshire Community Services NHS Trust
East of England Ambulance Trust
* Denotes statutory Member

5.2 Terms of Reference

Aim

The Norfolk Health and Wellbeing Board will work to lead and advise on work to improve the health and wellbeing of the population of Norfolk by providing strategic system leadership of, and oversight for, the commissioning across the NHS, social care and public health.

Purpose is to:

1. Lead the development, with Norfolk County Council and the Integrated Care Board, of the Joint Strategic Needs Assessment (JSNA).

2. Influence and support commissioners of health and wellbeing services to act in line with the evidence-based findings of the JSNA and to highlight where commissioning is out of step with best evidence.

3. Lead the development, with Norfolk County Council and the Integrated Care Board, of the Joint Health and Wellbeing Strategy (JH&WBS).

4. Undertake the Norfolk Pharmaceutical Needs Assessment (PNA).

5. Speak up for Norfolk, championing the health and wellbeing needs of the people of Norfolk at a local, sub-regional, regional and national level and challenging central government policy where it conflicts with locally identified priorities.

6. Lead and encourage a broad base of partners outside of formal health, public health and social care settings to tackle the wider determinants of health and wellbeing including, for example, housing.

7. Work as system leaders to drive the further integration of health and social care services, and other public services, and to ensure collaboration across the health and social care system, seeking assurance of the vision of the Norfolk and Waveney Integrated Care System.

8. Promote the sharing of good practice and learning across the Norfolk health and wellbeing system, through workshops, training sessions, HWB events, good practice awards, etc.

9. Seek assurance on whether the Integrated Care Systems commissioning plans take proper account of the JH&WBS, and provide a view to NHS England, as part of the annual performance assessment of Integrated Care Boards, on the Integrated Care Boards contribution to the delivery of the JH&WBS.

In addition to the above Terms of reference, the following provisions apply:

- Establishment of sub-committees and delegation – the Health and Wellbeing Board will have the power to establish sub-committees and to delegate functions to them.
- Voting restrictions – voting rights will be extended to all members of the Health and Wellbeing Board (not just elected Members).
- Political proportionality requirements – will not be a requirement for the Health and Wellbeing Board.
- Disqualification for membership – provision for disqualification for membership will apply to the Health and Wellbeing Board.
- Codes of Conduct and declarations of interest – the provisions in the Council's Constitution relating to Codes of Conduct and the disclosure of pecuniary interests will apply to all Members of the Health and Wellbeing Board.

Questions by the Public:

The public are entitled to ask questions at meetings of the Health and Wellbeing Board, in line with the following procedures:

1. How to ask a question

A question must be put in writing and in advance:

a) 2 working days' notice of the question is given in writing to the Assistant Director of Governance (Democratic and Regulatory Services); e.g. no later than 9:00am on the Monday preceding the Health and Wellbeing Board meeting on a Wednesday;

or,

b) If the question relates to urgent matters, and it has the consent of the chair to whom the question is to be put, and the content of the question is given to the Assistant Director of Governance (Democratic and Regulatory Services) by 4pm on the day before the meeting.

2. Who may ask a question and about what

A person resident in Norfolk, or who is a non-domestic ratepayer in Norfolk, or who pays Council Tax in Norfolk, may ask at a public meeting of the Health and Wellbeing Board through the Chair any question within the terms of reference of the Health and Wellbeing Board about a matter for which the Board has collective responsibility or particularly affects the Board. This does not include questions for individual Board members where responsibility for the matter sits with the individual organisation.

3. Rules about questions

a) Number of questions - At any public Health and Wellbeing Board meeting, the number of questions which can be asked will be limited to one question per person plus a supplementary. No more than one question plus a supplementary may be asked on behalf of any one organisation. No person shall be entitled to ask in total under this provision more than one question, and a supplementary, to the Health and Wellbeing Board in any six-month period.

b) Other restrictions - Questions are subject to a maximum word limit of 110 words. Questions that are more than 110 words will be disqualified. The total time for public questions will be limited to 15 minutes. Questions will be put in the order in which they are received.

c) Supplementary questions - One supplementary question may be asked without notice and should be brief (fewer than 75 words and take less than 20 seconds to put). It should relate directly to the original question or the reply. The Chair may reject any supplementary question they do not consider compliant with this requirement.

4. Response

The Chair shall exercise their discretion as to the response given to the question and any supplementary.

Not attending - If the person asking the question indicates they will not be attending the Board meeting, a written response will simply be sent to the questioner.

Attending - If the person asking the question has indicated they will attend, response to the questions will be made available at the start of the meeting and copies of the questions and answers will be available to all in attendance. The responses to questions will not be read out at the meeting.

Supplementary question - The Chair may give an oral response to a supplementary question or may require another Member of the Board or officer in attendance to answer it. If an oral answer cannot be conveniently given, a written response will be sent to the questioner within seven working days of the meeting.

Written response - If the person who has given notice of the question is not present at the meeting or if any questions remain unanswered within the 15 minutes allowed for questions, a written response will be sent within seven working days of the meeting.

5. Rejection of a question

The Assistant Director of Governance (Democratic and Regulatory Services) may reject a question if it:

a) Is not about a matter for which the Board has collective responsibility or particularly affects the Board;

b) Is defamatory, frivolous or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision;

c) Requires the disclosure of confidential or exempt information, as defined in the Council's Access to Information Procedure Rules.

Report title: Norfolk Safeguarding Children Partnership Annual Report

Date of meeting: 27 September 2023

Sponsor (HWB member): Sara Tough, Executive Director of Childrens Services, Norfolk County Council

Reason for the Report

The Health and Wellbeing Board (HWB) should be sighted on the work of the Norfolk Safeguarding Children Partnership (NSCP) as part of the overarching governance arrangements. This will ensure strategic join up in relevant areas.

Report summary

The NSCP Annual Report (Appendix A) summarises the local arrangements for safeguarding children. It covers: governance and strategic overview; the voice of the child; independent scrutiny; data and performance intelligence; progress against NSCP priorities; learning from local and national Child Safeguarding Practice Reviews; and training and workforce development. The scope of the report runs from 1 July 2022 to 30 June 2023. The report provides a comprehensive overview of both the NSCP's achievements as well as the challenges it has faced during this period.

Recommendations

The HWB is asked to:

a) Endorse the report and comment on the contents.

1. Background

1.1 Local Multi-Agency Safeguarding Arrangements for children are written into *Working Together 2018*. The plan is owned by three statutory partners: the Local Authority (Norfolk Children's Services), Police and Health (Norfolk & Waveney Integrated Care Board).

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

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

(Chapter 3, Paragraph 42)

1.3 This annual report sets out what the NSCP has done as a result of the arrangements, including responding to child safeguarding practice reviews, and how effective these arrangements have been in practice.

2. Norfolk Safeguarding Children Partnership Annual Report

2.1 As noted above, the report covers a wide range of safeguarding activity and challenges faced in the year between July 2022 and June 2023. The NSCP annual reports are presented to the Health and Wellbeing Board every year and this report builds on the content provided in November 2022. As a reminder:

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

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

2.4 The local safeguarding arrangements build on the strengths of partnership working in Norfolk, for example, learning from Child Safeguarding Practice Reviews, placing a strong emphasis on locality working and clear thresholds for intervention. This supports us to **understand and tackle inequalities in communities**, providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime.

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

2.6 As in 2021 - 2022, the NSCP will produce two versions of the report: a lengthy and detailed account as well as a Children and Young People's (CYP) version which acts as an Executive summary. The CYP version is currently in production following a workshop with young people in August 2022 and will be available later in the year.

2.7 In November 2022, the Health and Wellbeing Board members expressed a particular interest in the work we are doing with fathers. The project lead will be attending Board to provide further detail on this as part of the presentation.

Officer Contact

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

Name: Abigail McGarry Tel: 01603 223335 Email: abigail.mcgarry@norfolk.gov.uk

IN TRAN communication for all

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

Annual Report

1 July 2022 – 30 June 2023

Norfolk Safeguarding Children Partnership

www.norfolklscp.org

flourish

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Foreword by the Three Statutory Partners

It is with great pleasure that we introduce to you our fourth Annual Report of the Norfolk Safeguarding Children Partnership. The Report represents an important opportunity for us to jointly reflect on our responsibilities and the effectiveness of our partnership. It allows us to consider how we continue to strengthen our approach to keeping our children and young people safe and enabling them to Flourish.

The past year has continued to present significant challenges for Norfolk's children, young people and families, and also for all those working to support them. The long-term implications of the Covid pandemic and the ongoing cost of living crisis continue to shape the lives of our communities, and this makes working together to provide a network of support ever more important. As strategic partners, we remain committed to supporting families and protecting children and young people through the work of our people.

We hope the Report demonstrates our focus on learning and development, listening to the voice of children, and challenging ourselves to understand where we can do more to improve our collective response. We have strengthened and developed our use of evidence, data and insight to enable us to prioritise our resource and consider the impact of our actions. Our continued commitment to independent scrutiny enables us to consider our effectiveness as a partnership, and to measure ourselves against both best and poor practice nationally, with an emphasis on improvement through learning. Our Section 11 process continues to develop and provides further valuable insight into the wider safeguarding partnership.

Throughout 2022-23 our priorities of Neglect, Vulnerable Adolescents and Protecting Babies remained at the heart of our safeguarding partnership, with jointly produced strategies guiding our collective response. We continue to develop our approach to building trauma informed practice and leadership through training and policy development.

Our workforce is the partnerships greatest asset, and we continue to prioritise joint learning, training and development to support them to be as effective in their practice as possible. Learning together is essential to enable us to further improve our joint approach to working with and for our children, young people and families and we hope the Report reflects the partnerships commitment to this.

Our partnership commitment for the coming year is to remain focussed on listening, learning and understanding, to continue to develop and mobilise our collective resource, working together to keep Norfolk's children and young people safe and support them to flourish

Norfolk County Council

Sara Tough
Executive Director
Children's Services

Tom McCabe
Chief Executive Officer

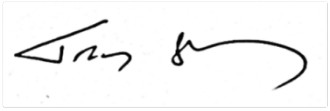
NORFOLK CONSTABULARY
Our Priority is You

Nick Davison
Assistant Chief Constable

Paul Sanford
Chief Constable

NHS

Patricia D'Orsi
Executive Director of Nursing
Norfolk and Waveney Integrated Care Board



Tracey Bleakley
Chief Executive Officer,
Norfolk & Waveney Integrated Care Board

Foreword by the Norfolk Safeguarding Children Partnership (NSCP) Independent Chair

Thank you for taking the time to read NSCP Annual Report. This document should give you an open, honest view of how the Partnership works to safeguard our children and young people in Norfolk. As the Independent Chair and Scrutineer of the NSCP I have the responsibility for scrutinising this report and making sure it is accurate and provides the information you, the reader, requires. I hope that it meets your expectations, provides you with the information you need and above all gives you complete confidence in the way the Partnership strives to safeguard children in Norfolk.

I wanted to start my introduction by offering some reassurance regarding the strength of the Partnership in Norfolk. During the reporting period covered by this report I have observed some truly outstanding partnership work. The safeguarding culture in Norfolk affords everyone the opportunity to be confident that they will be supported as they strive to improve outcomes for our children and families. That culture permeates from the very top of the organisations through to the practitioners whom we rely so heavily on. I meet with those at executive level, and I am consistently impressed with their commitment to safeguarding, personal investment and leadership. Representation at Partnership meetings is excellent and there is a culture of support and challenge as we strive to reach our joint objectives. Perhaps of greatest importance is the fact that Norfolk is blessed with a professional, caring and incredibly hard-working community of individuals who work and volunteer in the safeguarding arena. Without these people we would not be able to provide the level of support to children and families. On behalf of the Partnership, I would like to offer each of them our sincere thanks for all they do.

This report sets out our achievements, concentrating in part, on the areas we have prioritised. Whilst it is right that we celebrate success it is also important that we recognise that we should always seek to improve. Norfolk's investment in independent scrutiny, data analysis and learning from reviews indicates a culture of continuous learning. This is something that the Partnership should be extremely proud of. At a time when there are developing threats and risks to children's safety it is imperative that we all remain vigilant and able to react, Norfolk has the systems and people to do this.

NSCP are committed to hearing the voice of the child and co-production wherever possible. Last year we produced a children's version of the Annual Report. This was done in conjunction with local children and young people. Part of my role involves presenting this report to local council members, a somewhat daunting prospect, even when you have done it on several occasions. In 2022 I was joined by one of the young people who had helped produce the children's version. As we sat in the council chamber looking out at a large number of smartly dressed political representatives, I started to nervously tap my pen. I introduced myself and my co-presenter and then watched a masterclass. The young person simply stole the show, he was honest, articulate and engaging. Those in the room were genuinely supportive and listened intently to what he had to say. This is why we do the work we do.

I would also like to take a moment to recognise the fantastic work of the NSCP Business Unit. The team works tirelessly behind the scenes to make sure that our business runs smoothly. I would like to thank them on behalf of all the partners,

It is important that this report is fair, informative and balanced, having read it I am completely satisfied this is the case. I want to thank everyone involved in the NSCP for their tireless work over the last twelve months for your continued support.

Introduction

The Norfolk Safeguarding Children Partnership is the body responsible for implementing and reviewing the local plan for Multi-Agency Safeguarding Arrangements, (MASA), published in September 2019. The MASA is owned by the three statutory partners, i.e. the Local Authority, the Police, and Health, who actively engage the wider partnership in fulfilling their safeguarding duties.

This annual report has been written in adherence to *Working Together 2018* requirements as set out in Chapter 3 (paragraph 42). The purpose is to be transparent with Norfolk children and families about the county's safeguarding system: the challenges we have faced as well as our achievements.

The scope of this annual report runs from 1 July 2022 to 30 June 2023. The report aims to provide:

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

As in previous annual reports, much of the contextual background has been stripped back to allow for more detailed analysis of the evidence of outcomes in our safeguarding system. Information on Norfolk's population and demographics can be found on Norfolk Insight.

This report, summarises the work of the NSCP, capturing our achievements as well as the ongoing challenges and areas for development.

A separate children and young people version of this report has been produced in consultation with them as key stakeholders and this serves as an Executive Summary.

1. Governance and Strategic Overview

The overarching governance arrangements adhered to Norfolk's plan for Multi-Agency Safeguarding Arrangements (MASA), which was refreshed in autumn 2021. The three statutory partners named in the MASA are:

- **Norfolk County Council**: represented by the Executive Director of Children's Services, Sara Tough and the Chief Executive, Tom McCabe
- **Norfolk Constabulary**: represented by the Assistant Chief Constable, Nick Davison, and the Chief Constable, Paul Sanford
- **Norfolk & Waveney Clinical Commissioning Group**: represented by the Joint Director - Children, Young People and Maternity, Rebecca Hulme, and the CEO of Norfolk and Waveney's Integrated Care Board (ICB), Tracey Bleakley

The three partners met quarterly with the Independent Chair of the NSCP to consider MASA milestones as well as to respond to emerging challenges and maintain a strategic overview on the system. In addition, the NSCP Chair and Business Manager provide quarterly written updates and hold bi-annual meetings for, and with, the Chief Officers of the respective organisations.

Independent Scrutiny Team

Norfolk Safeguarding Children Partnership continues to invest in high levels of independent scrutiny. This reflects the value they place on their independent scrutiny team. The MASA has three clearly defined roles for independent scrutiny. The Independent NSCP Chair, Chris Robson, continues with the duties from the previously statutory LSCB Independent Chair role. As well as undertaking discrete pieces of scrutiny alongside the other team members, he also chairs the Partnership Group meetings and keeps the three named statutory partners and their Chief Officers apprised of strengths and areas for improvement detected in the safeguarding system.

The NSCP Independent Chair is supported by two other independent scrutiny roles: the Independent Chair of the Safeguarding Practice Review Group, Sian Griffiths, and the Independent Chair of the Workforce Development Group, Bridget Griffin. Bridget joined the team in January 2023.

The three members of the Independent Scrutiny Team meet regularly to triangulate their findings and report back to the statutory safeguarding partners.

Partnership Group

The purpose of the Partnership Group is to support the statutory partners in the co-ordination of local arrangements and to provide challenge and feedback on the safeguarding system. In addition to the three statutory partners, membership of the Partnership Group includes representatives from key partners, including education, early years and the voluntary sector. Chairs of the priority working groups also attend and provide regular progress reports on their areas of work. Other partners are invited to present on specific agenda items as required.

Partnership Group play a crucial role in sense checking the safeguarding system and providing an opportunity for all partners to share concerns and find solutions collaboratively. Between July 2022 and June 2023, Partnership Group met eight times, including a priority review/priority setting workshop in June 2023.

Partnership Group agendas include priority updates as well as safeguarding issues and systemic solutions. Data and performance intelligence are also reported regularly as well as a bi-annual report from the Multi-Agency Safeguarding Hub (MASH) Oversight Group. Father inclusive practice: project updates are reported quarterly. They also sign off any annual reports including this report, the work of the Local Safeguarding Children Groups, Child Death Overview Panel and Independent Services. Other agenda items have included:

- Reflective Practice update and development of our Joint Agency Group Supervision
- National research on independent scrutiny (see below)
- Integrated Care System overview in Norfolk
- Sign off on two Child Safeguarding Practice Reviews (CSPRs): Cases AK and AL
- Sign off on Section 11 report (safeguarding self assessment)
- Policy sign off: concealed/denied pregnancy; Practice Guidance for Safeguarding Diverse Ethnic Minority CYP & Families; and Fabricated and Induced Illness
- Child Protection Conferences: changes to procedures
- Outcomes of the Ofsted Inspection of Local Authority Children's Services (ILACS)
- Interim sign off on revised Threshold Guide – renamed as Continuum of Need Guidance
- Update on School Attendance Strategy
- Working with Ukrainian families
- Sign off on multi-agency audit on children on second or subsequent Child Protection Plans
- An overview of Norfolk County Council's project in partnership with Anna Freud Centre
- Family Hub developments

Partnership Group also provides support and direction in the development and delivery of Leadership Exchange & Learning Events, where the wider partnership is invited to reflect on the system. This year the event focused on learning about neglect, linked to the two CSPRs published (see Chapter 6).

Other Partnership Boards

The Children and Young People Strategic Alliance (CYPSA) is chaired by the Executive Director of Children's Services, providing system leadership to deliver the NHS Long Term Plan and the Health and Wellbeing Strategy for children and young people. The core functions of the CYPSA are to:

- Develop and agree strategic priorities and ensure delivery of a CYP Partnership Plan. Their priorities are:
    - Prevention & early help
    - Mental health & wellbeing
    - Special Educational Needs & Disability(SEND)
    - Addressing gaps in learning post pandemic
- Monitor performance in relation to securing impact and outcomes
- Develop and agree strategic commissioning and transformation priorities and processes to ensure best use of resources
- Ensure and promote co-production with service users and stakeholders
- Advocate on behalf of children and young people within wider partnerships and boards

As the NSCP's 'sister' board, the CYPSA is responsible for implementing the Flourish Strategy.[1] The NSCP is actively signed up to promoting Flourish, for example, looking at the strategic outcomes against our priorities through a Flourish lens and writing this into the revised Threshold Guide, which will be branded as the Continuum of Needs Guidance (see Chapter 5 NSCP Projects, Priorities and Developments).

The CYPSA relies on the NSCP to act as a critical friend in terms of developing and delivering operational and transformation plans and commissioning specific services that will protect children. The interface between the NSCP and the CYPSA is critical to the ongoing drive for improving safeguarding arrangements.

To enhance governance arrangements the NSCP and CYPSA have streamlined functions to minimise duplications. Workforce development and strategic analysis, including data interrogation and performance intelligence, are shared. This year engagement and participation has also been strengthened by the alignment.

In addition to the strong links with the CYPSA, the NSCP has continued to build on partnership networking through other fora, notably the Norfolk Safeguarding Adults Board. The annual report is shared with the Health and Wellbeing Board, and the Head of NSCP Business Delivery sits on Norfolk's Domestic Abuse Partnership Board. The NSCP has also links with Norfolk's seven Youth Advisory Boards (YABs) through the Local Safeguarding Children Groups.

Subgroups relating to Statutory Duties

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

Local Safeguarding Children Groups

The NSCP is represented at locality level by six Local Safeguarding Children Groups (LSCGs), made up of representatives from the multi-agency partnership in each area. An LSCG annual report on their achievements is published separately on the NSCP website. The LSCGs are an ongoing strength of the NSCP with effective co-chairing arrangements, excellent communication channels, committed and engaged members benefitting from dedicated support from the NSCP Business Unit.

The chairing arrangements continue to be multi-agency, with strong leadership from senior officers in Children's Services Partnership, Inclusion and Practice Directorate, the voluntary sector, Cambridgeshire Community Services and education.

Advisory Groups

The Health Advisory Group has been reconvened with a primary focus on evidencing impact of learning from Safeguarding Practice Reviews.

[1] Flourish is an acronym for: Friends and Family; Learning; Opportunity; Understanding; Resilience; Individual; Safe and Secure; Healthy.

The NSCP is also supported by other sector-specific advisory groups: Early Years and District Councils. These groups are made up of representatives from the relevant sectors and focus on safeguarding issues at sector level. The advisory groups have an important role in highlighting to the Board key issues they are facing and how these impact on safeguarding children as well as disseminating effective safeguarding practice across their sectors. Where relevant, they are also charged with responding to sector specific recommendations from SCRs/SPRs. They are active and supportive with the Section 11 safeguarding self-assessment process, including responding to Section11 recommendations.

These groups ensure that we have reach into areas where professionals may feel isolated (such as childminders) and/or do not have safeguarding children as the main focus of their professional life, e.g. the District Council Advisory Group.

The NSCP also works with the Safeguarding Adults Board to deliver bi-annual safeguarding sessions with housing providers.

Regional and National LSCP Networks

Norfolk is a regular participant in the Eastern Region Networking Meeting for Local Safeguarding Children Partnerships. The Head of NSCP Business Delivery was involved in the report on Independent Scrutiny and LSCPs from across England (published July 2022). Norfolk's contributions to the process were recognised in the acknowledgements. The findings show that the NSCP's arrangements are robust and compare well to other areas.

The NSCP Business Unit

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

The team includes a 0.5 FTE dedicated senior analyst officer, shared with the Children and Young People's Strategic Alliance.

2. Voice of the Child

The NSCP is working with the Children and Young People's Strategic Alliance (CYPSA) to further develop mechanisms for hearing the voice of the child. CYPSA and Norfolk County Council have done some impressive work in this arena as recognised in the Ofsted Inspection of Local Authority Children's Services:

> *Children's participation is encouraged and is a strength of this authority. The Young Adult Forum care leavers' group is an influential and well-coordinated group. The group has been involved in several initiatives that have influenced practice and service delivery through the corporate parenting board. A number of other young people shared their views on services with inspectors and were mostly positive about the support they receive and rightly proud of their involvement in the planning and development of services.*

The CYPSA was responsible for leading on the My Norfolk, My Voice survey looking at how to build an interactive and productive relationship with children and young people in Norfolk. The survey was open to everyone aged 5-25, running from November to December 2022. With over 1,600 responses, our service users helped us to respond to three key questions:

1. What are the most effective methods or platforms to use to engage with children and young people?
2. What are the most effective times and places for engagement?
3. What issues and topics interest children and young people?

The report provides valuable insights and recommendations and will help make engagement more relevant, appealing, and effective. This is being shared with the NSCP's Local Safeguarding Children Groups in July 2023.

Another lovely example from CYPSA was commissioning the Flourish Anthem, "We are Norfolk", completely written, composed, performed, and sung by children and young people from across Norfolk.

The NSCP's Safeguarding Intelligence and Performance Co-ordinator sits on the CYPSA's Stakeholders Engagement Insight Group and can readily access young people for consultation and feedback.

There is always more we can learn from children, young people and families when we speak to them directly and opportunities to do this are followed up directly in any project plans or indirectly through speaking to the professionals who have established relationships with the children and young people.

We were really proud of the children and young people's version of the 2021 - 22 NSCP annual report and so grateful to the children who helped us with that. This year we are pleased to say that our key stakeholders have agreed to come back and help us with the second CYP version of the annual report. We hope you enjoy it as much as we do!

3. Data and Performance Intelligence

Using data and evidence to inform NSCP's work

NSCP has committed to improving the way in which it uses data, evidence and analysis to inform its work.

In 2020 the partnership created a 'Joint Strategic Analysis Group' (JSAG) to coordinate and improve its use of data, and in 2021 a dedicated analyst was recruited to deliver key analytical products and outputs. A number of products have been delivered, and pieces of work undertaken, including:

An online, partnership wide dashboard and data collection system that allows monthly data to be submitted and reviewed in agreed areas.

Linked to the dashboard, a narrative report that uses agreed escalation principles to highlight key and emerging issues to NSCP's Partnership Group.

Data Reviews on its priorities – reviewing what data tells us about the context to, and delivery of, NSCP's three priorities.

Specific analyses in support of the partnership's work. This includes supporting Independent Scrutiny activity around the partnership's response to mental health and to its 'front door'.

This progress has enabled a more data-focused culture within the partnership, evidenced by:

- Reviewing our data has been a key element of the prioritisation process for the coming years' strategy.
- Findings from Data Reviews have informed the delivery plans for each priority.
- "What does the data tell us?" is one of the first questions asked when new issues emerge, and data is used to scope our response.
- NSCP's data is included within the county-wide Flourish monitoring framework, linking its work with broader outcomes and activity.

This section reviews some key outputs and findings from our analytical work. The next page looks at a 'Week in the life of the NSCP' from the perspective of our data, showing the breadth and scale of the activity undertaken within the partnership to safeguarding children. The following pages then look at overall trends, review what we've found out about our NSCP priorities, and sets out some emerging issues that will inform our work in the future.

A week in the life of the Norfolk Safeguarding Children Partnership

This section looks at the scale and nature of children's safeguarding in Norfolk and presents an average week expressed through partners' data.

- Around **150** babies are born.

At any time there are around:

- **186,600** children and young people (CYP) aged 0-19 living in Norfolk.
- **125,000** CYP attending school in Norfolk

Partners in the NSCP have responsibilities for safeguarding Norfolk's children. Within this context, each week there are around:

- **960** A&E attendances for Under-18s and **350** for under-4s.
- **21** acute hospital admissions caused by injuries for under-15s.
- **4** acute admissions for mental health problems and **3** for alcohol specific conditions for under-19s.

- **6** children are screened for exploitation by the Police
- **120** Police domestic abuse investigations are started where a child is present.
- **22** children and young people are stopped and searched, and around **22** arrested.

- **840** contacts are made to the Children's Advice and Duty Services (CADS)
- These include around **200** contacts from schools and education, **200** from the Police, **130** from members of the public, and **95** from health services

Where contacts suggest there may be an ongoing risk to the safety and/or wellbeing of a child or young person the Multi-Agency Safeguarding Hub brings partners together to agree the best course of action – which can lead to a referral for a formal assessment. Within this context each week:

- Around **114** referrals are made to prompt a formal social care assessment.
- These include **33** originating from the Police, **19** from schools, and **13** from health services.

Where an assessment identifies specific risks to a child's safety, additional assessments and interventions are urgently put in place. Each week around:

- **47** Section 47 enquiries take place, where action is needed to ensure a child is safe
- **16** Initial Child Protection Conferences take place where investigations conclude that a child has suffered, or is likely to suffer, significant harm.
- **14** CYP start a Child Protection Plan (CPP), **4** of whom will have had a previous CPP.
- **9** CYP become looked after
- **3** CYP enter the Youth Justice system for the first time

All of this means that at any time in Norfolk there are around:

540 CYP with a Child Protection Plan

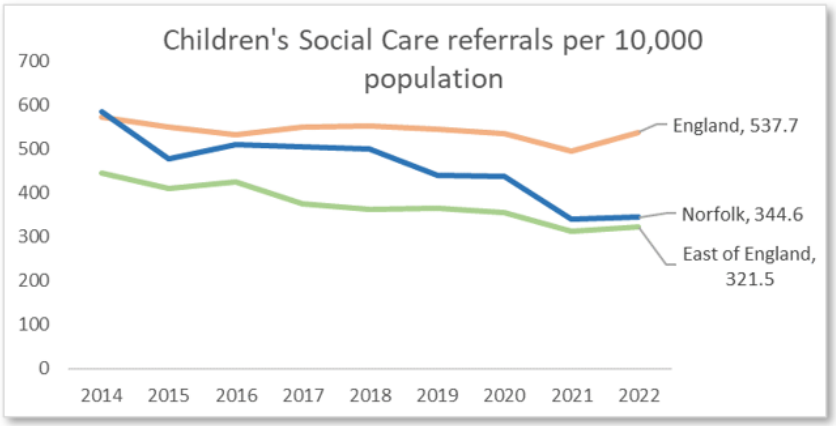
1,140 Looked-After Children

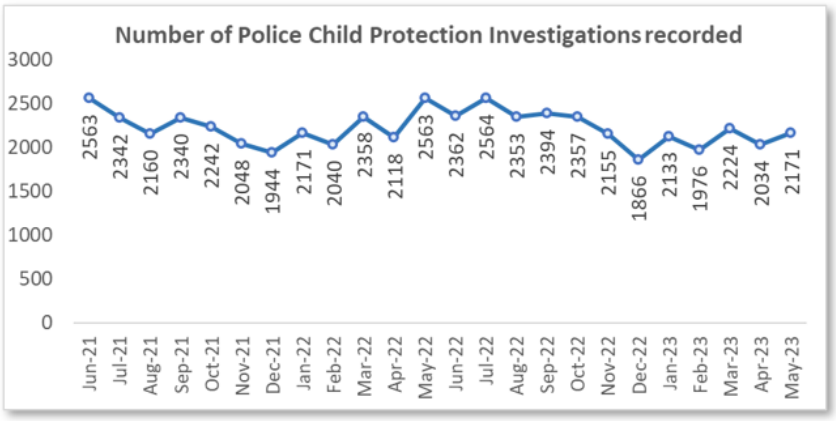
188 CYP receiving Youth Justice Service interventions

Overall trends in child safeguarding and child protection

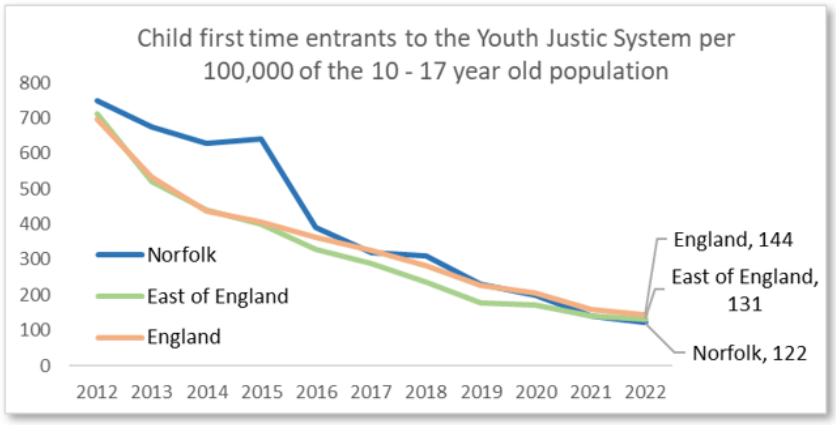
For most indicators of activity within formal safeguarding and child protection pathways, Norfolk's rates and trends broadly reflect those regionally and nationally. Referrals (see graph), Child Protection Plans (CPPs) and Initial Child Protection Conferences all show slight overall reductions in the longer term. Conversely, levels of Section 47 enquiries and numbers of Looked After Children have increased slightly in recent years.

The reasons behind these trends are complex, but may reflect changes in demand for, and organisation of, children's safeguarding activity over time. Increases in demand for intensive Interventions (e.g. rates of looked after children) and activity to ensure risks are considered widely (S47 enquiries) are likely to reflect understood pressures on social care services. Reductions in CPPs and formal referrals, along with increases in Family Support activity, may indicate the increase in Early Help and Prevention activity – trying to support children and families.





Similarly, reductions in first time entrants to the Youth Justice System nationally and locally reflect specific efforts to put diversionary and 'upstream' interventions in place to avoid criminalising children and young people.

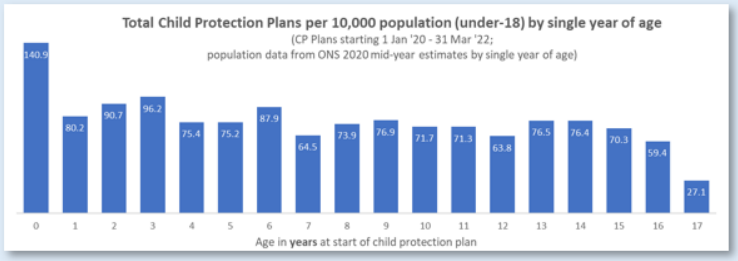


As our understanding of the drivers of these trends improves through increased analytical activity, we will be more confident in telling Norfolk's story through data.

Informing NSCP's priorities with data and evidence

Two of NSCP's three priorities have undertaken Data Reviews, with the third review (for Vulnerable Adolescents – due for completion in October) underway. Some key findings from the first two reviews are below.

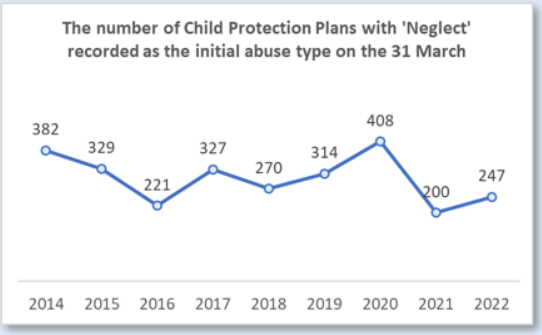
Protecting Babies



Key findings:

- There is clear evidence that communities and services in Norfolk recognise safeguarding risks to babies.
- All statutory services are more likely to see and support children around birth, and the highest rates of Child Protection Plans are for children who are unborn or under 1.
- Neglect is the most ascribed risk for unborn and young babies within formal child safeguarding pathways. Where the Police attend incidents involving babies and very young children this is most often because of domestic abuse and assault.
- Overall health and safeguarding outcomes for babies are similar in Norfolk to other areas, though rates of infant mortality have risen slightly in recent years, and rates of hospital admissions for babies under 14 days old are higher than other areas. Investigation into the latter suggests that issues that were previously picked up by midwives in the community were being referred to hospital. Neither presented specific safeguarding risks.

Neglect



Key findings:

- The rates of recorded child neglect in Norfolk is similar to that regionally. Neglect is the most recorded form of abuse in Norfolk and nationally. In Norfolk, recording around neglect has improved and is more precise – as a result recorded rates of neglect have fallen slightly, with other forms of recorded abuse increasing.
- Local data evidences the correlation between neglect with parental circumstances – particularly parental mental health problems, parent drug and alcohol use, and domestic abuse.
- It also showed a small but significant number of cases where neglect associates with a parental disability.
- Findings are driving an action plan focused on multi-agency practice where key indicators of neglect are evident, ensuring the right support is available for children, families and staff.

Other emerging themes

Through our analysis of Norfolk's data in support of reporting and data reviews, a number of additional and important themes have been identified that will shape our planning. Some of the most notable are as below.

Mental Health

- In last year's report we highlighted Norfolk's higher rates of identified mental health problems in some indicators (e.g. through hospital admissions or primary support needs for children with Special Educational Needs or Disability).
- Activity in the past year has reinforced the importance of the mental health of both children and parents as we seek to understand child safeguarding risks.
- The Neglect Data Review identified parental mental health as the factor that most often associated with neglect within social care assessments (64% of assessments that identified neglect also identified parental mental health concerns).
- As a Flourish priority, data around this has been reviewed and is monitored.
- Mental health outcomes are also closely associate with another identified theme: families' socio-economic circumstances and deprivation.

Deprivation

- All of the NSCP data reviews, and Flourish priority reviews, evidences that poor outcomes for children and young people – including some safeguarding and child protection outcomes – are to some extent linked to the level of deprivation in an area.
- Current economic pressures are well understood, with evidence showing the impact on children and families, for example through rates of homelessness impacting children.
- The relationship between socio-economic circumstances, other outcomes, and child protection and safeguarding risks is complicated and improving our understanding on this will improve our multi-agency planning and in particular how we support communities (for example through hubs).

Using data to inform planning and practice

- As our use of data improves, we will be able to be more precise and effective in commissioning services and in our practice.
- Applied across partnerships, this provides significant opportunities to improve outcomes – accounting for people's broad circumstances, and improving the causes of poor outcomes, rather than the symptoms.
- A number of initiatives – notably the Supporting Families Data Transformation Project – should mean that activities can increasingly focus on preventing poor outcomes wherever possible.

4. Independent Scrutiny

Norfolk adheres to the principles of independent scrutiny as outlined in *Working Together 2018*, (Chapter 3 page 77) and has dedicated resources in place to fulfil this statutory function in our local safeguarding arrangements. The NSCP's scrutiny arrangements include a range of mechanisms, deployed to provide robust examination of performance and practice. This chapter focuses on actions and outcomes from:

- independent scrutiny undertaken by the independent scrutiny team
- observations of frontline practice
- multi-agency audit
- Section 11 self-assessment
- external inspections

Independent Scrutiny

The three statutory partners commissioned the independent scrutiny team to undertake an extensive piece of work looking at the multi-agency response to the 'identification of initial need and risk' within the partnership. This was originally commissioned in response to the Solihull Joint Targeted Area Inspection (JTAI) report published in February 2022. After discussion with the Norfolk Adult Safeguarding Board, it was agreed to do a joined up piece of work with them. The work was therefore undertaken in three phases: desktop analysis, analysis of children's risk assessment and then adults risk assessment. The work was supported by data with input from the senior analyst.

The aim of the scrutiny was to: (a) learn from the findings of the Solihull JTAI and consider the implications for children, adults and families in Norfolk; and (b) consider the multi-agency understanding and involvement in the 'front door' discussions and management of risk in order to achieving good outcomes for children and making safeguarding personal for adults at risk. Specific questions included how well we understood:

- the timeliness of responses – namely to children and families left in situations of 'unassessed and unknown risk'
- the impact of practice of MASH on the rest of the partnership, and children and families
- the experiences of children and families that need help or protection
- how we shared learning from significant incidents
- whether there was consistent and stable engagement in all partnership activities by all partners
- how good was communication and information sharing across and with agencies
- what oversight was there of the MASH performance by both NSCP and NSAB

Phases 2 and 3 included focus groups with partners. Those engaged in the scrutiny saw real benefits in the collaboration between boards: differing perspectives brought out new, useful challenge that provoked excellent reflection. It also allowed us to recognise how language, terminology and understanding of legislation can lead to misunderstanding by those not directly involved in specific areas of safeguarding. This is an important factor to consider if we are to improve understanding of systems across all partners. It is also important to recognise that there is a stark difference in the statutory drivers that are considered in the 'Children's and Adults' world'. At times it was like comparing apples and pears. That said, the overarching principle remains that of safeguarding vulnerable people at the earliest possible opportunity and there should be a recognition that there is cross over between both services where a holistic approach to family situations should be

adopted. This scrutiny will seek to add value to work that is already being or has been completed in this area.

Findings and recommendations

There was a very clear evidence base that the current initial referral system that is in place for both children and adults has the ability to work to an exceptionally high standard. Whilst there are several areas where improvements could be made it is clear that most of these are resource driven. People making referrals, whilst frustrated by waiting times and lack of feedback, were also quick to acknowledge the positive impact professional advice and intervention could have. A total of six recommendations were made based on the findings

This report acknowledges that there were cases brought to our attention where the service and response provided fell short of what would be expected. These cases have been raised with managers so they can be addressed. The findings of this report do not seek to minimise the impact these cases have on individuals, but we have concluded that they are the exception rather than a systemic issue.

Finding 1 – The systems in place in Norfolk offer an appropriate and professional response to initial referrals when resources afford an opportunity to meet demand. Referrals are considered, risk assessed and progressed appropriately using effective triage systems.

Finding 2 – The majority of frustration and discontent felt resulted from resource driven issues. Demand on Children's Advice & Duty Service (CADS) and Social Care Community Engagement (SCCE) has increased and this can lead to longer waits for advice. There is no alternative way of referring to CADS other than by direct contact. The huge demand placed on the two initial sites for referrals needs to be considered. Partners may wish to consider publishing the demand so expectations regarding waiting time can be managed.

> ***Recommendation 1*** – The partnerships should consider ways in which expectations can be managed in terms of speed of response. Partners may wish to consider publishing the demand so expectations regarding waiting time can be managed. Managers in both CADS and SCCE should be encouraged to continuously review waiting times to see if there is scope for any improvement.

Finding 3 – There is a good understanding of the purpose and function of both CADS and SCCE in general terms. We noted that there are some gaps in agencies' understanding for thresholds which can lead to unrealistic expectations of what action is appropriate to deal with a referral. Of concern is a gap in understanding what will constitute a Section 42 response in adult referrals. This also leads to misunderstanding regarding who has responsibility for referrals that do not meet this threshold.

> ***Recommendation 2*** – A shared briefing document is created showing the referral, triage and decision-making process in relation to both adults and children, Encouraging quality referrals, ensuring a holistic approach if both adults at risk and children involved, and identifying alternatives where the threshold isn't reached. This could be referred to prior to making referrals, reducing demand, encouraging appropriate referrals and managing expectations regarding the process.

Finding 4 – Whilst there is a good understanding of the initial referral function there is evidence that some agencies make significantly more referrals than others. This differs in

terms of children and adults. Whilst much of this is understandable given the roles of professionals, there are some areas that merit closer examination.

Recommendation 3 – Individual agencies conduct a dip sample of the referrals made ensuring they are of sufficient quality and have received an appropriate response. This will afford agencies an opportunity to reflect on whether too many or too few referrals are being made. Appropriate action plans to ensure referral pathways are known and appropriately used should then be put in place. Both partnerships should seek assurance that this work is completed.

Finding 5 – The function of the MASH is less well understood across the partnership. Whilst it is clearly understood by its own staff there was less evidence that that is the case amongst all partners. The MASH function is critical to safeguarding and it is imperative that it is understood.

Recommendation 4 – The partnerships seek to promote understanding of the MASH function across all partners.

Finding 6 – Perhaps of greatest concern was the question of whether both children and adults' MASH are truly multi-agency. There was evidence presented that suggests both have aspects of silo working with a social care and police dominance and a lack of direct health involvement as a key statutory partner. This has been exacerbated by working conditions that were the result of Covid restrictions.

