

Norfolk Health & Wellbeing Board

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

Date: **Wednesday 29 September 2021**

Time: **9.30am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing

Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council
 Adult Social Services, NCC
 Borough Council of King's Lynn & West Norfolk
 Breckland District Council
 Broadland District Council
 Cabinet member for Children's Services and Education, NCC
 Cambridgeshire Community Services NHS Trust
 Children's Services, Norfolk County Council
 Director of Public Health, NCC
 East Coast Community Healthcare CIC
 East of England Ambulance Trust
 East Suffolk Council
 Great Yarmouth Borough Council
 Healthwatch Norfolk
 James Paget University Hospital NHS Trust
 Leader of Norfolk County Council (nominee)
 NHS Norfolk & Waveney CCG
 NHS Norfolk & Waveney CCG
 Norfolk Community Health & Care NHS Trust
 Norfolk Constabulary
 Norfolk Independent Care
 Norfolk & Norwich University Hospital NHS Trust
 Norfolk & Suffolk NHS Foundation Trust
 Norfolk and Waveney Health and Care Partnership (Chair)
 Norfolk and Waveney Health and Care Partnership (Executive Lead) & NHS Norfolk & Waveney CCG
 North Norfolk District Council
 Norwich City Council
 Police and Crime Commissioner
 Queen Elizabeth Hospital NHS Trust
 South Norfolk District Council
 Voluntary Sector Representative
 Voluntary Sector Representative
 Voluntary Sector Representative

Membership

Cllr Bill Borrett*

 James Bullion
 Cllr Sam Sandell
 Cllr Alison Webb
 Cllr Fran Whymark
 Cllr John Fisher*

 Matthew Winn
 Sara Tough
 Dr Louise Smith
 Ian Hutchison
 Terry Hicks
 Cllr Mary Rudd
 Cllr Emma Flaxman-Taylor
 Patrick Peal
 Anna Hills
 Cllr Lana Hemsall
 Tracy Williams
 Dr Anoop Dhesi*
 Josie Spencer
 ACC Nick Davison
 Dr Sanjay Kaushal
 Sam Higginson
 Stuart Richardson
 Rt Hon Patricia Hewitt*

 Melanie Craig*

 Cllr Virginia Gay
 Cllr Beth Jones
 Giles Orpen-Smellie
 Caroline Shaw
 Cllr Alison Thomas

 Dan Mobbs
 Alan Hopley

Substitute

Debbie Bartlett
 Cllr Elizabeth Nockolds
 Cllr Sam Chapman-Allen
 Cllr Roger Foulger

 Sarah Jones

 Tony Osmanski*

 Cllr Alison Cackett
 Cllr Donna Hammond
 Alex Stewart
 Anna Davidson*

 Geraldine Broderick*
 Supt Chris Balmer

 David White*

 Cllr Emma Spagnola

 Dr Gavin Thompson
 Prof Steve Barnett*
 Cllr Florence Ellis
 Pete Boczeko
 Hilary MacDonald
 Daniel Childerhouse

Additional NWHCP Oversight Group members invited as guests:

Suffolk Health and Wellbeing Board

Cllr Tony Goldson

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

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

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

Norfolk Health & Wellbeing Board
Wednesday 29 September 2021
Agenda
Time: 9:30am

- | | | |
|--|--------------------------------|-----------|
| 1. Election of Chair | Clerk | |
| 2. Election of Vice Chairs | Chair | |
| 3. Apologies | Clerk | |
| 4. Declarations of interests | Chair | |
| 5. Minutes | Chair | (Page 4) |
| 6. Chair's opening remarks | Chair | |
| 7. Actions arising | Chair | |
| 8. Public Questions (How to submit a question)
Deadline for questions: 9am, Monday 27 September 2021 | Chair | |
| 9. Health & Wellbeing Board Governance Report | James Bullion | (Page 12) |
| 10. Delivering our Joint Health and Wellbeing Strategy | James Bullion | (Page 15) |
| 11. Developing Norfolk & Waveney's Integrated Care System | Melanie Craig | (Page 23) |
| 12. Norfolk Autism Partnership Board Update, Autumn 2021 (presentation) | James Bullion / Tom Bassett | (Page 27) |
| 13. Norfolk Area SEND Strategy | Sara Tough / Maxine Blocksidge | (Page 30) |
| 14. Norfolk Safeguarding Annual Report for 2020-21: Safeguarding adults during a global pandemic | James Bullion / Heather Roach | (Page 49) |
| 15. Norfolk Safeguarding Children Partnership Annual Report (presentation) | Sara Tough / Chris Robson | (Page 84) |

Advice for members of the public:

This meeting will be held in public and in person.