Recommendation 5 – A review of multi-agency working in the MASH is considered. This should include co-location and ensuring that all partners are involved in decision making processes.

Finding 7 – There are inconsistent experiences in terms of referrers being able to consult with social care professionals and to obtain advice and support in managing risky situations. Lack of feedback regarding the status and outcome of a referral remains an issue and is the cause of some frustration.

Recommendation 6 – Develop a clear consistent mechanism for obtaining professional advice on making referrals and develop a system for gaining feedback for those referring

Finding 8 – All agencies were able to demonstrate how learning from significant events was disseminated and practice changed. Both partnerships offer a range of multi-agency training and awareness opportunities in respect of key identified themes. Measuring the impact of recommendations on changes to practice is an area of development for both partnerships to consider.

Finding 9 – The overall governance and oversight of MASH performance by the partnerships is appropriate but could be improved upon. There is comprehensive local authority data available to both but variable capacity across the partnerships to analyse and interrogate it. Developing capacity and a multi-agency data picture as an area for future consideration.

The report was presented to Partnership Group in May 2023 and is being shared with the MASH Oversight Group. Encouragingly, many of the recommendations made were already in the MASH forward plan and work is being done to address the learning and make improvements.

Observation of Frontline Practice

Observation of practice is a scrutiny mechanism written into Norfolk's local plan for Multi-Agency Safeguarding Arrangements. Observations were suspended over the pandemic but this year two pieces of work were undertaken on child protection core group meetings and on Joint Agency Group Supervisions (JAGS). Findings are presented to the three statutory partners.

Core Groups

The scrutiny on Core Groups took place in July/August 2022. Six Core Groups were observed. Families consent was sought and it was made clear that no observation would take place without this. All the families were willing for the observation to take place.

A short briefing took place with the social workers, including an outline of the child's plan under review. Whilst the focus of the observation was multi-agency inevitably the social workers needed to act as the contact point and as chairs their role was more dominant. All were extremely helpful, transparent and positive about the opportunity to be observed. All were keen to have a debrief and saw it as a learning opportunity.

The decision was made not to seek feedback from families on this occasion, meaning we do not know how they experienced the meetings. All the observations had to take place online and practicalities meant that the Core Groups were observed at quite short notice, as were pre-meetings with the social worker as organiser. This meant that other than the social worker, it was not practical to seek feedback/debrief other professionals. In future we aim to resolve this, so that all professionals involved could be better involved.

The checklist used for observing included observation of:

- Attendance and engagement
- Healthy discussion and challenge
- Support for the family to contribute
- Was the plan reviewed as required
- Was there clear decision making and identification of next steps

The overall conclusion was that all the core groups observed met the standards expected and none led to concerns about multi-agency engagement. However, the sample size and other limitations as noted above need to be taken into account in reaching broader conclusions.

Multi-Agency Audits and Monitoring

The NSCP's Multi-Agency Audit Group (MAAG) is chaired by the Head of NSCP Business Delivery and provides valuable information on how well the system is working in practice. In addition to commissioning and undertaking audits, the MAAG is also responsible for monitoring the Composite Action Plan and track the response to recommendations from across all scrutiny work and evidence impact on practice and improvements to the system.

Within the scope of this annual report, MAAG members struggled with capacity and agreed to focus on quality of audits rather than quantity. Over the last 12 months, MAAG completed an audit on children on second or subsequent child protection plans. At the time of writing an audit on children with complex medical health needs was taking place. The MAAG continues to explore ways to increase audit capacity.

Children on Child Protection Plans for a Second or Subsequent Time

The scope of the Child Protection Plan (CPP) second or subsequent times audit, focused on six pre-selected cases of Child Protection Plans. The six cases included:

- CP cases closed in the past 12 months.
- The cases will have previously been CP cases, and therefore re-referrals.
- Three of the cases will focus on large sibling groups i.e., at least four siblings.
- One case from each of the six of the Norfolk localities.

Whilst the audit did not include siblings as separate cases, however, where there were siblings in the family the auditors reviewed the whole family whilst maintaining the focus on the identified child.

The findings focused on four key areas:

- **Engagement of Fathers** was inconsistent across the six cases. There was some good engagement but more evidence of a lack of engagement, particularly where fathers were non-resident. Some of the families were complex with evidence of previous serious domestic incidents and a feeling that sometimes the lack of engagement with the father was due to the potential risks further engagement posed. If this was the case, it needed clearer recording and/or evidence of challenge in supervision.

- **Child Protection Plans:** the 'step up' (from Child in Need (CiN)) and 'step down' (from CP) process appeared to work well in the cases where appropriate, with no systemic issues identified. In two cases, the CP plan was closed on at least one occasion after three months, and the auditors felt that this was insufficient time to embed sustainable change. In one case, the school was part of the decision to cease CP planning but weren't told when the social work team closed the case at time of CIN planning. There needed to be more effective recording of parental engagement in universal services, once the CP plan had closed, if this was the case. There was little evidence seen in the six cases to support universal services engagement. Auditors noted that subsequent CP plans often identified the same risks as previous plans. It was agreed that for most of the families the issues were often cyclical, and risks often remained constant.

- **Timeline of re-referrals:** Whilst not a focused question in the audit, for two cases the audit group noted further/repeated evidence of neglectful parenting and care for the children warranted re-referral to the Social Work Service within 1-3 months of case closure from CIN planning. There is a need to better understand the root factors / causes of early re-referrals.

- **The child's lived experience:** in two of the cases, auditors felt that the case notes did not fully evidence understanding of the child's lived experience. Particularly where there were repeated cycles of crisis and domestic abuse.

Four recommendations were made:

1) More evidence needed of professional curiosity when 'disguised compliance' is suspected, i.e. both parents appear to engage in CP planning but do not follow through.
2) More effective recording of whether parents actually engaged in Universal Services once the CP Plan has closed.

3) Better understanding of the root factors/causes of early re-referrals
4) Better evidence and recording of the engagement of fathers, particularly where they are non-resident and/or there is a history of Domestic Abuse

The Assistant Director responsible for Independent Services has provided assurances that relevant guidance has been given to Independent Chairs and the process of 'step down' is more robust.

The MAAG will monitor the outcomes of these recommendations as part of NSCP priority progress reporting and through its Composite Action Plan which includes recommendations from all scrutiny activity and safeguarding practice reviews.

Section 11 and safeguarding self-assessments

Norfolk continues to be proud of its Section 11 process which has evolved over the years to move beyond compliance checks to a much more nuanced and sophisticated challenge and support process. Process development is overseen by a multi-agency steering group which is chaired by the Independent Safeguarding Practice Review Group Chair. In addition to completing a self-assessment tool, agencies are invited to progress meetings, feedback meetings and thematic panels at different times of the year to review their returns with steering group members and subsequently develop and monitor their organisation's action plan. This ensures that safeguarding self-assessment is a continuous process rather than a one off annual event.

The 2021 – 22 Section 11 recommendations were all completed and closed within the timeframe of this annual report. The 2022 – 23 process has further developed the strengths of our approach: we follow the same format as reported in previous annual reports with self assessment tools completed and analysed and a staff survey sent out to the wider workforce. This year, rather than have single agency challenge and support meetings, we introduced Thematic panels; these panels provided all partners the same opportunity to listen to and share different organisational perspectives on challenges within our system. Through discussion with chairs of the strategic priority groups it was agreed that these thematic panels would not focus on these areas as this would duplicate the multi-agency discussions that occur through these existing multi-agency groups

In total there were 39 Section 11 self-assessments completed and returned. Returns were reviewed by The NSCP's Safeguarding Intelligence and Performance Co-Ordinator (SIPCo) and a steering group member and the quality of returns was noted to be improved from previous years by several steering group members. This may be due to the restructure of the form which asked more direct appreciative inquiry questions (i.e. a description of an example of good practice) and allowed for a more explicit response. In the highest quality returns partners used this as a platform to offer more about how they are responding to the priority areas. To continue the development of the self-assessment nature of the Section 11 process, feedback meetings are available in February and March for partners to discuss their Section 11 return with a member or members of the Section 11 steering group.

Partners were asked at the progress meetings to identify themes for discussion at the Thematic Panels. Four face to face sessions were held in November with two panels focussing on *Children and young people's mental health* and two on *Partnership working to manage risk and promote positive outcomes for children*. Overall feedback from participants was very positive and participants felt that this was a good addition to the learning opportunity that Section 11 provides. The remit for these sessions was to create a window into the system to learn about partners' perspectives and to consider how this

potentially impacts on participant organisation's self-assessment and development plan. This was positively reflected in the vast majority of the feedback with some indicative examples below:

- *This was a good addition to the Section 11 process and I really found it beneficial to meet with others and hear about their own challenges from their perspective.*
- *Much better to hold these sessions in this format, rather than the formal panels. This created an environment for learning and building relationships*
- *Insightful and thought provoking.*
- *Previously S11 panels focused on individual organisation in isolation whereas now we were able to triangulate the information and look at concerns from the wider system perspective*

Discussion and findings, including NSCP Priorities

The Section 11 tool and report also asked single agencies to critically analyse their response to the NSCP priorities: neglect, vulnerable adolescents, protecting babies and promoting a culture of trauma informed and resilience oriented leadership and practice. The analysis was shared with the priority leads. For more information see Chapter 5: NSCP Priorities, Projects and Developments.

A total of four recommendations were made, including one on the Section 11 process:

- **Recommendation 1:** All partners should consider arranging a 30 minute feedback session on their 2022 Section 11 form from the Section 11 Steering Group (contact mark.osborn@norfolk.gov.uk)
- **Recommendation 2:** The Protecting Babies strategy group should develop communications to promote the understanding that protecting babies is everyone's business and organisations should promote this within all staff teams.
- **Recommendation 3:** Any organisations who have not identified a father inclusive practice advocate should contact mark.osborn@norfolk.gov.uk to arrange this.
- **Recommendation 4:** All organisations should ensure that:
  - staff have appropriate levels of exploitation training
  - they have representation at the strategic priority briefings via the LSCG briefing programme to keep their knowledge up to date
  - any relevant learning for their organisation is subsequently internally shared.

External Inspectorates

Norfolk County Council had its first full Ofsted inspection in November 2022; the report was published in January 2023.

The Inspection of Local Authority Children's Services (ILACS) looks at the whole range of support and services offered to children and families from before birth through to adult life. The judgement covers everything from early help and prevention to more specialist support for families with the greatest needs.

Inspectors give four judgements for: the impact of leaders on social work practice with children and families; the experiences and progress of children who need help and protection; the experiences and progress of children in care and care leavers and our overall effectiveness. Norfolk's Children's Services received a judgement of good in each area, with some outstanding features

Inspectors said that "*the vast majority of children in Norfolk receive high quality services and have good relationships with their social workers, which is leading to continued improvements in their circumstances."* The report makes clear reference to the care and understanding we give children and families, the strengths of the relationships we develop and the fact that we are really listening and understanding those we work with. Ofsted used many positive words when describing staff, including *"skilful, creative compassionate, warm"* and *"committed."* This dedication and care is making such an impact – and this is reflected in the best practice examples the Executive Director of Children's Services shares in her weekly blogs.

Inspectors also said children's *"voices, wishes and feelings shine brightly"* in our case records and described children and young people's participation as a strength of the council. Support for care leavers was found to demonstrate *"exemplary practice"* and inspectors said children in care were provided with *"exceptional services."* Ofsted said that adoption services remained a strength, independent reviewing officers are *"strong advocates for children"* and planning and decision making for babies needing early protection was a *"particular strength."* They also highlighted the *"effective support"* of the Targeted Youth Support Service, in diverting children away from criminal exploitation and the skilful work of the social workers taking calls where there were concerns about children (known as the Children's Advice and Duty Services).

In terms of partnership working, the report noted: *"Partnerships have been considerably strengthened, informed by Norfolk's children's services strategic framework, known locally as 'FLOURISH', which provides a shared vision and underpins the transformation agenda. This is seen in the innovative system-wide approach to the delivery of services, particularly early help services supported by community and partnership teams. Strong partnerships are also instrumental in the diverse range of multi-agency support services focused on building resilience and ensuring that needs are met quickly and at the lowest level. The strong relationship-based style of working with families is a strength of this authority."*

As ever, there is always more to do and Norfolk County Council remains committed to continuous improvement and being a learning organisation. Inspectors identified that further work is needed to strengthen our response to children aged 16 and 17 who present as homeless; the recognition and response to neglect, and the support and decision-making for children placed with family and friends.

What is obvious is that Norfolk's Children Services are all collectively ambitious for children in Norfolk and we will want to both sustain and build on this success so that our services continue to get even better and every child and young person in our county can flourish. This means that the Executive Director and her Directors will continue to provide the stable and determined senior leadership to deliver this exciting agenda.

We are anticipating two further inspection reports later in 2023 which involved Norfolk:

- His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) included Norfolk Constabulary as one of six police forces in a thematic inspection on Group Based Child Sexual Exploitation.
- His Majesty's Inspectorate of Probation included Norfolk's Youth Justice Service as one of 10 local authorities; the focus was on children remanded in detention and accommodation.

Learning and recommendations from these inspections will be reported on in the 2023 – 24 annual report.

5. Norfolk Safeguarding Priorities, Projects & Developments

The NSCP continued to work on its three priorities throughout 2022 - 2023: neglect, child exploitation and protecting babies. The year ended with a priority review/priority setting workshop, assessing the achievements and work outstanding against each area. This chapter evidences the progress we made, as well as reporting on other projects and areas of development in Norfolk.

Each priority area is led by one of the three statutory partners, Children's Services, Police and Health respectively. This ties in neatly to our governance arrangements and reinforces the message of joined up leadership. Strategies have been published against each area and are available on dedicated pages of the NSCP website. The Business Plan includes actions against each priority area and is due for a review in autumn 2023 to reflect the priority reviews and local developments.

In addition to the safeguarding specific priorities, the NSCP is committed to developing trauma informed and resilience oriented leadership and practice. This is followed through in a number of ways, for example, in Leadership Exchange and Learning Events, Section 11 self assessment, through policy review and development and in training.

Neglect

The NSCP Neglect Strategy was revised following the publications of two Safeguarding Practice Reviews and with reference to Children's Services Ofsted inspection, which noted:

> *Family support services actively support children living in situations of neglect. For many children, positive changes are made. But for some, the changes are not successfully sustained after services withdraw, and cycles of neglect continue for these children. Systematic evidence-gathering and use of tools such as the graded care profile in family support services are limited.*

Strategy implementation is overseen by the Neglect Strategy Implementation Group (NSIG) which is chaired by Children's Services Director of Partnerships, Inclusion & Practice. The revised strategy now has two clear workstream:

- Ways of Working, which focuses on using data to better understand contributory factors and best practice in terms of: the needs of children and young people; the needs of parents/carers and the wider family network; and the needs of the workforce and developing a systemwide toolkit for managing neglect cases – led by the Assistant Director of Independent Services & Practice and the Police

- Accumulative Neglect Operational Oversight Forum, which focuses on specific cases requiring strategic leaders to look at barriers to success and themes emerging from an operational perspective – led by the Assistant Director of Family Help & High Needs (social care) and the Named Safeguarding Professional for Cambridgeshire Community Services (0 – 19 Healthy Child Programme)

Section 11 findings in relation to Neglect

In both the staff survey and the Section 11 returns there was a high level of confidence in responding to neglect whilst recognising the difficulty that this area of work presents to professionals. Partners feel that they understand how to recognise neglect as they see it on a regular basis but what they are uncertain about is how to address it effectively.

In the 2021 Section 11 report the responses to the neglect section included anxiety in relation to holding risk and fatigue. In the summer progress meetings holding and managing risk was identified as a theme that would benefit from discussion in our thematic panel meetings, but the Section 11 responses would suggest that this is viewed as an area for development and discussion rather than anxiety. Feedback from the Thematic panels on partnership work to hold and manage risk supported this indication:

- *This* [the Thematic Panel] *created an environment for learning and building relationships*
- *Very useful and positive session which allowed multi-agency reflection*
- *A greater sense of collaborative working.*
- *New connections, deepened relationships, a stronger sense that we are collectively tackling the same issues*

In the Section 11 returns partners were asked what they needed in order to develop and progress their organisation's contribution to this priority and below are examples of common themes:

- Develop more coordinated and integrated planning for all cases shared between the organisations.
- Supporting practitioners to have the confidence to have conversations around neglect and be professionally curious
- Ongoing training and sharing knowledge and information to inform staff on the relevant tool kits, assessments and best practices.
- Supporting the development of any agreed neglect tools to become embedded in practice.
- Developing the role that Neglect champions play

There were no recommendations relating to neglect in the Section 11 report as these common issues are being responded to by the Neglect Strategy Implementation Group through the ongoing implementation of the Norfolk Graded Care Profile, the development of the Flourishing Families tool and the reinvigoration of the Neglect Champions network. The Neglect Strategy revisions took account of the Section findings as well as learning from local/national Child Safeguarding Practice Reviews, audit and data in 2023.

In June 2023, it was agreed that neglect would remain a priority. Data will be used to monitor progress and this will be reviewed in June 2024.

NSIG achievements reported in June 2023 included:

- **Community Engagement and neglect comms:** two animations co-produced with children and young people focusing on feeling safe and loved
- **Understanding Contributory Factors:** development and evaluation of adapted Norfolk Graded Care Profile (NGCP) – implementation plan in place and signed off by the three statutory partners and an established **comprehensive data profile.** Actions

from the Neglect data review included: specifically reviewing and improving the offer to parents with disabilities; specific workstreams to review professional curiosity around neglect and the 'toxic trio' of mental health, substance abuse, and domestic abuse; and further investigations into the way boys and girls are classified as experiencing neglect particularly in older age groups. (See Chapter 4).

- **Flourishing Families Tool:** online self assessment tool developed using questions from the NGCP – family friendly focus which was road tested with service users and professionals before going live.
- **Emotional Impact of Neglect**: practitioners have access to opportunities to attend reflective practice sessions and request Joint Agency Group Supervision to reflect on challenges managing neglect cases.
- Reinvigorated **Neglect Champions Forum**: 213 champions in place at the end of the reporting year. Additional support and guidance is now provided to them as well as regular newsletters, Best Practice learning events are scheduled through the year. The May 2023 event was well attended and appreciated: "*Thank you it was great to be in a position to learn how to help vulnerable children and get different ideas on how to think differently."*
- **Developed pathways between hardship and support**. Families identified through an application to Norfolk Assistance Scheme (hardship funding) are provided with an Early Help consultation.
- Revised our **multi-agency neglect training learning outcomes** – now focused on developing skills to work alongside families to empower them to address neglect, enabling sustainable change, using resources to identify neglect.
- **Longitudinal review into neglect**
- **SPR roadshows**: disseminating learning from Cases AK & AL in a solution-focused learning event (see Chapter 6)

Case Study: Flourishing Families Tool

This tool was developed for families to better understand how neglect might impact on their children and provide signposting to help and resources. It was road tested with families before being launched in February 2023. With the launch, a comms package was developed and partners fed back on how they used the resources. For example, the Senior Adviser for Inclusion - Early Intervention and Prevention in education reported that she was supporting professional working in schools through e-courier and communication networks including Elective Home Education families. She also did a 'brief walk and talk through' at Designated Safeguarding Lead webinars, Relationships & Sexual Health Education Lead sessions, Steps Lead Professionals, Mental Health & Wellbeing network attendees and SENCO's. This supported the successful recruitment to our pool of neglect champions

Child Exploitation: Vulnerable Adolescents

The Vulnerable Adolescent Group (VAG) is chaired by a Detective Superintendent. The VAG's focus is on extra-familial harm, with an emphasis on child exploitation (both sexual and criminal), serious youth violence and radicalisation. The NSCP's Strategy to Protect Vulnerable Adolescents from Extra-Familial Harm has four clear strands of work: Awareness Raising; Early Help and Identification; Safeguarding Exploited Young People; and Identifying and Disrupting Offenders. In order to deliver against the strategy, the VAG is supported by:

- a Vulnerable Adolescent Partnership Forum, including the voluntary sector;
- an Exploitation Operational Oversight Forum responsible for a detailed data dashboard that is capable of drilling down to individual child level to monitor risk and impact of intervention;
- a Contextual Safeguarding Sub-Group to develop Norfolk's response to safeguarding in 'places & spaces'; and
- a Child Exploitation Training Sub-Group

The VAG also has strong links with the following groups, which sit outside of the NSCP structure, but which are fundamental to the system-wide approach to child exploitation:

- County Lines Strategic Group which reports on areas of drug supply, exploitation and emerging themes and trends associated with county lines; this sits under the Norfolk Countywide Community Safety Partnership which is also responsible for delivering the Serious Violence Duty agenda
- The Children and Young People Strategic Alliance which has governance over the Youth Strategy
- The New Roads Board.

The VAG also oversees a Youth Endowment Fund project in Norfolk, working in partnership with Right to Succeed to target community interventions at ward level to reduce and prevent youth violence and criminality. They recently received additional funding from the National Lottery and at year end were preparing the recruitment packs to further expand their workforce in the Nelson Ward in Great Yarmouth. With this they will be setting up a youth panel and creating two 'Safe Spaces' once the recruitment is complete. They also provide Post 16 transition support for young people in the ward, working with those at the highest risk of NEET. There is evidence of strong partnership working, for example, the Mancroft Advice Project (MAP) [2]are completing a heat map of what is available and finalising the consultation piece which will guide where funding goes next with delivery from September. They also work closely with schools in the local area.

[2] MAP is a voluntary organisation, providing advisers, counsellors and youth workers who work together to provide the best help we can in a way that makes sense to you. We also provide education and training for young people, parents, carers and other workers. We work from our centres in Norwich and Great Yarmouth.

Section 11 Findings in Relation to Vulnerable Adolescents and Exploitation

As with the responses from 2021 there is a good level of confidence across the partnership that the framework and foundations for tackling child exploitation are in place. There also appears to be a reasonably good level of awareness about how Norfolk is tackling this priority area. At the same time, many partners want more information to build their own understanding and levels of confidence in how to keep up to date with developments with this priority. The following are examples of how organisations feel that they need to develop:

- More information to build understanding and levels of confidence in how to keep up to date with developments.
- All teams have identified child exploitation as a continued area of training need
- Attendance at early help hub meetings to share and gain relevant information
- Continue to build relationships with other professionals
- Greater joined up working including increased collaboration with agencies working with vulnerable adults

There were a number of health partners who felt that they needed a "wider health response" to exploitation. Reference was made to the need to build a closer understanding of, and potential input into, the workstream, more involvement in multi-agency audits and greater linkage and communication between health partners particularly in relation to this priority.

It is essential that all staff have an awareness of this priority and are alert to, and able to identify, any concerns at the earliest opportunity. It is not an area that all practitioners need to have expertise in, however it is important that all staff have a good level of confidence that their knowledge is at the right level. Different levels of training are available via the NSCP website[3] and there are regular briefings through the LSCG briefing programme. A recommendation was made to support workforce development in this area.

In June 2023, it was agreed that vulnerable adolescents would remain a priority for the next 12 months. In this time, the data profile will be completed, case studies will be sought and the strategy will have its three year review.

The Vulnerable Adolescent Group's achievements reported in June 2023 included:

- **Support to YEF Neighbourhood Fund Project –** from concept through to implementation in Central Great Yarmouth
- **Review and updating of online resources** – housed on NSCP website
- **Consolidation of training** – implementation of online Introduction to Exploitation package and whole day Tier 2 Vulnerable Adolescent Training
- **Coordination across partnerships** – County Lines Strategy Group, New Roads, Youth Justice Board, Pathfinder Project
- **Embedding, improvement & promotion of MACE Processes** – CE Screening and alignment of Multi-Agency Child Exploitation (MACE) Team, Youth FAST (social care) & Targeted Youth Support Service

[3] https://www.norfolklscb.org/people-working-with-children/nscp-priorities/child-exploitation-resources/

- **Strengthening of operational oversight and scrutiny -** through the Exploitation Operational Oversight Forum (EOOF)

- **Development of CE Data Dashboard –** helping to inform oversight work of EOOF

- **Multi-Agency Audit on children at risk of exploitation**– completed and lessons absorbed into EOOF

- **Development of Good Practice Guide for Managing CE** – disseminated and added to online resources

- **Development of Serious Youth Violence Good Practice Guide** – including notification to partnership senior leadership and joint management of immediate risk

- **Support to schools to reduce permanent exclusion** – including the provision of an Inclusion Support Directory

- **Delivery of exploitation related schools programs** – including St Giles, Tricky Friends and Safer Schools Partnership sessions

In the next 12 months VAG will be focussing on: its Partnership Communication Strategy; completing a multi-agency review on an 18 year old homicide and disseminating the learning; Locality Contextual Mapping Meetings; improvements in joint response to missing children – including embedding the Philomena Protocol; and the Child Exploitation Data Review.

Case Study: Locality Contextual Mapping

In September 2022 the Norwich City College hosted a **contextual safeguarding multi-agency meeting:** Designated Safeguarding Leads (DSLs) and Senior Safeguarding Officer met with Norfolk Police youth violence team and Youth Offending Team Manager to discuss a number of cases new to the college this year where the young person enrolled is active to police investigation and vulnerable to criminal exploitation. The College requested the meeting after receiving information sharing updates post enrolment. The meeting covered matters of: the College's approach to Admissions and Review Panels in cases where a young person is active within the criminal justice system, risk assessing and the concept of transferable risk and how we manage this in a multi-agency way, bail conditions, pre-charge and post-charge conditions and what this means from a college perspective and a young persons' enrolment on their course, local affiliation, tensions, gangs and education around knife crime and information sharing going forward. The College's approach to multi agency working was validated in a round table meeting with Norfolk County Council colleagues in November, where Youth Offending Officers and local Guidance Advisers formally thanked the College for the positive and restorative approach taken in enrolling young people with complex backgrounds.

The College is part of the new **CCE (child criminal exploitation) Network in Norfolk (28/9/22.)** This is an important link as there has been a significant shift in the local context of serious youth violence within the Norwich over the past two years. Two high profile murders in Norwich and Ipswich have led to a shake up of structures in local gangs and this has increased the risk to some young people within the college community where they are vulnerable to exploitation, as the worry is that they have been asked to 'step up' and prove their loyalty.

Protecting Babies

The Protecting Babies Steering Group (PBSG) was chaired by Cambridgeshire Community Services Head of CYP Services in Norfolk until March 2023, when the Deputy Designated Nurse picked up the chairing role. The Protecting Babies Strategy has four strands of work: Non-Accidental Injury to babies (NAI); safer sleeping; concealed or denied pregnancy, including pre-birth assessments; and a communications campaign on All Babies Cry, which signposts parents of newborns to the Just One Norfolk website for resources and support.

In November 2022 the strategy was reviewed and revised to reflect the many achievements of the PBSG. The successful implementation of the strategy was framed around five 'C's': Creativity; Connectivity; Communication; Community; and Consultation. In the previous month, October 2022, the data profile on this priority was completed and presented to the NSCP's Partnership Group providing further evidence of impact on practice. It also provided a basis for using data more effectively, for example, exploring the rates of Infant Mortality and admissions within 14 days of birth to ensure there were no consistent safeguarding or child protection concerns driving recent increases; there weren't, but it was vital to check, and the added weight of evidence from reviewing early health checks and was a further opportunity to test our mature approach to data use in order to understand the safeguarding system.

Section 11 Findings in Relation to Protecting babies

There was a wide range in the responses to the work that organisations are delivering against this priority. For some there is clearly an understanding of more work to be done and for others a good indication of the work that is being progressed and a clear understanding of how the priority relates to their practices. There were excellent responses which evidenced where their work related to the activity being progressed through the Protecting Babies action plan, i.e. directly linking the impact of strategy to practice.

The Section 11 report recommended that the NSCP develop work within relevant services working with vulnerable young people to ensure they address the need for preparation and support for young parenthood. As a baseline, there should be an expectation that all practitioners across the partnership understand the relevance of this priority to their work and have an awareness of the basic aspects of the Protecting Babies priority and the resource that is available to parents and parents on the Just One Norfolk website. Partners also highlight the need for more understanding about how they can become more father inclusive in their practices. Norfolk is taking a partnership systemic approach to becoming more father inclusive and further details of this are available on the NSCP website[4]

In June 2023, it was agreed that good practice in protecting babies is now embedded, particularly in terms of health professionals' awareness of and adherence to relevant policies to identify and prevent harm to unborn and non-mobile babies. It was agreed that this could be stepped down as a priority. The caveats to this were the completion of the review of the pre-birth assessment protocol and ensuring that the communications campaigns would be

[4] https://www.norfolklscb.org/people-working-with-children/nscp-priorities/father-inclusive-practice/

continued to be promoted across the partnership. A Protecting Babies Operational Group remains in place to provide ongoing oversight of policy development and implementation. This group is co-chaired by social care and health and continues to link in with the Neglect Strategy Implementation Group to raise any practice issues if and when they arise.

The Protecting Babies Steering Group's achievements reported in June 2023 included:

- **Innovative engagement and communication with families -** through use of accessible videos and social media
  - All Babies Cry - content on Just One Norfolk and social media comms campaign
  - Safer sleeping - series of co produced videos promoted at identified periods of risk – such as Christmas

- **Using creativity to make policies more accessible to the wider workforce** e.g. **Medical examinations policy** updated and **concealed pregnancy policy** developed and promoted

- **Creation of a video** to support understanding of bruising on non mobile infants

- **Engagement of Norwich City Football Club players** to promote key messages and importance of fathers

- **Ongoing development of Just One Norfolk digital platform** to support parents, families and professionals

- **Strengthened partnership working -** with committed membership of steering group and working parties to complete actions and also seeking additional cross system opportunities

- **Learning across the system about non-accidental injuries to babies,** for example, using **Joint Agency Group Supervision** to support front line workers and the professional network to have a safe space to reflect upon the challenges of a difficult case.

- **Protecting Babies systemwide briefings** leading to opportunities for discussion of how services can support each other, for example, the Healthy Child Programme changing delivery of antenatal contacts to all face to face as a result of hearing midwifery challenges at the time

- **Report from NAI workshops** which included **multi agency consultation** and **service users including fathers** who were interviewed to inform understanding of non accidental injuries and risks to babies

- Feedback from families and communities to **develop Just One Norfolk Protecting Babies content**

- **Data and Business intelligence** used by the partnership to examine the strategies effectiveness and assurance.

To further evidence and celebrate the work of the PBSG, the NHS Designated Safeguarding Team is planning to write a Case study for the department of Health and World Health Organisation.

Case Study: Warm Baby Initiative

In response to the cost of living crisis, the North Norfolk district early childhood advice network instigated a Warm Baby Bags initiative, which was led by Community Focus Officers. In total, 76 Warm Baby Bags were put together. Each bag contained one winter coat, two baby sleeping bags, two fleece baby grows, one hat and baby mittens; these were approved by health colleagues and information around safe sleep also included in the bags. Distributions points were libraries and foodbanks, and bags could also be requested by parent and toddler leaders for specific families and three bags were given to social care and family support teams. All 76 bags were distributed to families in need, helping to alleviate some worry for parents of very young children, who were not yet able to regulate their body temperature, where they were faced with the hard decision around heating their home or eating. The team is exploring how this can be rolled out on a bigger scale in North Norfolk by collaborating with the district council.

Trauma Informed and Resilience Oriented Leadership & Practice

Since 2019, the NSCP has been promoting a trauma informed and resilience oriented culture. This was crucial to leading the workforce and our service users through the pandemic and remains a key component to Norfolk's culture and approach to the safeguarding system. Over the past four years the messages have remained constant as this was seen as an overarching priority.

Section 11 Findings in Relation to Trauma informed practice and leadership

The Section 11 returns gave an average score of 6.3 out of 10 for trauma informed leadership. The staff survey did not ask this question and there is therefore no comparator. Three Section 11 trauma informed practice and leadership workshops were held in 2022 – 23 to allow partners to share their knowledge and experience. These had an average attendance of 17 partners and the feedback was very positive. One session had a specific focus on the role of supervision in developing a trauma informed culture and this is one of the common threads in the 2022 Section 11 returns. One exemplar response is below:

> *"Safeguarding supervision policy – includes a full refresh of the model using a standardised and reflective, supportive model. There is an embedded evaluation and peer review process involved with the supervision model and allows for greater emphasis on practitioner wellbeing, emotional containment and embeds learning from child practice reviews, incidents, and investigations. There has been one review of the model, and this evidenced positive experiences and allowed for minor amendments to the model reflecting this feedback. Annual reviews of the model to ensure a dynamic development of this is in place."*

The need to review and apply a trauma informed lens to policies was a common thread and this will be addressed in the next Section 11 trauma informed leadership workshop. In addition to these workshops, trauma informed training is available in 2023 via the Workforce Development Group training programme and therefore there was no need to create a recommendation for this priority in this report.

Achievements reported in June 2023 included:

- **Leadership Exchange and Learning Events:**
    - 'Building Back Better' September 2021- facilitated by Dez Holmes from Research in Practice[5] - looking critically at our systemic response to Resilience and Trauma
    - 'Leadership Learning from SPRs' April 2023 - including moral and ethical challenges for leadership

- **Complex Health Needs Workshops** – 2021-22, which included presentation by Family Voice on 'The trauma and challenge of having a child with complex health needs'

- **Serious Case Review/Safeguarding Practice Review Roadshows** – 2021 and 2023, focusing on the Emotional Impact of Neglect and understanding secondary and vicarious trauma

- **Health Education England (HEE) Wider Children's Workforce Mental Health Training**: Norfolk is one of three pilot areas for this pilot training – facilitated by **the Anna Freud Centre** in 2023 which includes 24 training events and nearly 400 members of staff across Norfolk currently signed up. The training helps all workers who come into contact with children, ensuring that the wider workforce receives the same basic training in emotional health.

- **Trauma Informed Practice Task and Finish Group** have put together a **package of learning options** across adults and children's workforce, including:
    - Half day Trauma Informed Practice Introductory sessions
    - Full day Trauma Informed Practice and Supervision Skills training across 2023-24
    - Half day 'Trauma Toolbox' sessions facilitated by Norfolk and Suffolk Foundation Trust – introduction to tools to help staff to address their own trauma responses
    - 2 Day Conference for senior leaders on 'Organisational and secondary trauma including a focus on wellbeing' facilitated by Dr Karen Treisman [6](June 2023)

The 2 day conference noted above was well received, however, it was disappointing that attendance was at half capacity. People who did attend fed back on the value of the training:

- *Goodness it was all really useful and I have taken a lot away - I do think it would be useful to have more people trained and would highly recommend. I think in a system that is under pressure there are some really good things that we can all do, but we need to embed into our daily lives, and it would be useful to have more people having a greater understanding so we can build collective momentum.*

- [What you will be putting into practice]: *Definitely spending more time on my own wellbeing, but also helping those around me. I have already encouraged others to have soothing boxes and have been thinking about how we can build more positivity into our working days. Understanding it's not what you, it's not what you do, it's how you make someone feel. Also about breaking the silence – you have to name it to tame it.*

[5] Research in Practice brings together academic research, practice expertise and the experiences of people accessing services. We then apply this knowledge to develop a range of resources and learning opportunities, as well as delivering tailored services, expertise and training.
[6] Dr Karen Treisman, MBE, is an award winning Highly Specialist Clinical Psychologist, organizational consultant, and trauma specialist who has worked in the National Health System and children's social services for several years. For more information see her website: Safe Hands Thinking Minds

It was agreed in June 2023 to step this down as a formal NSCP priority but to ask the Workforce Development Group to ensure that they continue to prioritise trauma and resilience in their work.

Inclusive Father project

The Inclusive Father project was established in 2022 – 23 in a local response to the National Child Safeguarding Practice Review *The Myth of Invisible Men*, published September 2021, which outlined the pressing need to engage with fathers and father figures more effectively.

> *"It is the recommendation of this review that all local safeguarding partnerships respond comprehensively to these challenges and develop local strategies and action plans to support improved practice and effective service responses."*

While improving the way we work with fathers is not an official priority it was discussed at the priority review/priority setting workshop in June 2023. The Project Lead is the NSCP's Safeguarding Intelligence and Performance Co-ordinator and he reported the following achievements:

- **Awareness raising** across the workforce
- **Exploration of barriers** experienced by practitioners
- **Input from fathers** about their experience of services in Norfolk
- **Partnership Good Practice Guidance** agreed. Practitioners have identified what they need and want to see in the way of guidance
- **Policy and procedure change** is beginning to happen
- **Toolkit of training and resources** currently in development
- **Testing of training and resources** planned

The importance of the role of fathers in keeping children safe was acknowledged and Norfolk should be proud of the resource given to this project, which has the support of national expert advisers and key stakeholders, including organisations dedicated to working with fathers and fathers themselves. It was agreed that we would make family and community networking a priority and incorporate the Inclusive Fathers project to sit under there.

The Good Practice Guide will be formally launched in November 2023.

NSCP projects and Local Developments

Joint Agency Group Supervision

The NSCP's Joint Agency Group Supervision procedure (JAGS) was introduced in 2020 and continues to be monitored to understand impact on practice. The procedure was developed to provide a safe forum for exploring complex or challenging cases where there is drift has been a recurrent theme in several SCRs/SPRs, including cases published recently. JAGS purpose is to empower and enable multi-agency professional networks by:

- promoting a better understanding of children's lived experiences
- ensuring we take a trauma informed view
- increasing awareness of different perspectives, and
- promoting system wide learning.

Senior managers from Children's Services, health and education filmed a short infomercial on JAGS as part of the work to further promote this initiative and ensure people are clear about its purpose.

In November 2022, JAGS was nominated for the 'Outstanding contribution to population health through innovation award' at the NHS innovative award ceremony and was highly commended. The commendation was supported by the following commentary:

> *The Joint Agency Group Supervision (JAGS) initiative is an impressive nomination with strengths in child protection, creativity, collaboration, and impact. The panel thought that group supervision in a joint agency context is a challenging endeavour, not only to coordinate, but in the consideration of different perspectives and priorities of each agency. Although the impact upon child protection may appear indirect, they believed this style of supervision richly impacts practice with positive repercussions for children and young people. It was explored how such a setting can create a safe, reflective space to share ideas, think the worst, verbalise anxieties, feel contained, develop confidence, and face difficult decisions that may need to be taken to protect children and young people. JAGS is an important initiative and excellent example of partnership working leading to increased communication and understanding of roles, responsibilities and access to resources and the panel highly commended their efforts*

Overall, the procedure is viewed positively with anecdotal reporting of increased confidence and clarity in terms of roles and the impact that JAGS can have on the professional network. At the time of writing, one of the NSCP's Independent Scrutineers is undertaking observations of JAGS and will be reporting to the three statutory partners on the findings in July 2023.

Continuum of Needs Guidance

The Norfolk Threshold Guide was last issued in 2018 and was due for a revision. Throughout 2022 – 23 the Head of NSCP Business Delivery has been working with a multi-agency Task & Finish Group to undertake this important piece of work. The direction was set by the three statutory partners who gave a clear brief that they wanted to move away from the language of 'thresholds' and 'tiers' and describe a more dynamic system that recognised that the needs of children and young people are on a continuum which require a nuanced and thoughtful approach to assessing risk and need. It was also an opportunity to update the guidance with reference to local and national developments, including the social care reform consultations.

The starting point for this review was surveying the workforce to understand what they liked about the current iteration of the Threshold Guide and what changes they would like to see as a result. It was reassuring that many people felt that the Guide was fit for purpose and helpful so that meant that there was nothing urgent to amend and we could take the time to get it right. An interim draft was signed off at Partnership Group in February 2023 and the survey was then shared with the workforce for further feedback. The final draft is going to Partnership Group in July 2023 and an official launch date is planned for September 2023.

6. Learning from Safeguarding Practice Reviews and Rapid Reviews

The NSCP's multi-agency Safeguarding Practice Review Group (SPRG) is chaired by Sian Griffiths, one of the Independent Scrutiny Team. SPRG oversees all aspects of child Safeguarding Practice Reviews and annually refreshes its local guidance in line with national learning and local feedback. This chapter sets out: activity against Rapid Reviews and SPRs, including publication of reviews; learning from Rapid Reviews and specific actions taken or planned in response to reviews published in the last 12 months; and a summary of dissemination of learning.

Learning from child death is reported in a separate annual report produced jointly by the Norfolk and Suffolk Child Death Overview Panels.

SPR and Rapid Review activity

Between July 2022 and June 2023, the NSCP published two SPRs: Case AK, in January 2023 and case AL in December 2022. The reports are available on the NSCP website for 12 months following publication. The recommendations from these SPRs have been incorporated into the Composite Action Plan and are monitored regularly.

No further SPRs were commissioned. However, the Local Authority submitted one Serious Incident Notification (SIN) within this period, triggering a Rapid Review, but this case did not proceed to SPR.

Three referrals were made to SPRG from other agencies – two from Cambridgeshire Community Services (0-19 Healthy Child Programme Provider), and the third from the Norfolk Adults Safeguarding Board (NSAB). These referrals did not meet the criteria for an SIN. The CCS referrals related to long term neglect and in one of these cases it was agreed to commission a local Rapid Review to better understand the chronology and detail of the case. In both instances, the presenting issues and potential learning were discussed and it was agreed that the actions under the Neglect Strategy Implementation Group would address the concerns raised.

The referral from the NSAB involved the suicide of an 18 year old care leaver and resulted in a local Rapid Review.

A summary of cases and issues is included in the table below:

Type of activity	Presenting issue
SPR - AK	Death by overlay – neglect an issue – published January 2023
SPR – AL	17 year old death, suicide – published December 2022
Rapid Review	Non-accidental injury to infant under 2 (non fatal and not known to services)
Referral: non SIN	Long term neglect. Local Rapid Review conducted and assurances provided; children removed
Referral: non SIN	Long term neglect: assurances provided on operational management
Referral: non SIN	Suicide of 18 year old care leaver:
Total number of cases looked at 2022 - 2023 (July – June)	• **2 on babies (1 x SPR/SUDI, and 1 x NAI)** • **4 on teenagers (1 x SPR/suicide, 2 x long term neglect and 1 x 18 year old care leaver suicide)**

The prevailing issues – babies at risk of harm, neglect and drift, and vulnerable adolescents - are linked to the NSCP priority areas to a greater or lesser degree and where recommendations have been made, these have been incorporated into the relevant strategies and their underpinning action plans.

The National Panel agreed all our decisions and fed back positively on the Case AK report: *"We thought it was a very well articulated review which provided important learning points, action focused recommendations and clearly expressed the individual perspectives of all the children in the family."* Other areas have approached the NSCP to learn about our processes and the direction taken to achieve this level of distilled learning.

In addition to local cases and referrals, Norfolk supported two other Local Safeguarding Partnerships: we concluded our involvement with Brighton's report on Child Delta (published November 2022) and are providing information on a Rapid Review being conducted by Kent LSCP.

SPRG continues to monitor and improve its internal processes, using feedback from the National Child Safeguarding Practice Review Panel to refine the systems. The National Panel agreed all decisions made and feedback has helped us improve the way we draw out the key issues from SPRG discussions, including the key points that we agreed on and, where a decision was reached to proceed to a local SPR, the key lines of enquiry emerging. The local guidance was updated to align with the National Panel guidance and incorporated key prompts around intersectionality in our decision making framework.

Learning from National CSPRs

Within the scope of this annual report, the National Panel published its national Child Safeguarding Practice Review on *Safeguarding Children with Disabilities in Residential Settings* (April 2023). This piece of work involved a data collection from all Local Authorities to better understand the risks and vulnerabilities of children placed in specialist settings. As part of this, Norfolk Children's Services joined with health to review all relevant cases.

Learning from Rapid Reviews

As noted above, many of the Rapid Reviews are captured in the ongoing work against the NSCP priorities. For example, the Neglect Strategy Implementation Group revised their strategy and have established an Accumulative Neglect Operational Oversight Forum (ANOOF). The intention is that in the future referrals that do not meet the criteria for an SIN are taken to ANOOF for actioning in real time.

Dissemination of Learning from Serious Case Reviews

This reporting year the NSCP organised a series of SPR roadshows following the publication of Cases AK and AL. The two SPRs appeared very different on the surface: one involved involves a six week old baby who died from suspected overlay while his mother was under the influence of drugs and alcohol (although the inquest verdict later came in as open);l the other involved a 17 year old suicide with a history of familial mental health issues and parental substance misuse. However, there were some startling common denominators, namely:

- Long term, chronic neglect
- Parental substance misuse (and in the case of AL, mental health issues)
- Working with fathers and understanding their role and influence within family dynamics.

A total of seven roadshows were delivered in February and March 2023: six via Microsoft Teams and one face to face for members of the Local Safeguarding Children Groups (LSCGs). The NSCP is responsible for disseminating learning from reviews and these roadshows were planned in response to those cases. The roadshow was titled '*A Solution Focused Approach to Neglect'* and was used as an opportunity to showcase the work of the NSCP's Neglect Strategy Implementation Group as well as explore trauma and the role of fathers.

The learning outcomes of the sessions were to:

- Have a greater understanding of how familial trauma impacts on mental health: how professionals recognise and respond to patterns of behaviour
- Have knowledge of practical methods for engaging with fathers and the wider family network as a response to neglect
- Have established a shared understanding of how neglect impacts on the child as an individual and supporting the professional network to stay child focused
- Have awareness of, and have an opportunity to feedback on, resources and tools developed by the Neglect Strategy Implementation Group

The presentations are available on the NSCP website and have been circulated to the participants after the last roadshow on 16 March 2023.

Attendance for all roadshows was monitored in order to establish engagement by agency and evidence reach. A total of 355 people attended. Of these, 154 (43.4%) completed an evaluation and evidenced some of the most positive feedback we have ever had, with 99.5% positive responses overall and 100% agreeing or strongly agreeing that the roadshows met the learning outcomes. There was consistently positive feedback around the solution focused approach and a sense of optimism that Norfolk is prepared to learn and do things differently to get better outcomes for children who are neglected. One person committed that the most useful thing about the session was it was "*forward thinking - equipping not disabling by being solution focussed*."

One of the unexpected and wonderful outcomes of the roadshows was that we recruited 48 neglect champions in real time, increasing the pool from 82 at the start of the roadshows to 130 by the time we concluded. (This number has grown again and is 213 at year end.) There was consistently positive feedback about the support that neglect champions can expect to fulfil their roles as well as the tools and resources.

In addition to disseminating to the frontline, the Leadership Exchange and Learning Event held in April 2023 focused on how strategic leaders were going to implement the learning from SPRs. The evaluation report from the roadshows was shared there and there were opportunities to reflect on the practical and ethical challenges to neglect and the emotional impact on leaders in terms of supporting their workforce and on them as individuals responsible for keeping child

7. Training and Workforce Development

The 2022-23 training year was a time of transition for the NSCP training unit with the departure of the long-standing Workforce Development Group (WDG) Independent Chair, Natasha Rennolds, and the recruitment of a new Chair, and member of the Scrutiny Team, Bridget Griffin. This year also saw the departure of the Safer Programme Co-Ordinator, Joanne Hutchings, and the recruitment of Gemma Hampton to the role.

Norfolk Safeguarding Children Partnership Multi-Agency Learning Offer

The 2022-23 training year has continued the trend of an increased multi-agency training offer being administrated by the NSCP training unit, delivered by both our contracted multi-agency training provider – InTrac Training and Consultancy - and by local practitioners.

The multi-agency training contract came finished at the end of the 2022-23 training year. Procurement has taken place and a new training provider, Interface Enterprises, has been commissioned to take over facilitation for the 2023-24 training year.

In the 2022-23 financial year, In-Trac delivered 42 training sessions: four were delivered by an externally contracted trainer and local practitioners delivered 130 sessions. This is a slight increase on the year previous but represents a continued upwards trend.

Intrac Training Offer (APR – MAR)	No. of courses	Places available	Places Taken	% take up	Did Not Show
2021 - 22	35	706	559	79.2%	114
2022 - 23	42	702	601	85.6%	130

(Comprehensive attendance data is not available for sessions delivered by partners as not all partners report attendance figures due to administration pressures.)

Delegates who signed up but did not show or cancelled within seven working days were charged a fee.

The In-Trac training courses on offer can be found on the NSCP website. Partners and the NSCP training team supplemented the offer with learning sessions including:

- Restorative Approaches (11)
- Harmful Sexual Behaviour (28)
- Substance Misuse (5)
- Child Protection Conferences (4)
- Signs of Safety (6)
- Family Networking (5)
- LADO Process (2)
- Safer Sleeping (6)
- Intro to Multi-Agency Working (1)
- Trauma Informed Practice Intro (2)
- Children's Advice and Duty Service briefings (5)
- Early Help Assessment and Planning (29)
- Reducing Parental Conflict (14)
- Working with Central and Eastern European Migrant Families (2)
- Gypsy Roma Traveller Awareness (1)
- GamCare (1)
- Trauma Toolbox (2)

In addition, there were two development sessions for Safeguarding Children Trainers.

Impact of training

Work has continued in 2022-23 to measure the impact of the training delivery. The project was extended to cover the Domestic Abuse, Voice of the Child and Assessing, Managing and Holding Risk courses. Initial response rates to the questionnaires were poor and administration of the project was time consuming. The issue was revisited at WDG and the decision was taken to

introduce an alternative way of sending out the links to the questionnaires with diary invites. The working group will report back to WDG in December 2023.

Strengthening links between NSCP and the Children & Young People's Strategic Alliance

The WDG Terms of Reference state that "*The Workforce Development Group (WFD) is a joint subgroup of the NSCP and CYP Strategic Alliance, (CYPSA) responsible for developing and implementing the actions to facilitate workforce development issues*". However, it has been acknowledged in the last year that representation on the group and the focus of much of the work has been on NSCP rather then CYPSA. In light of this, the Terms of Reference have been reviewed to ensure there is an equal emphasis on both organisations and the membership has been reviewed with additional CYPSA representatives invited to join the group. This is an ongoing piece of work.

Trauma Informed Practice

In 2022, the NSCP received a lump sum from Norfolk and Waveney Integrated Care Board to provide learning opportunities around Trauma Informed Practice for staff in Norfolk working with both children and adults at risk. A working group of representatives from across the adult and child workforce was created and devised a programme of learning opportunities for staff at different levels. Delivery of this programme started towards the end of the 2022-23 training year and will continue into 2023-24. This programme will include:

- Trauma Informed Practice e-learning
- Half day Introduction to Trauma Informed Practice Sessions
- Half day Trauma Toolbox sessions with a focus on staff wellbeing
- A two day conference facilitated by Karen Treisman for senior leaders

Health Education England Wider Children's Workforce Mental Health Training

During the 2022-23 training year Norfolk successfully bid to be a pilot area for Wider Children's Workforce Mental Health Training in a project lead by the Anna Freud Centre, Charlie Waller Trust and the National Children's Bureau. Norfolk is one of only three pilot areas and as such this is an exciting development for Norfolk's workforce.

Implementation work has been undertaken with delivery of an extensive training programme scheduled between April and September 2023. The NSCP training unit is supporting the pilot through administration of the training and data submission.

Norfolk Graded Care Profile

The NSCP Workforce Development Officer co-ordinated a trial of an alternative version of the Graded Care Profile (adapted by Jane Wiffin[7]) in 2021 with evaluation of the trial taking place in Spring 2022. The Neglect Strategy Implementation Group agreed a county wide roll out of the tool which commenced in 2022-23, with the Implementation Group led by Children's Services. The NSCP have supported the roll out through delivery of Train the Trainers sessions on the tool.

Practice Week

NSCP have supported the transition of Children's Services Practice Week into a more multi-agency focused learning opportunity during 2022-23. These events run twice a year and have a specific focus each time with representatives across the multi-agency network invited to present short sessions which delegates can join virtually. For each practice week there is also a conference with national guest speakers invited. The focus of the November 2022 practice week

[7] **Jane Wiffin** is a Practice Improvement Adviser and social worker by profession; has over 25 years experience of practice across Children's Services in safeguarding roles.

was ‘The Power of Positivity – Celebrating Strengths in Norfolk’ and the May 2023 focus was ‘Helping Minds Flourish – Considering different aspects of mental health and wellbeing’.

The NSCP Workforce Development Officer delivered a session at Practice Week in November 2022, after which one delegates stated:” *It was really useful and easy to take in the information, they provided lots of advice and links, as well as encouragement to become a Neglect Champion*”; she was also involved in the planning for the May 2023 Practice Week.

These Practice Weeks are growing in popularity with over 300 individuals attending in November 2022 and nearly 600 separate individuals attending the May 2023 events – a significant increase. This included over 500 attendances at events by partners from outside of Norfolk County Council. Feedback indicated that 98.3% of respondents indicated that they felt attendance at the events would have a positive impact on their work with children and families.

Best Practice Events

The NSCP training unit ran four best practice sessions in 2022-23. Two specifically for those designing and delivering safeguarding children training in Norfolk, one focusing on Adolescent Neglect and one for individuals involved in commissioning services for children.

All of these events were well received. One delegate at the Adolescent Neglect event, when asked what the best part was responded: “*All of it really. The intro and first presentation to get us thinking and then the group work. Good to work with & hear from so many working in different agencies*”.

The event for commissioners was something the NSCP had not delivered previously and was well attended with 39 commissioners and representatives from across the partnership attending with one delegate commenting in feedback: “*Initially I was concerned that my attendance wasn't relevant, but as a small provider who is on the procurement list and takes referrals from Children’s Services, it has provided an insight into safeguarding within the commissioning process. We are hoping, as part of the Family Hub framework, to increase our availability to vulnerable families across Norfolk and this has been very useful*”.

Safer Programme

The NSCP’s Safer Programme is a service provided by the NSCP Business Unit to meet the safeguarding procedural, policy and training needs of the voluntary, community and private sectors of Norfolk. Safer produces a standalone annual report.

As previously stated, November 2022 saw the departure of the Safer Programme Co-Ordinator, Jo Hutchings, and the recruitment of Gemma Hampton to the role. Safer has continued to grow during the 2022-23 training year with membership at its highest number to date. Initiatives such as the Facebook group and monthly briefings to support members have continued to be developed in the last year and the feedback received through the annual survey illustrates how members value the programme. As one member stated: ‘*I just wouldn't have felt as confident working with children as I do without the support and services from Norfolk Safer’*.

8. Conclusions and Formal Summary Statement

This report provides an overview of the Norfolk Safeguarding Children Partnership's many achievements over the last 12 months. We continue to be proud of the mature and successful relationships strategic leaders have established which underpin the way we work together to safeguard children and protect them from harm. This work has been recognised through national awards and nominations and we continue to approach systemic learning with energy and commitment to improving our services so we get things right for Norfolk children.

This is not to say that we are complacent in any way nor are we naïve about the challenges that lie ahead. We anticipate that the cost of living increases are going to hit families hard across the country and will have a direct impact on our work to protect children. We are also mindful of the changing policy landscape and the implications that will have on our local safeguarding system.

While this report records many achievements, we also recognise the work that still needs to be done. Our challenges and ambitions as we move into 2023 - 24 include:

- Addressing the partnership challenges of evolving and adapting to the Independent Review of social care, the national response to the Stable Homes Built on Love agenda, the Independent CSA Inquiry and anticipated changes to Working Together
- Independent scrutiny on multi-agency chronologies and transitional safeguarding
- Ongoing evaluation and understanding impact of Joint Agency Group Supervisions and legacy planning for the trauma informed training offer
- Continue to utilise the performance intelligence, data and qualitative feedback to ensure we are targeting our resources correctly and addressing any gaps
- Developing our learning offer and measuring the impact of training on practice
- Increasing the number of multi-agency audits completed
- Finalising and launching the Continuum of Needs Guidance and ensuring all multi-agency policies adhere to national policy change
- Disseminating and implementing learning from local and national Safeguarding Practice Reviews and local Rapid Reviews
- Working directly with the children, young people and families of Norfolk to ensure that their voices are heard and they contribute directly to strengthening the safeguarding system
- Continuing to promote and support the FLOURISH agenda
- Continuing to promote equality and inclusion and celebrate diversity in Norfolk

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

Norfolk Safeguarding Children Partnership

NSCP Annual Report

July 2022 – June 2023

Presentation to Health & Wellbeing Board

27 September 2023

Chris Robson, NSCP Chair
Mark Osborn, Fathers Project Lead

Norfolk Safeguarding Children Partnership

Duty to Report: outlined in governance chapter

Hearing **The Voice of Children**: CYP version of the annual report currently in production.

Data & Performance:

- Comprehensive data supporting scrutiny functions and priority setting/review.
- Evidence of maturity in partnership's use of intelligence to understand the safeguarding system.

Independent Scrutiny

Scrutiny covered:

- Report on initial assessment of risk/the front door.
- Observation of Practice – direct line of sight on core groups.
- Multi-agency audits: Children on Child Protection Plans for second or subsequent time.
- Section 11 safeguarding self assessment.
- External inspections, i.e. Children's Services Ofsted report.

Learning and actions taken reported.

NSCP Priorities

Priorities reviewed June 2023. Summarised achievements & actions outstanding, with reference to data profiles and Section 11 findings.

- **Neglect:** remains a priority; significant progress made, but much still to do.
- **Vulnerable Adolescents/Exploitation:** remains a priority with a view to close summer 2024 as good practice is embedded.
- **Protecting Babies:** completed, stepping down as priority. Family & Community Networking is new priority; strategy to be developed autumn 2023.
- **Trauma Informed & Resilience Oriented Practice & Leadership:** increasingly embedded in safeguarding system and culture. Priority moved to sit under workforce development.

Case studies included against neglect, adolescents and babies.

Projects & Developments

Father Inclusive Practice: Good practice guide completed – launch date 10 November. More on this later…

Joint Agency Group Supervision: nominated for prize in collaborative working, *but* more needs to be done to understand & evidence impact.

Revised Threshold Guide: rebranded to **Continuum of Needs Guidance** to move away from language of thresholds.

- Separate toolbox to both enable the workforce with tools to assess risk as well as allow flexibility to update guidance and tools.
- Launched September 2023.

Learning from Safeguarding Practice Reviews (SPRs)& Workforce Development

SPR activity:

- Two SPRs published – Cases AK & AL – both dealing with neglect.
- One Rapid Review completed.
- Three referrals considered.

- SPR roadshow disseminating learning: *A Solution Focused Approach to Neglect* – 355 people attended and feedback extremely positive.
- Leadership Exchange & Learning Event to consider SPRs at strategic level.

Training & Workforce Development: full account of NSCP training offer and learning activities.

Conclusions

Mature and established partnership. More to do but well positioned to respond to national policy changes including *Stable Homes Built on Love* and changes anticipated to *Working Together* guidance.

Some areas for future work:

- Independent scrutiny on multi-agency chronologies and transitional safeguarding.
- Ongoing evaluation and understanding impact of Joint Agency Group Supervisions and legacy planning for the trauma informed training offer.
- Continue to utilise the performance intelligence, data and qualitative feedback to ensure we are targeting our resources correctly and addressing any gaps.
- Developing our learning offer and measuring the impact of training on practice.
- Increasing the number of multi-agency audits completed.

Any questions or comments?

Both versions of the annual report will be available on the NSCP website – CYP version later in 2023

www.norfolklscb.org

Norfolk Safeguarding Children Partnership

Report title: Norfolk Safeguarding Adults Board Annual Report for 2022/23

Date of meeting: 27 September 2023

Sponsor (HWB member): Debbie Bartlett, Interim Executive Director, Adult Social Services, Norfolk County Council

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 (HWB) (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 highlights the NSAB and the wider partnership's adult safeguarding activity during 2022/23 (see Appendix A). It sets out work done to safeguard those at risk of abuse and harm in a very busy and challenging time for all involved within the safeguarding adults arena; particularly the legacy from the pandemic, increasing pressure on all of our systems and the cost of living crisis.

The 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 Integrated Care Board.
- NSAB's key achievements during 2022/23.
- Review of the business plan.
- NSAB's website and social media.

Recommendations

The HWB is asked to:

a) Endorse the contents of the NSAB 2022/23 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 Debbie Bartlett, Interim Executive Director of Adult Social Services who takes a keen and supportive role in respect of NSAB.

2. Some of NSAB's key achievements and activity during 2022/23

2.1 During the year 2022/2023, 5,904 safeguarding concerns were reported to the local authority. This represents again a significant increase from 4,995 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 currently still the most commonly reported category, back in 2020/21 there was a substantial increase which jumped again in 2021/2022, and has increased again this year 1,055 reports. Physical abuse has slightly increased to 715 reports and there has also been an increase in the number of domestic abuse concerns being reported possibly due to raised awareness. Organisational abuse has slightly reduced to 87 reports and another positive indicator is the reduction in the number of self-neglect reports this year, with 10 reports compared to 24 in 2021/22.

2.2 The number of referrals received by the board for consideration as a Safeguarding Adults Review (SAR) has reduced. There have been 19 referrals to the Safeguarding Adults Review Group in the last year, as slight decrease on previous years.

2.3 The NSAB continues to a have significant national profile over the last 12 months in relation to the Safeguarding Adults Review (SAR) into the tragic deaths of Joanna, Jon and Ben at the privately run Cawston Park hospital. A Progress Summit was held in September 2022

which assessed the progress made against the recommendations made by Margaret Flynn, the author of the report.

2.4 The further development of the board's business processes in relation to the way we identify and manage safeguarding risks and issues and how we use data to help identify future safeguarding focus.

2.5 There has been an increase in the board's Safeguarding Adults Review (SAR) work (see page 11 in appendix A) both in terms of the number of SAR referrals and the number of reviews we are now undertaking.

2.6 The NSAB conducted a joint scrutiny exercise with the Norfolk Safeguarding Children Partnership.

2.7 The development of an assurance framework for safeguarding adults in Norfolk.

2.8 Strengthening a narrative that focuses on safeguarding as everyday business for everybody.

2.9 In January 2023 the new NSAB monthly newsletter called *Safeguarding Matters* with a growing readership was launched. We have also seen the launch of the new NSAB leaflet which is now available in some of the most common languages in the county: Lithuanian, Polish, Portuguese, Romanian, and Ukrainian.

Officer Contact

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

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IN TRAN communication for all

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

Norfolk Safeguarding Adults Board

Norfolk Safeguarding Adults Board

Annual Report

1 April 2022 – 31 March 2023

@NorfolkSAB
norfolksafeguardingadultsboard.info

Contents.

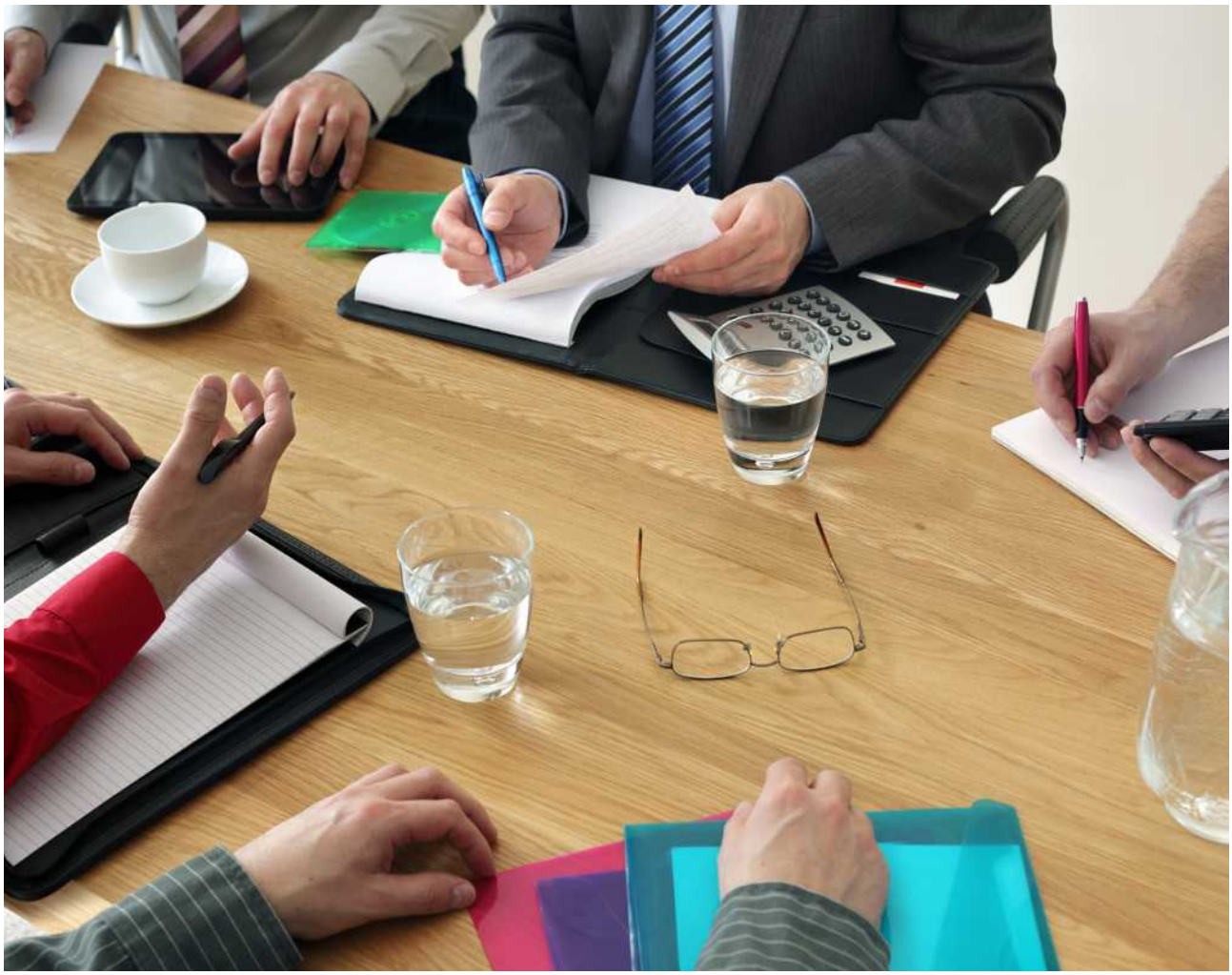
About the board

The Care Act 2014 (section 43) makes a safeguarding adults board (SAB) a statutory requirement. SABs are a partnership of organisations in the local area who work together to safeguard people with care and support needs from abuse and harm.

Norfolk Safeguarding Adults Board (NSAB) leads work across the county to make sure that all agencies, and individuals, do everything they can to prevent abuse from occurring in the first place, to respond quickly when abuse and neglect have happened, and to ensure that safeguarding practice continues to improve the quality of life of adults in Norfolk.

By law, the board must have three members which are: Norfolk County Council, Norfolk Constabulary and the Norfolk & Waveney NHS Integrated Care Board. To work most effectively we also have a wider range of partners as members (see page 5).

NSAB is committed to the principles of Making Safeguarding Personal: listening to what the adult or their representative would like to achieve, and ensuring the most appropriate support is available which enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.



We want people to be 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

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

To achieve this, 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 adults and carers to deliver positive outcomes
- Recognise Norfolk's diverse communities in everything that we do

Our board has three core duties under the Care Act:

- We must develop and publish a strategic plan setting out how we will meet our objectives and what the board members and our partner agencies will do to support this
- We must make sure that Safeguarding Adults Reviews take place for any cases which meet the criteria under section 44 of the Care Act
- We must publish an annual report showing that we have done and what we should be doing

"I am pleased to be a voice of the Norfolk public on the safeguarding adults board and do my best to inform fellow board members about what people using health and social care services (and their carers) tell us is important to them."

Judith Sharpe, Healthwatch Norfolk

Organisation	May 2022	July	Oct	Nov	Jan 2023	Mar
Acute hospitals	Kim Goodby	Kim Goodby	Nancy Fontaine Kim Goodby Kelly Boyce	Kim Goodby	Kelly Boyce Kim Goodby	Kelly Boyce Kim Goodby Paul Morris
Adult social services	Craig Chalmers Helen Thacker	Craig Chalmers	Helen Thacker	Craig Chalmers Helen Thacker	James Bullion Helen Thacker Craig Chalmers	Helen Thacker Craig Chalmers
ARMC						
Autism board			Trevor Key	Trevor Key		
Build Charity	James Kearns	James Kearns	James Kearns		James Kearns	James Kearns
Community hospitals (ECCH and NCH&C)	Victoria Aspinall	Carolyn Fowler	Paul Benton	Paul Benton Carolyn Fowler	Carolyn Fowler Victoria Aspinall	Rob Black Victoria Aspinall
District councils	Mike Pursehouse	Mike Pursehouse		Mike Pursehouse	Mike Pursehouse	Mike Pursehouse
DWP	Lisa Barraclough			Lisa Barraclough		Lisa Barraclough
Healthwatch		Judith Sharpe	Judith Sharpe		Judith Sharpe	Judith Sharpe
County councillor				Penny Carpenter	Penny Carpenter	Penny Carpenter
Norfolk Constabulary	Andy Coller	Andy Coller	Andy Coller Stacey Murray	Andy Coller	Stacey Murray	Chris Balmer Andy Coller
Norfolk Fire & Rescue	Tony White	Tony White	Kristie Burdett	Tony White	Tony White	Tony White Terence Pinto
N&W ICB	Gary Woodward Sarah-Jane Ward	Tricia D'Orsi Andy Hudson	Tricia D'Orsi Andy Hudson	Tricia D'Orsi Gary Woodward	Gary Woodward Kate Brolly	Tricia D'Orsi Gary Woodward Paul Benton
NSFT	Saranna Burgess	Saranna Burgess			Saranna Burgess	Saranna Burgess
Office of the Police & Crime Commissioner	Amanda Murr			Gavin Thompson		Gavin Thompson
Prison service					Amy Askew	
Probation	Leon McLoughlin-Smith			Leon McLoughlin-Smith	Leon McLoughlin-Smith	Leon McLoughlin-Smith
Public Health	Sally Hughes			Sally Hughes	Sally Hughes	Sally Hughes
UEA	Ian Callaghan			Jon Sharpe		
Voluntary sector	Ben Reed	Laura Bloomfield		Laura Bloomfield	Laura Bloomfield	Laura Bloomfield

This chart 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 and Pensions
ECCH: East Coast Community Healthcare
NCH&C: Norfolk Community Health & Care NHS Trust
N&W ICB: Norfolk & Waveney Integrated Care Board
NSFT: Norfolk & Suffolk NHS Foundation Trust
UEA: University of East Anglia

"Being a member of NSAB has been invaluable for me in helping to understand how district councils can play their part in keeping adults safe and well in Norfolk. The board provides a chance to explore issues in a safe and supportive environment."

Mike Pursehouse, South Norfolk & Broadland District Council

Message from **Heather Roach, independent chair**

Welcome to the NSAB annual report which covers the last 12 months of our board activities.

It has been, and continues to be, a busy and challenging time for all of us involved within the safeguarding adults arena; particularly following the pandemic, with increasing pressure on all of our systems and the cost of living crisis. All of these have a disproportionate effect upon people who are already vulnerable. I am extremely grateful to all board partners who have supported and undertaken work for the board resulting in a much richer picture of our safeguarding concerns and issues, whilst also producing great ideas for solutions and innovative ways of raising awareness and protecting people.

One of our statutory responsibilities is to commission Safeguarding Adults Reviews (SARs) from which professional practice and systems can learn and improve their services. As a board we have had a significant profile over the last 12 months in relation to the SAR into the tragic deaths of Joanna, Jon and Ben at the privately run Cawston Park hospital. I hope that we have continued to drive this agenda forward to see far fewer hospital admissions and far more person centred quality care within communities. To assess the progress made against the recommendations made by the author of the report Margaret Flynn, the board held a Progress Summit in September 2022 which was attended by all the people and organisations, both locally and nationally, who have a responsibility to deliver change as a result of the review. I am very pleased to say that there has been a tremendous effort made in response to the review and our role now is to continue with that energy to ensure that change is implemented and maintained. NHS England have recently published their thematic report into the Safe and Wellbeing Reviews that were carried out nationally as a direct result. Sadly there are still too many people in similar circumstances to Joanna, Jon and Ben.

> "Born out of the review, Norfolk has brought together a core group of people under the Coalition for Change. This concept aims to put individuals with learning disabilities and/or autism and their families at the centre of service and support design and development, so as to benefit from their experience, skills and knowledge."

The quality of care offered to people within the county has historically been a cause of concern but over the last 12 months I have been impressed by the drive and determination of the local authority and Integrated Care Board (ICB) to develop an ambitious project to improve many aspects of care quality and I have been regularly attending the programme board. The quality of care is directly linked to an individual's safety and as a partnership we take a keen interest in this area of safeguarding.

A key part of the safeguarding board's role is to assure the partners that safeguarding arrangements are effective across the county and in the last year we have developed an assurance framework which clearly identifies how we will do this and provided a yearly plan of the activity we will undertake. This year we have worked with the Norfolk Care Association in relation to the confidence of care providers in identifying and preventing safeguarding issues. We have conducted a joint scrutiny exercise with the Norfolk

Safeguarding Children Partnership, and we held an assurance day with partner organisations to explore their challenges and areas of good practice following the Covid pandemic.

The board's business processes have also developed further in relation to the way we identify and manage safeguarding risks and issues and how we use data to help identify our future safeguarding focus.

"The numbers of safeguarding concerns being reported to the local authority continues to rise year on year and also increase in complexity. The need for a consistent method of reporting and recording is extremely important and we have been working alongside our local authority and health colleagues to ensure that this is the case. We have also had a unique opportunity to assist in delivering a national webinar with Partners in Care and Health to examine best practice across the country."

Raising awareness both with professionals and the public is a significant focus for the board, and several webinars, training sessions and social media articles have been developed across a variety of subjects. All have been extremely well attended and there has been excellent feedback. I would particularly like to highlight the self-neglect and hoarding webinar organised by our deputy board manager, Becky Booth.

We were very lucky to be able to listen to the first-hand experience of a lady who had been given the right support and therefore better able to understand the impact of the problem. There were many more excellent events throughout the year including involvement with the Norfolk Pride event, mental capacity workshops and our contribution to the annual Ann Craft Trust national safeguarding week in November.

In October we also said goodbye and good luck to James Butler who left the board to join Essex Safeguarding Adults Board and in November we welcomed Petra Alford to the team.

Looking forward, we are currently developing our new safeguarding strategy for the next three years 2023-2026. The strategy is being developed using our current data, safeguarding risks and issues and also incorporates the learning from our reviews. A key piece of assurance work for us during this first year is a planned peer review with Wigan Safeguarding Adults Board looking at how effective we are as a partnership. This is a unique opportunity to hold a mirror and see what we're doing well and those areas where we may need more focus. It is an important piece of work to help drive improvement in everything we do.

I would like to thank the continued support of all the partners to our board. Your contributions are hugely beneficial and all help to ensure that adults within Norfolk can live free from harm, abuse or neglect.

Message from **Walter Lloyd-Smith, board manager**

A year of strengthening existing partnerships and developing new ones...

As Heather writes in her introduction to this annual report, 2022-23 continued to present many challenges to our safeguarding partnership and its work. To meet these challenges, we have seen the board and our growing network of partners respond so positively, working hard to raise awareness about safeguarding across our community, and taking action to keep those at risk of abuse and harm as safe as possible. **Safeguarding is about real people, what happens in their lives and how each of us has a part to play to either in preventing or responding to abuse and harm if it has happened.** Many conversations I have had through this year have been about developing the approach to safeguarding adults from everyone's business to everyday business.

In all the conversations and meetings I have with people in all sorts of different roles and organisations, small or large, a standout feature this year has been looking at how we **can strengthen a movement against abuse and harm of adults.** Let's use those lessons from a shirtless dancing guy - see my blog March 2023. This notion of a 'social movement' has also helped inform important questions of how we can be most effective - impactful - in the context of such pressures on all of our services and partner agencies.

Questions like:

- Where should we focus in order to make the biggest impact?
- How can we show we have made a difference?

I hope the information in this report shows some of the answers from the last year. But we want to do more, and a very positive development this year for NSAB has been the establishment of our Quality & Assurance subgroup (holding its first meeting on 30 June 2022). I wanted to acknowledge and thank those colleagues on this new subgroup who are helping to bring a greater focus on this critical part of the board's work.

Across this year there has been significant work to develop the board's new strategy document for 2023-26, the multi-agency policy and procedure, and the information sharing agreement. November also saw the launch of NSAB's new leaflets and posters. My thanks to all those colleagues, board members and others who took on extra work to deliver all this. In January the board team launched the new NSAB monthly newsletter with each month seeing its readership grow. If you haven't yet signed up, sign up via the Safeguarding Matters monthly newsletter. It's easy and the newsletter will drop into your inbox.

An ongoing theme across this year has been a continuation of our work on mental capacity, recognising that the understanding and use of the Mental Capacity Act (MCA) continues to be a challenge (as evidenced in both our local and nationally published Safeguarding Adults Reviews). The board has carried

out an MCA survey of multi-agency staff, and designed workshops and facilitated discussion forums to meet the needs identified through that (see page 20). I would like to formally thank Vikki Bunting from adult social care and Kate Brolly, clinical lead for mental capacity, Norfolk and Waveney Integrated Care Board for their help and support across the year to drive this forward.

We have seen a continued increase in our Safeguarding Adults Review (SAR) work (see page 11) both in terms of the number of SAR referrals and the number of reviews we are now undertaking.

Strengthening existing partnerships and developing new ones
At the beginning of July I attended the formal launch of the Norfolk and Waveney Integrated Care Board (ICB). It was very positive to join over 100 people in the room (and another 800 plus online) to mark this important change to our local health and care system. It gave me an opportunity to ask a question on safeguarding adults from the floor and receive a very positive reply from our ICB colleagues.

Another example of strengthening our partnerships has been collaboration with Norfolk Care Association and Norfolk & Suffolk Care Support Ltd, facilitating discussions with the care sector on safeguarding adults and exploring strength based problem solving to help support providers.

Although the board team supporting NSAB is small, we have tried wherever possible to attend as many events as we can. Having a presence and being able to meet members of the public as well as professionals feels key to building awareness of the topic of safeguarding adults this year. It was great to be part of events to support people with a learning disability, carers and of course Norwich Pride. Our online events have explored emerging topics, including talking with Daphne Franks about predatory marriage, with Alex Ruck Keene (a barrister from 39 Essex Chambers and leading authority on mental capacity), and how to embed anti-discrimination practice in adult safeguarding to name just a few. Not to forget my 'in conversation' with Heather, the board chair.

NSAB team - a year of outstanding work and a change
All of the work highlighted in this report for 2022-23 would not have been possible without a highly motivated, committed and hardworking board team. I am continually struck by how much work of the highest quality, that Becky Booth (deputy board manager), Andrea Smith and James Butler (board coordinators), and Nathan Jarvis (communications officer) deliver. What has been achieved this year has only been possible because of the team I have and the leadership of Heather. I am very proud to have them as colleagues. I would like to record my personal thanks to Heather whose visionary leadership has helped move the board forward so positively during this year. Thank you Heather for all your hard work and support.

We said goodbye to James in mid-October 2022 as he moved to a new role with Essex Safeguarding Adults Board and welcomed Petra Alford who joined the board team at the beginning of November as executive support assistant. Petra found her feet very quickly and has made an extremely positive contribution to the work of the board in the second half of this reporting year.

I would like to take this opportunity to record my personal thanks to the board members who have stepped down from NSAB, and those who have joined:

- Tony White from Norfolk Fire & Rescue who replaced Greg Preston
- Trevor Key joined in his role as joint chair of the Norfolk Autism Partnership Board
- Dr Jon Sharp, Director of Student Services at the University of East Anglia, who replaced Ian Callaghan

For me some of the key highlights include:

- Launch of the new NSAB leaflet which is now available in some of the most common languages in the county: Lithuanian, Polish, Portuguese, Romanian, and Ukrainian
- Responding to the cost of living crisis over the winter, we distributed safeguarding adult information to all of Norfolk's 160 Warm Spaces and 15 Nourishing Norfolk hubs
- Supporting research by the Human Trafficking Foundation on addressing the risks of exploitation for displaced Ukrainians in the UK
- Creating dementia and safeguarding videos with my deputy, Becky
- We have gained over 100 new Twitter followers which is increasing traffic to the NSAB website (see page 33)
- The three most popular blogs in this year were:
  - A shirtless dancing guy and first followers (published in March 2023 and with 239 unique page views)
  - A slow cooker as a piece of safeguarding kit (August 2022 with 161 unique page views)
  - How beekeeping made me think about the safeguarding needs of Ukraine refugees (April 2022 and 96 unique page views)

But most importantly if you have taken any sort of action to safeguard an adult from abuse and harm, thank you.

Each and every action has made a positive difference, helping grow our social movement so when safeguarding is done well it permeates through every part of our workforce, across our communities and through our voluntary and social enterprise sector. Safeguarding isn't just everyone's business, it's everyday business.

From the start of our careers to the end, from frontline to board, in every conversation, in our working lives to our leisure time, we are all responsible. When done effectively we can 'feel' it in all contacts we have with an organisation and its people.

This feeling is outwardly demonstrated because raising a safeguarding concern is done with total ease and confidence.

We all have a role to play. We are all accountable.

W. Lloyd-Smith

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.

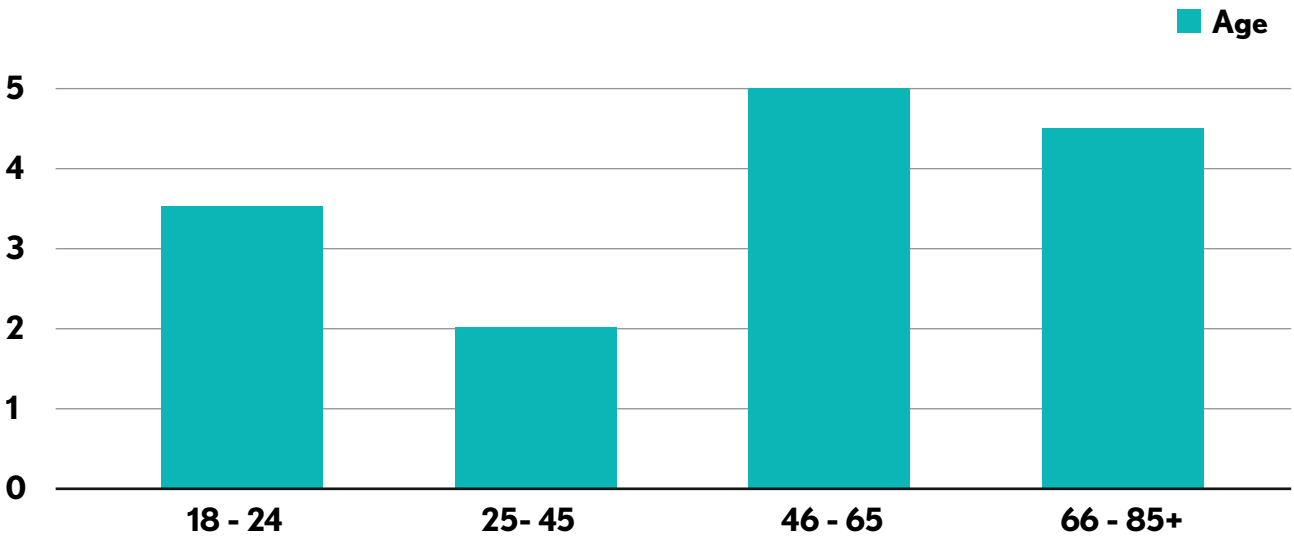
The Norfolk Safeguarding Adult Review Group is a sub-committee of the board made up of the statutory partners and subject experts. The role of the group is to receive referrals for consideration of a Safeguarding Adults Review (SAR), or other type of review such as a single or multi-agency review, learning event or in some circumstances a combined domestic homicide review (DHR) alongside the Norfolk County Community Safety Partnership.