It will be live streamed on YouTube and, in view of Covid-19 guidelines, we would encourage members of the public to watch remotely by clicking on the following link:

<https://youtu.be/YA4UxZ7qdoA>

However, if you wish to attend in person it would be most helpful if, on this occasion, you could indicate in advance that it is your intention to do so. This can be done by emailing committees@norfolk.gov.uk where we will ask you to provide your name, address and details of how we can contact you (in the event of a Covid-19 outbreak). Please note that public seating will be limited.

Councillors and Officers attending the meeting will be taking a lateral flow test in advance. They will also be required to wear face masks when they are moving around the room but may remove them once seated. We would like to request that anyone attending the meeting does the same to help make the event safe for all those attending. Information about symptom-free testing is available [here](#).

Further information about the Health and Wellbeing Board can be found on our website at: [About the Health and Wellbeing Board](#)

Health and Wellbeing Board

Minutes of the meeting held on 10 March 2021 at 09:30am on Microsoft Teams (virtual meeting)

Present:

Cllr Yvonne Bendle
Cllr Bill Borrett*

Geraldine Broderick
Alan Brown
James Bullion
Cllr Alison Cackett
Adam Clark
Jonathan Clemo
Pip Coker
Melanie Craig

ACC Nick Davison
Dr Anoop Dhesi*
David Edwards
Cllr John Fisher
Cllr Emma Flaxman-Taylor
Cllr Virginia Gay
Rt Hon Patricia Hewitt
Alan Hopley
Ian Hutchison
Hilary MacDonald
Cllr Elizabeth Nockolds
Mark Robbins
Dr Louise Smith
Gavin Thomson
Sara Tough
Cllr Alison Webb
David White
Cllr Fran Whymark
Tracy Williams

Representing:

South Norfolk District Council
Cabinet member for Adult Social Care, Public Health and Prevention,
Norfolk County Council (NCC)
Norfolk Community Health & Care NHS Trust
Queen Elizabeth Hospital NHS Trust
Adult Social Services, (NCC)
East Suffolk Council
Norwich City Council
Voluntary Sector Representative
Norfolk & Suffolk NHS Foundation Trust
Norfolk and Waveney Health and Care Partnership (Executive Lead)
& NHS Norfolk & Waveney CCG (Clinical Commissioning Group)
Norfolk Constabulary
NHS Norfolk & Waveney CCG
Healthwatch Norfolk
Cabinet member for Childrens Services and Education, NCC
Great Yarmouth Borough Council
North Norfolk District Council
Norfolk and Waveney Health and Care Partnership (Chair)
Voluntary Sector Representative
East Coast Community Healthcare CIC
Voluntary Sector Representative
Borough Council of King's Lynn & West Norfolk
Cambridgeshire Community Services NHS Trust
Director of Public Health, NCC
Office of the Police and Crime Commissioner for Norfolk
Children's Services, NCC
Breckland District Council
Norfolk & Norwich University Hospital NHS Trust
Broadland District Council
NHS Norfolk & Waveney CCG

Officers Present:

Hollie Adams
Hannah Bailey

Paula Boyce
Christopher Butwright
Nick Clinch
Stephen James
Sarah Oldfield
Anne-Louise Ollett
Nicole Rikard
Bethany Small
Lewis Spurgin
Jamie Sutterby
Stephanie Tuvey

Role / Organisation

Committee Officer, Norfolk County Council
Policy Manager Health and Wellbeing Board & Adults Wellbeing,
Norfolk County Council (NCC)
Strategic Director, Great Yarmouth Borough Council
Assistant Director Public Health Prevention & Policy, NCC
Assistant Director Social Care & Health Partnership Commissioning
Breckland District Council
Policy and Partnerships Officer, Broadland & South Norfolk Council
Advanced Public Health Information Officer, NCC
East Suffolk District Council
Commissioning Manager, Adult Social Services, NCC
Senior Epidemiologist, Public Health, NCC
South Norfolk District Council
Advanced Public Health Officer (Health & Wellbeing Board)