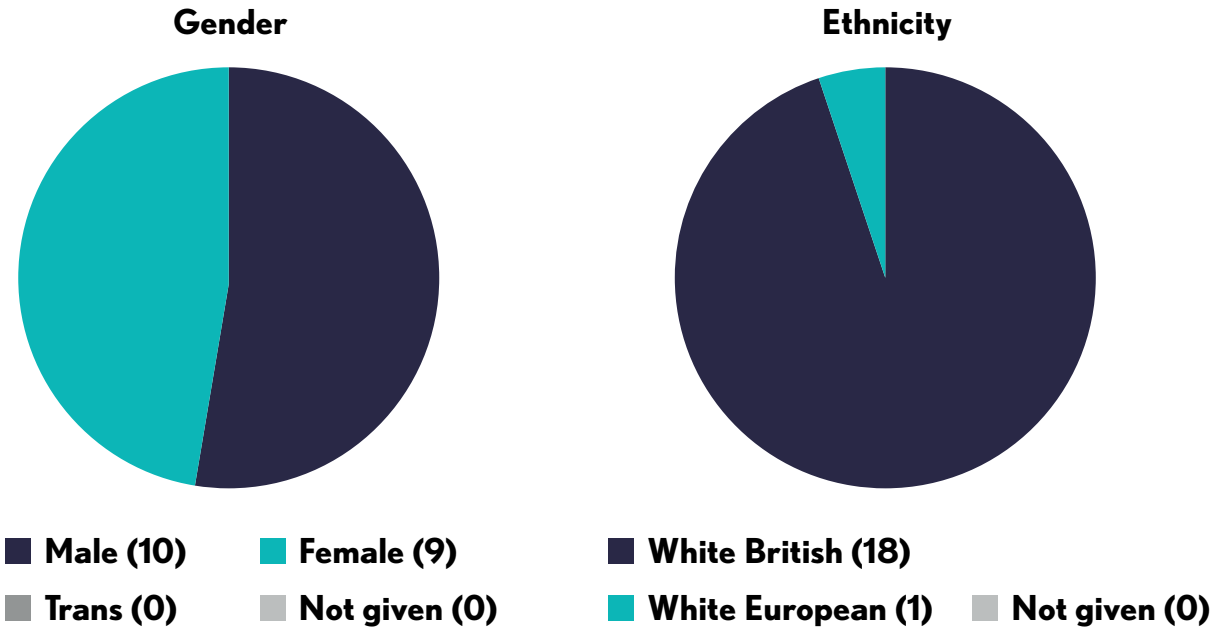
During this period the group has met twelve times, once a month, and hosted nine observers from social and health agencies. The group has received 19 referrals in all, one less than the previous year, and to date 31% have progressed to a Safeguarding Adults Review:

- Two of these are joint DHRs
- One is a multi-agency review
- One single-agency review
- One table-top review
- One commissioned full review
- 42% remain in triage/information gathering stage, one has been transferred to Suffolk colleagues for consideration.

Most referrals have come from adult social care (eight), five from the NHS mental health trust, three via LeDeR, one from the fire service, one from a family member and one from an elected member. LeDeR is a service improvement programme for people with a learning disability and autistic people; it reviews every death regardless of cause to identify trends and learning to drive that improvement. We have received three referrals via the LeDeR process post the final review being signed off, none of these have progressed to a Safeguarding Adult Review primarily due to there being no additional learning or safety activity to be gained. NSAB take a keen interest in how recommendations from the LeDeR process and other reviews are implemented.

In respect of demographics of referrals received, the overarching ethnicity is white British, with a relatively even split between male and female. The group has not received any referrals in respect of trans gender people. The majority of people who are the subjects of SARs are over the age of 46 years however, we have received three referrals for young people (between the ages of 18 and 24) which is different to last year. Two of these referrals relate to young people taking their lives and one to a young person who died in a house fire. All referrals cite neglect or potential omissions in care provision. However, in two cases the young people did not have care and support needs nor was there evidence of omissions in care, therefore despite the tragic circumstances of their deaths they did not meet the criteria for a safeguarding review. For the person who died in a house fire again, despite the tragic circumstances, there was no evidence of neglect or omissions in care.





Themes from referrals and feeding into ongoing learning events and workshops:

- Misapplication of the Mental Capacity Act – specifically in respect of executive capacity
- Self-neglect, where the person has perhaps not been known to agencies until their circumstances have reached a critical level
- The impact of drug or alcohol misuse on people's ability to care for themselves or others, is an emerging theme.

It is likely that the last two are related to the pandemic – the impact of isolation on people during that time, and limited access to support due to restrictions on movement and face to face interactions.

It is compelling that we are still seeing this now despite the progression of time and the return of most services to proactive intervention.

Contributions from our three statutory partners

Adult social care
Against a backdrop of significant system pressures and the cost of living crisis, adult social care has delivered against NSAB's strategic plan in the following ways.

Under **preventing abuse and neglect**, we have strengthened our approach towards those experiencing financial hardship through the Norfolk Assistance Scheme (NAS – provides one off payments to those experiencing financial hardship), including better access to NAS out of hours. There has been a substantial rise in the number of referrals for NAS over this winter as compared to winter 2021/22.

We have reviewed and strengthened our domestic abuse training to support practitioners' early identification of the signs of domestic abuse. Feedback from training indicates practitioners are better able to identify domestic abuse/there has been a rise in the number of domestic abuse concerns reported between 2021 and 2022. Finally, we have appointed a carers lead who is examining the issues around when caring becomes abuse and how carers can be better supported to prevent abuse occurring. The carers lead works closely with Carers Matter Norfolk which carries out some carer assessments.

Managing and responding to concerns and enquiries about abuse and neglect has seen us commission an independent review of safeguarding structure, model, process and forms. The report was delivered in March 2023 and a programme of change is to be implemented over 2023/24.

There has been significant work alongside NSAB to review safeguarding concerns from health organisations and build closer links between health and social care colleagues in acute hospital settings. Positive work has been done with the police to separate care and support referrals from safeguarding concerns leading to more effective triage, leading to a rise in number of appropriate safeguarding concerns from the police.

Managers and practitioners have been refocused on Making Safeguarding Personal and improvement is evidenced in the latest audit findings. We have also implemented a new data dashboard to improve the quality of safeguarding data, which is being presented every six months to NSAB.

Learning lessons and shaping future practice has seen full engagement with the Safeguarding Adults Review group and Domestic Homicide Reviews (DHR) which involved adult social care. Any learning from SARs and DHRs has been implemented quickly (examples include the introduction of

a process to increase opportunities for people to disclose domestic abuse into our practice, increased uptake of domestic abuse and DASH training, updated procedure covering when face to face visits are needed, practitioners required to speak with managers before closing a case where there is no ongoing service to monitor.)

A safeguarding audit has been carried out on the extent to which learning from SARs and DHRs has been implemented which has helped focus attention for further development. Finally, there has been increased capacity in the safeguarding service to prepare for the introduction of the CQC inspection and assurance programme.

Norfolk Constabulary

Norfolk Constabulary remains proud to be an active member of NSAB and of the fact that our senior representatives to the board have remained stable for some time which provides strong consistency. Assistant Chief Constable Nick Davison retains executive oversight for safeguarding, with Detective Chief Superintendent Chris Balmer and Detective Superintendent Andy Coller both being regular contributors to strategic discussions at board meetings over the last four years. In addition, Detective Superintendent Andy Coller has recently become the co-chair to the NSAB business group as a further demonstration of commitment.

Thinking through the lens of the NSAB strategic plan the force's **prevention work** in the last year has been very much focused on seeking to identify vulnerable groups in order to put measures in place to protect individuals. One example of this approach arose when we recognised the potential vulnerability of those arriving in the UK who may need statutory support but not know how to obtain it. This raised the risk of exploitation by criminals purporting to offer access to services, and so we helped to devise leaflets in several languages to allow individuals to protect themselves.

Our ability to **manage and respond** to safeguarding need, in particular through criminal investigation, has been greatly improved through the completion of our second new Investigations Hub at Broadland Gate. Since this building came online in November 2022, all of our adult abuse investigators are now based in modern facilities with immediate access to senior investigators, forensic support and digital investigation experts. This means that investigations can be driven forward by the whole team far more efficiently than ever before.

Looking to the future and **learning lessons** to shape future practice, the force has spent much time in the last year absorbing the findings of national reviews, particularly in the area of serious sexual offences. As a result, we recognised an opportunity to improve our service to vulnerable adults by creating a small team of officers expert in helping victims and witnesses with additional communication needs to give evidence. Working under the banner of Operation Engage the team is able to use its own skills as well as support (when needed) from registered intermediaries to ensure that our most vulnerable victims can still have their voices heard in the criminal justice system. It is our firm intention to continue with this and other initiatives to further improve our service to Norfolk's vulnerable adults in the years to come.

N&W NHS Integrated Care Board
In July 2022, the CCG ceased to exist and was statutorily replaced by the creation of the Integrated Care Board (ICB). The statutory safeguarding role under the Care Act (2014) was transferred to the ICB.

A new executive team was established as a result of this change and the safeguarding roles and responsibilities remain fully understood, embedded and valued. The change offers considerable opportunities for matrix working within the ICB and across the whole of the Integrated Care System (ICS).

Working across the whole age range and our efforts to Think Family and work towards the ICS ambitions, with safeguarding being the golden thread running through it.

The Covid pandemic has changed working practice. The ICB has recognised and adapted safeguarding practice to meet the challenges through engagement at board, subgroups and multi-agency safeguarding meetings utilising virtual platforms.

Preventing abuse and neglect
The ICB has signed up to the Norfolk County Council HEAR (Help, Educate, Awareness & Respond) campaign which calls on employers to break the silence around domestic abuse and provide support to their staff on this important issue. This has encouraged all NHS providers to pledge their support.

Evolving 'safeguarding' from a word to an action through training and development. Reviewing internal training needs and building a responsive training programme for a stronger workforce. Continuing to support commissioned services to meet their safeguarding responsibilities. Engage with and support national and local campaigns. Coordinate safeguarding activities alongside NHS partners.

Managing and responding to concerns about abuse and neglect
The ICB, as the statutory health agency, will continue to support the safeguarding board in setting priorities and meeting its ambitions and strategic plans. Continuing to assist a multi-agency response to allegations of abuse and neglect thereby safeguarding our people and communities. Ensure the health system response is in line with safeguarding legal requirements.

Learning lessons and shaping future practice
The ICB collaborates with partners to measure the impact of responses to recommendations from completed safeguarding reviews. By understanding the evolving safeguarding landscape and developing appropriate strategic responses, the ICB will ensure that safeguarding is firmly embedded in the NHS Joint Working Plan.

Communications

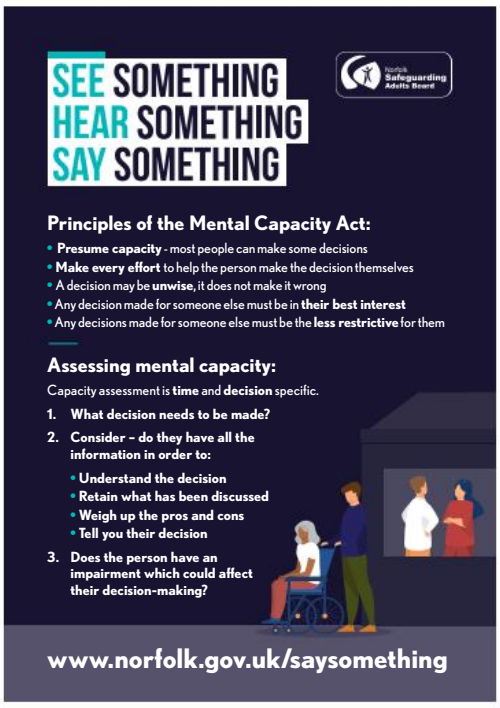
This year we've run more events, printed more leaflets and posters, and sent more emails to our followers than ever before. We've launched Safeguarding Matters, our new monthly newsletter and have seen our subscriber numbers grow by 300 in three months! We've packed the newsletter full of training opportunities, useful insights and advice – and of course, Walter's blog, so hopefully there's something in there for everyone. Do sign up and encourage your colleagues to as well!

We've also created new printed resources for domiciliary carers and housing workers to raise awareness of the signs of domestic abuse, particularly when working with older adults. Over 14,000 have been distributed across Norfolk so far, including to every domiciliary care company in the county. Next year, we hope to produce a resource for anyone working with older adults to help them understand the potential signs of abuse.

Our new posters and flyers have also been distributed to partners, and are on display in waiting rooms, staff rooms, libraries and foodbanks across the county. These give information on the different types of abuse, support that's available and how to raise a safeguarding concern.

The SAR into the deaths of Joanna, Jon and Ben at Cawston Park, published in August 2021, continues to be a driving factor in much of our work and we've supported further sharing of information, learning and resources recommended in the SAR, including the production of a video highlighting a family member's reflections on what took place. This has been shown at multiple events, including the SAR progress summit in September 2022 and a national conference.

Other highlights include attending Norfolk Pride and several awareness events at Norwich Forum; gaining national recognition during National Safeguarding Adults Week; and running well-attended events throughout the year, such as In Conversation with Alex Ruck Keene and our very own Heather Roach!



Poster and leaflet examples

Coalition for Change

Following the deaths of Joanna, Jon and Ben at Jeesal Cawston Park private hospital, Norfolk County Council and Norfolk and Waveney ICB commissioned a project in 2021 to set up a new group called Coalition for Change (C4C). Norfolk Safeguarding Adults Board retained oversight of the group whilst in its infancy, with a view to complete independence at both a local and national level.

Membership of the core group consists of individuals with learning disabilities and/or autism who have behaviours that challenge, their families and/or carers as well as professionals from the private, public, voluntary and charity sectors. The group will work with service commissioners to improve services, give a voice to individuals and their families/carers about the services they want to use as well as use that voice to hold services to account when they fall short of good practice and standards.

Progress during 2022 was slow due to the lack of a dedicated resource for the C4C, but this has been resolved with the appointment of a coordinator and an independent chair, in January 2023.

The C4C core group has agreed refreshed priorities for 2023:

- Recruit people with lived experience to the core group (the group which sets the direction of the work and makes the decisions)
- Develop communications (publicity) tools to engage with adults and children with lived experience, their families, relevant organisations, and professionals about the work of the coalition
- To maintain and build current networks of relevant groups and activity including the ICB (Integrated Care Board) and providers
- To develop a link for the coalition on the NSAB website until such time as the coalition becomes fully independent

Self-neglect & hoarding subgroup

The NSAB self-neglect and hoarding subgroup was set up in Autumn 2021 and includes representatives from health and social care, housing, Norfolk Fire and Rescue, district councils and the University of East Anglia. The group meets quarterly and reports to the NSAB business group which in turn reports to the board.

Recognising the impact that these issues can have on an individual, their network and their property, the group's purpose is to work collaboratively to coordinate and lead county and system-wide best practice on the topic of self-neglect and hoarding.

We have refreshed the NSAB self-neglect and hoarding strategy and practitioner guides Self-neglect and hoarding | Norfolk Safeguarding Adults Board, started to gather data from a range of professionals to understand the prevalence of the issue and have regular input re: current research and best practice including learning from Safeguarding Adult Reviews.

Our aim is to continually improve the support available for people who live with self-neglect and/or hoarding issues and to involve those people with this experience in shaping services.

If you would like more information or would like to attend/present at one of our meetings, please contact Rachel Omori (chair) rachelomori@norwich.gov.uk

"Bringing a service provider perspective from the voluntary and community organisations ensures that the board has to think wider than statutory, or public services"

James Kearns, BUILD

Quality & assurance subgroup

The quality & assurance subgroup was established at the beginning of the financial year and reports to the business group. It aims to deliver NSAB's quality assurance work plan ensuring that local safeguarding arrangements are coordinated and effective.

Over the last 12 months, the subgroup has been developing ways of presenting and analysing safeguarding data for the board to help focus its activity and understand the nature of safeguarding concerns across the county.

Three specific areas of work have been completed during the year:

i) Working with the Norfolk Safeguarding Children Partnership, we have conducted a three-phase scrutiny exercise which focused upon how risk was managed at the initial stages of a safeguarding concern, how easy it was to report concerns, how effectively agencies worked together, how the voice of adults and children were heard and how learning from significant events was shared. A final report has been completed and made six recommendations which will be implemented.

ii) A focus upon quality and safeguarding in care and residential homes was our second area of focus, and the board worked with the Norfolk Care Association (NorCA) in a series of forums with registered managers to look at building confidence in the way safeguarding concerns are reported and responded to.

iii) Our final area of work was to hold a board assurance and development day in October 2022 involving all board partners. Partner agencies were requested to provide information relating to four questions focused upon safeguarding post pandemic. A number of agencies presented their responses to the board and the key themes that were identified have helped us to develop our safeguarding strategy for the next three years (2023-2026).

PML Update (Prevention, managing and learning subgroup)

PML met less frequently in 2022/23, with two of the five meetings scheduled held. It would be fair to say that this has had an impact on momentum, but it hasn't stopped positive work being progressed on mental capacity.

A slip in the regular meeting cycle is in part explained by increasing demands on the NSAB manager to provide leadership and facilitation as well as system and service pressures putting competing demands on PML members. Nevertheless, the collaborative multi-agency problem-solving of the group was highly valued by those agencies involved.

For 2023/24 it would be pertinent to explore how PML can re-establish itself.

Mental capacity
Continuing the workstream on mental capacity as it interfaces with adult safeguarding, PML developed and delivered steps 2 and 3 of the MCA campaign (see table below).

Informed by a two-part workforce survey (one survey for those who regularly do MCA assessments and one for staff who do MCA assessments infrequently or not at all) ran in May 2022. There were 474 responses to the survey which were reviewed by PML and used to inform five face-to-face workshops for frontline workers which were held in September. Around 50 people attended these workshops.

Of the many suggested actions to support greater confidence with mental capacity across the workforce, a request for facilitated discussion sessions to which practitioners could bring case problems was the most popular.

Facilitated discussion sessions were piloted in the spring of 2023 (two face-to-face and one virtual) and the three sessions had around 60 attendees in total. They were very well received and some of the feedback is given below.

Step	Action
2	Run a series (five) of face-to-face workshops with frontline workers. These to explore areas of uncertainty
3	Build assets / package of resources (this could include downloadable material from the NSAB website for phones or other digital devices) and run training in support of the workforce
4	Evaluation at the end of the training which would provide useful feedback.

Feedback from attendees
I found the session to be really informative and valuable – a great idea that someone had to pull these events together, thank you. Both Kate and Vikki were/are superbly knowledgeable and personable – able to navigate the tough world of mental capacity and make it accessible to others.

The facilitators were very knowledgeable.

It felt very much like a question and answer session which I feel would be really beneficial on a regular basis for professionals who have specific queries. It appeared some of the participants had a limited knowledge of what MCA is and MHA etc so for them it was beneficial. I guess sessions could be aimed at peoples understanding more.

I will encourage colleagues to attend this training. It was really helpful thanks.
Recap of MCA, hearing scenarios of home care and residential services, good to meet up with other professionals

I found it very interesting and informative, good to hear other people's thoughts and ideas

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, building a culture that does not tolerate abuse, working together to prevent harm, with confidence to know what to do when abuse happens.

Deputy board manager Becky has continued to work closely with all the partnerships over the last 12 months, supporting both the planning, and the meetings themselves.

Direct links between strategic and operational safeguarding continue to support NSAB's evidence based approaches, with updates from the LSAPs to board and vice versa each set of meetings. Topics for LSAP discussion are developed with the help of board and Business Group members as well as members of the LSAPs themselves.

Those topics for this year covered Safeguarding v safety (a 'pyramid' graphic was developed for this which all the LSAPs found useful – see below), adult exploitation, seldom heard groups / communities, contemporary challenges in safeguarding, and carers (formal and informal). We've found using short video clips on the various subjects really helps to liven things up and get discussion flowing!

Becky also gave a presentation to all the LSAPs about Norfolk SAR L, M & N (published August 2022) which stimulated a lot of interest and conversation, especially about professional curiosity, joined up systems and accountability, communication and multi-agency working.

Our continued programme in 2022/23 looked at fraud, including romance fraud, and anti-discriminatory practice in safeguarding. We also held a joint event with the Locality Safeguarding Children Groups in the county to explore professional curiosity when safeguarding children and adults, using a trauma-informed lens. This was a great opportunity to 'think family' and was much appreciated by those who work across all age ranges.

There are changes ahead for the administrative support of the meetings, provided by NCC, so we will have to see what the year ahead brings – we have had a lot of changes already in 2022/23 as you will see:

Northern
A full change of chair and support this year, we said goodbye and thank you to Nina, Katherine and Petra, but welcomed Anthea and Jackie. Following promotion of the subject in the May meeting many members came back in July to share what they had done over Carers Week as a result, and the videos we used to prompt discussion on adult exploitation were also widely shared back to teams and colleagues. We also talked about promoting safer places across the local area. Concerns at the end of the year focused on financial abuse and scams, an observed increase in self-neglect and hoarding concerns, and impact of the cost of living crisis. As a rural area, good networking and information sharing were felt to be key in reducing the impact of social and economic isolation and exclusion.

Western
We were full of hope that we had found a new chairperson this year, but it was not to be, so Becky and Walter have continued to chair these meetings. We need a long-service medal for Chris, who has now supported the west meetings for more years than he cares to remember!

In one of the meetings we watched a video about adult exploitation / modern slavery – it was very emotive, and across all the LSAPs many members shared it back to their teams and organisations. As a result of discussions, we also improved the information on our website so that it was easier to understand the national referral mechanism, reflecting that it can be a challenge to promote support where the potential impact on the adult is unclear. Also, we tried to help where language is a barrier so information was shared about translation services.

Central
While Laura, Simon and Jenn have moved on in this year, Maria continues to chair this group very ably with the support of Deborah. In September the topic was all about seldom heard, and the group identified a wide range of individuals or groups of people who may have 'quieter voices' for a variety of reasons. We talked about the role of community champions in the central area and how they in-reach locally. We also reflected on the language and methods of contact used, especially by larger organisations, and how these tend to be 'one size fits all', rather than more targeted or individualised approaches.

Southern
While chair Steven has ably managed without a co-chair for some time, this year he has been joined by Kerrie, help hub and communities senior manager with South Norfolk and Broadland District Council. Welcome Kerrie!

One of the topics in this year was linked to Safeguarding Adults Week, so we talked about contemporary challenges in safeguarding adults. In the southern LSAP there was a lot of concern about cost of living pressures in conjunction with existing system pressures and thinking about how local networks support people effectively. A member from Citizens Advice shared information about the significant rise in contacts from people in debt – concern especially around the long-term impact on younger people, on their mental health and wellbeing. Prevention is more of a challenge when most services must focus on meeting crisis needs. We also realised there is a lot of help available from a variety of places; this round of meetings led to an information sheet being shared to each LSAP with some of the main local contacts for support.

Eastern
This year we said goodbye to one of our chairs who has been actively involved in ELSAP for many years – thank you Sue! Lynn has continued to steer a steady course with the support of the other members of the group, many of whom have been regular attenders which really helps the quality of the discussions and strength of the local network.

We'll leave it to one of our ELSAP members to tell you what they value about the meetings, when he gave us some (rather lovely) feedback:

"These meetings are an invaluable resource to me in the role of Safeguarding Lead. It is a perfect forum for each of us to share our experiences and have interesting debate around Safeguarding topics. There is a perfect balance of formality and freedom to discuss our own experiences and opinions on such matters. This level of peer support is vital to my own wellbeing when discussing complex and distressing elements of our roles with like-minded professionals. The information and links to presentations and training modules provide a great resource to help train and develop our own staff."

Steve Scott-Greenard, Prevention & Early Help Manager, Great Yarmouth Borough Council

The pyramid shows the safeguarding hierarchy. Those at the tip of the iceberg are Safeguarding (with a capital S) adult duties for those adults at risk (under S42 of the Care Act). At the bottom of the pyramid is awareness raising and general safeguarding that most members of the general public can perform. We refer to this as safeguarding (with a small s).

Review of our Business Delivery Plan

In 2022/23, our business group saw Detective Superintendent Andy Coller join Walter Lloyd-Smith as co-chair of the group. This led to a revision of the business plan, which saw it more closely aligned to our strategy. In essence we now see the plan as being our mechanism for the delivery of our strategic objectives and have, accordingly, renamed it the business delivery plan.

Business group meets every two months and, alongside the risk and issues log we use the business delivery plan as the backbone of the meetings. This allows us to monitor the progress of actions, identify areas for focus and to ensure that our work is always aligned with the strategic objectives of the board. In effect, business group forms a bridge between the board and the practitioner level subgroups and is responsible for putting the aims of the board into practice whilst also feeding upwards any concerns or emerging issues from an operational level.

Within the re-configured plan, we have made good progress over the past year and will continue with this model as we develop our new strategy for 2023 through to 2026.

Preventing abuse & neglect

- Safeguarding leaflets produced in languages other than English – including Ukrainian plus a Ukrainian language 'Tricky Friends' translation
- Development of a communication strategy
- Continue to produce monthly blogs and social media updates, complemented by new regular newsletter
- Worked with health partners to ensure the new ICB has safeguarding adults embedded into practice
- Delivery of a joint NSAB/NSCP workshop on exploitation in December 2022
- Continued to support an active LSAP network
- Added the joint partnership 'Introduction to Exploitation' training package to the NSAB website and promoted widely
- Reviewed and refreshed our learning framework

Managing and responding to concerns

- Facilitated partnership workshops to ensure the Local Government Association safeguarding frameworks are applied to Norfolk safeguarding practice
- Completed a joint scrutiny exercise with the NSCP into Norfolk Multi-agency Safeguarding Hub arrangements and the initial assessment of risk.
- Supported care provider meetings throughout the year.
- Implementation of quality & assurance subgroup and a quality assurance framework
- Developed a risk and issues log for the tracking and mitigation of emerging safeguarding issues and risks in Norfolk

Learning lessons and shaping future practice

- Commenced work on a Carers' Campaign – needs further development in 2023/24
- Implementation of a self-neglect and hoarding subgroup
- Delivered a self-neglect and hoarding event in July 2022
- Further work required to edit and caption the video of a service user's own experience before sharing more widely
- Project commenced to produce a video on the topic of domestic abuse and older adults
- Commenced work on ensuring our policies and procedures are compliant with equality and diversity duties
- Undertook a programme of work to improve understanding and use of mental capacity assessments across the safeguarding network. This included a practitioner survey, a series of workshops and a series of facilitated discussions
- Continued to work on the implementation of learning from the Joanna, Jon & Ben SAR including the implementation of the Coalition for Change

Our highlights of the year 2022/23

April 2022

29 Colleagues from the local authority and health workshop worked together, in one room, to develop a tool for understanding safeguarding concerns

May 2022

04 Predatory marriages: a webinar with Daphne Franks. Around 50 people joined to hear Daphne talk about how her late mother was a victim of predatory marriage, and how she is campaigning to prevent predatory marriages from happening again

June 2022

08 Local authority and health workshop, following on from work started in April

16 Housing provider event: Norfolk Safeguarding Children Partnership and NSAB, working with district councils, talked about identified safeguarding issues that had implications for housing providers

22 In conversation with Alex Ruck Keene, webinar on changes to the Mental Capacity Act code of practice. Almost 50 people joined this event

23 We had a stall at the 'Living life with a learning disability' event at the Forum, Norwich

30 The first of our quality & assurance subgroup meetings

July 2022

05 Webinar – Self-neglect & hoarding: the person with lived experience and the multi-agency team around them – 140 attended

22 Great Yarmouth police engagement event where our purple totes were handed out!

25 Coalition for Change had its first core group meeting

25 Becky and Walter had their presentation skills tested as they were recorded for a dementia training video

August 2022

25 The publication of SARs L, M and N

31 The NSAB business team spent the morning counting out its newly created domestic abuse and care providers information leaflets and popping them into envelopes/boxes to be distributed to care providers

September 2022

06 One year after publication of the SAR into the deaths of Joanna, Jon and Ben at Cawston Park hospital, we held a progress summit to establish what recommendations had been acted upon

14 Mental capacity workshops held in Yarmouth, Dereham and Fakenham, facilitated by Norfolk County Council's Vikki Bunting and the Integrated Care Board's Kate Brolly, and attended by around 100 people!

25 Webinar: Embedding anti-discrimination practice in adult safeguarding, presented by Norfolk County Council's Claire Charlwood and attended by 40 people

October 2022

05 James Butler left for a new role with Essex Safeguarding Adults Board

10 Becky and Walter attended a carers information day at the Forum, Norwich, taking pens, bags and information leaflets

20 We held our first face to face NSAB assurance and development day for two years – and Heather's first as NSAB chair

30 Petra Alford joined the team, from her previous role supporting the northern locality, adult social services

November 2022

21 **21-27 Ann Craft Trust Safeguarding Adults Week**

21 Launch of NSAB's refreshed leaflets and posters

22 NSAB and partners ran three virtual bite-sized sessions on self-neglect and hoarding

23 'In conversation with Heather Roach' webinar

A tweet by NSAB about our self-neglect and hoarding webinars caught the eye of Ann Craft Trust and it was mentioned in their roundup of the week!

We also carried out a desktop review for a joint scrutiny exercise on MASH with the Norfolk Safeguarding Children Partnership

December 2022

01 NSAB and Norfolk Safeguarding Children Partnership, working with district councils, held the second webinar of the year on identified safeguarding issues to alert housing providers to. These were around self-neglect and hoarding from a fire service perspective and neglect champions and the role of housing providers

14 A joint LSAP and local safeguarding children group virtual event was held on exploitation and professional curiosity

January 2023

04 A small task & finish group, made up of board members and the NSAB business team, came together to develop a new three year strategic plan for NSAB

NSAB's regular monthly newsletter Safeguarding Matters was launched

19 Becky provided apprentice social workers with a half-day session on safeguarding adults

23 Focus groups were held as part of the joint scrutiny exercise (see November)

February 2023

24 First of the mental capacity facilitated virtual discussion sessions, facilitated by Kate Brolly and Vikki Bunting, following on from the work started in September 2022. 21 people attended

28 Heather and Walter presented at a Partners in Care and Health webinar (ADASS/LGA) - Learning from SARS: Organisational Abuse

March 2023

23 The NSAB business team met up at the King's Lynn office for a development and planning day

28 Romance fraud (and other scams) webinar, with NCC's Stephen Maunder. 30 people attended

Our website and social media

Twitter @Norfolksab

It has been a year where our Twitter feed has covered (or uncovered) a range of subjects: shirtless dancing guys, Quality Street, Marmite and cats. We have also promoted learning events (including many free events offered by NSAB) and highlighted the work that we'd done during the Ann Craft Trust national safeguarding adults week. In 12 months, we have seen our total number of followers increase from 1,634 in March 2022 to 1,738 in March 2023.

The month that saw the most engagement, highest number of tweets and highest number of new followers, was July. NSAB was represented at Norwich Pride by Walter and some board members too. Walter tweeted lots of photos of the event and NSAB were tagged in many as well.

We like to share what the NSAB business team and the board are doing, and our tweets with photos of NSAB and partners seem to draw the most attention! Followers liked the tweet showing a group of health and local authority staff working together in a room to develop a tool for understanding safeguarding concerns, and the photo of some of the NSAB team at the carers event at the Forum in Norwich.

Following the death of Queen Elizabeth in early September, we paused our use of social media as a mark of respect during the mourning period.

Our tweets during safeguarding adults week (21-27 November 2022) were noticed by Ann Craft Trust, who snipped one of them to use in their online review, showing activity that had taken place nationally during that week.

Website

It is interesting to see how the themes of safeguarding reviews, discussions at LSAP meetings and current national issues translate into webpage views. For example, the number of views to our self-neglect and hoarding pages increased following an online event that NSAB hosted in early July and views of our financial abuse pages increased when the cost of living crisis first hit.

Throughout the reporting period, the highest number of views each month has been to the pages on the Cawston Park Safeguarding Adult Review. We held our first anniversary progress summit on the SAR in September 2022 and expected interest in the review to peak as a result however, people are still reviewing the page, which we take as a positive.

We launched our refreshed leaflets and posters during safeguarding adults week in November. These were available to print from our website following the launch, and this brought traffic to the resources page.

Overall, the number of users increased to over 2,000 for the first time in this period and the average website session has extended to more than 2 minutes per session since June 2022. Walter's most popular blog during this time was in March 2023, the shirtless dancing man and strengthening the movement for safeguarding adults.

Safeguarding Adults Collection Return 2022/23

Counts of Individuals by Age Band	Individuals involved in Section 42 safeguarding enquiries
18-64	687
65-74	188
75-84	383
85-94	390
95+	63

Counts of Individuals by Gender	Individuals involved in Section 42 safeguarding enquiries
Male	651
Female	1,060
Unknown	0

Referrals	2020/21	2021/22	2022/23
Contacts	4,310	4,995	5,904
Section 42	2,031	1,795	1,956
% converted-84	47%	36%	33%

There has been a higher number of contacts in the reporting year and fewer of these went on to an enquiry (only a 9% increase), which led to a drop in the conversion rate.

Location of abuse	2020/21	2021/22	2022/23
Own home	1,071	1,156	1,417
Residential care home	926	880	951
Hospital - acute	69	61	116
Hospital – mental health	170	227	168

The location of reported abuse is largely apparent in a person's home. We have seen a reduction in safeguarding concerns being reported from mental health hospitals, but an increase in cases from acute hospitals. There are a number of factors which may explain these differences which the board will examine and monitor through its meetings.

Type of abuse	2019/20	2020/21	2021/22	2022/23
Physical	776	743	689	715
Sexual	210	154	152	215
Psychological	346	395	410	458
Financial	363	349	365	432
Discriminatory	8	9	6	6
Organisational	59	65	95	87
Neglect & acts of omission	623	814	875	1,055
Domestic abuse	89	196	210	322
Modern slavery	3	3	3	6
Self-neglect	19	25	24	10

Picking out some key points here, there has been an increase in neglect and acts of omission but a slight decrease in cases of organisational abuse. There has also been an increase in sexual abuse cases, although the number is similar to case numbers in 2019/20. The board monitors and is aware of the overall system pressures which may therefore result in more safeguarding concerns

Modern slavery safeguarding concerns have risen from three to six cases. You can see that the number has been stable for the previous three years. There has certainly been an increasing awareness of modern slavery which has been discussed at the LSAP meetings. The increase in awareness could result in more reporting.

Domestic abuse case numbers have increased by 53%; work through the board has raised awareness of domestic abuse and recording of cases has improved. This increase may be as a result of improved practice as much as an increase in actual cases.

A positive indicator is that the number of self-neglect cases recorded has dropped by just over 58% in the last year. More effective multi-agency working may well have led to this reduction.

For further information, please see the NHS Safeguarding Adults, England 2022-23 official statistics report

Financial summary 2022/23 for Annual Report

Income source	General funding	2020 Contribution to deputy board manager post/21
NCC	20,000	10,000
ICB	22,500	10,000
Norfolk Constabulary	20,000	10,000
Other partners - District councils x 7 (£5K per District council)		35,000
- Norfolk Suffolk Foundation Trust	3000	
- Norfolk Community Health & Care	3000	
- Queen Elizabeth Hospital	3000	
Income from Train the Trainer	5,219	
Contribution from Probation (see below)	45,00	
Total	**81,219**	**65,000**

Costs Breakdown – General budget	Cost (£)
Staffing - Independent chair(s)	37,949
- Deputy manager (incl oncosts)	61,284
- Executive Support Assistant, 0.5 paid by NSAB (incl oncosts)	17,248
Design and publicity costs (incl animation)	10,282
NSAB website costs	2,008
Training costs (incl. Train the Trainer)	6,695
Pride sponsorship	1,000
Annual report	1,175
Miscellaneous (venue hire, catering, IT equipment, etc)	2,449
Total	**140,090**
Total income	**146,219**
Total expenditure	**140,090**
Carry forward to 2023/24 **(To be transferred to SAR budget)**	**6,129**

SAR costs	Cost (£)
SAR report and related costs 2022/23	10,881
Balance brought forward in 2021/22 from general budget	11,862
Balance	981
Transfer from general budget 2022/23	6,129
Balance for SAR budget for 2023/24 (Includes a one-off payment of £40,000 from the CCG in 2021-22 to support their SAR costs ongoing forward)	**46,129**

The £4,500 contribution from Norfolk Probation has been carried forward to 2023/24 to support commissioning of safeguarding vulnerable dependent drinkers training.

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Norfolk
Safeguarding
Adults Board

www.norfolksafeguardingadultsboard.info

NSAB Annual Report 2022-23

Briefing for Norfolk Health & Wellbeing Board

Wednesday 27 September 2023

Heather Roach, *Chair of Norfolk Safeguarding Adults Board*

What is our vision for safeguarding Norfolk

"Is for us all 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 everybody's responsibility everyday."

Abusive behaviour, by anyone in any environment, is never acceptable.

Context of safeguarding in Norfolk

Safeguarding adult concerns have continued to rise year on year and the challenges currently facing our partners, both paid and voluntary organisations, and our communities, are complex and varied.

Significate pressures across the services and the ICS including cost-of-living crisis.

Ongoing concerns about the quality of care and how this interplays with safeguarding.

Thematic issues from SAR referrals:

- Those who are not known to services or declining support.
- Mental Capacity – incl assessments not been made or poor quality of assessments.
- Missed opportunities for carers assessments.
- Concern re discharge.
- Communication between agencies.

Total safeguarding concerns and s42 enquiries

	2020-21	2021-22	2022-23
Concerns	4310	4995	5904
s42	2031	1795	1956
% converted	**47%**	**36%**	**33%**

- Higher number of concerns in 2022-23 (900+, or **18%** more than 2021-22).
- Lesser proportion of these going on to enquiry (**9%** increase from 2021-22).
- This has led to a drop in the conversion rate.
- Waiting cases on **holding lists** may have influenced the lower number of enquiries.

Counts of Individuals by Gender	Male	Female	Not Known
Individuals involved in Section 42 safeguarding enquiries	(2021-22 **645**) **651**	(2021-22 **943**) **1060**	(2021-22 **1**) **0**

12% increase in the number of women affected; 1% increase in men

Counts of Individuals by Age Band	18-64	65-74	75-84	85-94	95+
Individuals involved in Section 42 safeguarding enquiries	(2021-22 **622**) **687**	(2021-22 **158**) **188**	(2021-22 **335**) **383**	(2021-22 **390**) **390**	(2021-22 **84**) **63**

From age 85, numbers are static, and decreasing from 95+

Highlights from the last 12 months

January 2023 launch of the new NSAB monthly newsletter called Safeguarding Matters.

The development of an assurance framework.

A significant national profile over the last 12 months in relation to the Safeguarding Adults Review (SAR) into the tragic deaths of Joanna, Jon and Ben at Cawston Park hospital, holding a Progress Summit in September 2022 to assess the progress made against the recommendations.

An increase in the board's Safeguarding Adults Review (SAR) work (see page 11) both in terms of the number of SAR referrals and the number of reviews we are now undertaking.

Highlights from the last 12 months

Strengthening a narrative that focuses on safeguarding as everyday business for everybody.

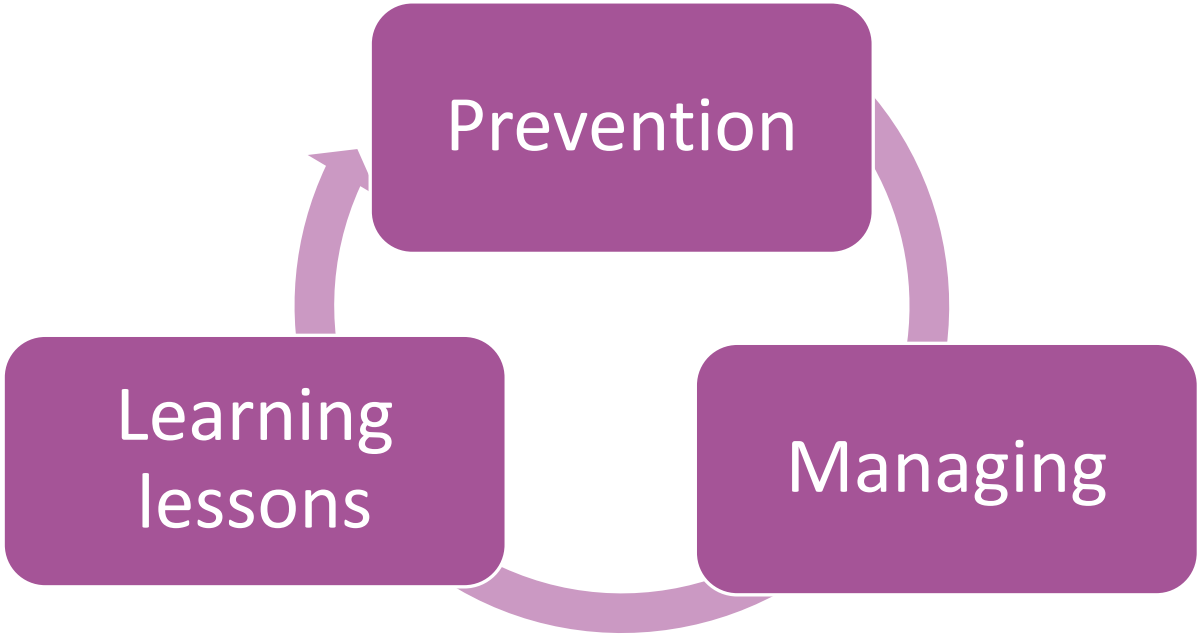
Conducting a joint scrutiny exercise with the Norfolk Safeguarding Children Partnership.

The further development of the board's business processes in relation to the way we identify and manage safeguarding risks and issues and how we use data to help identify future safeguarding focus.

Launch of the new NSAB leaflet which is now available in some of the most common languages in the county: Lithuanian, Polish, Portuguese, Romanian, and Ukrainian.

New 2023-26 strategy

A new safeguarding strategy with three aims:



Actions from today ….

- Sign up for the NSAB newsletter – ***Safeguarding Matters*** via the link on the website Norfolk Safeguarding Adults Board (NSAB).
- Follow NSAB on Twitter (https://twitter.com/norfolksab) **#NorfolkSAB**
- Read Walter's Blog each month Board Manager's blog | Norfolk Safeguarding Adults Board
- Attend an LSAP meeting.

Report title: Norfolk Better Care Fund: 2023 - 2025

Date of meeting: 27 September 2023

Sponsor (HWB member): Debbie Bartlett, Interim Executive Director of Adult Social Services, Norfolk County Council

Reason for the Report

Each year Norfolk County Council, Norfolk and Waveney NHS and partners are required to jointly agree an integrated Better Care Fund plan, which must be agreed and signed off by the Norfolk Health and Wellbeing Board.

At the June 2023 Health and Wellbeing Board, the Board discussed and supported the key priorities for the Better Care Fund submission for 2023/25, alongside an overview of the planning approach and emerging detail. This report returns with the full and final submission for sign off from the Board.

To note, this is the first time that we have been asked to submit a two year plan which we are seeking approval and sign-off by the Board today. We are committed to returning to the HWB in September 2024 for sign-off of the second year of the plan.

Report summary

The Better Care Fund (BCF) is a nationally mandated programme, launched in 2013 with the aim of joining up health and care services, to support people to manage their own health and wellbeing and live independently. Delivered locally under a statutory requirement of HWBs, it is jointly prepared and delivered by LA and NHS partners.

For 2023/25 we are asked to submit three documents to National Health Service England split across a narrative plan, an excel template, and an ICB Discharge Funding Template. These three documents are included as appendices to this report.

This is the first time that the core BCF allocation has been published for a two year period, this current financial year and for 2024/2025. A welcome move as it allows for a level of stability and planning not possible with an annual funding cycle. For year 2 (2024 / 2025), we have not been informed of any inflationary lifts for the iBCF (improved Better Care fund), and Disabled Facilities Grant (DFG) so have kept our expenditure the same as for this current year.

New last year was a further funding pot – the Adult Social Care Discharge Fund which has been re-named as the Additional Discharge Fund and continues over the lifecycle of this funding period. There is a substantial uplift in the Adult Discharge fund for 24/25. As can be seen from the submission excel template, over £12m (ICB - £8,340,076 and NCC - £3,665,944), has been allocated to community based schemes, further work will be taken during this year, including a review of services and their impact, to inform final spending decisions.

The Demand and Capacity Plan, first introduced last year, in a separate document, is now an integral part of the excel spreadsheet and narrative document. This sets out our plans to ensure capacity in health and care services to meet the demands of people being discharged from hospital and those identified in the community as needing additional support to avoid an unnecessary hospital admission.

Recommendations

The HWB is asked to:

a) Sign off the BCF submission for 23/24 and 24/25, which includes;
   1) A narrative plan, describing our approach to integration, discharge, housing, and health inequalities.
   2) An excel template, describing the BCF income and expenditure, our planned performance against the four key metrics and affirmation that we are meeting the national conditions as set out in the current BCF Planning Guidance, and a Capacity and Demand plan for supporting discharge and intermediate care services.
   3) ICB Discharge Planning Template.

b) To note the BCF review to ensure improved understanding of the schemes and alignment to BCF priorities, improved alignment of system and place priorities and improved data collection to better understand the impact of the BCF.

1. Background

1.1 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.

1.2 The HWB signs off the plan each year in September and receives and end of year report at the June meeting.

1.3 A key priority of the HWB in 2021/22, was to lead a review of Norfolk's BCF 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.

1.4 As a result of this work, a set of priorities for the BCF was developed and agreed, and these continue to inform our local development of the BCF. Services were grouped into 'buckets' aligned to the five priorities as follows:

- 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.

1.5 This year, NHSE are asking for a set of metrics for some schemes, to better understand how many beneficiaries are being supported, or how many additional hours of care schemes are delivering with the funding. These can be seen in the attached BCF template spreadsheet. Not all the metrics requested are aligned to how data is currently collected locally and how we achieve this will form part of the upcoming review of the BCF.

1.6 The narrative element of the submission has additional questions compared to previous years, with an increased level of explanation required in how we as a system, meet the national conditions and how we plan to ensure demand for discharge and intermediate care services will be met and our understanding of the impact schemes are having.

1.7 The understanding of impact was discussed recently at the June HWB, with members keen to understand the impact the BCF has on the people in Norfolk and how we can assure ourselves and our communities that we are making a difference.

1.8 To this end, a further review of the BCF is being undertaken to improve data collection and understanding of the impact of each of our schemes currently being funded through the

BCF. The review will also bring a greater understanding of how the BCF is used across Place to ensure we are developing the BCF to encompass system and place priorities as previously agreed.

2. Delivering the priorities of the BCF 2023 - 2025

2.1 We have been asked to submit three documents to NHSE split across a narrative plan, an excel template and an ICB Discharge template. The contents are summarised below.

2.2 **Narrative Plan (Appendix A):** Our narrative plan follows the template given to us by NHSE. It sets out the key demographic headlines including our population is generally older than the England population with 1 in 4 being over the age of 65 and details how NCC and the ICB have worked together and with partners across the system to draw up the plan. It makes reference to our work being informed by the Transitional Integrated Care Strategy and Joint Health and Wellbeing Strategy and the alignment of priorities. These priorities were used to inform the development of the first five-year Joint Forward Plan.

2.2.1 Our approach to Additional Discharge Fund is set out, specifying that the two year funding period is helping us build a programme to support intermediate care and the Home First approach.
The fund has been instrumental in;

- Building additional capacity for example with Housing with Care flats being deployed as a step down facility for people able to leave hospital but not able to return home immediately
- Providing an enhanced Home Support Discharge incentive.
- Carers hardship support.

2.2.2 We set out how we meet the BCF Objectives, enabling people to stay well, safe and independent at home for longer, provide the right care in the right place at the right time.

2.2.3 To note, our progress in implementing the High Impact Change Model for managing transfers of care has been highlighted as an area we want to develop. The model is being re-vamped in September and we will be working with the LGA and Regional BCF Team to develop our strategic approach.

2.2.4 Our narrative plan sets out how the BCF is used to support unpaid carers and also ensure that duties under the Care Act are being delivered.

2.2.5 We include DFG plans from the Boroughs, District and City councils to demonstrate our strategic approach to using housing support including DFG funding, to support independence at home.

2.2.6 The final section of the narrative plan sets out our response to Equality and Health Inequalities, and how our collective work as a system is helping us to deliver the measures in the NHS Long Term Plan, the five priority actions to address inequalities that were identified as part of the health services' response to the pandemic and our work to deliver Core20PLUS5 - a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

2.2.7 Demand and Capacity Plan - embedding the Demand and Capacity Plan into the BCF Plan for the 2023-25 return has proven to be an important mechanism to bring system partners together to discuss the joint system model for prevention, admission avoidance and

supported discharge. We received a ministerial visit earlier in the year which included discussions on the discharge model and development of the plan which included the three hospital discharge systems, has directly impacted on commissioning and strategic decision that will directly impact capacity this year. A number of our schemes focus on multi-disciplinary working to support discharge and we are re-designing our offer from the VCSE for short and medium term support. Improved financial stability to the sector has been given as several contracts have confirmed 2 year funding in line with the BCF.

2.3 **Excel Template (Appendix B):** The Excel Template takes a more detailed look at the income and expenditure associated with the Better Care Fund, and our expected performance against the metrics. A summary of the information included within each tab;

- **Tab 1 Guidance:** Guidance to completing the document.
- **Tab 2 Cover:** A cover page for the document, including who is submitting the return
- and contact details of key stakeholders. Please note 6a is showing a 'no', this is a fault with the template and should read 'yes'.
- **Tab 3 Summary:** A brief summary of the information within the template document
- **Tab 4 Capacity and Demand plan**: with data from each of the acute hospitals setting out predicted demand for different settings and the planned capacity of social support at home and in bedded settings.
- **Tab 5**: details income from the funding streams that comprise the Better Care Fund
- **Tab 6a Expenditure:** – each scheme funded is detailed with some schemes giving numbers on expected number of beneficiaries or packages of care. Please note, column U asks for % of Overall Spend on each scheme type across the system. This is information not routinely collated, and we have been unable to fully complete. We have discussed with the regional BCF team and as this is new, partial compliance is allowed.
- **Tab 6b:** guidance on Scheme type / services, sub-types and descriptions to be used in Tab 6a.
- **Tab 7**: The key metrics are set out together with our past performance and expected performance going forward this year. To note, 8.2 the new Falls metric.
- **Tab 8**: Planning Requirements, asks us to confirm that we have met the National Conditions set out it the BCF Planning Requirements document.

2.4 **ICB Discharge Planning Template (Appendix C):** This template sets out the funding allocation for Norfolk and Waveney.

Officer Contact

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

Name: Nick Clinch Tel: 01603 223329 Email: nicholas.clinch@norfolk.gov.uk

Appendix A: BCF Narrative Plan 2023-25

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (Excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate Excel planning template, a narrative plan covering more than one HWB can be submitted where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their Excel planning template.

Cover

Health and Wellbeing Board(s)
Norfolk

Which bodies have been involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)?

RESPONSE:

The key system groups and partners involved in preparing the BCF Plan for 2023-25, have included (but are not limited) to the following.

- Place Boards (which bring together the NHS, Local Authorities and VCSE organisations, residents, people who access services, carers and families. These partnerships lead the design and delivery of integrated services in their local area.)
- Health and Wellbeing Partnerships (which bring together colleagues from Local Authorities, health services, VCSE organisations and other system partner organisations)
- Local Authorities
    - Norfolk County Council (NCC)
    - City, Borough and District Councils
    - Engagement with Suffolk County Council as neighbouring Health and Wellbeing Board in our ICS footprint
- NHS Norfolk and Waveney Integrated Care Board (N&W NHS/NWICB)
- Acute hospitals
    - Norfolk and Norwich University Hospitals NHS Foundation Trust
    - Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
    - James Paget University Hospitals NHS Foundation Trust
- Community healthcare providers
    - Norfolk Community Heath and Care NHS Trust
    - East Coast Community Health CIC
- Mental health provider: Norfolk and Suffolk NHS Foundation Trust
- Primary Care, including
    - Primary Care Networks
    - General Practice partnership organisations
    - pharmacy system partners
- VCSE system partners
- Healthwatch Norfolk
- Norfolk Police and the Police and Crime Commissioner (PCC).

How have you gone about involving these stakeholders?

RESPONSE

System partners for Norfolk continue to work collaboratively with commissioners from the Local Authority and the ICB to ensure that all services and schemes, including the BCF schemes, deliver improved outcomes for our population.

The BCF model is acknowledged to be an important tool to support this joint working as it aims to increase prevention, address inequalities and support the needs of Place, in alignment with the Priorities set out by Norfolk's Health and Wellbeing Board (HWB) in 2021-22

The recent move to an Integrated Care System (ICS) has accelerated this joint working. The ICS introduced seven Health and Wellbeing Partnerships to Norfolk which were established as multi-agency groups and suitably positioned to understand the health and wellbeing needs of their local areas. Partnerships are chaired by District Councils and comprise a range of statutory and non-statutory providers working in each of the Council footprints. Alongside this, there are five new Place Boards, with bring together system partners to improve integration with a focus on effective operational delivery and improving people's experience of care. Engaging with these forums to discuss Place-based approaches has been enabling the Norfolk system to use the BCF to involve and empower NHS Trusts, social care providers, voluntary and community service partners and other system partners in the development of the BCF.

For example, the Health and Wellbeing Partnerships have been provided with a sum of money by the Local Authority, taken from the BCF, to fund prevention services in their area, particularly focusing on reducing care home admissions and admission to acute hospitals. This resulted in a wide range of local programmes emerging for the 2023/24 BCF plan, including

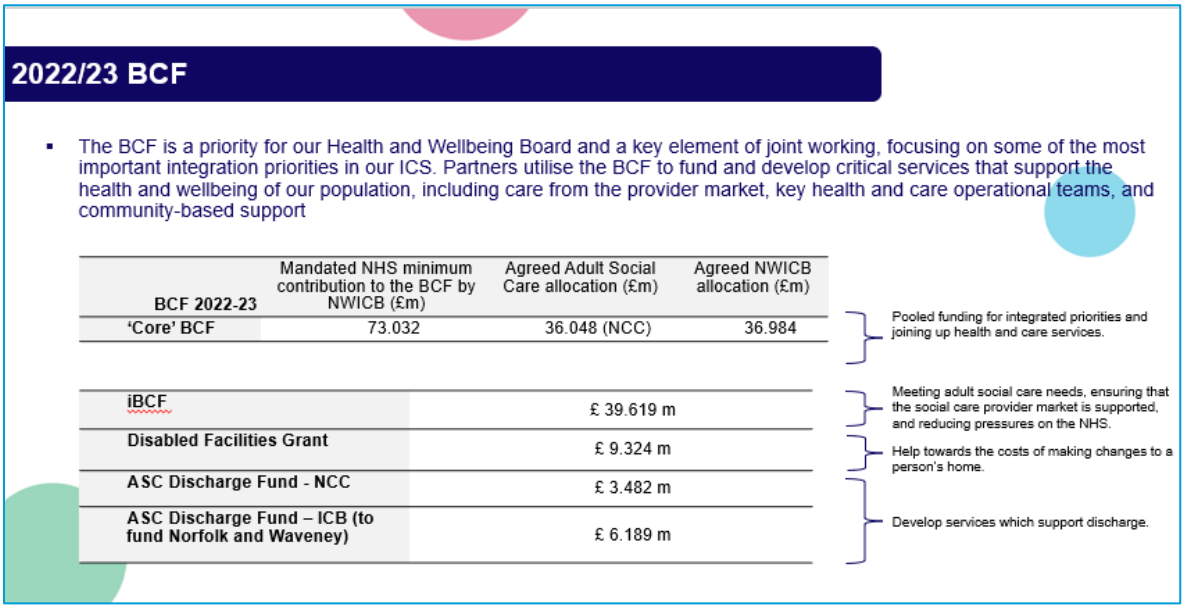
- a pilot offering social prescribing in secondary care outpatient services,
- an expansion of handy person and adaptation services focussed orthopaedic waiting lists to include those with rheumatology to prevent falls,
- a fund for agencies to innovate hardship support services,
- an expansion of an Age UK Community Support service to enable more people to benefit, and
- a new falls prevention initiative.

In addition, the different funding streams under the BCF have provided opportunities to bring system partners together to discuss spend and prioritise schemes.

- **Core BCF** - brings LAs and NHS partners together to agree integrated priorities, pool funding and jointly agree spending plans.
- **Disabled Facilities Grant (DFG)** – City, District and Borough Councils are specifically engaged and involved in developing priorities and plans for the Disabled Facilities Grant. They deliver the home adaptations and improvements so the person can continue to live in an environment that is suitable for their needs.

- **i-BCF** – is managed by Norfolk County Council as social care funds to meet adult social care needs, ensure that the social care provider market is supported and reduce pressures on the NHS.
- **Additional Discharge Fund (ADF)** – this new fund established in 2022-23 has enabled system partners to focus on schemes that improve and enhance support for discharges, such as care market commissioning and Place-based commissioning of bed-based rehabilitation offers.

At a more granular level, the recent introduction of the BCF Capacity and Demand Plan and the Additional Discharge Fund has necessitated close working with system colleagues to collate the necessary data and make quick decisions about how best to allocate funding.



2022/23 BCF

- The BCF is a priority for our Health and Wellbeing Board and a key element of joint working, focusing on some of the most important integration priorities in our ICS. Partners utilise 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

BCF 2022-23	Mandated NHS minimum contribution to the BCF by NWICB (£m)	Agreed Adult Social Care allocation (£m)	Agreed NWICB allocation (£m)	
'Core' BCF	73.032	36.048 (NCC)	36.984	Pooled funding for integrated priorities and joining up health and care services.
iBCF		£ 39.619 m		Meeting adult social care needs, ensuring that the social care provider market is supported, and reducing pressures on the NHS.
Disabled Facilities Grant		£ 9.324 m		Help towards the costs of making changes to a person's home.
ASC Discharge Fund - NCC		£ 3.482 m		Develop services which support discharge.
ASC Discharge Fund – ICB (to fund Norfolk and Waveney)		£ 6.189 m		

There is a Social Care and Health Partnerships Team jointly (ICB:LA) funded via the BCF which attends a range of meetings across each year to talk about the BCF and increase awareness of how it is used in Norfolk. For example, in recent months there have been meetings to discuss the BCF schemes from the BCF Plans for Norfolk and for Suffolk which are delivered in the East Locality (which covers East Norfolk and the Waveney area of north Suffolk), with colleagues from this jointly funded team and from Norfolk County Council, Suffolk County Council and NWICB.

The ambition is to further align the Core BCF with Place over the next few years, whilst balancing that with system-wide schemes which provide best value for money when delivered as pan-Norfolk services, for example the Integrated Community Equipment Service (ICES).

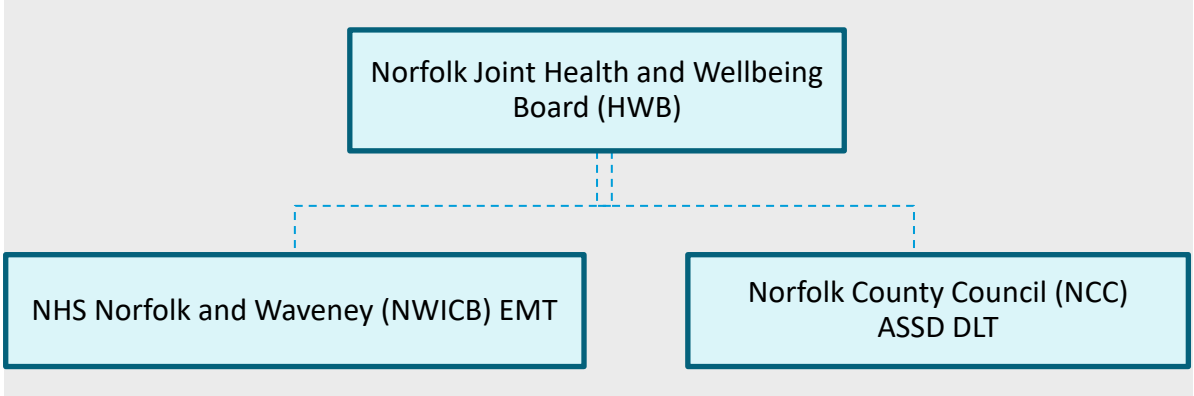
Governance

Please briefly outline the governance for the BCF Plan and its implementation in your area.

RESPONSE

As required as a statutory duty, the Better Care Fund (BCF) is governed by the Norfolk Joint Health and Wellbeing Board (HWB), who agree the approach to the BCF and sign off plans and submissions.

NHS Norfolk and Waveney (NWICB) Executive Management Team (EMT) and the Norfolk County Council (NCC) Adult Social Services Directorate (ASSD) Leadership Team (DLT) form the governance route in to the HWB Board as set out in the diagram below. Represented in these groups are the ICB's Chief Executive Officer, Tracey Bleakley, and the Director of Adult Social Services, Debbie Bartlett.



A Joint Social Care and Health Assurance Board has also been established which increases the integrated governance for the BCF Plan. This Assurance Board reports to the ICB's Executive Management Team, the NCC Directorate Management Teams and Suffolk County Council (SCC) Directorate Management Teams, with a reporting line into the ICB's Transformation Board and the Integrated Care Partnership (ICP). Membership from SCC ensures that the whole ICS footprint is represented, as the ICS contributes to two separate BCF plans (Norfolk and Suffolk).

The 22/23 End of Year report and the plan for 23/25 was presented at the HWB on the 20th of June 2023 and the recommendations to drive forward Norfolk's ambitions for the BCF were agreed.

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, including: metrics of success/outcomes for all BCF funded services, not just the five overarching national metrics; and a county-wide 'demand and capacity plan' for discharge and community support
- 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.

The HWB Board are keen to understand the impact of our services and are supportive of planned work to look at KPIs and beneficiaries.

In Spring 2023, a summary paper about the BCF was presented to the ICB's EMT by the ICB's commissioning lead for the BCF (Associate Director for Community Commissioning).

An in-year review of the Core BCF schemes for Norfolk and for the Waveney area of Suffolk (i.e., the whole ICS footprint) is supported by the ICB Finance committee. More information on the proposed review can be found in National Condition 1 later in this paper. The Finance Committee is coordinated by the ICB and comprises system partner stakeholders from the acute hospitals, VCSE sector, the Local Authority and community providers.

Executive Summary

This should include

- Priorities for 2023-25
- Key changes since the previous BCF Plan

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

In 2022/23 a new Intermediate Capacity and Demand Plan was introduced into the Better Care Fund, looking at intermediate care covering both admissions avoidance and hospital discharge across health and social care. For 2023-25, this has been embedded in the financial and metrics return, and now specifically also includes our mental health services. The plan will be developed in alignment with our wider planning and delivery for capacity and demand, alongside Urgent and Emergency Care plans.

Overall, for 2023-25, the core elements of the BCF planning requirements remain consistent with an aim to continue strengthening the integration of commissioning and delivery of services, as well as continuing to provide person-centred care. The increased focus on the two new National Conditions strengthens focus on person centred outcomes, and reflect our system wide ambitions, to make sure everyone can live as healthy a life as possible.

Norfolk is committed to integrated working and joint commissioning across the health and social care system. This is reflected in the governance routes outlined above and the number of jointly funded and multi-agency, multi-disciplinary teams in the system.

The Additional Discharge Fund (ADF), launched in 2022 as the Adult Social Care (ASC) Discharge Fund, has had a significant impact on integrated working. This new source of funding has enabled system partners to co-develop innovative new schemes to address some of the long-standing issues with supported discharges to home. The recurrency of this funding has helped us to build a programme where the services being funded support intermediate care and the HomeFirst approach. It has been instrumental in delivering additional capacity to support people home following crisis.

We have committed to carrying out a review of schemes in this financial year and to better understand the impact of schemes across the system. The findings will influence our future investments decisions enabling the system to focus on those schemes that provide best value and meet the aims of the BCF and wider ICS.

National Condition 1: Overall BCF Plan and approach to integration

Please outline your approach to embedding integrated, person-centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are

commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

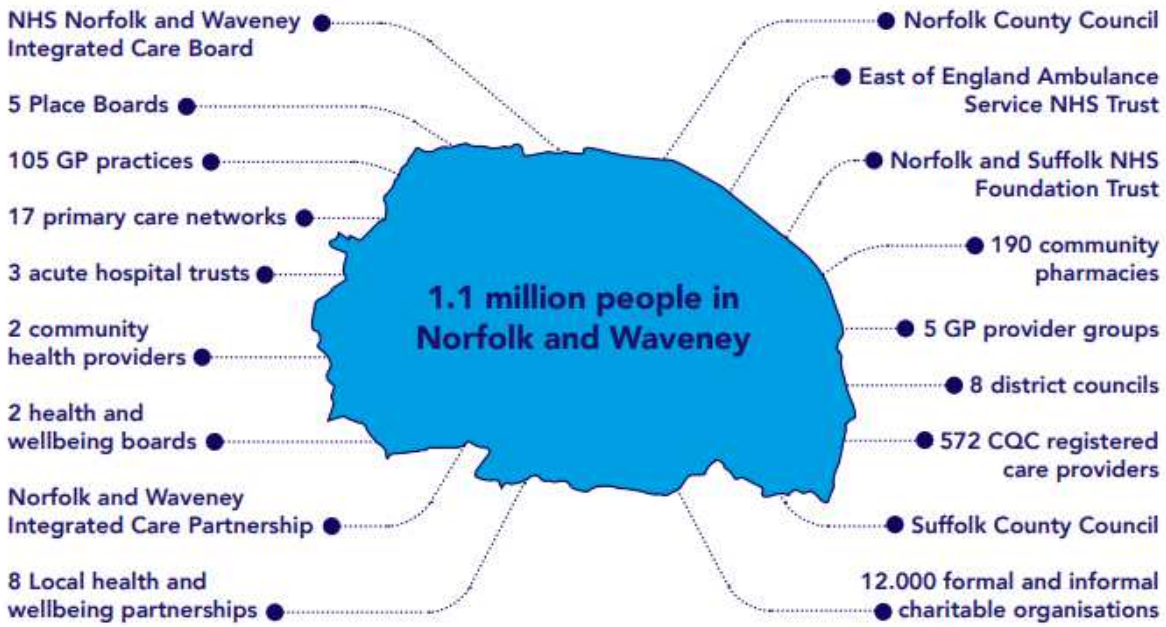
(PR4 - A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home)

Please outline your approach to embedding integrated, person-centred health, social care and housing services

RESPONSE

The Norfolk & Waveney Integrated Care System (NWICS) was formed in July 2022. Its population is spread across a mixture of urban and inner city areas, some of which are recognised as being areas of high deprivation, as well as sparsely populated rural areas. The population in Norfolk and Waveney is generally older than the England population, with 1 in 4 being over 65. The population is expected to grow by about 116,500 people between 2020 and 2040. The largest growth is expected in the older age groups, with those aged 65+ increasing by 95,000. In addition, the needs of our population are becoming increasingly complex, so we must focus our services being accessible and effective for residents and their unpaid carers, whilst improving co-ordinating and integration make best use of our limited resources.

The Norfolk and Waveney Integrated Care System



The Integrated Care Partnership is responsible for coordinating the development of an Integrated Care Strategy for Norfolk and Waveney. This document is the key strategy for the whole Integrated Care System and its partners. It sets out the challenges and opportunities to improving short- and long-term health and care outcomes.

The strategy was developed collaboratively and in November 2022 published the 'Transitional Integrated Care Strategy and Joint Health and Wellbeing Strategy' which stated that the overarching aim of the system is to "*help the people of Norfolk to lead longer, healthier and happier lives*".

This joint strategy introduced four system priorities, which are complementary to Norfolk's five BCF Priorities as agreed by the HWB in 2021.

NWICS Strategic Priorities	Norfolk BCF Priorities
1. Driving Integration	*[Overall purpose of the BCF]*
2. Prioritising Prevention	• Prevention, including admission avoidance • Person-centred care and discharge
3. Addressing Inequalities	• Inequalities and support for the wider factors of wellbeing • Housing, DFGs and overarching pieces of work.
4. Enabling Resilient Communities	• Sustainable systems

The priorities are being used to inform the development of the first five-year Joint Forward Plan (JFP), to be published at the end of June 2023. The JFP will set out how NWICS aims to overcome some of the immediate challenges in the system, as well as an improvement plan for the medium term.

A key strength of our system is that Local Authorities, voluntary and community organisations, NHS partners, providers, and most importantly the communities and people we provide services for, all have input. This includes ensuring that our strategies and plans work cohesively and collaboratively across the system, that we listen to the public and are transparent about our strategies across all organisations. A fundamental element of the new JFP are eight Ambitions, which have been collaboratively developed.

Each Ambition will be driven by its own work programme, coming together as a collective portfolio of change to enable the system to deliver the JFP and the system aim of "*helping the people of Norfolk to lead longer, healthier and happier lives*".

1. Mental Health Transformation
2. Urgent and Emergency Care Transformation
3. Elective Recovery and Improvement
4. Primary Care Resilience and Transformation
5. Improving Productivity and Efficiency
6. Population Health Management, Reducing Inequalities and Supporting Prevention
7. Babies, Children, Young People and Maternity
8. Older People.

We aim to work as a single sustainable system in the delivery of person-centred care across our complex organisational and service delivery landscape. Where possible we are shifting our focus and investment into community-based support, pooling resources and budgets

(through Section 75 agreements) and building on priorities that system partners are already working hard to address.

Examples include

- Community Voices - we have been working with local communities to understand their experiences of health and care and ensure their voices are heard when planning and delivering services. Community Voices works with trusted local communicators to speak with communities who do not engage easily with local health services including people affected by substance misuse and poor mental health. Listening to and learning from voices in these communities has helped system partners to develop targeted resources, such as online information and subject-specific webinars, with messaging built around the issues identified through the feedback. We have also been working with the University of East Anglia (UEA) to look at the best way to collect, store and use this anonymised, qualitative data as this will empower our system to move beyond information about treatment and services, to hear people's whole lived experience.
- Shared Care Record – our Shared Care Record is now live as a Proof of Principle, following successful system testing and will fully launch in Summer 2023. The Shared Care Record is improving the visibility of GP, community, social care, mental and acute patient records – reducing the need for our citizens to tell their story multiple times and avoiding duplication of activity.
- Digital Social Care Record – NWICS was awarded funding by NHS Transformation to support CQC Registered Care Providers in Norfolk with grants of up to 50% of the first-year implementation costs for moving from paper records to a Digital Social Care Record. Providers have access to an Assured Supplier list and other resources to support their decision making. This approach is supported by resources from the NW Digital Health & Social Care Team, NHSE, NWICB Shared Care Record Team, the CQC, Norfolk County Council and Norfolk & Suffolk Care Support. NWICS was the only ICS in England to get engagement and representation form CQC for this initiative.
- VCSE Assembly (established July 2022) – our system is focusing on preventative and early interventions for our citizens to help address their challenges, issues and needs before they escalate or result in a crisis. The VCSE sector are often ideally placed to support in this way and the VCSE Assembly has been brought together to coordinate this action for the system. Assembly member organisations have also committed to working together to address the known health and wellbeing inequalities in Norfolk and Waveney, including piloting new ways of working alongside statutory partners. The VCSE Assembly is intending to be a positive force for change, where collaboration gives measurable, tangible outputs and outcomes. The Assembly is a shared space, where any and every VCSE organisation can work with system partners from across the NWICS – at system, Locality, Place and Neighbourhood levels - to learn together and build shared approaches to deliver interventions that empower our citizens and communities.
- Inspiring Communities project - a partnership involving a Breckland district council, the NHS and charity partners has been supporting the health and wellbeing of residents by working together to tackle health inequalities in Breckland. They have supported some of the district's most vulnerable people, including those who have experienced domestic abuse, isolation or loneliness, and people in need of mental health support. The programme has helped hundreds of local people to access the

care they need, while reducing demand on GPs and hospital services and making savings to the public purse. Breckland Council delivers a Social Prescribing service which sees Community Connectors spending time getting to know patients and listening to their whole story, before helping patients to access the care and support they need and feel empowered to work through their issues. In addition, Breckland Council and the NHS Norfolk and Waveney Integrated Care Board have implemented an innovative new Community Health Worker service, in collaboration with Watton Medical Practice.

Approaches to joint/collaborative commissioning

Norfolk is committed to integrated working and joint commissioning across the health and social care system. This is reflected in the governance routes outlined above and the number of jointly funded and multi-agency, multi-disciplinary teams in the system.

Within the Integrated Care System, the Integrated Care Partnership (ICP) plays a key role to promote the close collaboration of the health and care systems across Norfolk and Waveney – by bringing together health and social care providers, local government, the voluntary, community and social enterprise (VCSE) sector, and other partners.

It drives and enhances integrated approaches to address challenges that the health and care system cannot address alone. This includes prioritising prevention, reducing health inequalities and addressing the wider social and economic factors affecting our communities. The Health and Wellbeing Partnerships have developed their own local strategies which build on the ICS strategy published in November 2022

The Norfolk BCF is focused on schemes which are either

- jointly funded, and/or
- would benefit from strong integrated oversight, and/or
- are intended to deliver outcomes that will have a positive impact on the provision of health and social care in our system.

Many BCF schemes are jointly funded and commissioned by the Local Authority and the ICB, for example.

- A Social Impact Bond for Carers – supports carers with information, advice, support and Carers Assessments to improve their wellbeing and help them maintain their caring role.
- Norfolk Advice Network and Advocacy Partnership – provides a single point of contact for information, advice and advocacy in Norfolk.
- Norfolk First Support (NFS) Reablement Services – an essential service which provides urgent community response including responding to non-injurious fallers, reablement at home as a prevention/admission avoidance response to support individuals in crisis, and reablement at home to support discharge from hospital.
- District Direct – dedicated District Council resources which identify and overcome housing related barriers to discharge, working as part of the multi-agency, multi-disciplinary HomeFirst Hubs. The aim of the service is to enable residents to return home in a timely manner from hospital to an environment that meets their needs, with

all necessary support in place. Whenever possible, potential issues with returning home post-discharge are flagged soon after admission to the District Direct team. These issues are resolved prior to the person being confirmed as ready for discharge with the intention of preventing any last-minute delays to discharge due to housing related issues.

How are BCF funded services supporting your approach to integration? Briefly describe any changes to the services you are commissioning through the BCF from 2023-25

As a system we are increasingly looking to develop place based working as a route to ensuring the right care in the right place. Funds have been delegated to the 7 Health and Wellbeing Partnerships (all aligned to district council footprints) to support local BCF priorities. It has also been agreed that DFG plans will be taken to those partnerships to offer greater transparency.

The Additional Discharge Fund (ADF), launched in 2022 as the Adult Social Care (ASC) Discharge Fund, has had a significant impact on integrated working. This new source of funding which has come via the BCF has enabled system partners to co-develop innovative new schemes to address some of the long-standing issues with supported discharges to home.

The Additional Discharge Fund is recurrent funding, over 2023-24 and 2024-25. The recurrency of this funding has helped us to build a programme where the services being funded support intermediate care and the HomeFirst approach. It has been instrumental in delivering additional capacity to support people home following crisis, including:

- Housing with Care Flats – 21 'Housing with Care' flats have been deployed since November 2022, as step down facilities to support acute and community hospital discharge and flow out of intermediate care. People who no longer met criteria to reside and were unable to directly return to their own home, were offered support at the appropriate level, helping them to stay as independent as possible. Feedback has been very positive, with people saying they felt more confident and independent, and that the workers helped them to do more for themselves. Alongside this, specialist in-reach exercise support was also commissioned, these specialists were able to support any activities as directed by a physiotherapist and suggest a suitable exercise programme for the individual. Where functional fitness testing was done, 100% of people who completed the Falls Efficacy Score Test improved, and 100% of people supported improved leg strength between Weeks 1 and 10 of the Pilot. This initiative was collaboratively delivered by system partners including: NCC; NWICB; Broadland Housing; Saffron Housing Trust; Norse Care; and County Kitchen Foods.
- Home Support Enhanced Discharge Incentive – capacity to support 10 additional discharges per week has been created by incentivising homecare providers with financial support to pick up new packages of care within 24 hours and covering increased complexity of discharge requirements (co-produced by Norfolk County Council and Home Support providers).
- Home Support Rate Increase – an increase of £1.08 to the hourly rate for homecare providers to enable an increased workforce and to encourage providers to take on additional work that supports flow into, and through, community care and supporting increased discharge activity (Norfolk County Council).

- Carers Hardship Support – information, advice and support for unpaid and family carers at point of discharge (acute and community) – focused on winter hardship support (co-produced by the Citizens Advice Bureau and Carers Matters Norfolk).
- Bed based intermediate care capacity – 158 intermediate care beds have been commissioned across Norfolk and Waveney with independent/private providers to support individuals leaving hospital and with the associated 'wrap around' workforce support from primary care, therapy and social work.

Many of the BCF schemes/services represent core services – such as the Local Authority's reablement service (NFS), the community healthcare contracts (which are part funded via the BCF) and residential placements for individuals with learning disabilities.

The introduction of the aligned Demand & Capacity Plan in September 2022 and the embedding of the Demand & Capacity Plan into the BCF Plan for the 2023-25 return has proven to be an important mechanism to bring system partners together to discuss the joint system model for prevention, admission avoidance and supported discharge. The Norfolk system has also been fortunate to have received a ministerial visit which included discussions on the discharge model and two preparatory workshops with John Bolton prior to the visit. In readiness for the BCF Plan 2023-25 submission and the Demand & Capacity Plan, the Assistant Director for Social Care & Health Partnership Commissioning has been meeting with each of the three Localities in Norfolk to discuss

- how the demand and capacity model is working for each Locality with a focus on discharges from the local acute hospital
- any gaps identified through the model and
- how the gaps can be addressed.

Development of the Demand and Capacity Plan has directly impacted on commissioning and strategic decisions that will directly impact on capacity over the next 6-12 months, including commissioning external provider for capacity and capability gaps on pathway 1, and stretch or reablement capacity.

Work on the demand and capacity models will continue beyond the BCF Plan submission, to ensure that the challenges facing each Locality are clearly identified and a plan to address any gaps/issues identified can be implemented prior to Winter 2023/24. For example, the current modelling does not include discharges from the mental health hospitals – this is a known gap which will require system-wide discussions to capture the challenges that this presents and agree how best to address them.

This has been complementary to a wider piece of work that has also been underway, supported by NHS England and Newton Europe, to identify the levers in the system that can be activated to improve Norfolk's discharge model. The initial phase of a system-wide Discharge Transformation Programme (DTP) has been completed and three workstreams are being mobilised with the aim of better preparing the system for Winter 2023-24, more information on these can be found later in this document

1. Deconditioning (processes, length of stay, and back door decision making) – reducing the length of stay in our hospitals through increased grip and more effective progression during the process of discharge.
2. Pathway volumes (intermediate care) – streamlining the processes into short-term bedded recovery support after an acute hospital stay (Pathway 2) and ensuring an effective referral method in home-based recovery support (Pathway 1) to maximise outflow and throughput.
3. Long-term outcomes – ensuring sufficient recovery (including reablement) capacity & capability and consistent patient-centred high performing MDTs.

EMT, a key partner in the BCF, has requested an in-year review (2023-24) of the BCF schemes funded via the NHS's minimum contribution to ensure that they

- continue to
    - deliver the national BCF metric targets for Norfolk
    - align with the BCF priorities as set out by the Norfolk HWB
    - deliver Value for Money as BCF spend
    - include support for system-wide and Place ambitions
    - support equity of outcomes for individuals living in each of the five Places across Norfolk and Waveney
    - drive multi-agency, multi-disciplinary integrated system partner working
- incorporate any relevant learning from the findings of the Community Services Review (which is currently underway)
- are proactively managed by the commissioning leads – including the identification and monitoring of the metrics of success or intended outcomes for each scheme.

This review will form part of the wider review of schemes as discussed at the HWB Board.

National Condition 2

Use this section to describe how your area will meet BCF Objective 1: Enabling people to stay well, safe and independent at home for longer**.**

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at Place or Neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

RESPONSE

How are you integrating care and/or commissioning in a collaborative way to support people to remain independent at home?

For 2022-23, the Core BCF for Norfolk funded a range of schemes which deliver some of the most important integration priorities for our ICS, such as services which deliver community healthcare provision, reablement support, integrated equipment services, support for vulnerable adults, community-based support for housing and Place-based schemes, some of which are delivered by VCSE organisations.

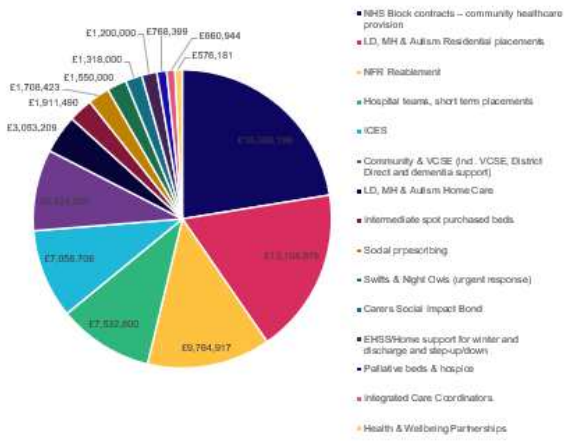
2022/23: Core BCF

Improving lives together
Norfolk and Waveney Integrated Care System

In 2022/23, the 'Core BCF' funded a range of service provision delivering some of the most important integration priorities in our ICS, including services that deliver community healthcare provision, reablement support, integrated equipment services and community-based support from District Direct and VCSE.

The BCF does not always deliver the entire cost of these schemes – for example, the majority of community healthcare block contracts within the Norfolk and Waveney system does not come from the BCF.

Priority	£ (22/23)	%
NHS community healthcare provision	£16,389,196	22.44
LD, MH & Autism Residential placements	£13,104,878	17.94
Reablement (Norfolk First Response)	£9,764,917	13.37
Hospital and follow-up teams, short term placements	£7,532,800	10.31
Integrated Equipment Service (ICES)	£7,058,708	9.66
Community & VCSE (incl. VCSE, District Direct and community dementia support)	£6,434,855	8.81
LD&A, MH Home Support	£3,053,209	4.18
Intermediate care beds	£1,911,490	2.68
Social prpescribing	£1,708,423	2.33
Swifts & Night Owls (urgent response)	£1,550,000	2.12
Carers Social Impact Bond	£1,318,000	1.80
Home support for winter and discharge	£1,200,000	1.64
Palliative care beds & hospice	£768,399	1.05
Integrated Care Coordinators	£660,944	0.90
Health & Wellbeing Partnerships	£576,181	0.78
Total:	£73,032,000	



We support people to make links with their communities to enable them to stay at home for longer and provide help with navigating the health and social care system. As part of the BCF, we fund both community connector roles and universal services to support people to remain independent. For example :

- Integrated Care Coordinators (ICCs) – our ICCs work differently across each Place according to the local need. In North Norfolk, the ICC's receive referrals, primarily from GPs, for individuals who could potentially benefit from additional support from their community. Across all areas, the ICC's work with the person to look at their strengths and needs then, if appropriate, they will refer or signpost them to relevant community resources.
- Carers' Support Services – 'Carers Matter Norfolk' offers information, advice, guidance and where appropriate assessment to support unpaid carers and help them navigate the health and social care system on behalf of their loved one.
- Norfolk Volunteer Services – encourages and enables people to use their time, skills, and talents to find meaningful and enjoyable volunteering roles, for their own benefit and for the benefit of their local community.
- Transport schemes – due to Norfolk's rural nature we fund transport services to support people to attend health, social care and wellbeing appointments.
- Social Prescribing – is a free and confidential service that works with individuals to support improvements to their health, mental health and wellbeing. Individuals can be referred to social prescribing by any professional in the health and care system. Social prescribers can make onwards referrals to a range of relevant services including VCSE

organisations, primary care, secondary care and social care to support the person to achieve their goals.

How are primary, intermediate, community and social care services being delivered to help people to remain at home? This could include

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at Place or Neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

Funding through Norfolk's annual BCF uplift was identified to support delivery of place priorities. £82,000 was allocated to each of the seven Health & Wellbeing Partnership area in Norfolk, a total of £574,000 utilising the Core BCF's annual uplift for planned spend by adult social care. A local process was developed to ensure project outcomes aligned with both our local and national BCF aims. Each Health & Wellbeing Partnership formed multi-partner Task & Finish Groups to lead the development of collaborative proposals, all of which were then agreed at the formal partnership meetings. For the current financial year and looking forward to 2024-25, it has been agreed that where existing projects meet the set criteria, funding will be continued. Based on last years' successes, it has been proposed to allocate further funding with the remit that projects will focus on Housing and Wellbeing.

A key aspect of many BCF schemes is the network of different providers and resources that work together to wrap services around the individual to address their needs, and where appropriate, the needs of the carer. For example

- Assistive Technology – the AT team can receive a referral from any professional working in the Norfolk health and care system, to either support the individual to remain at home or to return safely home post-discharge. Once received, the AT team assess the person's needs during a home visit and provide assistive technology equipment to support the person to remain safe at home – this can include detectors (smoke, heat, carbon monoxide), access (key safe, video doorbells) and personal alarms (falls detection, assistance alarms). AT can also be used to alert family, friends or call emergency services to a crisis developing in someone's home, allowing them to intervene quickly and where possible prevent a hospital admission. In addition, the Technology-Enabled Care providers of personal alarms can be linked to the urgent care responders for the Place, so if an automated or manual alarm is raised, they have the connections in the system to enable the person to receive an appropriate response – for example, a faller may raise their alarm and their TEC company can call the Swifts team to provide a 2h urgent care response for the person, rather than raising a 999 call. Upon visiting the person and supporting them to get up, the Swifts team may make onwards referrals to a GP for a medication check, a community healthcare Falls Prevention service, housing for adaptations, the Fire Service for a home safety check, etc.