1. Apologies

- 1.1 Apologies were received from Tony Goldson (Norfolk and Waveney Health and Care Partnership Oversight Board), Lorne Green (Gavin Thompson substituting, Rachel Hawkins (Mark Robbins substituting), Sam Higginson (David White substituting), Anna Hills, Cllr Beth Jones (Adam Clark substituting), Dan Mobbs (Hilary MacDonald substituting), Cllr Mary Rudd (Cllr Alison Cackett substituting), Caroline Shaw (Alan Brown substituting), Josie Spencer (Geraldine Broderick substituting) and Jonathan Warren (Pip Coker substituting).
- 1.2 Also absent were Cllr Stuart Dark, Neville Hounsome (Norfolk and Waveney Health and Care Partnership Oversight Board) and Sanjay Kaushal.

1a Point of order

- 1a.1 The Committee agreed to take item 6, “Public Questions” first, and then return to the running order of the agenda.

2. Public Questions

- 2.1 Two public questions and one supplementary question had been received and the responses to these questions had been uploaded and circulated: [click here to view questions and responses](#).
- 2.2 Clare Smith asked a supplementary question at the meeting. To view this, [please view the list of public questions and responses](#)

3. Chair’s Opening Remarks

- 3.1 The Chair thanked all Members and officers for attending the meeting, noting the difficult times being experienced across the system because of the Covid-19 pandemic.

4. Minutes

- 4.1 The minutes of the meeting held on 14 October 2020 were agreed as an accurate record.

5. Actions arising from Minutes

- 5.1 A presentation by NSFT was suggested for a future meeting.
- 5.2 The welcome support given by volunteers across Norfolk with the pandemic effort was noted.

6. Declarations of interest

- 6.1 No interests were declared.

7. Health and Wellbeing Board Covid-19 update

- 7.1.1 The Health and Wellbeing Board received the report and presentation providing an update

on Covid-19 health impacts in Norfolk and a verbal update on the local vaccination programme.

- 7.1.2 Lewis Spurgin, Senior Epidemiologist at Norfolk County Council, gave a presentation to the Health and Wellbeing Board on the health impacts of Covid-19 in Norfolk; [see appendix A](#):
- Norfolk had seen fewer cases of Covid-19 compared to the region and nationally
 - A slightly larger second wave had been recorded in Broadland, Great Yarmouth and Norwich than in the other districts in Norfolk.
 - Recorded higher rates of infection in females could be related to differences in employment and would be investigated further.
 - Work would be carried out looking into differences in infection rates among different ethnicities.
 - Looking at infection rates in localities had shown higher infection rates in most deprived areas.

7.2 Cllr Fran Whymark arrived at 9.53. Melanie Craig arrived at 10:00

- 7.3.1 Melanie Craig gave a verbal update on the local vaccination programme:
- Data on vaccinations was published nationally each Thursday.
 - She thanked everyone involved in the local vaccination programme for their hard work.
 - Flexibility was starting to be brought into delivery of the vaccination scheme, such as use of more community pharmacies and the introduction of drive through models.
 - Norfolk County Council had provided two buses from Norse which would be used as mobile vaccination centres to access areas where people were less able to come forward to existing vaccination site and employment sites.

- 7.3.2 Vice Chair Tracy Williams gave a verbal update on the inclusion programme:
- The health inclusion group were reviewing the vaccination programme to ensure groups of the population such as homeless people, Gypsy Roma Travellers, migrants, and people with protected characteristics under the disability act were included.
 - Experience of providing the flu vaccine to these groups would be used in the inclusive approach to providing the Covid-19 vaccination; such as use of buses as mobile vaccination centres and delivering the vaccine via hostels.
 - There was a focus on ensuring that people with learning disabilities, autism or a severe mental illness received their vaccination; visiting vaccination centres could be daunting or difficult for these people as they could be busy and noisy, so accessible clinics would be opened. Pre-vaccination questions would be completed before arrival at the clinic so that individuals could come to the clinic just for the vaccination. People could attend these clinics with a family member or carer if they wanted.
 - All carers receiving carers allowance were being contacted to advise them that they could receive a vaccination. A campaign was being launched to ask carers to register, either online or via phone, in order that they could receive their vaccination
 - Officers were working with Norfolk and Suffolk Gypsy Roma Traveller service to encourage the Gypsy Roma traveller community to take up their vaccinations. All private sites and encampments had been contacted and given information about who was eligible for vaccinations and when. Funding was being used for outreach teams to provide information on sites about how to book and access vaccination centres.

- 7.4 The following points were discussed and noted:
- The good collaboration across the health and care system during the pandemic was noted.
 - Cllr Webb, Breckland District Council, raised issues about the Swanton Morley vaccination clinic; some Dereham residents were unable to access the clinic due to

the low frequency of buses. The Chair reported that the bus service had increased the frequency of buses to support the vaccination programme.

- Melanie Craig reported that there had been a high uptake of the vaccine in the over 80 age group; more vaccination sites were being opened now that it was possible to provide vaccinations in a wider range of sites and more localised sites.
- Information on receipt of vaccines for carers was asked to be sent to District Councils to circulate to residents.
- Vice-Chair Tracy Williams confirmed that the CCG had met with colleagues at Gapton Hall traveller site and knew of the Great Yarmouth Borough Council community champions and the funding received here, some of which would be used to support Gypsy Roma Travellers.
- The Executive Director of Children's Services updated the Board that primary school pupils had returned to school on Monday 8 March 2021 and secondary school pupils would have a staggered return in the week beginning Monday 8 March 2021. Attendance and testing consent had so far been high, and schools were well prepared to manage testing arrangements. Data would not be available until the end of the week, but estimated attendance was around 90%. Feedback had been positive, and the Executive Director of Children's Services thanked all schools and parents.
- The Director of Public Health reported that contact tracing and support would continue for people who needed it. Adults going into workplaces should receive regular tests and there was an ambition that families would be able to book and be supplied with Covid-19 testing kits through a click and collect style system. Companies with over 250 staff were being supported by Government to set up staff testing.
- The Executive Director of Adult Social Services paid tribute to Norfolk Care Association (NorCA) and Norfolk and Suffolk Care Support (NSCS) who had helped with arrangements for the care provider workforce and care continuity during the high levels of staff absence of the Covid-19 pandemic.
- The Chair noted that future peaks depended on adherence to guidelines and therefore the importance of continuing to communicate national and local messages and re-enforcing their importance.

7.5 The Health and Wellbeing Board

- a) **Received** a presentation on Covid-19 Health impacts on Norfolk.
- b) **Received** a verbal update on the local vaccination programme.

8. NHS Norfolk and Waveney Clinical Commissioning Group Annual Report

8.1.1 The Health and Wellbeing Board received the report setting out the draft narrative for the NHS Norfolk and Waveney Clinical Commissioning Group (CCG) 2020/21 annual report about how they had supported and contributed to the delivery of Norfolk Health and Wellbeing Board's priorities (as set out in the Joint Health and Wellbeing Strategy).

8.1.2 Dr Anoop Dhesi of NHS Norfolk and Waveney CCG introduced the report to the Health and Wellbeing Board:

- One year ago, the five Norfolk CCGs merged to form the Norfolk and Waveney CCG; this was a move towards an Integrated Care System (ICS) with more collaboration and accountability across the system, and responsibility for providing community services.
- The first priority in the report of having a single sustainable system was highlighted, with partners working together to deliver services for the population in the most effective and sustainable way.
- The healthcare system had been providing services in a different way since the beginning of the pandemic, such as providing virtual and digital healthcare services.

This had accelerated part of the huge transformation change envisaged in the Long-term Plan.

- Joint working and collaboration between organisations within the health sector, local authority, district and borough councils had developed over the past year, and this had been excellently demonstrated in the successful delivery of the vaccination programme.

8.2 The following points were discussed and noted:

- The Executive Director of Adult Social Services welcomed the narrative and noted the link between outcomes and race, income and disability and therefore welcomed the commitment to the health inequalities agenda and hoped that this would be at heart of the ICS.
- Tracy Williams highlighted the enthusiasm across system partners to continue to drive the partnership approach to addressing health inequalities.
- The Chair thanked the Board in recognition that the four fundamental pillars of the Joint Health and Wellbeing Strategy are still so relevant, 3 years after the work to develop the strategy took place.

8.2 The Health and Wellbeing Board **AGREED** the narrative set out in the NHS Norfolk and Waveney CCG annual report.

9. Developing Norfolk and Waveney's Integrated Care System

9.1.1 The Health and Wellbeing Board received the report updating the Board on the development of the Norfolk and Waveney Integrated Care System (ICS).