- In My Place Carers Emergency Planning – unpaid carers are encouraged to register a contingency and emergency plan with the Local Authority. The carer is asked to detail a plan to be activated if they or their loved one experiences an emergency or crisis, particularly if they are unable to deliver care. Once registered, the carer receives a carer's emergency card which states that they are a carer and that someone is relying on them to keep them safe and well. The card has the emergency helpline number and the number of the registered plan. Once phoned, the emergency helpline service can help by contacting any contacts named in the plan and can arrange temporary emergency care for the cared for person depending on the circumstances.

The ICS has been making real progress with the prevention agenda, both through population health management techniques and by commissioning preventative services. Schemes have taken into account the Equality Act and CORE20PLUS5 - examples include

- Active NoW: Health and care professionals working with patients who could benefit from being more physically active now have a consistent, simplified way to refer patients into physical activity through Active NoW. The programme supports inactive patients who do less than 30 minutes of exercise each week, as well as patients living with a long-term health condition that could be managed or improved by being more active.
- The Wellness of Wheels Bus: To make it easier for people to get services, support and information, particularly people who do not access services in more traditional ways, we have introduced the Wellness on Wheels Bus. It visits communities across Norfolk and Waveney offering services such as vaccinations and screening, along with health and financial advice.
- Health and Care Wellbeing Hubs: We have opened our first hub in Norwich, which in addition to giving COVID-19 vaccinations, is also offering access to wider health support, lifestyle and wellbeing advice, and welfare support services.
- Green Plan: The ICB helped to develop the system's Green Plan for 2022-25, which sets-out the commitment of local health and care services to reducing harmful carbon emissions, which will save lives and improve health now, and for future generations.

Over the past 12 months, the Norfolk system has been looking at our model to prevent and respond to people at risk of falling and some key advances have been made through collaborative working to support this.

- A particular example is a new approach led by Norfolk County Council, working with Newton Europe, to develop and implement an artificial intelligence tool through the Connecting Communities programme which can read the 'free text' entries in social care case notes and identify factors in the notes with indicate that the person is at high risk of falling. A pilot of the tool using historic records evidenced that the tool was extremely effective at identifying this risk. The project has since moved to a small test group of live cases. Individuals are contacted, only if a high risk is identified, to discuss a range of next steps including access to self-help, access to strength and balance classes, home visits to identify and resolve risk factors at home that can be resolved, and/or a formal referral to a Falls Prevention therapy service.

Norfolk established a 'Protect NoW' team during the Covid pandemic to identify and contact individuals likely to be at high risk of an adverse experience with Covid and help to support

them to reduce their risk/likelihood of infection. It was a collaboration of more than 20 organisations and partners including Local Authorities and the VCSE sector. This methodology has been successfully expanded to encompass other areas such as vaccination update, pain management, diabetes prevention and cervical screening. The Population Health Management Team has continued to support a range of projects in Norfolk and Waveney including

- Access to IAPT services – aimed at increasing awareness of and access to the Norfolk & Waveney Wellbeing Service (IAPT) for people experiencing mild to moderate 'common' mental health problems such as anxiety disorders and depression. Data from the mental health Trust is combined with the risk identification and stratification tool to identify a cohort. Individuals are written to, advising them about the Wellbeing Service and how to self-refer. Those who do not respond are contacted with a phone call from the Health Improvement and Support Team. Letters are sent in batches, to manage flow of referrals within IAPT capacity. Service users are likely to be individuals who have recently been prescribed anti-depressants and/or anti-anxiety medication by primary care and who have not yet accessed the Wellbeing service. This project has increased GP Practice referral rates by up to 35%, with relatively high proportion of referrals being for individuals living in deprived areas and older people.
- Digital Weight Management service: aim to increase awareness and uptake of the Digital Weight Management Programme (DWMP) in Norfolk and Waveney which supports local people to manage their weight and improve their health. The Health Improvement and Support Team target individuals living in the most deprived areas and where there is the lowest take up of the DWMP programme. Cohorts are identified through GP Practice data systems and are focused on adults living with obesity who also have a diagnosis of diabetes, hypertension or both. Letters and SMS messages are sent to the individuals to advise them about the Digital Weight Management Programme and how to register interest for a referral. Those who do not respond are contacted with a phone call from the Health Improvement and Support Team. The service can help reduce the risks linked to health conditions related to being very overweight including Type 2 diabetes, cardiovascular disease, joint problems, mental health problems and some cancers.

Whilst not all services are directly funded through the BCF, they are resources that heath and care staff can draw on to support people living in their own homes and communities.

There are many multi-disciplinary/multi-agency teams across Norfolk which work together to help people to remain safely at home. Examples funded by the Core BCF include;

- Great Yarmouth Early Help Hub - which supports individuals at an early stage with issues such as social care, homelessness, welfare, benefits and mental health. Regular meetings are held to consider whether system partners can add more value by intervening in a collective way to achieve better outcomes for the person. This approach reduces the risk of duplicate referrals, reduces delays and is helping to establish strong partnerships between the public, communities and voluntary services.
- Network of Escalation Avoidance Teams (NEAT) – the NEAT teams are Place-specific and are designed to coordinate a personalised community-based response for individuals experiencing a health and/or social care crisis, helping them to remain safely at home and providing appropriate support to resolve the crisis. Resources

working under the NEAT umbrella include colleagues from social care, health care and mental health services. The teams can refer into 30+ services (such as housing, social prescribing, assistive technology) to customise the response depending on the person's needs. NEAT receives referrals from a wide range of health and social care professionals, including GPs and the Ambulance Trust.

A particular example of working together to help people to remain at home in a crisis, is the Access to the Stack model which has been successfully adopted by the Norfolk & Waveney system.
In the Access to the Stack model, a clinician from the Ambulance Trust (EEAST) proactively identifies specific cases from their overall list of cases ('stack') as potentially suitable for a non-emergency response from a community health or social care colleague. Technology is used to enable the community team to access the case and determine whether there is an appropriately skilled community resource available to support the case.
If the case is accepted, then a transfer of care is completed, and the Place-based community team becomes accountable for responding to the individual in need i.e., the case is removed from the ambulance stack. For example, an individual who has had a non-injurious fall or has sustained minor injuries due to a fall may responded to by a community-based resource located in the Neighbourhood or at Place – this frees up the ambulance crews to respond to emergency cases.
The Core BCF funds all the community-based teams which participate in Access to the Stack, either via the block contracts with the community health providers or via specific schemes for teams providing an urgent care response such as Norfolk First Support, Swifts and Night Owls.

In 2022-23 the DFG spending was a challenge, due to increased costs for building works against static DFG budgets. This has impacted on our City, District and Borough Councils, who completed nearly 1,400 adaptations in 2022-23. Demand has been such that our Councils have had to look for different funding sources for additional housing services, such as handyperson schemes, where in the past they may have been DFG funded. The delegated BCF funding to Health and Wellbeing Partnerships has supported schemes working to provide home adaptations. A number of districts have specific RRO schemes to support individuals and their unpaid carers.

National Condition 2 (continued)

Set out the rationale for your estimates of demand and capacity for intermediate care <u>to support people in the community</u>

- learning from 2022-23 such as
    - where the number of referrals did and did not meet expectations
    - unmet demand i.e., where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
    - patterns of referrals and impact of work to reduce demand on bedded services e.g., admissions avoidance and improved care in community settings, plus evidence of under-utilisation or over-prescription of existing intermediate care services

- approach to estimating demand, assumptions made and gaps in provision identified
    - where, if anywhere, have you estimates there will be gaps between the capacity and expected demand?
    - how have estimates of capacity and demand (including gaps in capacity) been taken on board and reflected in the wider BCF plans?

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community

RESPONSE

Modelling demand and capacity is a key means of enabling us to understand the impact of making changes in our system on future activity, demand and the supply of services. Colleagues across our ICS have been working to develop a demand and capacity plan for hospital discharge, in order to deliver the following objectives:

Objectives:

- A single plan that projects hospital discharge demand, capacity to respond to that demand and the impact of actions on both
- Increasingly base decisions (including example commissioning, service design and strategic operational planning) on a greater evidence based provided by demand and capacity planning
- Develop in to a 'live approach' – where we build plan accuracy and detail over time, taking an agile approach that does not wait for the perfect model to be developed before we take action
- Monitor against plan and build in other contributing factors including admission avoidance and longer term outcomes
- Develop following principles of transparency, trust and collaboration – model is designed to support our collective and individual decision making and insight has been shared between partners explicitly in that spirit

The Demand and Capacity (D&C) Plan submitted to accompany the BCF Plan is a story of two halves. The ICB's Business Intelligence team were able to populate the Demand templates by accessing source data previously submitted as part of the Operating Plan for 2021-22 and applying a set of assumptions to the data, including an uplift to reflect expected population growth.

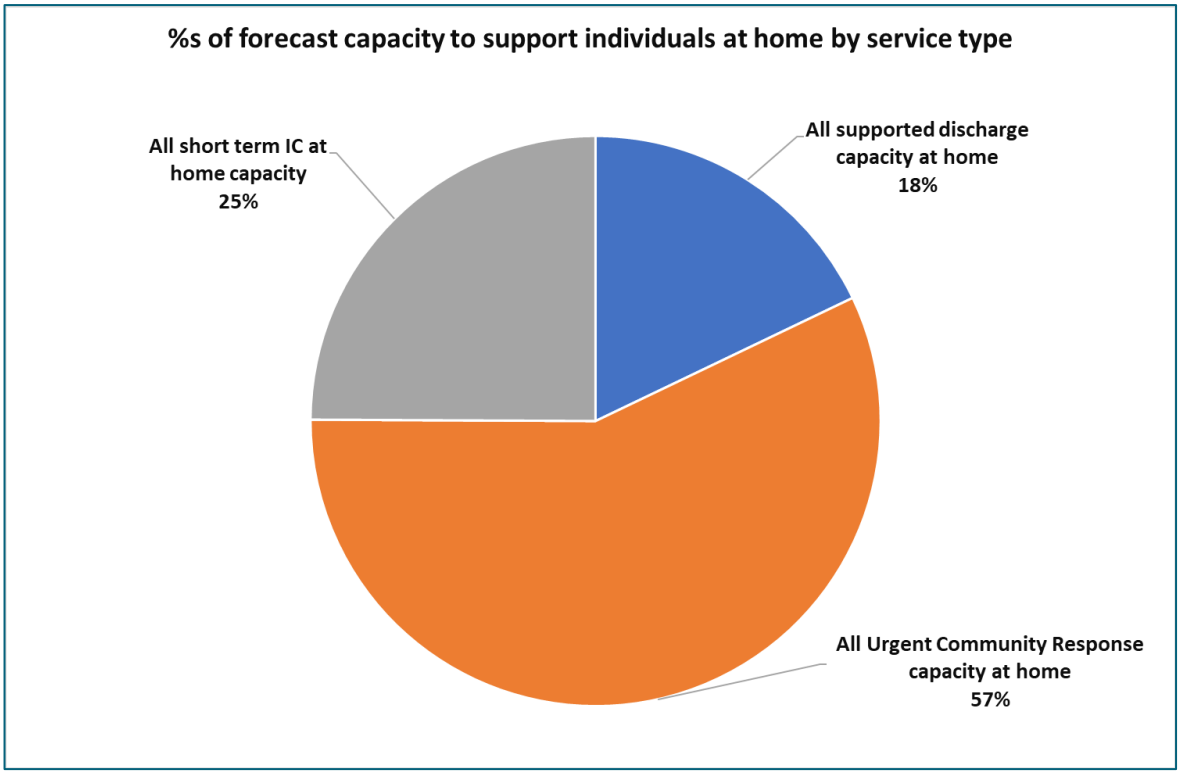
However, the collation of capacity data was more challenging and has required identifying each of services within the scope of the given definition of intermediate care, as referenced in the BCF guidance. We then had to liaise with providers, commissioning leads and BI teams to capture capacity forecasts against the previously unused metric i.e., 'the ability of the service to accept new referrals in the month'.

The East Locality within the NWICS footprint crosses the county border, so it includes East Norfolk and the Waveney area of Suffolk. This required calculations for demand and capacity to be allocated across the divide, so that data could be provided to populate the Norfolk BCF Plan and the Suffolk BCF Plan.

When this was first collated for the September 2022 return, the complexities of identifying and populating the capacity data against the short timeline for the collating the submission meant that there was limited time to reflect with senior stakeholders on the data presented in the D&C Plan and what it was telling us about the Norfolk and Waveney system.

The collation of data for the D&C Plan for 2023-24 has followed a similar initial process to the previous submission. However, following our learning from the initial submission, this time we have been working with system colleagues to review the datasets prior to the formal submission which has been particularly useful – more information on this can be found against National Condition 3.

Capacity in the community



The 'at home' capacity forecast data indicates that 57% of the system's capacity to respond is focused on UCR to support individuals experiencing a health and/or social care crisis at home and prevent any unnecessary A&E attendances and/or hospital admissions. However, it's important to be aware of some of the subtleties behind this headline, which include the following.

- Many teams that provide UCR and follow-on short term intermediate care responses at home, also provide supported discharge care at home – so the split of the capacity across all three service types has been done using best estimates
- One to many relationships: a single referral may result in a response from multiple teams and the capacity has to be 'ready to respond' in each of those teams, i.e. this is not a double-counting issue – for example a supported discharge may require a VCSE settling in service, support from a reablement team for functional improvements, support from a clinically-led rehabilitation team for recovery of health related issues and support from a mental health team to support

improvements to mental wellbeing. Similarly, a crisis at home for an individual with complex needs will also require a multi-agency, multi-disciplinary response.

- An 'at home' response may also involve teams which are not aligned to the service types in the BCF guidance but are part of the Core BCF schemes e.g., Assistive Technology, the Integrated Community Equipment Service and District Direct housing services.
- A new aspect of the D&C Plan this year has been the requirement to ensure that services providing support for individuals with learning disabilities, autism and/or mental health needs are fully represented. Many services in Norfolk & Waveney can support individuals with learning disabilities, autism and/or mental health needs as part of their overall cohort of service users.

  However, there are also specialist services providing support for individuals with more complex needs, many of which operate with small caseloads. Commissioning colleagues from the ICB and the Local Authority have confirmed that individuals with complex learning disabilities, autism and/or mental health needs in 'intermediate care' specialist services - as a step-down from hospital or a step-up from the community/home – are often with the service for a minimum of six months before being able to return home or move to a longer term solution that is suitable for the person's needs (which may be custom-built) and enables them to live as independently as possible.

  We have taken the decision to include forecasts for these specialist intermediate care services for individuals with complex learning disabilities, autism and/or mental health needs in the data, as they are relevant and are part of the overall demand and capacity model for Norfolk.
- VCSE system partners provide a Complex Community Support team, which is support worker led making contact either face to face or via phone with the person in need, typically for 6-10 weeks per case. The funding is roughly 50/50 Norfolk County Council and ICB with a small amount from Suffolk County Council.

National Condition 2 (continued)

Describe how BCF funded activity will support delivery of BCF Objective 1: Enabling people to stay well, safe and independent at home for longer**,** with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- emergency hospital admissions following a fall for people over the age of 65
- the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

RESPONSE

During 2022-23, there was a system-wide focus on falls prevention and response – this included

- NWICB completed a mapping of all falls-related schemes across the system delivering either falls prevention, an urgent response to fallers and all projects/initiatives that were underway to improve aspects of the falls pathways.
- An ICS Falls Group was set up in September 2022, chaired by the Associate Director Quality & Safety (Patient Safety Specialist) from the Norfolk & Norwich University Hospitals NHS Foundation Trust and attended by representatives from the various system partners in the ICS.
- A Task & Finish Group was set up to deliver the requirements of the Going Further for Winter: Community-based Falls Response national initiative. A significant number of schemes were explored under this work. An important outcome from this work was the provision of supplementary falls equipment to all BCF-funded UCR teams across the Norfolk and Waveney footprint. For example, the West UCR team requested additional batteries for the existing Manger equipment – this would enable them to be more efficient and responsive by being able to swap out a battery that had been depleted, with one that was fully charged, when out and about rather than having to come back to base and wait for the battery to re-charge.
- Refresher training for Care Home staff in every care home in Norfolk on falls prevention and management, including the use of the I-Stumble app and the provision of Manger Elks to enable staff to help people back up after a non-injurious or minor injury fall.
- Under the 'Connecting Communities' programme, Norfolk County Council has developed an Artificial Intelligence tool to identify individuals at high risk of falls and work with system partners to reach out to those identified through the project (see previous answer to National Condition 2).
- The development of a Norfolk & Waveney Long Lie Pathway, based on the NICE guidance, with input from ICS partners.
- The agreement that Active Norfolk should develop and deliver a falls prevention approach using exercise specialists to enable individuals to improve their strength and balance to reduce the likelihood of a fall. Active Norfolk also supported deconditioning work at the local acute hospitals.

In 2023-24, the initial falls activity is being consolidated under a single NWCIS Falls Programme, led by the ICB's Director of Quality in Care, with three workstreams

- Acute and Inpatient settings
- Community, including VCSE
- Care Homes.

The overall aim is to provide cohesive falls prevention and response pathways, using all relevant system partner resources to 'tip the balance' for the Norfolk and Waveney system from falls response to falls prevention, to better support the population and enable more people to stay safe, well and have the confidence to remain independent in their own homes. Whilst not all initiatives are funded directly funded through the BCF (with the exception of the UCR team), the programme of work supports BCF objectives.

National Condition 3

Use this section to describe how your area will meet <u>BCF Objective 2: Provide the right care in the right place at the right time.</u>

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge, including

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.
- how additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds.
- implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow.

<u>How are you integrating care to support people to receive the right care in the right place at the right time? How is collaborative commissioning supporting this?</u>

RESPONSE

In Central and West Norfolk there is an integrated Operational Director structure between the Local Authority and the Community Healthcare Provider for the management of the key multi-agency, multi-disciplinary frontline services in the community – this includes

- the HomeFirst/ToC Hubs (for triage and management of supported discharges)
- the NEAT teams (for triage and management of complex admission avoidance cases where the individual is experiencing a health or social care crisis)
- Urgent Community Response, and
- short term intermediate care (reablement and rehabilitation) for supported discharge and admission avoidance cases.

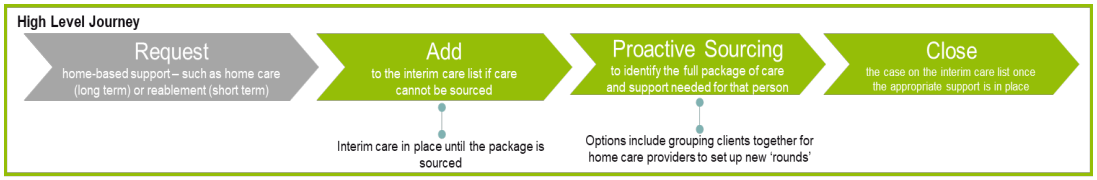
In East Norfolk and the Waveney area of Suffolk, the Community Healthcare Provider uses multi-disciplinary Primary Care Home teams which operate at Neighbourhood level to support discharges, UCR and admissions avoidance cases. The Primary Care Home teams work closely with the Local Authority UCR teams to ensure the right care is delivered by the right resources at the right time.

All of the frontline teams can refer onto other relevant services to support the individual's needs – such as Assistive Technology, falls prevention services, social prescribing, GPs, mental health services etc.

Whilst the aim is to deliver consistent outcomes for the local population across the NWICS, each Place delivers the outcomes through a local model of care designed to meet the needs of their area. For example, Norwich Place has HomeWard which is a multi-disciplinary team supporting discharges and complex admission avoidance cases and the Norwich Unplanned care team which supports admission avoidance cases. There is also a nurse-led Home Visiting Service in primary care which provides support to GP Practices

and can collaboratively support cases in association with HomeWard. Where individuals are identified as having highly complex needs, they can be referred to the Community Fully Integrated Care & Support pathway (Community FICS) which brings together medical, health, social care, housing and voluntary organisations to discuss the case and develop a clear action plan to meet the person's needs. This ensures that person's needs and the care plan is developed using a cross-sector, multi-agency approach. Integrated Care Coordinators (ICCs) - funded by the Core BCF - track and monitor the person's journey whilst on the Community FICS pathway. The MDT will continue to discuss the persons needs until the intended outcomes from the referral have been met, or the person or the members of the team feel Community FICS is no longer needed.

Following targeted work, the number of Norfolk residents for whom packages of home care cannot be fully sourced has reduced since January 2022 by 90%, from 887 people to 86 people – bringing the Interim Care List (ICL) to one of its lowest levels in 3 years. 10 of those people are in acute hospitals, the rest are predominantly in the community in their own homes.



A gap remains in the funding for the current bed-stock following the ceasing of 'Winter Funds'. These funds have been focussed on support discharge through increasing capacity and the associated infrastructure/wrap round care to enhance delivery/effectiveness. They have enabled us to deliver the following capacity

<u>How are primary, intermediate, community and social care services being delivered to support safe and timely discharge, including</u>

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance?

RESPONSE

NWICS Discharge Transformation Programme

The Norfolk and Waveney system has experienced many of the challenges that have also been felt nationally - including demands on health and social care, multiple short-term funding and initiative cycles and wide-ranging workforce challenges. There are also several local system challenges

- digital immaturity
- geographical spread – few urban conurbations and significant areas of rurality
- one of the fastest growing populations of older people in England
- an underlying deficit as an ICS which we have been mitigating for several years.

System partners in N&W have recently made good progress in reducing pressures on discharge, including strengthening community based capacity (intermediate care and long

term care and support) and looking at processes, including in our discharge hubs. This has resulted in improvements across our UEC system, including

- acute bed occupancy by patients with NCTR coming in line with England averages
- improvement to capacity in care and support, including
    - recovery capacity in reablement services
    - increased capacity in homecare following recovery.

To continue this momentum, NWICS is embarking on the Discharge Transformation Programme (DTP) to improve discharge outcomes and experiences for our population and our staff. The DTP is intended to realise financial benefits and build transformational capability within the system. It is interconnected with several other NWICS transformation initiatives, including Adult Social Care's front door and short term services offer ('Connecting Communities' programme), long-term sustainable changes for children and young people ('Flourish' programme) and a review of community health services.

The key objectives of the DTP are to enable more people to

- go directly home after their stay in hospital (Pathways 0-2)
- go home rather than to a residential placement, following recovery
- live at home more independently (long term outcomes).

The workstreams under the DTP will focus on

1. Deconditioning (processes, length of stay, and back door decision making) – reducing the length of stay in our hospitals through increased grip and more effective progression during the process of discharge. Improving the effectiveness of our MDTs to ensure people can go out on the most appropriate pathway. *This is the biggest driver of non-ideal outcomes across the system, and practitioners have identified 14 days where we could have done better for some our patients with the longest stays in hospital.*

2. Pathway volumes (intermediate care) – streamlining the processes into short-term bedded recovery support after an acute hospital stay (Pathway 2) and ensuring an effective referral method in home-based recovery support (Pathway 1) to maximise outflow and throughput.

   Aiming to offer more effective short term recovery services in people's homes, such as reablement, to everyone we support. No one should enter long term homecare without reablement if they could have benefited from it.

3. Long-term outcomes – ensuring sufficient recovery (including reablement) capacity & capability and consistent patient-centred high performing MDTs. Aiming to increase home-based recovery capacity by 10% to enable more people to be sent home with the appropriate support and ensure that trained reablement resources are no longer used to deliver long term home care packages. *Practitioners have identified people who end up in long term bedded care that did not achieve their ideal long-term outcome and could have gone home with support. Some people ended up in long-term home care that did not achieve their ideal long term outcome and could have gone home with a more independent package. This is impacted by deconditioning (processes, length of stay and back door decision making) that increases pressure on recovery capacity and capability.*

The combination of process and pathway changes is intended to reduce the need for longer term care arrangements. Reducing deconditioning and improving timely decision making should ultimately result in less people requiring long term placements in residential

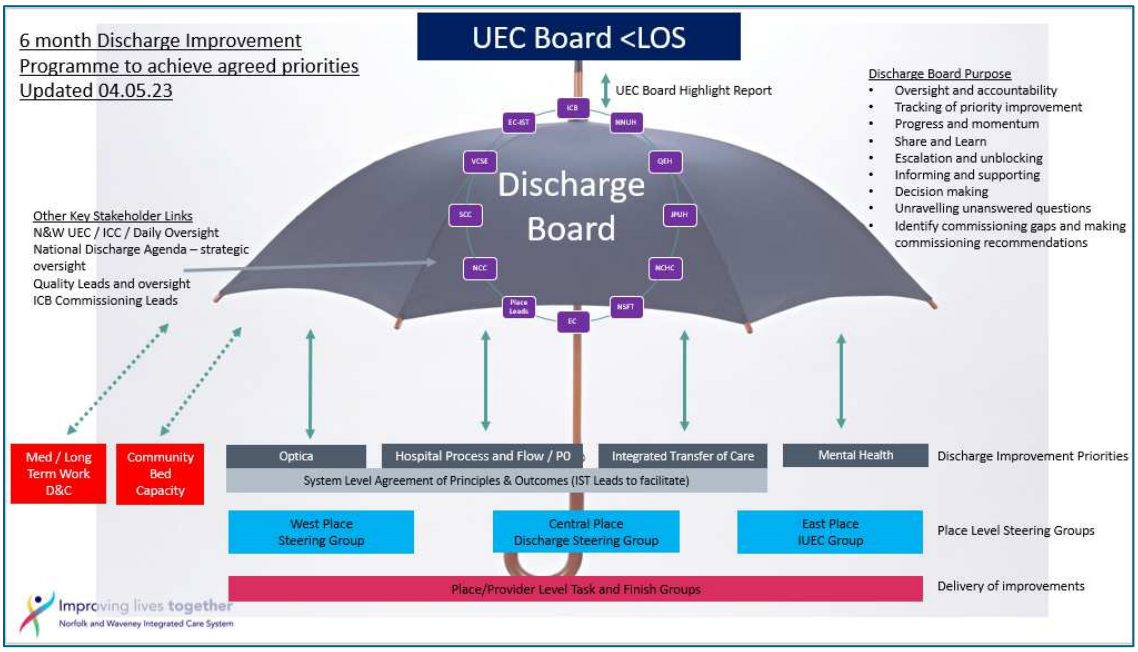
/ nursing homes and should enable more citizens to live independently in their own homes for longer with smaller packages of home care, where required.

To underpin the DTP successfully there are some key operational deliverables

- A new patient flow tracking system to work across the length and breadth of our pathways.
- Redesign of Pathway 1 recovery services to ensure consistency and flexibility across as much of the system as possible – building on the recently increased availability of recovery support, such as reablement
- Redesign of our hub model and MDTs to ensure the right balance of ownership and input from our specialists.
- Redesign of the ToC process to reduce burden.
- Investigation into the reintegration of hubs into the Acutes to streamline processes.
- Redesign of our discharge performance management model, including the roles, data and visibility required to drive and sustain the change including transformation investment to overcome these hurdles to collate and join data from across the system.

To deliver a successful transformation, we will also need to tailor the solutions to account for the impact of Place as West, Central and East Norfolk have differing problems and root causes.

To help drive the DTP, the system has established a governance model which includes a Discharge Board to ensure that interactions between the various transformation activities in the system are fully understood, timelines de-conflicted and, where appropriate, activities are combined to reduce duplication of effort and streamline outcomes.



(**PR5 - An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.)**

How is the additional discharge funding being used to deliver investment in social care and community capacity to support discharge and free up beds?

The BCF Additional Discharge Fund has been positively received by allowing the system to place a particular emphasis on supporting people to return home. The Discharge Fund has also played an important role in delivering changes that have enabled wider system improvements to discharge.

Our system decided to focus on three key areas, with a particular emphasis on supporting people back to their own home:

Workforce: We have increased the hourly Home Support rate to support providers to recruit and retains staff. This has had a positive impact, increasing the number of packages of care taken on and reducing the Interim Care List (people waiting for a long term home solution).

Mental Health, LD&A: funding supports 6 units of accommodation for people being discharged.

Direct Care Capacity:

a) Step-down Housing with Care flats – short term care for individuals unable to go straight home from hospital, includes a reablement offer

Carers Hardship support – dedicated support for Carers to access hardship support provided by Citizens Advice Bureau and Carers Matters Norfolk

Community and Discharge Support service – funding has afforded the opportunity to develop a new model offering short and medium term support for low level and more complex needs. Support on discharge and admission avoidance.

Sustained support to the Discharge Hubs – giving job security and stability to the teams to allow development of processes and improvements.

The full funding allocation for 24/25 has yet to be agreed and we welcome the flexibility to be able to review this during the year. This will enable current schemes to bed down and be monitored so informed decisions can be made on the most appropriate schemes that best meet the needs of the system and of the residents of Norfolk.

(PR5 - An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.)

How are you implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow?

NWICS has benefited from sustained support from NHS England and Newton Europe who have collated evidence and are supporting the strategic leaders in the Local Authority, ICB, acute and community providers to determine the priority areas to improve discharge

processes across the system. Their expertise has been essential in the development of the single, system-wide Discharge Transformation Programme.

In May 2023, NWICS also benefited from inputs from

- John Bolton, who led two meetings to discuss the opportunities and challenges associated with the discharge process in Norfolk and Waveney, providing the benefit of his knowledge and expertise to the help shape the next steps
- a Ministerial visit with Executive Leaders from the system to discuss the opportunities and challenges associated with the discharge process, which included feedback on an early draft of the BCF Demand and Capacity Plan for 2023-24.

Data shared on the ministerial visit and with John Bolton included:

- Home based recovery: 63% of people are re-abled on discharge with 37% partially re-abled
- Long term care following recovery: following targeted work, the number of people waiting packages of care of care on the interim care list has fallen to one of its lowest levels in 4 years. The list of people awaiting care is a leading indicator of home care capacity.

We want to be able to offer more effective short term recovery services in people's homes, like reablement, to everyone we support with no on entering long term homecare without an offer of reablement if they could benefit from it. The ADF is enabling us to grow our services, both our reablement offer and home care offer.

The Discharge Transformation Programme (see earlier section) and governance arrangements are intended to address the current issues, whilst also setting the system for continuous improvement to transform the Intermediate Care model beyond the initial deliverables to achieve our aims of shorter hospital stays, twice as many people going directly home after hospital, 1 in 3 people at home with a package of care living more independently and more people with mental health going home rather than to a residential placement.

National Condition 3 (continued)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include

- learning from 2022-23 such as
  - where number of referrals did and did not meet expectations
  - unmet demand i.e., where a person was offered to support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - patterns of referrals and impact of work to reduce demand on bedded services e.g., improved provision of support in a person's own home, plus evidence of underutilisation or over-prescription of existing intermediate care services.
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF Plan as a result of this work
  - where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?

- how have estimates of capacity and demand (including gaps in capacity) been taken on board and reflected in the wider BCF plans.

(PR5 - An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.)

RESPONSE

The collation of data for the D&C Plan for 2023-24 has followed a similar process to the previous submission. However, using our learning from the previous submission, this time we have been working with system colleagues to understand the implications of the Demand & Capacity Plan.

Following advice given by John Bolton, the Norfolk Assistant Director for Social Care & Health Partnership Commissioning has been working with each of the three Localities in Norfolk to discuss the details of their local intermediate care demand and capacity model.

This dialogue has proven to be particularly useful and has since resulted in

- a fully interactive model in Excel which can enable different scenarios to be viewed in terms of their impact on services and capacity
- an increased awareness of challenges that the datasets when trying to collate a single view of capacity – for example, Norfolk County Council's discharge dashboard contains data for NCC commissioned and provided services (NFR, PoC etc), which only accounts for 60-70% of discharge demand for Pathway 1
- identifying Locality gaps and issues arising in the capacity available to meet the discharge demand generated by the local acute hospitals and in response to demand from the community to help people remain at independent or supported in their own homes
- capturing a system baseline - so that future variations in demand and/or capacity and initiatives intended to 'improve' operational flow can now be compared to the baseline to evidence their impact and contribute to informed decision-making.

To address known challenges with capacity to support discharges into reablement services, the Local Authority has used BCF funds (Core and ADF) to commission additional short term domiciliary services and incentivise home care providers to help bridge the gap and enable more timely supported discharges to home. This has included an increase in fees which has come at a time of significant financial pressure for NCC and Adult Social Services, however the Council was responding to increased costs facing care providers, including the National Living Wage and inflation.

Value from the exercise:

- Forming a picture of demand and capacity that could provide invaluable insight that drives future decision making
- Insight is already informing commissioning and strategic decisions that will directly impact on capacity over the next 6-12 months
- Highlights the importance of admission avoidance in reducing demand, alongside capacity

Key findings:

- Focus plans related to processes for PO, use of voluntary sector and admission avoidance/SDEC and Virtual Ward
- Home-based recovery (pathway 1) - Partners developing plans to stretch existing provision and commission additional services. No. of discharges has exceeded projections so far this year, however capacity is in place to meet demand
- P2 – number of expected discharges exceeds current available and planned capacity
- P3 work plan to enhance pathways is required around optimum and effective provision
- Models of care conversation are required at place level to take forward the data and solutions including application of efficiency and effectiveness measures.

Work on the demand and capacity models will continue beyond the BCF Plan submission, to ensure that the challenges facing each Locality are addressed prior to Winter 2023/24. For example, the current modelling does not include discharges from the mental health hospitals - this is a known gap which will require system-wide discussions to capture the challenges that this presents and agree how best to address them.

National Condition 3 (continued)

Set out how BCF funded activity will support delivery of BCF Objective 2: Provide the right care in the right place at the right time, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics

- Discharge to Usual Place of Residence

(**PR6 - A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time)**

RESPONSE

The key change for the BCF is the opportunity to plan for delivery over two years as opposed to one year as has been to case up until now. This means that we have an opportunity to look further forward with our planning cycle, allowing NCC, the ICB and our partners to better meet our aims.

The vision for the BCF in 2023 – 2025 is supported by two core objectives;

- Enabling people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time.

We are increasingly working towards aligning the BCF with the new ICS places, supporting local joint health, care and housing work. This includes collaborative proposals from Health and Wellbeing Partnerships with funding through the annual BCF uplift to support localised delivery of the BCF.

New for 23/24 is the recently formed Joint Social Care and Health Assurance Board, this board will oversee integrated working across adult social care, children's services, the ICB and Suffolk County Council for Waveney. DFG colleagues from the districts were invited to the June meeting where the home adaptation needs of children and young people, especially those transitioning to adulthood were discussed and will form part of the review of BCF services undertaken this year.

The Core BCF is used to fund all short term intermediate care services delivering reablement and rehabilitation across the Norfolk and Waveney footprint which are either provided by the Local Authority or the community healthcare organisations.

Norfolk First Support (NFS), the reablement provider in Norfolk, have been driving initiatives to improve service capacity, effectiveness and their ability to respond to demand to maximise the impact it has as a service. As a result, NFS capacity has substantially increased, and it is estimated to be able to support 1500+ more individuals over the next year. Further discussions with NFS have enabled NFS to provide 'stretch' capacity to better support the discharge demand however this has to be complemented by additional short term home care provision.

To address challenges with capacity to support discharges into reablement services, the Local Authority has used BCF funds (Core and ADF) to commission additional short term domiciliary services and incentivise home care providers to help bridge the gap and enable more timely supported discharges to home. It has also commissioned 6 new units to enable supported discharge to an interim home-type environment for individuals experiencing complex mental health issues.

Both the Local Authority and the ICB have used ADF to stabilise the funding for the HomeFirst/ToC Hubs, which triage and manage all supported discharges, which were previously funded via various short-term funding routes. This has been an essential step to reduce the turnover rate of staff working in the Hubs by providing security of employment.

The Core BCF is used to fund the District Direct scheme which enables dedicated District Council resources to identify and overcome housing related barriers to discharge, working as part of the multi-agency, multi-disciplinary HomeFirst Hubs. The aim of the service is to enable residents to return home in a timely manner from hospital to an environment that meets their needs, with all necessary support in place. Whenever possible, potential issues with returning home post-discharge are flagged to the District Direct team soon after a hospital admission. The aim is to resolve these issues prior to the person being confirmed as ready for discharge, with the intention of preventing any last-minute delays to discharge due to housing related issues.

The Integrated Community Equipment Scheme (9.66% of Core BCF budget, jointly funded by the ICB and NCC) and the Assistive Technology team are key to enabling people to return home by ensuring that they have the right equipment at the right time to keep them safe and enable independence when they return home whenever possible. The AT team changed their model in 2022 to include an assessment of need at point of discharge and provision of suitable equipment (e.g., pendant alarm, smoke alarms, carbon monoxide detectors, motion sensors etc.), followed by a full assessment of need once the person is home and settled into the environment.

National Condition 3 (continued)

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

RESPONSE

Our strategic work on developing the HICM commenced in the latter stages of 2021. A small number of workshops were held with the support of the LGA. This work coincided with the development of the ICS and place based structures changed. With new partnerships being formed, there was a desire expressed at the end of 21/22 to place this work on hold. Now that we have more established Place Boards, we feel this is now the time to develop our strategic approach with partners and have spoken with Isla Rowland, keen to take up the offer of support.

As a system we continue to work together to improve the management of transfers of care informed by the work of Newton Europe on discharge processes at the three acute hospitals and our Demand and Capacity Planning. A number of our schemes focus on multi-disciplinary working to support discharge and we are re-designing our offer from the VCSE for short and medium term support.

National Condition 3 (continued)

Please describe how you have used BCF funding, including the i-BCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered.

RESPONSE

The BCF funds additional social work capacity to support Care Act Implementation related duties including Deprivation of Living Safeguards, across older people, working age adults and mental health. This additional resource has enabled social work teams to reduce waiting lists and ensure more timely responses to vulnerable people.

Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carer's breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Carers play a vital role in the health and wellbeing of Norfolk. They are key to maintaining the independence of people with care needs. However, providing care can have a major impact on carers' lives and we all have a duty to support them. There are around 81,000 people in Norfolk providing essential support to a family member or friend, according to 2021 Census dat0061. They may not think of their role as a 'carer' or know that support is available to them.

In Norfolk, the BCF funds the Social Impact Bond for Carers. This service, which was launched in September 2020, delivers an enhanced offer for carers in Norfolk. Under the brand name "Carers Matter Norfolk" it provides our carers with a single place to go for any support they need in their caring role.

Norfolk has delegated its Carers Assessment function to Carers Matter Norfolk, meaning it can offer support from one-off queries from carers to its advice line all the way up to a full Carers Assessment with ongoing support from a Family Carer Practitioner. The range of support offered by the service allows it to be flexible to meet carers needs, wherever they are in their carers journey. As part of this support, they can also offer carers access to a Health and Wellbeing Fund and Carers Breaks.

In the first two and half years of the service, there have been 4.417 new carers who were not previously known to Carers Matter Norfolk, registered with the service. 2,715 carers have had a Carers Assessment, and 1.050 have received high-level support. This represents a success story for the BCF in funding carers support and gives a platform to build on to develop further support for carers in our county.

The service has also supported the following.

- 663 people to sustain their caring role for 6-months post assessment
  This represents 85% of all 6-month checks
- 357 people to sustain their caring role for 12-months post assessment
  This represents 84% of all 12-month checks
- 506 people to increase their wellbeing after 6-months post assessment
- 89% of people who complete a carers star two increased their score by at least two points from carers star 1.
- 273 people to increase their wellbeing 12-months post assessment
- 93% of people who completed a carers star three increased their score by at least 2 points from carers star 1.

We also deliver support to our carers outside of the BCF funded services through

- a Carers Passport scheme with all three acute hospitals in Norfolk – allowing carers a way to identify themselves as carers when their cared for person is in hospital, and to discuss extended visiting hours to support their cared for person.
- In My Place Emergency Planning – support carers to develop an emergency plan held by NCC which can be enacted in the case they have an emergency to make sure their cared for person still received the necessary care.
- Carers Charter – a charter coproduced between NCC and carers to outline both our ambitions and commitments to all age carers across Norfolk.

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

(**PR3 - A strategic, joined up plan for Disabled Facilities Grant (DFG) spending)**

Since 2015, the BCF has been crucial in supporting people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by two core objectives:

- To enable people to stay well, safe and independent at home for longer

- To provide people with the right care, at the right place, at the right time

Housing adaptations, including those delivered through the Disabled Facilities Grant (DFG), support the BCF objectives by helping towards the costs of making changes to people's homes to enable them to stay well, safe and independent at home for longer.

The right home environment is essential to health and wellbeing throughout our life. DFG adaptions for people with disabilities provide a lifeline to thousands of people every year. They allow people to continue living in their homes independently. The Care Act requires local authorities to promote the well-being of individuals through supporting them to live in suitable accommodation, to prevent, reduce or delay the need for care and support and to work with statutory partners, including local authority housing departments.

In 2022/23 Norfolk Housing Authorities, in partnership with Adult Social Care, completed nearly 1400 individual adaptations, with nearly half of those costing under £5000 each. Each of these adaptations has contributed to people being able to live, independently, in their own homes. In addition to core DFGs all Norfolk Housing Authorities have, or plan to have, a Housing Assistance Policy which facilitates a range of additional support, from affordable warmth grants to hospital discharge grants.

Norfolk Housing Authorities and the County Council have agreed a shared mission statement and work in partnership on the seven agreed objectives. The strategic partnership facilitates a platform for all districts and Social Care to work collaboratively; the appointment of the Norfolk Housing and Independent Living Programme Manager supports this work.

Strong partnership in 22/23 has resulted in a management framework that evidences the activity and benefits of Norfolk's integrated approach to DFGs and will support continuous improvement and innovation. Engagement and reporting through the local Health and Wellbeing Partnerships will ensure system wide understanding and support of how DFGs contribute to the objectives of promoting independence.

Plans formulated by the seven Norfolk Local Housing Authorities detail how they will continue to deliver essential DFGs and a range of other services that make a significant impact on people's lives; allowing them to live independently and safely within their own homes.

Each District, Borough and City Council has a Health and Wellbeing partnership (HWP) with a Vision and purpose statement as part of the Integrated Care System (ICS) and Integrated Care Board (ICB). Linking the objectives, outcomes and the work specifically for the DFGs and more widely for the IHATS will demonstrate the join up of the work around maintaining residents' health and wellbeing, helping them stay independently for longer. There are plans for plans to be presented at each of the HWPs in the coming months.

In Kings Lynn and West Norfolk, the Health & Wellbeing Partnership Priorities link to the DFG service delivery:-

- Prevention – led approach to delivering equitable support and services based on evidence-based need and sustainability.
- Engagement & Collaboration – by working in partnership with our communities and organisations.
- Address Health & Wellbeing Inequalities – through building primary prevention, self-care and resilient communities.

Key points from plans point to the growing demand for home adaptations and the increasing costs of building and construction work. Workforce challenges – the availability of occupational therapists and within the construction industry cause delays.

Boroughs are committed to the use of DFGs and RRO policies to offer flexible solutions to ensure disabled residents can access and benefit from adaptations to their property to enable them to continue to live at home.
Districts are keen to review and streamline DFG processes to reduce time between referral, triage(for example South Norfolk and Broadland), and the works being carried out and are particularly keen to understand how the service has impacted on people's lives with follow up visits and calls post completion to survey residents(for example Great Yarmouth) to understand how the Adaptation has impacted on their health and wellbeing and report on these outcomes to the Health and Wellbeing Partnership.
The plans are embedded here for further reading.

Breckland DFG Locality Plan 2023-24

South Norfolk DFG Locality Plan 2023-24

GYBC DFG Locality Plan 2023-24 Final.pd

Broadland DC DFG Locality Plan 23-24.pc

Kings Lynn West Norfolk DFG Locality I

Norwich Disabilities Facilities Grants Local

North Norfolk DFG Locality Plan 2023-24

Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) England and Wales Order 2002 (RRO) to use a portion of the DFG funding for discretionary services?

☒ Yes ☐ No

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

RESPONSE

All seven of our Districts use RRO's to use a portion of DFG funding for discretionary services. It is difficult to quantify the amount allocated to these discretionary uses in advance, as many of the RRO's fund services that are used on an as needed basis, rather than funding capacity.
Examples:

South Norfolk and Broadland have a number of grants under the RRO including;

- Forget Me Not Grant – for people living with Dementia and those caring for them to prevent admission or aid discharge
- Carer Support Facility Grant – adaptations or equipment to enable and assist family members who provider care and support for residents with disabilities.

Kings Lynn and West Norfolk -

- Adapt Grant for assist with hospital discharge cases

- Low level Prevention and Safe and Secure Grants helping residents stay safe and independent in their own homes

North Norfolk – the introduction of an RRO policy is due to be presented to cabinet in July 2023, if approved, internal procedures will be developed to ensure the policy is operational by the end of the summer 2023.

Breckland

- Relocation grant. To cover moving costs if the client identifies moving to a more suitable property as an alternative to a DFG.

Equality and health inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with Protected Characteristics? This should include

- Changes from previous BCF plan
- How equality impacts of the local BCF Plan have been considered
- How these inequalities are being addressed through the BCF Plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these
- Any actions moving forward that can contribute to reducing these differences in outcomes
- How priorities and Operational Guidelines regarding health inequalities, as well as Local Authority priorities under the Equality Act and NHS actions in line with CORE20PLUS5.

RESPONSE

Those living in our most deprived communities experience more difficulties and poorer health outcomes. Health and Wellbeing Board members told us that this was magnified during the pandemic and gaps between communities widened. We recognise that together, we need to deliver effective interventions, to break the cycle, mobilise communities and ensure the most vulnerable children and adults are protected. To be effective in delivering good population outcomes we need to most help those in most need and intervene by working together at system, place, and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale. Reducing inequalities in health and wellbeing will involve addressing wider issues that affect health, including housing, employment, and crime, with community-based approaches. These need to be driven by partnerships at a place level involving councils, health services, the voluntary sector, police, public sector employers and businesses.

District, City and Borough Councils work closely with partners to identify areas of increasing concern, poverty and inequality across Norfolk and Waveney. Health and Wellbeing Board Members told us that, through the pandemic, local resilience arrangements were key to providing clear messages and communication with communities, partners, and members. Communities have the knowledge, assets, skills, and ability to help their residents flourish.

Communities and individuals that are able to meet their own needs have better outcomes. It is important that our services support those living in our communities to look after themselves and live an independent life for as long as possible.

As part of this the Place Boards - which bring together partners across each of the five Places in Norfolk - have been focusing on identifying the specific health inequalities experienced in their area and how the demography, geography and community support available impacts on this. This work is still in its early stages of development, but it has been seen as an important factor in the decision to involve the Norfolk Places in the development of the system's BCF priorities.

As a system we are working to reduce health inequalities by:

• Using population health management techniques.

• Improving access to services, for example via the Wellness on Wheels Bus and the introduction of our Health and Care Wellbeing Hubs.

• Collaborating through our place boards and local health and wellbeing partnerships to improve access to and the quality of healthcare, as well as to address the wider determinants of health.

• Establishing a Patients and Communities Committee, whose remit includes examining how the ICB is reducing health inequalities.

Our collective work as a system is helping us to deliver the measures in the NHS Long Term Plan, the five priority actions to address inequalities that were identified as part of the health service's response to the pandemic and our work to deliver Core20PLUS5.

Our services are also developed with Equality Impact Assessments, which aim to understand and mitigate the potential inequalities experienced by people with protected characteristics as a result of new services or service changes. Many of our services seek to positively target inequalities, for example, by offering additional support to people with protected characteristics.

We are using population health management techniques to provide more anticipatory care and early intervention. We are also using technology to empower people to manage their health and wellbeing better, for example by giving people greater visibility and control over their treatment and care journeys – this is a key aim of our new Digital Transformation Strategy.

We are re-designing our Home from Hospital service, bringing it together with other VCSE services to form a new Community and Discharge Support Service. This service will provide a single point of access to an equitable countywide service that has increased support capacity, a framework approach to contracting with other VCSE services and onward referral to VCSE services that can meet the needs of individuals, building their local networks to increase their resilience. The service will have an outcome focused approach to encourage collaborative working between providers enabling a local community approach. It will also afford increased volunteering opportunities for local populations.

Currently, we have specific information and advice services within our BCF, targeted at those with protected characteristics and those groups/individuals know experience health inequalities, such as people with disabilities, older people, and unpaid carers. As the Place-based work on health inequalities develops and the system's understanding matures over time, Norfolk can start to use this knowledge to influence a more comprehensive targeting of BCF services to tackle inequalities.

As part of the BCF review we will be developing a comprehensive dashboard on the impact of our BCF programme, as detailed in the 'Executive Summary'. This alongside the 2021 census data, once it is published, will enable us to better identify and evidence inequality of outcomes related to how we deliver the BCF national metrics locally and their expected impacts on the people of Norfolk.

BCF Planning Template 2023-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.

5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Expected outputs
- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
9. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
11. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.
12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
https://future.nhs.uk/bettercareexchange/view?objectId=143133861
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
    - emergency admissions due to falls for the year for people aged 65 and over (count)
    - estimated local population (people aged 65 and over)
    - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Norfolk	
Completed by:	Nick Clinch	
E-mail:	nicholas.clinch@norfolk.gov.uk	
Contact number:	01603 223329	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Wed 27/09/2023	<< Please enter using the format, DD/MM/YYYY

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	County Councillor	Bill	Borrett	Bill.Borrett.cllr@norfolk.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Chief Executive	Tracey	Bleakley	t.bleakley@nhs.net
	Additional ICB(s) contacts if relevant	Director of Primary Care	Mark	Burgis	mark.burgis@nhs.net
	Local Authority Chief Executive	Chief Executive	Tom	McCabe	tom.mccabe@norfolk.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Executive Director of	Debbie	Bartlett	Debbie.bartlett@norfolk.gov.uk
	Better Care Fund Lead Official	Assistant Director	Nicholas	Clinch	nicholas.clinch@norfolk.gov.uk
	LA Section 151 Officer	Director of Financial	Harvey	Bullen	harvey.bullen@norfolk.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	Commissioning Manager, Social Care & Health Partnership Commissioning	Commissioning Manager	Bethany	Small	bethany.small@nhs.net
	Snr. Commissioning Manager, Social Care & Health Partnership Commissioning	Snr. Commissionin	Christine	Breeze	Christine.Breeze@norfolk.gov.uk

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Norfolk

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£9,157,782	£9,157,782	£9,157,782	£9,157,782	£0
Minimum NHS Contribution	£77,165,711	£81,533,291	£77,165,711	£81,533,291	£0
iBCF	£39,618,564	£39,618,564	£39,618,564	£39,618,564	£0
Additional LA Contribution	£0	£0	£0	£0	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£5,554,461	£9,220,405	£5,554,461	£9,220,405	£0
ICB Discharge Funding	£5,441,490	£8,340,076	£5,441,490	£8,340,076	£0
Total	**£136,938,008**	**£147,870,118**	**£136,938,008**	**£147,870,118**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£21,885,907	£23,124,650
Planned spend	£36,699,262	£38,776,438

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£38,087,936	£40,243,713
Planned spend	£51,523,944	£54,440,200

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	185.7	167.8	184.1	192.8

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,472.3	1,441.8
	Count	3443	3370
	Population	225266	225266

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.0%	93.3%	93.0%	92.7%

Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	574	444

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board: Norfolk

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabilitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.
The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:
- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.
You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:
- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.	Informed by Op Planning 2023/24 submissions and Provider data. Demand pathway splits based on actuals but only available as P0/P1/P2/P3. Bed-based reablement capacity data is not recorded as step-down or step-up, so all in step down. Capacity forecasts for specialist MH, LD and austim included - note: IC is typically > 4-6 weeks for these. Pathway 3 capacity data aligned to Demand as unable to verify capacity at this time. %s averaged for multiple services, as advised by Isla Rowland. 43 service lines contribute to the capacity data, hence no single LoS or av Hours.

Complete:	
3.1	Yes
3.2	Yes
3.3	Yes
3.4	Yes

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Social support (including VCS) (pathway 0)	790	854	801	850	826	798	782	854	849	825	737	817
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST		3222	3374	3378	3306	3304	3275	3490	3540	3379	3511	3504	3538
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST		2154	2216	2216	2186	2159	2129	2127	2134	2253	2094	2086	2385
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Reablement at home (pathway 1)	85	52	53	51	54	44	67	68	75	53	64	76
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST		324	372	324	349	378	375	399	428	481	503	319	376
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST		62	79	71	75	76	77	82	79	85	87	68	78
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Rehabilitation at home (pathway 1)												
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST													
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST													
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Short term domiciliary care (pathway 1)												
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST													
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST													
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Reablement in a bedded setting (pathway 2)												
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST													
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST													
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Rehabilitation in a bedded setting (pathway 2)	52	57	53	54	54	52	51	57	59	55	48	54
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST		189	211	206	203	203	198	202	221	222	212	174	204
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST		63	70	63	52	52	63	63	70	62	59	60	52
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Short-term residential/nursing care for someone likely to require a longer-term care home placement	6	7	6	6	8	6	6	6	7	6	5	6
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	(pathway 3)	34	55	64	49	52	57	74	64	79	76	86	85
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST		10	11	10	10	8	10	10	11	10	9	10	8

3.2 Demand - Community

Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)												
Urgent Community Response	1651	1835	1681	1977	2075	1764	2033	1936	1946	1980	1676	2066
Reablement at home	272	333	249	274	266	163	280	293	294	92	324	316
Rehabilitation at home												
Reablement in a bedded setting	13	11	11	15	6	15	9	14	19	14	15	13
Rehabilitation in a bedded setting												
Other short-term social care												

3.3 Capacity - Hospital Discharge

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	354	354	354	354	354	354	354	354	354	354	354	354
Reablement at Home	Monthly capacity. Number of new clients.	295	305	295	305	310	300	310	300	310	310	281	310
Rehabilitation at home	Monthly capacity. Number of new clients.	115	132	115	123	134	135	143	156	175	184	117	133
Short term domiciliary care	Monthly capacity. Number of new clients.	45	46	36	28	46	52	72	96	132	132	32	63
Reablement in a bedded setting	Monthly capacity. Number of new clients.	32	32	32	32	32	32	32	32	32	32	32	32
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	189	189	189	189	189	172	213	228	220	220	201	236
Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity. Number of new clients.	50	73	80	65	66	78	90	81	96	91	101	99

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly		
ICB	LA	Joint
45%	45%	10%
23%	77%	0%
96%	4%	0%
0%	100%	0%
23%	77%	0%
63%	37%	0%
0%	0%	100%

3.4 Capacity - Community

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	162	162	162	162	162	162	162	162	162	162	162	162
Urgent Community Response	Monthly capacity. Number of new clients.	2973	3068	2988	3028	3144	2860	3057	3008	3068	3059	2880	3063
Reablement at Home	Monthly capacity. Number of new clients.	243	243	243	243	243	243	243	243	243	243	243	243
Rehabilitation at home	Monthly capacity. Number of new clients.	888	916	920	931	889	930	943	889	924	954	929	947
Reablement in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	32	32	32	78	78	78	78	78	78	78	78	78
Other short-term social care	Monthly capacity. Number of new clients.	37	37	37	37	37	37	37	37	37	37	37	37

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly		
ICB	LA	Joint
0%	100%	0%
66%	34%	0%
23%	77%	0%
79%	21%	0%
23%	77%	0%
100%	0%	0%
0%	100%	0%

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Norfolk

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Norfolk	£9,157,782	£9,157,782
DFG breakdown for two-tier areas only (where applicable)		
Breckland	£1,329,644	£1,329,644
Broadland	£1,013,705	£1,013,705
Great Yarmouth	£1,348,045	£1,348,045
King's Lynn and West Norfolk	£1,782,807	£1,782,807
North Norfolk	£1,354,615	£1,354,615
Norwich	£1,293,541	£1,293,541
South Norfolk	£1,035,425	£1,035,425
Total Minimum LA Contribution (exc iBCF)	**£9,157,782**	**£9,157,782**

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Norfolk	£5,554,461	£9,220,405

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Norfolk and Waveney ICB	£5,441,490	£8,340,076
Total ICB Discharge Fund Contribution	£5,441,490	£8,340,076

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Norfolk	£39,618,564	£39,618,564
Total iBCF Contribution	**£39,618,564**	**£39,618,564**

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	No

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	**£0**	

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Norfolk and Waveney ICB	£77,165,711	£81,533,291
Total NHS Minimum Contribution	**£77,165,711**	**£81,533,291**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£77,165,711**	**£81,533,291**	

	2023-24	2024-25
Total BCF Pooled Budget	**£136,938,008**	**£147,870,118**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Norfolk

<< Link to summary sheet

Running Balances	2023-24 Income	2023-24 Expenditure	2023-24 Balance	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£9,157,782	£9,157,782	£0	£9,157,782	£9,157,782	£0
Minimum NHS Contribution	£77,165,711	£77,165,711	£0	£81,533,291	£81,533,291	£0
iBCF	£39,618,564	£39,618,564	£0	£39,618,564	£39,618,564	£0
Additional LA Contribution	£0	£0	£0	£0	£0	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£5,554,461	£5,554,461	£0	£9,220,405	£9,220,405	£0
ICB Discharge Funding	£5,441,490	£5,441,490		£8,340,076	£8,340,076	£0
Total	**£136,938,008**	**£136,938,008**	**£0**	**£147,870,118**	**£147,870,118**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24 Minimum Required Spend	2023-24 Planned Spend	2023-24 Under Spend	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£21,885,907	£36,699,262	£0	£23,124,650	£38,776,438	£0
Adult Social Care services spend from the minimum ICB allocations	£38,087,936	£51,523,944	£0	£40,243,713	£54,440,200	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

>> Incomplete fields on row number(s):

60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119,

									Planned Expenditure						
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Expected outputs 2023-24**	**Expected outputs 2024-25**	**Units**	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding

1	Norfolk Advice Network and Advocacy	Provider: Age UK, Equal Lives. To provide a single point of contact for information,	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		Joint	12.0%	88.0%	Charity / Voluntary Sector	Minimum NHS Contribution
2	A Social Impact Bond for Carers	Provider: Carers Matter Norfolk To support carers to maintain	Carers Services	Carer advice and support related to Care Act duties		2244	2244	Beneficiaries	Social Care		Joint	12.0%	88.0%	Private Sector	Minimum NHS Contribution
9	ICES (Integrated Community Equipment	Provider: Medequip Provides equipment to aid independence at home.	Assistive Technologies and Equipment	Community based equipment		37,450	39322	Number of beneficiaries	Social Care		Joint	92.0%	8.0%	Private Sector	Minimum NHS Contribution
10	Integrated Care Coordinators	Provider: Norfolk County Council. ICC roles work with health and social care	Integrated Care Planning and Navigation	Care navigation and planning					Primary Care		Joint	89.0%	11.0%	Local Authority	Minimum NHS Contribution
20	Norfolk First Response	Provider: Norfolk County Council. Reablement Services offering six weeks reablement	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		6827	6827	Packages	Social Care		Joint	12.2%	87.8%	Local Authority	Minimum NHS Contribution
21	Rapid Response (part of Swifts and Nightowls)	Provider: Norfolk County Council rapid response service for people with short	Urgent Community Response						Social Care		Joint	25.0%	75.0%	Local Authority	Minimum NHS Contribution
56	District Direct	Provider: District and Borough Councils. Ensures District Council	High Impact Change Model for Managing Transfer of Care	Housing and related services					Acute		Joint	0.3%	99.7%	Local Authority	Minimum NHS Contribution
66	Home From Hosptal	Provider: British Red Cross Support for patients on discharge to settle them in at	High Impact Change Model for Managing Transfer of Care	Other	Low level post discharge support in the				Social Care		Joint	0.3%	99.7%	Charity / Voluntary Sector	Minimum NHS Contribution

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermeditate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Norfolk

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	178.7	158.4	175.1	173.1	2022/23 FY baseline. Seasonality applied linked to operational planning submission.	Multi-disciplinary teams focus on providing an Urgent Community response, coordinating services around an individual to avoid hospital admission in a crisis.
	Number of Admissions	2,140	1,897	2,096	-		
	Population	907,760	907,760	907,760	907,760		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Indicator value	185.7	167.8	184.1	192.8		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,636.9	1,472.3	1,441.8	2022/23 local data uplifted to match national data in line with 2021/22. Linked to operational planing submission	In 2023-24, the initial falls activity is being consolidated under a single NW ICS Falls Programme, with three workstreams •Acute and Inpatient settings •Community, including VCSE •Care Homes. The overall aim is to provide cohesive falls prevention and response pathways, using
	Count	3,835	3,443	3,370		
	Population	225,266	225,266	225,266		

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are	Quarter (%)	91.8%	93.1%	92.8%	91.9%	2022/23 FY baseline. Seasonality applies, linked to operational planning submission.	A number of long standing services including the Home from Hospital service, have been recommissioned with providers coming together to provide a cohesive
	Numerator	16,844	16,650	17,172	19,043		
	Denominator	18,341	17,875	18,508	20,722		

discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		coming together to provide a cohesive offer across the County, to better support people in their own homes following discharge from hospital
	Quarter (%)	92.0%	93.3%	93.0%	92.7%		
	Numerator	17,942	17,721	18,295	18,510		
	Denominator	19,496	18,988	19,671	19,965		

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	574.2	607.3	520.2	444.5	We have achieved significant reduction in 22/23 as a result of changed ways of working. As we continue to embed these changes, the expect to see further reduction in admissions to residential and nursing.	New ways of working, focussing on increased offer on home care and early prevention work through our connecting communities programme of work and community discharge support offer, will continue to be rolled out across all areas,
	Numerator	1,294	1,416	1,213	1,053		
	Denominator	225,343	233,182	233,182	236,901		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.9%	86.5%	85.7%	85.0%	The reablement service has broadened its criteria to include more people with more complex needs. This accounts for the increase in denominator for 22-23 and the slight expected increase for 23-24. However, this also means a likely reduction	Targets in place to increase workflow into reablement, partially due to changing of access criteria.
	Numerator	481	485	508	510		
	Denominator	560	561	593	600		

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated approval? *Paragraph 11* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? *Paragraph 33* • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33* • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? *Paragraph 34*	Expenditure plan Narrative plan Expenditure plan

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4**	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objctive and has the narrative plan incorporated learnings from this exercise? *Paragraph 66*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan
Additional discharge funding	**PR5**	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51* Is the plan for spending the additonal discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 21* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 22* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 24* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 23*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan

NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan
Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 73* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 – 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 13* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? *Paragraph 12*	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 59* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan

Additional ICB Discharge Funding 2023-24 and 2024-25: ICB to HWB allocation template

Guidance

Additional Funding for activity to support discharge from hospital has been provided via ICBs and LAs. This funding must be pooled into local Better Care Fund plans and used in line with the conditions set out in the BCF Planning Requirements.

Half of the Discharge funding has been distributed via ICB allocations. The funding must be pooled into HWB level BCF plans. Allocations to HWB (LA) level have not been set centrally and it is for systems to agree how to distribute this funding at HWB level. The distribution to HWB level should be agreed between the ICB and local authorities.

Agreed contributions from the ICB element of the discharge funding should be included in individual BCF Planning Templates. These HWB allocations will need to be agreed in sufficient time for local BCF plans to be finalised and agreed in time for the 28 June deadline. This template is for ICBs to confirm the distribution of ICB allocated funding across all HWBs within their footprint. ICB finance leads are responsible for ensuring that a completed version of this template is returned for each ICB to england.bettercarefundteam@nhs.net (copied to the Better Care Manager) on 28 June, separately from HWB level plans.

You should ensure that the total sum distributed to HWBs for 2023-24 and 2024-25 from your ICB is equal to the total allocation from the ASC DIscharge Fund.

As with all BCF templates, the information from this template will be shared with national partners, including finance colleagues. ICBs may be asked to report further on the use of this funding during the year.

	Yellow sections indicate required input
ICB name	NHS Norfolk and Waveney ICB

	2023-24	2024-25
Total allocation	£6,122,009.59	£9,383,091.00

Name of person completing this form	

HWB	2023-24 Funding	2024-25 Funding
Norfolk	£5,441,489.59	£8,340,076.00
Suffolk	£680,520.00	£1,043,015.00
Total (Must equal allocation)	£6,122,009.59	£9,383,091.00

Improving lives **together**
Norfolk and Waveney Integrated Care System

Better Care Fund 2023/2025 Submission

Norfolk Health and Wellbeing Board

27 September 2023

Gary Heathcote, Director of Commissioning, Norfolk County Council

Marcus Bailey, Winter Director, Norfolk and Waveney Integrated Care Board

Introduction

The Better Care Fund (BCF) is a nationally mandated programme, launched in 2013 with the aim of joining up health and care services, so that people can manage their own health and wellbeing and live independently.

The BCF is made up of a number of elements:

- **The 'Core BCF' brings Local Authorities and NHS partners together to agree integrated priorities, pool funding and jointly agree spending plans. A nationally-determined minimum contribution is made each year. This contribution is not 'new' money, being drawn from core funds, which includes requirements to deliver:**
  - **Reablement services,**
  - **Support of unpaid carers as defined in the Care Act 2014, including carers' breaks,**
  - **Out of hospital services.**
    - **Local Authorities also receive a Disabled Facilities Grant (DFG), to 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; and an integrated BCF (i-BCF) Grant for meeting adult social care needs, ensuring that the social care provider market is supported, and reducing pressures on the NHS.**
    - **In November 2022 - new Adult Social Care Discharge Fund (ASDF) which is also considered to be part of the BCF, this has since been re-named as the Additional Discharge Fund.**
    - **We work together to agree: The allocations between the ICB and the LA of the minimum NHS contribution, and an annual, joint BCF plan.**

BCF 2023/24 and 2024/25 Finances

For the first time, NHSE have allocated funds over two years. This is welcomed as it allows for longer term planning. The Additional Discharge Fund will be substantially increased in the second year.

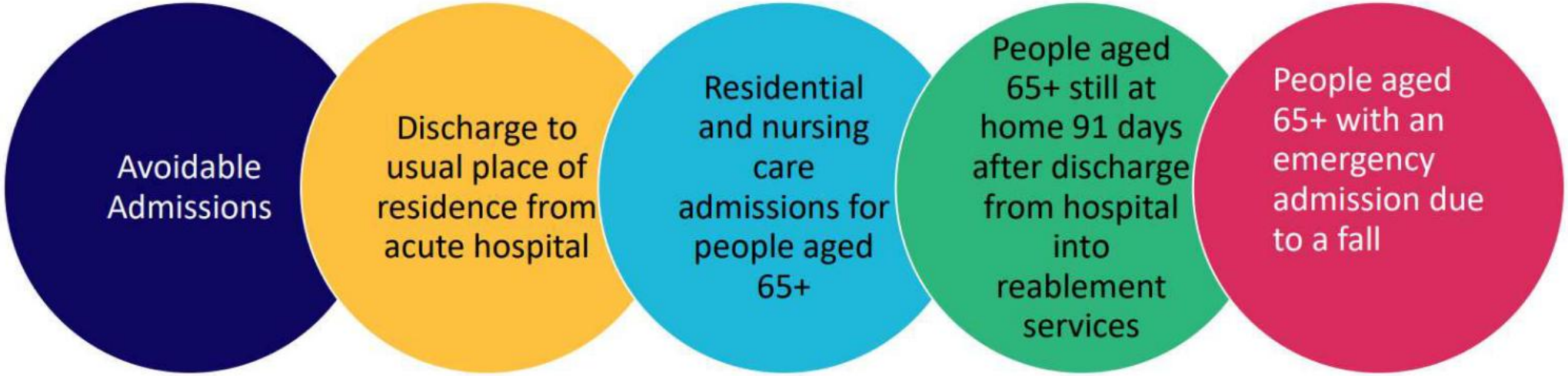
- The Better Care Fund is at its core a pooled fund which supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. The CCG minimum contribution for Norfolk is £77,165,711.
- There is a £39,618,564 improved Better Care Fund (iBCF) which is controlled by Norfolk County Council, and £9,157,782 in Disabled Facilities Grants, which is delivered by our District Councils.
- Every year NHSE issue Planning Guidance and Requirements, which ask us to agree an integrated plan for the spend of this money, to meet the above integration aims and to describe how our plan will help Norfolk reach the metrics they have set out.

	2023-24			2024-25	
Running Balances	Income	Expenditure	Balance	Income	Expenditure
DFG	£9,157,782	£9,157,782	£0	£9,157,782	£9,157,782
Minimum NHS Contribution	£77,165,711	£77,165,711	£0	£81,533,291	£81,533,291
iBCF	£39,618,564	£39,618,564	£0	£39,618,564	£39,618,564
Additional LA Contribution	£0	£0	£0	£0	£0
Additional NHS Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£5,554,461	£5,554,461	£0	£9,220,405	£9,220,405
ICB Discharge Funding	£5,441,490	£5,441,490		£8,340,076	£8,340,076
Total	**£136,938,008**	**£136,938,008**	**£0**	**£147,870,118**	**£147,870,118**

BCF 2023/24 and 2024/25 Integrated Plan

- As part of the BCF review we developed a set of priorities for the Better Care Fund, which Norfolk Health and Wellbeing Board have agreed. These are:
- Prevention
- Sustainable Systems inc. Admission Avoidance
- Person Centred Care and Discharge
- Inequalities and Support for Wider Factors of Wellbeing
- Housing, DFGs, and overarching pieces of work

The five metrics we need to focus on achieving are:



Changes in 2023/24

- For the first time, NHSE have allocated funds over two years. This is welcomed as it allows for longer term planning and gives an increased level of stability to the VCSE sector who provide schemes under the BCF.
- The Additional Discharge Fund will be substantially increased in the second year and further planning will be undertaken to ensure an integrated approach to allocating funds for community-based services on the evidence of what we know works and will deliver a positive impact.
- Demand and Capacity Plans – integrated working utilising data from each of the acute hospitals setting out predicted demand for different settings and the planned capacity of social support at home and in bedded settings.

Next Steps

- Working with the LGA to revisit the High Impact Change Model for Transfers of Care.
- Review of schemes to ensure alignment and inclusion of system and place priorities, to improve collection of data and evidence of impact, and a proposal to develop of a BCF dashboard.

Recommendation

1) BCF has funded a wide range of services that benefit our population.
2) Services within the BCF largely aligned technically to current BCF aims.
3) Processes are in place to share openly the contents of the BCF, and good joint-working on its future is in place.
4) Health and care partners see the BCF as a key vehicle for delivering future joint working, including between health and care, work at Place and smoother financial processes that enable better integration.

The Health and Wellbeing Board members are asked to;

a) Endorse and sign-off the Norfolk BCF submission for 2023/2024, and 24/25 , noting that the plan for 2024/25 will be brought for further sign-off in September 2024.

b) Note the upcoming review and offer to return to the HWB to present on the outcome of the review.

Norfolk and Waveney Integrated Care Partnership

Item 6

Report title: Amendments to the Integrated Care Partnership Terms of Reference

Date of meeting: 27 September 2023

Sponsor (ICP member): Debbie Bartlett, Interim Executive Director of Adult Social Services, Norfolk County Council

Reason for the Report

There have been changes to the Cabinet in Norfolk County Council in that there is now a Cabinet Member for Adult Social care and a Cabinet Member for Public Health and Wellbeing so it has become necessary to make the necessary amendments to the Terms of Reference (ToRs) to amend the membership and titles of the Cabinet Members.

Report summary

The ICP came into being under the Health and Care Act 2022 on 1 July 2022. ToRs were produced as part of the Governance arrangements for the ICP and to align with the Governance for the Health and Wellbeing Board due to the meetings being held consecutively with the same membership represented at both meetings. There have been changes to the Cabinet in Norfolk County Council in that there is now a Cabinet Member for Adult Social care and a Cabinet Member for Public Health and Wellbeing, so it has become necessary to make the necessary amendments to the ToRs to amend the membership and titles of the Cabinet Members contained within the ToRs.

Recommendations

The ICP is asked to:

a) Agree to the revised version of the Integrated Care Partnership Terms of Reference.

1. Background

1.1 The ToRs for the ICP were agreed at the meeting on 21 July 2022 and since then our Integrated Care system has been taking shape across Norfolk and Waveney. It is good practice to review the Governance and Membership of the ICP yearly and there have been recent changes which have prompted the need to revise the ToRs.

2. Revised Terms of Reference

2.1 The revised Terms of Reference for the ICP are attached at **Appendix A.**

Officer Contact

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

Name: Debbie Bartlett Tel:01603 303390 Email: debbie.bartlett@norfolk.gov.uk

Norfolk and Waveney Integrated Care Partnership (ICP)

Terms of Reference and Procedure Rules

1. Context and Role of the Integrated Care Partnership

The role of the Integrated Care Partnership (ICP) in Norfolk and Waveney is to promote the close collaboration of the health and care system, building on the existing Norfolk Health and Wellbeing Board and other partnerships with the expanded geography that includes Waveney, to ensure better health and care outcomes for all our residents.

It provides a forum for stakeholders to come together as equal partners to discuss and resolve crosscutting issues. The ICP is a statutory committee of both the Integrated Care Board and Norfolk and Suffolk County Council's under the Health and Care Act 2022, it plays a central role in the planning and improvement of health and care in Norfolk and Waveney and will support place-based partnerships**.**

It drives and enhances integrated approaches and collaborative behaviours at every level and promotes an ethos of working in partnership with people and communities, and between organisations to address challenges that the health and care system cannot address alone.

Together, the ICP will generate an Integrated Care Strategy to improve health and care outcomes and experiences for our residents, for which all partners will be accountable.

2. Principles

The Norfolk and Waveney ICP will operate under these guiding principles:

1. Partnership of equals – to find consensus and make decisions including working though difficult issues, where appropriate.
2. Collective model of accountability – partners hold each other mutually accountable for shared and individual organisational contributions to objectives.
3. Improving outcomes for communities – including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities, and tackling the underlying social determinants.
4. Collaboration and integration – a culture of broad collaborations and integration at every level of the system to improve outcomes and reduce duplication and inefficiency.
5. Co-production and inclusivity – create a learning system which makes decisions based on evidence and insight.

3. Membership

The Membership of the ICP mirrors the existing Norfolk Health and Wellbeing Board, with additional membership to consider Waveney and place partnerships. Whilst it is important for the ICP to engage with a wide range of stakeholders and understand the differing viewpoints across the system and communities, membership will be kept to a productive level.

The membership for the Norfolk and Waveney ICP is attached at appendix A.

4. Appointment of Chair

The Chair of the ICP will be selected from among the members of the ICP and agreed jointly by the ICB, and Norfolk and Suffolk Local Authorities.

This appointment process will take place at the start of the meeting with an officer informing members of the need to elect a chair. Nominations will then be called and then seconded. If more than one nomination is received this will be dealt with by way of a majority vote of those present. If

only one nomination is forthcoming the officer will then ask for any objections. If objections are received, a vote will take place which will be carried by a majority vote by those present. Once this process takes place and the nomination is passed, the Chair then commences the meeting. If the nomination is rejected, the whole process will commence again until agreement by majority of those present is reached.

The Chair will be appointed at the first meeting of the ICP and annually at a meeting of the ICP thereafter.

The Chair will be expected to:

- be able to build and foster strong relationships in the system
- have a collaborative leadership style
- be committed to innovation and transformation
- have expertise in delivery of health and care outcomes
- be able to influence and drive delivery and change

The ICP will appoint three Vice Chairs drawn from its membership. These will also be appointed at the first meeting of the ICP and annually thereafter.

5. Duties and Responsibilities

The ICP is a core part of the Norfolk and Waveney Integrated Care System, driving their direction and priorities.

The ICP will be rooted in the needs of people, communities, and places.

The ICP will help to develop and oversee population health strategies to improve health outcomes and experiences.

The ICP will support integrated approaches and subsidiarity.

The ICP will take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

The ICP will work to embed safeguarding as everyday business across the Norfolk and Waveney Integrated Care System.

The ICP will develop an Integrated Care Strategy which the ICB, Norfolk and Suffolk County Council's will be required by law to have regard to when making decisions, commissioning, and delivering services.

The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required. These include, but are not limited to, helping people live more independent, healthier lives and safer lives for longer, free from abuse and harm, taking a holistic view of people's interactions with services across the system and the different pathways within it, addressing inequalities in health and wellbeing outcomes; experiences and access to health services; improving the wider social determinants that drive these inequalities, including employment, housing, education environment, safeguarding, and reducing offending; improving the life chances and health outcomes of babies, children and young people, and improving people's overall wellbeing and preventing ill-health.

The ICP will provide a forum for agreeing collective objectives, enable place-based partnerships and delivery to thrive alongside opportunities for connected scaled activity to address population health challenges.

The ICP will set the strategic directions and workplans for organisational, financial, clinical, and informational integration, as well as other types.

6. Authority, Accountability, Reporting and Voting Arrangements

The ICP is tasked with developing a strategy to address the Health, Social Care and Public Health needs of their system, and of being a forum to support partnership working. The ICB and Local Authorities will have regard to ICP Strategies when making decisions. The ICP has no executive powers, other than those specifically delegated in these terms of reference. Individual members will be able to act with the level of authority and the powers granted to them by way of their constituent bodies' policies and make decisions on that basis. The ICP is able to discuss and agree recommendations for approval by the constituent members' statutory bodies. Its role is primarily one of oversight and collective co-ordination.

The aim will be for decisions of the ICP to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support, or otherwise, for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions.

Meetings of the ICP will be open to the public unless the matter falls within one of the categories of information, outlined in Appendix B. In this instance, the ICP may determine public participation will be withdrawn for that item.

Meetings will be live streamed and recorded, to be made available to the public afterwards.

Minutes of the meeting will be taken and approved at the next meeting of the ICP.

Final minutes will be made available on the websites of the ICB, Norfolk and Suffolk County Councils.

7. Attendance

Members are expected to attend 75% of meetings held each year. It is expected that members will prioritise these meetings.

Where it is not possible for a member to attend, they may nominate a named deputy to attend meetings in their absence and must notify the Secretariat, at norfolkandwaveneyicp@norfolk.gov.uk, who that person will be.

Members and those presenting must attend meetings in person.

The quorum, as described at section 8, must be adhered to for all meetings, including urgent meetings.

Attendance will be recorded within the minutes of each meeting and monitored annually.

8. Quorum

A quorum will be reached when at least the Chair and four members from different partnership organisations are present.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations for decision by the constituent member bodies may be taken.

In the unlikely event that a member has been disqualified from participating in the discussion of an item on the agenda, for example by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

Nominated deputies attending a meeting on behalf of a member may count towards the quorum.

9. Notice and Frequency of Meeting

Generally, meetings will be held four times a year but more frequently if required for specific matters.

As a matter of routine, an annual schedule of meetings will be prepared and distributed to all members. In other specific instances, or in cases where the date or time of a meeting needs to be changed, notice shall be sent electronically to members at least five working days before the meeting. Exceptions to this would be in the case of emergencies or the need to conduct urgent business.

An agenda and any supporting papers specifying the business proposed to be transacted shall be delivered to each member and made available to the public five working days before the meeting, potential exception being in the case of emergencies or the need to conduct urgent business. Supporting papers, shall accompany the agenda.

Secretariat support to the ICP will be provided by Norfolk County Council.

10. Public Questions

The public are entitled to ask questions at meetings of the ICP and questions should be put in writing and sent by email at least three working days before the meeting. If the question relates to urgent matters, and it has the consent of the Chair to whom the question is to be put, this should be sent by 4pm on the day before the meeting.

Questions should be sent to the Chair, at norfolkandwaveneyicp@norfolk.gov.uk, and will be answered as appropriate, either at the meeting or in writing.

The Chair on behalf of the ICP may reject a question if it:

a) is not about a matter for which the ICP has collective responsibility or particularly affects the ICP; or

b) is defamatory, frivolous, or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision.

Who may ask a question and about what

A person resident in Norfolk and Waveney, or who is a non-domestic ratepayer in Norfolk and Waveney, or who pays Council Tax in Norfolk and Waveney, may ask at a public meeting of the ICP through the Chair any question within the terms of reference of the ICP about a matter for which the ICP has collective responsibility or particularly affects the ICP. This does not include questions for individual ICP members where responsibility for the matter sits with the individual organisation.

Rules about questions:

Number of questions – At any public ICP meeting, the number of questions which can be asked will be limited to one question per person plus a supplementary. No more than one question plus a supplementary may be asked on behalf of any one organisation. No person shall be entitled to ask in total under this provision more than one question, and a supplementary, to the ICP in any six-month period.

Other restrictions – Questions are subject to a maximum word limit of 110 words. Questions that are in excess of 110 words will be disqualified. The total time for public questions will be limited to 15 minutes. Questions will be put in the order in which they are received.

Supplementary questions – One supplementary question may be asked without notice and should be brief (fewer than 75 words and take less than 20 seconds to put). It should relate directly to the original question or the reply. The Chair may reject any supplementary question which s/he does not consider compliant with this requirement.

Rules about responses:

The Chair shall exercise his/her discretion as to the response given to the question and any supplementary.

Not attending – If the person asking the question indicates they will not be attending the ICP meeting, a written response will be sent to the questioner.

Attending – If the person asking the question has indicated they will attend, response to the questions will be made available at the start of the meeting and copies of the questions and answers will be available to all in attendance. The responses to questions will not be read out at the meeting.

Supplementary questions – The Chair may give an oral response to a supplementary question or may require another Member of the ICP or Officer in attendance to answer it. If an oral answer cannot be conveniently given, a written response will be sent to the questioner within seven working days of the meeting.

Written response – If the person who has given notice of the question is not present at the meeting, or if any questions remain unanswered within the 15 minutes allowed for questions, a written response will be sent within seven working days of the meeting.

Rejection of a question

A question may be rejected if it:

a) is not about a matter for which the ICP has collective responsibility or particularly affects the ICP; or
b) is defamatory, frivolous, or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision; or
c) requires the disclosure of confidential or exempt information, as defined in the Access to Information Procedure Rules.

11. Managing Conflicts of Interest

A conflict of interest may be defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.

The ICP specifically recognises and acknowledges that its members have legal responsibilities to the organisations which they represent and that this may give rise to conflicts of interest being present. However, discussions at the meetings are to be focussed on the needs of the Norfolk and Waveney population and health and care. Therefore, members will not be excluded from engaging in discussions that will benefit the system as a whole.

Members of the ICP shall adopt the following approach for managing any actual or potential material conflicts of interest:

- To operate in line with their organisational governance framework for managing conflicts of interest/probity and decision making.
- For the Chair to take overall responsibility for managing conflicts of interest within meetings as they arise.
- To work in line with the ICS system objectives, principles, and behaviours.
- Members are to ensure they advise of instances where the register of members interest for the Norfolk and Waveney system requires updating in relation to any interests that they have.

In advance of every ICP meeting consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This action will be led by the Chair with support from their governance advisor.

At the beginning of each meeting of the ICP, members and attendees will be required to declare any interests that relate specifically to a particular item under consideration. If the existence of an interest becomes apparent during a meeting, this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

Elected members will be bound by their own codes of conduct and provisions for declaration of interests.

12. Working groups

To assist with performing its role and responsibilities, the ICP is authorised to establish working groups and to determine the membership, role, and remit for each working group. Any working group established by the ICP will report directly to it.

13. Other Boards

As a key part of the health and care system the ICP will seek active engagement and collaboration with the Norfolk and Waveney ICB, Norfolk and Suffolk Health and Wellbeing Boards, Place Boards, Health and Wellbeing Partnerships, Safeguarding Adults Boards, Safeguarding Childrens Partnerships, County Community Safety Partnerships, Autism Partnership Boards, and the Learning Disabilities Partnership Boards.

14. Review

The ICP will review these terms of reference at least annually or more regularly if needed, considering policy changes in respect of the Integrated Care System.