9.1.2 Rt Hon Patricia Hewitt, the Chair of Norfolk and Waveney Health and Care Partnership, and Melanie Craig, Executive Lead of Norfolk and Waveney Health and Care Partnership, introduced the report to the Health and Wellbeing Board:

- Rt Hon Patricia Hewitt stressed the importance of building on the partnership working which had developed during the pandemic vaccination response and thanked all partners for their work.
- The contribution of district and borough councils to the ICS and combatting health inequalities and their close working with primary care networks was noted.
- Due to workload of the pandemic and vaccination programme it was not possible to finalise arrangements for a new ICS Partnership Board for April 2021. Therefore, the membership of the Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group would be rolled over as an Interim Partnership Board while discussions around structure and governance of the ICS continued. The Interim Partnership Board would hold meetings in public from April 2021 every other month.
- The ICS was a partnership with leadership at every level, and the Health and Wellbeing Boards and their strategies were crucial in setting the ICS framework and holding the ICS to account locally.
- The Department of Health and Social Care White Paper had been published in January 2021. Changes in governance and accountability in line with the proposed legislation would be brought in if it was passed. Further guidance was being awaited on the transition in Spring 2021 followed by a transition to become an ICS in line with the new legislation in 2022.
- Dental, optometry, pharmacy and GP practice services were nationally commissioned at that time but, with the new legislation, would become the responsibility of the ICS and allow services to become more integrated.
- There was a move towards integration and collaboration; legislation would allow partners to move away from competition and regulation, which would help the NHS to

integrate with itself, social care, public health and other organisations.

- It was noted as vital to focus on the health and care outcomes for people across the county as well as ICS governance and framework.
- Primary Care Network Clinical Directors and teams had integrated and collaborated with partners across the system

9.2 The following points were discussed and noted:

- The long-standing deficit of the Norfolk and Waveney NHS budget was noted; negotiations with the NHS and Treasury were in progress and therefore the 2020-21 budget was being rolled over into the 2021-22 financial year. Despite Norfolk having pockets of deprivation, as the area was not deprived as a whole it was not likely to be the focus of future funding allocations; partners would need to continue transforming services to be more efficient in the way they used resources.
- The reform of Social Care was still outstanding meaning that there was not equality related to the resources that Social Care could bring to the partnership.
- The Executive Director of Adult Social Care noted the good work of the Discharge to Assess process, however there was a local and national challenge around how this could continue without funding.
- The Board expressed concern on how the white paper proposals on procurement aligned with the general direction of travel for social care procurement in the future from the green paper. The Council and the NHS were both submitting responses to the proposals.
- The Norfolk and Norwich University Hospital representative was concerned that setting up a separate ICS board would duplicate bureaucracy by having a parallel body to the HWB. The Chair of Norfolk and Waveney Health and Care Partnership clarified that it was proposed to have an ICS NHS Body and an ICS partnership board and more work was needed to discuss how these would work alongside the Health and Wellbeing Board and other parts of system.
- Vice-Chair Cllr Bendle noted that the new ICS structure would make it easier for partners to work together and within Primary Care Networks.
- Voluntary Sector Representative Alan Hopley reported that voluntary sector partners were pleased that they would be represented on the new ICS board and hoped that they would be equitable partners.
- The Executive Director of Children's Services pointed out that there was little reference in the white paper to children and young people but noted the strong local Children's system which was seeking to work collaboratively with partners.
- The proposals in the white paper to ensure District and Borough Councils would continue to be involved in the ICS was noted as positive.
- The Chair welcomed the enthusiasm and support for the process expressed by Members of the Board and felt that the health outcomes could be delivered through partners working together. He also noted that the national plan for Social Care was key to ensure parity moving forward.
- The Chair discussed the County Council's response to the green paper as discussed at bullet point 4 above and suggested that the HWB endorse this approach. The Executive Director of Adult Social Care suggested that the Norfolk County Council submission to the green paper was amended to say that Health and Wellbeing Board Partners saw the contradiction between the two approaches and the need for alignment. The Health and Wellbeing Board **agreed** with this approach.
- The Director of Public Health noted that proposals for the creation of a National Institute of Health Protection and reorganisation of Public Health was another area where the Board was awaiting information on health reforms and **asked** the Executive Director of Adult Social Care to add this into the NCC response to the green paper.