Appendix A

Membership of the Integrated Care Partnership

1. Borough Council of King's Lynn & West Norfolk
2. Breckland District Council
3. Broadland District Council
4. Cambridgeshire Community Services NHS Trust
5. Chair of the Voluntary Sector Assembly
6. East Coast Community Healthcare CIC
7. East of England Ambulance Trust
8. East Suffolk Council
9. Great Yarmouth Borough Council
10. Healthwatch
11. James Paget University Hospital NHS Trust
12. Norfolk Care Association
13. Norfolk Community Health & Care NHS Trust
14. Norfolk Constabulary
15. Norfolk County Council, Cabinet member for Adult Social Care
16. Norfolk County Council, Cabinet Member for Public Health and Wellbeing
17. Norfolk County Council, Cabinet member for Childrens Services and Education
18. Norfolk County Council, Director of Public Health
19. Norfolk County Council, Executive Director Adult Social Services
20. Norfolk County Council, Executive Director Children's Services
21. Norfolk County Council, Leader (nominee)
22. Norfolk & Norwich University Hospital NHS Trust
23. Norfolk & Suffolk NHS Foundation Trust
24. Norfolk & Waveney ICB, Chair
25. Norfolk & Waveney ICB, Chief Executive Officer
26. North Norfolk District Council
27. Norwich City Council
28. Police and Crime Commissioner
29. Place Board Chairs for each Place Board area
30. Primary Care representatives (1)
31. Primary Care representatives (2)
32. Primary Care representatives (3)

33. Primary Care representatives (4)
34. Primary Care representatives (5)
35. Queen Elizabeth Hospital NHS Trust
36. South Norfolk District Council
37. Suffolk County Council, Cabinet Member for Adult Care
38. Suffolk County Council, Executive Director of People Services
39. Voluntary sector representatives (1)
40. Voluntary sector representatives (2)

Appendix B

Categories of Information

Information relating to any individual.

Information which is likely to reveal the identity of an individual.

Information relating to financial or business affairs of any particular person (including the authority holding that information).

Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising.

Information relating to any action taken or to be taken in connection with the prevention, investigation, or prosecution of crime.

Report title: Ageing Well Priorities

Date of meeting: 27 September 2023

Sponsor (ICP member): Tracey Bleakley, Chief Executive, Norfolk and Waveney Integrated Care Board (ICB)

Reason for the Report

To present an overview of the Ageing Well priorities and the work on the Integrated Care of Older People's Programme Board.

Report summary

The report outlines the work undertaken so far to develop the vision and the Older People's strategy. It highlights the seven ageing well priorities that will underpin the work needed across the ICS to design, then deliver services, environments, and facilities to help the residents of Norfolk and Waveney live longer, happier and healthier lives. The Ageing Well priorities are highlighted alongside the requirement to co-create the Older People's strategy by the end of December 2023.

Recommendations

The ICP is asked to:

a) Endorse and support the Ageing Well aspiration, 7 priority areas and 3 classifications of ageing.
b) Note the proposal to co-create the Older People's strategy by end of December 2023.
c) Receive further reports on the development of the Older People's strategy and progress against delivering the ageing well priorities.

1. Background

1.1 The Norfolk and Waveney ICB Joint Forward Plan ambition for Older people is to develop a shared vision and strategy with older people that will help us to transform our services to be proactive, easy to access and are wrapped around the needs of older people. It is imperative that we support our older population to maintain the best possible quality of life, and to maintain independent living where possible. The ICB will work with all the system partners to improve and better integrate heath and care for people in Norfolk and Waveney as they age. The N&W ICS vision is working as a single sustainable system that enables us to achieve our overarching mission to help the people of Norfolk and Waveney to live longer, healthier, and happier lives.

2.1 To achieve this overall vision, the ICB has implemented an Older People's Programme Board. The Board is tasked with the publication of an Ageing Well strategy document by December 2023 with a detailed roadmap with implementation plans by March 2024. The aim is to better integrate and deliver existing services, as well as designing new services where appropriate and utilizing VCSE provision to better effect.

2. Ageing Well Priorities

2.1 The population of Norfolk and Waveney is older than the UK average, with 1 in 4 currently over 65. By 2040, modelling suggests that the number of people over 75 will increase by a further 55%.

2.2 Life expectancy in Norfolk and Waveney is good and slightly better than the national average. But this hides a lot of variation between different groups of our population and those living in different areas.

2.3 Our healthy life expectancy is below the national average. We have more older people living with multiple long-term conditions, particularly back pain, depression, and diabetes. We need to think and plan differently about how we co-design and deliver services for our older population and focus attention and resources on inequalities and prevention.

2.4 The ICS vision for Older People is to support our older population to maintain the best possible quality of life, and to maintain independent living where possible with services wrapped around the person.

2.5 Norfolk and Waveney will be a place where people and their carers, are helped to age well, living happier, healthier lives, living as independently as possible, for as long as possible. The vision will mean that older people feel heard and respected, and they will be treated as individuals, with services asking 'what matters most to you' and proactively acting upon their answer. Partnership working between NHS organisations, local government, voluntary and social enterprise organisations will ensure that new models of care can be delivered which meet N&W population needs, improve health, care and wellbeing and reduce inequalities.

2.6 The ICB hosted an Ageing Well Workshop on 23rd May 2023 where 85 participants from ICS partner organisations, voluntary organisations, charities and members of the public attended to contribute to the overall aspiration, shared vision and strategy for older people.

2.6.1 The overall aspiration is: To design, then deliver services,

a) To wrap around our older people, and to meet their needs as close to home and as early as possible.
b) To improve the quality of life for older people living in Norfolk and Waveney.
c) To reduce inequalities for older people living in Norfolk and Waveney so that all of our residents have the same healthy life expectancy as those living in the most affluent areas.

2.6.2 To work with older people and carers to design and deliver the services,

a) That matter most to them.
b) To best support them to live happy, healthy lives.
c) To enable them to live as independently as possible.

2.7 In addition, participants were keen to expand on the role of the VCSE and people's families and carers in the overall strategy with improved communication and coordination between services, empowering staff to make necessary decisions, pro-active targeted actions, with decisions made as locally as possible and a greater focus on end- of-life care.

2.8 The feedback from the workshop, research and best practice has led to the development of the seven priorities which will support the overall strategic goal of anticipating and responding to age-related problems while recognising the complex interaction of physical, mental, and social care factors which can compromise independence and quality of life. To achieve this strategic goal, the ICB will co-design, then deliver services, environments, and facilities to meet the seven priority areas:

1. Enabling independence and promoting wellbeing of older people and their carers.
2. Population-based, proactive, anticipatory care.
3. Facilitating Integrated urgent community response, re-ablement, rehabilitation and intermediate care.
4. Frailty attuned acute hospital care.
5. Reimagining outpatient and ambulatory care.

6. Enhancing health care support for long term care at home in care homes.
7. Providing coordinated, compassionate end of life care.

2.9 The programme will broadly categorise older people and associated interventions into three stages of ageing:

1. Entering old age: prevention of ill health, promote and extend healthy active life and compress morbidity (period of life before death spent in frailty and dependency)
2. Transitional phase: (between healthy active life and frailty)
3. Frailer older people.

2.10 Current schemes, and proposed schemes or new models of care, will be evaluated in relation to where they fit in terms of the three stages of ageing and, how well they contribute towards the overall strategy and meet the seven key priorities.

2.11 An Older People's programme board (and task and finish groups) will consist of representatives from older people, acute care, social care, primary care, voluntary and charitable sectors, local authorities and the ICB. This programme board is leading the development of the Ageing Well strategy by the end of December 2023 with a detailed road map outlining the implementation plans by March 2024.

Officer Contact

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

Name: Janice Shirley Tel: 01603 7897059 Email: Janice.shirley1@nhs.net

Report title: Right Care, Right Person – Norfolk & Waveney Implementation

Date of meeting: 27 September 2023

Sponsor (ICP member): Assistant Chief Constable Nick Davison, Norfolk Constabulary

Reason for the Report

The committee has invited Norfolk Constabulary and NHS Norfolk and Waveney Integrated Care Board to provide a report on the Right Care, Right Person (RCRP) implementation across Norfolk and Waveney.

The report aims to provide an overview of the RCRP implementation, partnership working and assurance we are meeting the standards set out within the National Partnership Agreement for Right Care, Right Person implementation.

The Committee is asked to note that Waveney is covered by Suffolk Constabulary and are an active member of the Norfolk Implementation Project Team to ensure there is cohesion.

Report summary

Right Care, Right Person (RCRP) is an operational model originally developed and rolled out by Humberside Police that changes the way emergency services respond to calls involving concerns about mental health and general concern for welfare. It is in the process of being rolled out across the UK as part of ongoing work between Police forces, health and social care providers and Government.

The aim is to make sure the right response is delivered by the most appropriate agency and replaces the current cultural practice of the police being the default first responder, as is currently the case in most areas.

It does not stop the police continuing to perform their key role of keeping people safe and where there is a real and immediate risk to life or serious harm – whether that be a person seeking to harm themselves or to harm others – officers will continue to respond.

The report aims to provide the committee the main aims of the project:

1. Effectively deliver a collaborative approach to the RCRP roll out across the Norfolk and Waveney Integrated Care System (ICS).
2. Mitigate risk and provide equitable service provision for our population.
3. Support local organisations in preparing for this change.
4. Understand the legal framework to support decision making.

By delivering the following objectives:

1. Provide the Integrated Care System assurance and governance of system preparedness for RCRP rollout.
2. Understand the impact of RCRP.
3. Become ready to support the rollout of RCRP locally.
4. Coordinate the system communication.
5. Ensure integrated co-production service user voice is heard.
6. Ensure that each local organisation understands its own responsibilities, accountabilities, and risks (with mitigating actions) following the RCRP rollout.

7. Identify any gaps, challenges or areas of concern and support development of mitigating actions.
8. Provide the interlink with Suffolk Constabulary (Waveney population) to promote equity across boundaries.

Recommendations

The ICP is asked to:

a) Note the progress made with planning for the implementation of RCRP, and partner organisations are asked to continue to engage with and provide the resources required to support this work.

b) Note that RCRP will impact on partner organisations differently and that each organisation will need to understand its own legal framework, responsibilities and discharge of these to support RCRP.

1. Background

- Go to Gov.uk to access the policy paper on the National Partnership Agreement: Right Care, Right Person (RCRP).
- Go to www.college.police.uk to find out more information about the toolkit that the college of Policing has created to support police forces.

2. Right Care, Right Person

2.1 When people are in mental health crisis, they need timely access to support that is compassionate and meets their needs. While there will always be cases where the police need to be involved in responding to someone in mental health crisis (for example, where there is a real and immediate risk to life or serious harm, or where a crime or potential crime is involved), police are increasingly involved when they are not the most appropriate agency to respond, and they are not able to handover care to a more appropriate professional in a timely manner. This impacts on the ability of the police to carry out their core duties effectively, and importantly, can result in people with mental health needs experiencing greater distress and having poorer experiences of the mental health care pathway.

2.2 The establishment of the Crisis Care Concordat and the expansion and improvement of mental health services, supported by investment through the NHS Long Term Plan, means that more people who require care and support, can access this in an appropriate setting and from the right professional. However, this is not yet universally the case and there is scope for improvement through new ways of cross-agency and joined-up working.

2.3 There is a national commitment from the Home Office, Department of Health and Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs. Where it is appropriate for the police to be involved in responding, this will continue to happen, but the police should only be involved for as long as is necessary, and in conjunction with health and/or social care services.

2.4 The strategic approach described by RCRP provides a framework for assisting police with decision-making about when they should be involved in responding to reported incidents involving people with mental health needs and other concern for welfare requests. RCRP has already been implemented in several local areas and can help to successfully reduce inappropriate police involvement in care and support better access to mental health

specialists. The project described within the document is designed to support the implementation of RCRP locally.

2.5 NHS Norfolk and Waveney Integrated Care Board (ICB) and Norfolk Constabulary are working in partnership with the system to understand and develop a collaborative approach to the delivery of the RCRP. The project has been designed to develop, drive and implement new ways of working to improve patient experience and quality of care, while adopting RCRP and supporting the system to understand and discharge their legal duties for the local population.

2.6 The project is split into four main working areas (groups):

1. Concern for Welfare.
2. Walk out of health care facilities, AWOL from mental Health establishments.
3. Transportation of patient.
4. Section 136 of the Mental Health Act, Voluntary mental health patient.

2.7 These main work groups are chaired by senior representatives from across the system to support the delivery of a system wide initiative, build relationships, utilise professional knowledge and include experts by experience to clearly hear the patient voice.

3. Risk and Mitigations

3.1 The key risks and mitigations within the project are:

3.1.1 **Speed of rollout** – Clearly defined project group, structure and good system support in working to deliver RCRP in partnership.

3.1.2 **Patient experience** – Experts by experience are active members of the main project and associated working groups, these individuals are also supported by Rethink and have access to a wider reference group of experts by experience to support the fast development of this project and materials.

3.1.3 **Communication** – All system partners have agreed a joint communications strategy that reflects the Norfolk position and support the correct and appropriate dissemination of information.

3.1.4 **Financial** – No additional funding is currently secured at national, reginal or local level to support RCRP rollout. A gap analysis is taking place to understand the system position and any real gaps in service that may need additional resource.

Officer Contact

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

Name: Mark Payne Email: Mark.payne7@nhs.net
Name: ACC Nick Davidson Email: nicholas.davison1@norfolk.police.uk

Report title: Integrated Winter Plan for 2023/24

Date of meeting: 27 September 2023

Sponsor (ICP member): Debbie Bartlett, Interim Executive Director of Adult Social Services, Norfolk County Council. Tracey Bleakley, Chief Executive, Norfolk and Waveney Integrated Care Board.

Reason for the Report

The winter period can impact on the health and wellbeing of our population, with health conditions that can be caused or worsened by cold weather, higher incidences of seasonal illnesses, and impact on wider social wellbeing. Our system often faces greater pressures in winter which are managed by all partners on our Integrated Care Partnership. Through partnership working we can alleviate and address these seasonal challenges to help support communities to remain resilient, address inequalities and prioritise prevention.

This report appraises ICP members of work being undertaken to support a resilient system able to face the impact of the 2023/24 winter.

Report summary

As with last year, our Integrated Care System (ICS) has not experienced a summer where pressures have abated. Three key areas of learning from last winter have been reflected on in this year's planning, centred around demand, capacity, and communities. The Office of National Statistics (ONS) completed an analysis of the impact of last year's winter pressures, with a series of findings related to health and wellbeing than can also inform targeted action over winter.

This winter there are an increased number of national planning priorities for local implementation, including urgent and emergency care requirements, NHS recovery targets and adult social care workforce and care market priorities. Other partners in our system also experience similar seasonal pressure and our winter planning approach should ensure partners such as those in the Voluntary, Community and Social Enterprise sector also have their specific role and needs reflected. Ensuring sufficient balance of action to meet national priorities and challenges specific to our local system will be critical.

The report establishes key the winter framework with key initiatives that will help our population live as healthy life as possible during winter. The four key strategic priorities that cross our range of partners are: 1) Meeting people's needs, 2) Resilient communities, 3) Supporting our workforce, and 4) Working together in Winter conditions.

Recommendations

The ICP is asked to:

a) Endorse the plan and work being carried out to support the system and residents of Norfolk and Waveney during the coming winter months, and for partners to commit to working collaboratively to promote and support the plan.
b) Support the development of a set of system winter metrics that identify areas of whole-system collective action outlined in this document's winter framework, to support partners in collectively identifying and addressing challenges as they arise over winter.

1. Background

1.1 As with last year, our Integrated Care System (ICS) has not experienced a summer where pressures have abated. Although winter is not an emergency or considered an unusual event, it is recognised as a period of increased pressure due to demand both in the complexity of people's needs and the capacity demands on resources within health, social care and the wider system.

1.2 A local winter framework for 2023/24 establishes a dynamic plan, where activity will adapt and change to respond to developing needs and policies. It sets out initiatives across our partnership, and focuses on both urgent and emergency care and community-based preparedness.

2. Learning from last winter

2.1 As a result of close collaboration between partner organisations and the hard work of our staff, our Integrated Care System took significant steps to manage the pressure on the health and care system last winter. However, services saw significant pressure, partly because of the demands on the system, but also because of workforce challenges. The winter of 2022/23 presented difficult challenges, including the circulation of both flu and COVID-19. It is important that we now build on this and learn from last winter.

2.2 The system's winter framework last year was designed to support organisations to maintain high quality and safe service provision in a climate of increasing pressure and as we continued to recover from the COVID-19 pandemic. There were four system priorities, that have been built on and developed in this year's winter plan: 1.) Meeting people's needs; 2.) Resilient communities and care systems; 3.) Supporting the provider market; 4.) Business recovery.

2.3 Across our four priorities last year, three key themes emerged in our experience that have been reflected on in this year's planning - demand, capacity, and communities:

2.4 <u>Demand</u>

2.4.1 As a result of continued focus on hospital discharge, reducing ambulance handover delays and support in the community, we achieved positive benefits as a system across community-based support and urgent and emergency care performance. We also saw an increased demand for support and consequent management of that demand in a number of areas.

2.4.2 General Practice out of hours contacts rose from 8,000 per month in September 2022 to 12,000 in December 2022.

2.4.3 Through the implementation of a tactical winter plan for home care, to address pressures in the care market, social care reduced the interim care list of people awaiting care by 75%.

2.4.4 Ambulance conveyance to hospital rates reduced from 62.6% in December 2019 to 58.3% in December 2022 (equates to 2,872 less ambulances conveyed).

2.5 <u>Capacity</u>

2.5.1 Non-Emergency Patient Transport – increased provision to support discharge of patients from hospital and reduce transport related delays.

2.5.2 Norfolk was the subject of a national NHS England Case study for its 'Housing with Care' flats being used to support people who are medically fit to be discharged from hospital but need care at home to leave. People were temporarily moved from a hospital bed to a flat in a 'Housing with Care' scheme, where they received 24/7 support before moving back home.

2.5.3 Bed based intermediate care capacity – 158 intermediate care beds were commissioned across Norfolk and Waveney to support patients leaving hospital with associated 'wrap around' workforce support from primary care, therapy and social work.

2.6 Support in communities

2.6.1 'Keep Well, Keep Warm' campaign - Prevention campaign focused on supporting people to keep well in winter, including a focus on mental health, hardship and fuel poverty support.

2.6.2 Home Support Rate Increase - Increase of £1.08 to the hourly rate to increase workforce and enable providers to take on additional work that supports flow in to, and through, community care, supporting increased discharge activity.

2.6.3 Carers Hardship Support - Additional Information and advice support for unpaid and family carers at point of discharge (acute and community), focused on winter hardship support.

2.7 National analysis

2.7.1 The Office of National Statistics (ONS) completed an analysis of the impact of last year's winter pressures on different population groups in Great Britain. A number of these findings related to health and wellbeing and included learning that could inform local planning this year:

2.7.2 Adults more likely to be classified as food-insecure included those who had moderate-to-severe depressive symptoms, were economically inactive but not retired, were unemployed, or had at least one dependent child. Those experiencing moderate-to-severe depressive symptoms living in the most deprived areas in England or aged 16 to 29 years were also significantly more likely to report difficulty keeping warm.

2.7.3 Among adults taking prescription medication and paying for it, 10% reported taking less medication to save on prescription costs (previously 7%), with those aged 16 to 29 years, those economically inactive but not retired and those experiencing moderate-to-severe depressive symptoms significantly more likely to report this.

2.7.4 The most common actions adults took after deciding not to contact their GP practice were managing the condition themselves (57%), seeking advice on the internet (22%) and seeing a pharmacist (14%).

2.8 In Norfolk and Waveney, Place Boards and Health and Wellbeing Partnerships lead on wide ranging initiatives that support residents in their communities. For Districts and the housing sector, the pressures of housing, benefit issues, and debt are significant. Winter could lead to hardship and cost of living pressure, with subsequent impact on mental health and well-being, so support for these issues is important.

3. Priorities

3.1 This winter there are an increased number of national priorities for local implementation, including urgent and emergency care requirements, NHS recovery targets and adult social care workforce and care market priorities. Ensuring sufficient balance of action against national priorities and challenges specific to our local system will be critical.

3.2 Social care

3.2.1 The Department of Health and Social Care have established a set of key actions to support adult social care systems to remain resilient and be able to provide people and their carers with the support they need this winter. The approach also established expectations for how NHS organisations will work with adult social care in both the planning and delivery of support. These priorities have been reflected in our local winter framework and include workforce, care market sustainability, intermediate care and adverse weather. All parts of the adult social care sector play a critical role over the winter period, including:

- residential care,
- domiciliary care, housing with care, extra care and supported living,
- shared lives,
- intermediate care,
- voluntary and community services,
- local authority adult social care staff including social workers and occupational therapists, families, and unpaid carers.

3.2.2 There are also a series of local priorities that have been identified by Norfolk County Council adult social care, to ensure continued improvements during the winter season that align with its wider strategic plans. These include:

- Discharge - people who stay in hospital have their independence maximised so that fewer people require long term bedded care and more people going home with support.
- Prioritising addressing pressure in mental health support.
- Supporting social care assessment - National surveying through the Association of Directors of Adult Social Services (ADASS) identifies that there is a risk that care waiting lists could rise again this winter without more capacity, with social care teams needing to support more people coming out of hospital with complex health and support needs.
- Continued targeted action with home care providers to sustain capacity improvements.

3.3 Urgent and Emergency Care

3.3.1 NHS England have published a winter letter and associated supporting documents related to system roles and responsibilities. Within the letter there is a strong reference to building resilience through planning and urgent and emergency care recovery plans, with particular focus on 10 high impact interventions (which have been reflected in this document). Both the existing UEC recovery plan and the NHSE winter letter also identify objectives to improve ambulance and emergency department performance.

3.3.2 Six key lines of enquiry (KLOEs) have been identified that systems need to address in their urgent and emergency care winter preparations:

- KLOE 1: How will the system work together to deliver on its collective responsibilities?
- KLOE 2: high-impact interventions
- KLOE 3: discharge, intermediate care, and social care
- KLOE 4: H2 numerical submission
- KLOE 5: Escalation plans
- KLOE 6: Workforce

3.3.3 As part of our system's local preparation for winter, a series of key risks will also need to be considered and mitigated:

- Supporting ambulance response times.
- Prioritising elective recovery.
- Discharging people home after hospital stay.
- Supporting local NHS trusts in times of surging demand.
- Reducing deconditioning and preventing infection.

- Supporting our workforce.

3.4 Elective and primary care recovery

3.4.1 The NHSE letter also sets out associated primary care responsibilities over the winter period. This includes delivering actions from the primary care access recovery plan that will support winter resilience, particularly:

- Increased self-directed care.
- Expanding community pharmacy services.
- Improving access to general practice.
- Supporting practices to move to cloud-based digital telephony and to access the right digital tools.
- Improving online patient journeys.
- Enhancing navigation and triage processes.

3.5 Community Resilience

3.5.1 Health and Wellbeing Partnerships bring together partners leading on wide ranging initiatives that support residents in their communities, including over winter. District, Borough and City Councils also lead more widely on critical support to residents in their communities over the winter period. Areas of focus this winter that we are expecting include:

- Hardship and cost of living - continued pressures continuing from last winter that could impact on our residents health and wellbeing.
- Community resilience - need for practical support maximising the opportunities to link people in with support networks, debt, benefits, fuel and food support.
- Housing - demand for housing support, including Disabled Facilities Grant, and opportunities to expand over winter services like District Direct that support people to return home.

3.5.2 The Empowering Communities Partnership have identified a series of challenges facing the sector, which could be further increased during the winter period. These include reduction in income, and associated impact on workforce, estates and strategic management demand, couple with demand for support increasing.

3.5.3 The partnership is using networks to drive partnership opportunities, sharing of properties, cross border collaborations and negotiating better support. It is also vital that in our system planning for winter, we increasingly ensure the role, opportunities and challenges faced by the sector are as central as those felt by other partners in our Integrated Care System.

4. Winter Plan Framework – 2023/24

4.1 **Meeting People's Needs:** Ensuring people can access the support they need during the pressures of winter is important in delivering consistent health and wellbeing outcomes across the year. Our winter framework will address this by:

4.1.1 **Supporting access in the community** - enabling visits between loved ones in care settings, and through primary care elective recovery delivering 'Modern General Practice Access' so patients know on the day how their request will be handled. Building capacity so general practices can offer more appointments from more staff. *Example actions include urgent response on-call arrangements in place for concerns arising in care settings, and joint working between the Integrated Quality Service, Public Health and Infection Control partners in promoting best practice and advising on risk reduction whilst minimising social exclusion.*

4.1.2 **Supporting flow in hospital care** - prioritising delivery of Same Day Emergency Care. Taking action to enhance flow through inpatient services and improved length of stay, including acute and mental health provision, and focusing on community NHS bed productivity and flow. Increasing diagnostic volume as part of elective recovery.

4.1.3 **Collective action on intermediate care** - working together to deliver intermediate care capacity that recovers people after a hospital stay. Supporting home-based recovery through an increase in home-based reablement capacity and expanding reabling approaches through home support used at discharge. Delivering home support enhanced discharge incentives to support people who need long term care after recovery. Delivering NHS-commissioned intermediate Care Beds for those that require bedded support, including through residential and care providers and community health, with wrap-around support to deliver recovery.

4.1.4 **Virtual Ward expansion** - increased hospital stepdown through supported discharge and ongoing home-based health monitoring.

4.1.5 **Targeted tactical home care winter support** - a targeted set of deliverables to ensure winter readiness and support providers during the winter period, to sustain significant improvements in capacity seen over last winter and continuing in to 2023. Provider support as a vital component of the work with a collaborative approach to respond swiftly to increasing demand. Building on the community step down model with housing with care flats, for people who are awaiting a care package to return home but are currently in an Intermediate Care bed. *Example actions include enabling greater provider collaboration which sets an expectation around sharing of packages when demand dictates, and embedding the use of Alcove technology device over the winter as part of a blended package of care with the aim of releasing more capacity for care calls requiring direct personal care and support.*

4.1.6 **Assessment capacity** - supporting social care teams to reduce waiting times. E*xample actions include the ways of working implemented through Norfolk Social Care's Connecting Communities programme focused on better outcomes for people we support, and dedicated practioners to support community hospital and intermediate care bed discharges and transfer of care.*

4.1.7 **Prioritising Mental Health** - schemes to support seasonal pressures for people with mental health needs, with specific focused plans including flow in hospital care and intermediate care. *Examples include monitoring of mental health demand, capacity and activity in relation to access to bedded support via daily system calls.*

4.2 **Resilient communities:** Support for people in the communities in which they live will ensure that we mitigate some of the challenges we see during winter. This will be addressed by:

4.2.1 **Health inequality actions** - building a health inequality focus into delivery of all our actions over winter. This includes empowering people in primary care and community health and social care through care tools they can use to manage their own health.

4.2.2 **Supporting carers** - ensuring the Better Care Fund (BCF) includes replacement care opportunities and at point of discharge we are taking carers views and circumstances into account at discharge. The Carers Matter Norfolk and Family Carers Suffolk services offer Information advice, assessment and support, carers breaks, access to a health and wellbeing fund and welfare advice. *Examples include sustaining additional resource from last winter in to providing advice focussing on enable carers to access additional financial support to cope with cost of living concerns such as heating and food resources.*

4.2.3 **Urgent Community Response** - increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.

4.2.4 **Frailty** - reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.

4.2.5 **New Step-up/down model from 2023/24** – commencement of a new VCSE-lead service from September 2023, with additional investment, to support people being discharged home from hospital and in the community when in need. Self-directed support and use of Direct Payments is being promoted to give access to untapped support in the community.

4.2.6 **Focusing on patient needs** - continuing to deliver productivity improvement in outpatients and primary care giving practice teams more time to focus on their patients' clinical needs.

4.3 **Supporting our workforce:** Our workforce is our key asset in supporting people with their health and wellbeing, and this is more important than ever during the winter period. Supporting our workforce, both in recruitment and in their welfare, will be addressed by:

4.3.1 **Care market sustainability and improvement** - increasing adult social care workforce capacity and retention. Focusing on recruitment including appropriate overseas processes.

4.3.2 **Supporting our collective workforce** - joining up between health and social care to carry out a large scale recruitment drive, coordinating activities across system organisations to improve recruitment, retention and well-being of our staff. Working to improve the welfare and resilience across health and social care working in operational roles. Targeting recruitment for specialist groups such as therapists.

4.3.3 **Collaborative training** - training through the Enhanced Health and Wellbeing in Care programme to support providers to safely help individuals with a growing complexity of need exacerbated by winter conditions.

4.3.4 **Single point of access (including mental health crisis)** - driving standardisation of urgent integrated care co-ordination which will support our workforce through whole system management into the right care setting, with the right clinician or team, at the right time.

4.4 **Working together in winter conditions**

Winter presents a series of external challenges relating to weather, energy and illness, that require individual and collective action:

4.4.1 **Energy and adverse weather** - preparing for, and responding to, winter conditions including identifying and prioritising those most at risk during the colder winter period. *Examples include joining up with partner-wide resilience forum arrangements, and ensuring corporate business continuity plans and incidents management arrangements are well prepared.*

4.4.2 **Acute Respiratory Infection Hubs** - support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

4.4.3 **Infection Prevention and Control (IPAC)** - protocols in place to manage and contain outbreaks of flu and COVID-19, and supporting and monitoring the care market to ensure a consistent IPAC approach. *Examples include the Integrated Quality Service supporting Public Health and Infection Control partners in promoting best practice to care providers and advising on risk reduction whilst minimising social exclusion in care settings.*

4.4.4 **Promoting winter immunisations with staff** - joint working across health and social care to promote vaccination programmes for staff and care residents. *Examples include NHS flu and COVID -19 vaccine programmes having been bought forward from October to September, encouraging staff (who will be contacted by their General Practice) to book in for a COVID-19 and flu vaccine, and communications and vaccinations already commenced with care providers.*

4.4.5 **Care transfer hubs** - continuing to implement and strengthen our hubs supporting discharge and escalation avoidance. *Examples include recurrent funding for transfer of care hubs now agreed, that enables improved stability and staff retention.*

4.4.6 **Using data to support effective system working** - completing operational and surge planning to prepare for different winter scenarios and understanding our position during winter using data. Developing our demand and capacity plans established through the Better Care Fund, that enables us to understand the impact of making changes in our system on future activity, demand and the supply of services. *Examples include ensuring a single plan that projects hospital discharge demand, capacity to respond to that demand and the impact of actions on both. Increasingly base decisions (including commissioning, service design and strategic operational planning) on a greater evidence base provided by demand and capacity planning.*

5. Governance

5.1 Day to day operational issues will be monitored by the 24/7 System Control Centre with a clear system support and escalation process in place. It will adopt a responsive daily approach showing what is working and what isn't so that plans can be adapted and flexed according to need giving a level of 'grip and control' required to manage the combined pressures of winter.

5.2 The Integratted Care Board will coordinate submission of NHS-lead winter planning returns required by NHSE, including Seasonal Planning with NHS providers at place/locality level, risk led review, demand and capacity, business continuity review for seasonal plans such as adverse weather and communication plan.

5.3 Adult Care Services Senior Management Teams will have oversight and governance of their planning and activity.

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Report title: Respiratory Disease: Public Health outcomes and prevention priorities for the system

Date of meeting: 27 September 2023

Sponsor (ICP member): Stuart Lines, Director of Public Health, Norfolk County Council

Reason for the Report

The ICP Chairman has asked Public Health to provide a presentation / report on various health conditions with a particular focus on the prevention aspects so that ICP can work together to improve the health of the population. It has been agreed that these reports will cover four major heath conditions at each of its meetings: respiratory disease (June), respiratory (September), Mental Health (November) and Cancer (March 2024).

This is second in the series, on respiratory disease. The PowerPoint presentation complements the main report (and is included in the Appendix A), and there is a web link in the report below to the detailed Public Health information that supports this report.

Report summary

The population of Norfolk and Waveney is increasing, fastest in the older age ranges and at a rate greater than England. This creates a key challenge for our health and care system as risk of respiratory conditions increases with age.

Life expectancy is a key indicator of the health of the population. There is inequality across Norfolk and Waveney in life expectancy. Respiratory deaths made up about 15%-25% of the life expectancy gap prior to COVID19, 2017-2019; and 9-16% during covid, 2020-21. Respiratory conditions account for about 14,000 admissions each year, around 15% of all emergency admissions. We can make a difference for people and reduce inequalities in outcomes, to start with, by changing health behaviours and by improving clinical care.

There are the secondary prevention interventions (case finding and optimum management) that help prevent and manage respiratory cases. These programmes can have a sizable positive impact on the health outcomes. Partners can have a positive impact (e.g. housing, air quality) in improving the respiratory health of the population. ICP Colleagues should work together to ensure a joined-up approach in delivering shared objectives to improve respiratory health of the population.

Recommendations

The ICP is asked to:

a) endorse that ICP partners to work together to improve respiratory health, reduce inequalities and reduce emergency admissions and deaths due to respiratory diseases in Norfolk and Waveney.

1. Background

1.1 The ICP Chairman has asked Public Health to provide a presentation / report on various health conditions with a particular focus on the prevention aspects so that ICP can work together to improve the health of the population. This is second in the series, on respiratory disease.

1.2 The PowerPoint presentation (Appendix A) and this word document forms the main report. Go to norfolkinsight.org.uk to find further information on respiratory disease. The slides will be published to the Joint Strategic Needs Assessment following approval at this ICP meeting on the same web page.

2. Public Health outcomes and prevention priorities for the system

2.1 The population of Norfolk and Waveney is growing, growing fastest in the older age ranges and at a rate greater than England. This creates a key challenge for our health and care system as risk of respiratory conditions increases with age.

2.2 There is inequality across Norfolk and Waveney in life expectancy. Between the most deprived and least deprived communities it is 9.2 years for men and 7.2 years for women.

2.3 Respiratory deaths made up about 15%-25% of the Life expectancy gap between most deprived and least deprived prior to COVID19, 2017-2019, and up about 9%-16% during COVID19, 2020-2021.

2.4 There are about 14,000 emergency admissions for respiratory related conditions each year, around 15% of all emergency admissions.

2.5 The most deprived population experience 3,900 additional emergency admissions for respiratory conditions compared to the ICB average. In additions to the health outcomes, they also place extra demand on the system. We can identify the Practices and PCNs to plan the interventions to reduce the number of emergency admissions. Addressing inequalities in hospital admissions for respiratory conditions is an opportunity to improve outcomes for those from the most deprived communities and reduce the demand on the urgent and emergency care pathway.

2.6 We can make a difference for people and reduce inequalities in outcomes, to start with, by changing health behaviours and by improving clinical care.

2.7 There are several risk factors for respiratory disease that we can do something about. Tobacco, high body-mass index, occupational risks and air pollution were the highest contributors to the years of life lived in poor health with respiratory disease. To reduce inequality in life expectancy due to respiratory conditions over the long term, we will have to address the deprivation gradient in health behaviours.

2.8 There are the secondary prevention interventions that help prevent and manage respiratory disease. Annual reviews for these conditions can lead to improvement in care they receive and can have a sizable positive impact on the health outcomes.

2.9 **Asthma:** There are opportunities to improve patient experience and patient care. For patient care, across Norfolk and Waveney there are 57 practices where the proportion of Asthma patients that have had an annual review is lower than the England average. If the England average applied to these practices, then an additional 6,660 Asthma patients would have had an annual review.

2.10 **COPD:** Like Asthma, there are opportunities to improve patient experience and patient care. For patient care, across Norfolk and Waveney there are 56 practices where the proportion of COPD patients that have had an annual review is lower than the England average. If the England average applied to these practices, then an additional 2,300 COPD patients would have had an annual review.

The **glossary of terms** used in the paper and presentation is shown below:

Glossary

COPD: chronic obstructive pulmonary disease

Covid 19: coronavirus disease

Core 20 population: The most deprived 20% of the national population as identified by the national Index of multiple deprivation (IMD).

ICB: Integrated Care Board

ICP: Integrated Care Partnership

Practices: General (GP) Practices

PCN: Primary Care Network

N&W: Norfolk and Waveney

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Respiratory Disease: Public Health outcomes and prevention priorities for the system

Integrated Care Partnership meeting 27 September 2023

Dr Abhijit Bagade, Consultant in Public Health Medicine

Acknowledgements:
Dr Tim Winters / Josh Robotham – Intelligence, Insight and Analytics

Norfolk County Council

Why should we focus on respiratory diseases?

- Includes common conditions like **asthma, COPD, flu** and chest infections (including covid).
- **1 in 5** people are affected.
- **£9.9 billion** cost to the NHS each year and **£1.2 billion** to the wider economy.
- **3rd** biggest cause of death (more than 1500 deaths per year N&W).
- **850,000** emergency admissions.
- **4.9 million** days in hospital.
- **80%** more admissions in winter.

Much of this is largely preventable.

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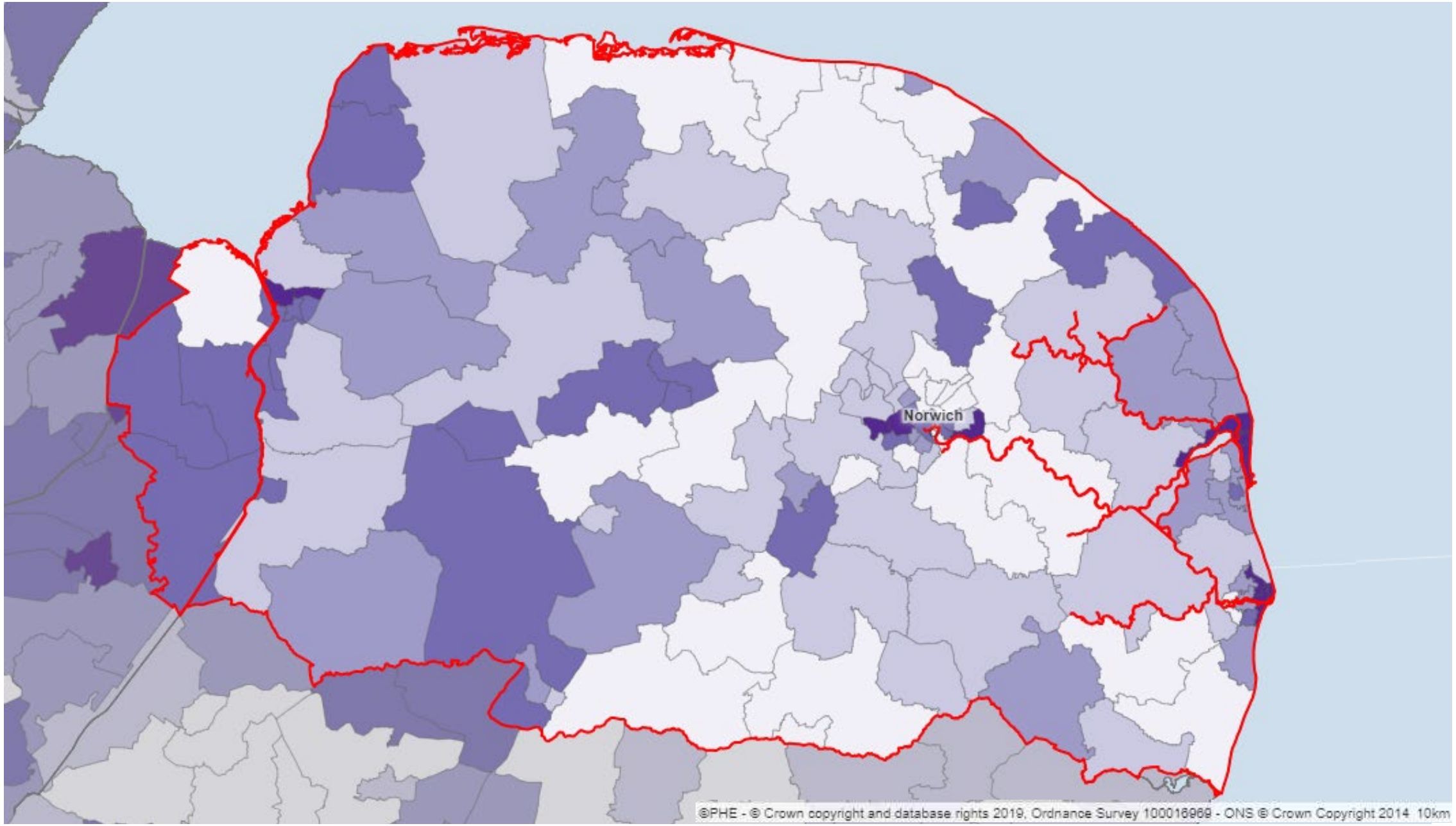

Let's use this map to understand health needs *(this one specifically shows the deaths from respiratory diseases).*

Impact: Key points – Norfolk and Waveney

- Life expectancy is a key indicator of the health of the population. There is inequality across Norfolk and Waveney in life expectancy.
- Respiratory deaths made up about 15%-25% of the life expectancy gap prior to COVID19, 2017-2019; and 9-16% during covid, 2020-21.
- Each year there are 50 extra early deaths than expected in the most deprived Core20 communities.
- Respiratory conditions account for about 14,000 admissions each year, around 15% of all emergency admissions. 3900 more admissions in core 20 population.
- We can identify the Practices and PCNs to plan interventions to reduce the number of emergency admissions.

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What can we do: Key points – Norfolk and Waveney

- To start with, by changing health behaviours and by improving clinical care.
- Risk factors: Tobacco, occupational risks, air pollution, damp/mould – housing.
- As deprivation increases the proportion of people with risky health behaviour also increases; opportunities likely to be greater in the core 20 most deprived communities.
- Secondary prevention interventions (case finding and optimum management). E.g. Annual reviews for these conditions can lead to improvement in care they receive with sizable positive impact on the health outcomes.
- Housing – e.g. Damp and mould can produce allergens, irritants, mould spores, and by breathing them in primarily affect the airways and lungs.

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How would ICP partners work together to improve respiratory health?

- *Understand specific activities which can prevent, protect, and promote health.*
- *Understand the roles of system partners, in prevention and population-level approaches.*
- *Understand the needs of their patients, communities and populations and the services available to address those needs.*
- *Consider the resources available in health and wellbeing systems and the potential impact of earlier diagnosis and better management.*
- *Recognise and investigate unwarranted variation in activity and outcomes.*

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Recommendation:

- The ICP is asked to endorse: ICP partners to work together to improve respiratory health, reduce inequalities and reduce emergency admissions and deaths due to respiratory diseases in Norfolk and Waveney.

- Further information can be found on Norfolk Insight: https://www.norfolkinsight.org.uk/jsna/healthcare-evaluation/

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