10.2 The Health and Wellbeing Board

- a) **RECOGNISED** the progress made by our partnership as we become an integrated care system.
- b) **SUPPORTED** the proposed engagement process to develop our partnership working at a more local level.

11. Joint Strategic Needs Assessment Work Plan for 2021/2211

- 11.1.1 The Health and Wellbeing Board received the report presenting a summary of work completed during 2020/2021 and proposed work programme for the Joint Strategic Needs Assessment (JSNA) for 2021/22.
- 11.1.2 The Director of Public Health gave a brief introduction to the report:
 - A huge amount of work had been carried out on needs assessment which was publicly available: <https://www.norfolksight.org.uk/jsna/document-library/health-and-wellbeing-profiles/>
- 11.2 The following points were discussed and noted:
 - Vice-Chair Tracy Williams requested this data at a primary care level. The Director of Public Health replied that mapping this data at a primary care level was possible but would need to be done manually therefore she suggested that Middle Layer Super Output Area data was used to build up the data.
 - Cllr Nockolds, Borough Council of King's Lynn & West Norfolk, noticed that there was no reference to healthy eating, activity levels and other related data, noting the impact of obesity on the pandemic. The Advanced Public Health Information Officer replied that the working group met monthly to plan work and welcomed comments on where priorities should lay.
- 11.3 The Health and Wellbeing Board
 - a) **ACKNOWLEDGED** for information the progress report for 2020/2021
 - b) **REVIEWED** and **ENDORSED** the proposed JSNA workplan for 2021/2022
 - c) **SUPPORTED** the JSNA working group to deliver the workplan through the liaison group.

12. Norfolk's Better Care Fund: Opportunities for the Future

- 12.1.1 The Health and Wellbeing Board received the report providing an update on the progress of the Better Care Fund (BCF) Review, asking the Health and Wellbeing Board to set the priorities to which the BCF would deliver moving forward, and an update on formally required "End of Year" reconciliation information for national submission.
- 12.1.2 The Assistant Director Social Care & Health Partnership Commissioning gave a presentation to the Health and Wellbeing Board; [see Appendix B](#):
 - The BCF funding was split between health and social care
 - It was intended to share the work of the BCF more openly, and re-baseline it so that full services could be funded. Funding full services would allow outcomes attributable to the BCF to be identified.
 - The BCF was system focussed at that time, and there was an ambition to use it to help places develop and to look at how funding could be shaped by place.
 - There were likely to be national changes to the BCF focussed on prevention, discharge and flow.
 - There were plans to refocus the BCF to be less target based and focus more on system-based priorities and include services relevant to areas including housing.

- 12.2 The following points were discussed and noted:
- The Norwich City Council representative felt that identifying local priorities would help to shape nuances at local level while still having similarities across the system.
 - The Executive Director of Adult Social Services noted that the BCF amount in the report was the minimum as set out by Government; partners could choose to put more funding into the fund to do work as determined by local priorities.
 - Vice Chair Cllr Bendle thanked Norfolk County Council and Norfolk and Waveney CCG for the funding to continue with District Direct. Additional Covid Outbreak funding had helped South Norfolk District Council to carry out work at local hospitals.
 - The Chair noted the approach to aligning the focus with system priorities. He discussed that the focus on the inequalities and prevention agenda which had been a theme throughout the meeting would be key for this work.
- 12.3 The Health and Wellbeing Board
- a) **CONSIDERED** the report and directed future delivery priorities of the BCF programme.
 - b) **AGREED** to receive “End of Year” reconciliation information on the 20/21 BCF and delegated, to the Chair & Vice-Chairs, decision making on submission to the national team if reconciliation is required between HWB meetings.
- 12.4 The Chair noted the constructive attitude towards positive working by all present at the meeting and thanked all for their hard work.

The Meeting Closed at 11:49

**Bill Borrett, Chair,
Health and Wellbeing Board**



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Report title: Health and Wellbeing Board Annual Governance Report

Date of meeting: 29 September 2021

Sponsor

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

Reason for the Report

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

Report summary

This report highlights some key areas of the HWB's governance arrangements in terms of membership, attendance and adapting to the developments of our Integrated Care System.

Recommendations

The HWB is asked to:

- a) Note that Norfolk County Council has amended its constitution to include East of England Ambulance Trust Membership for the HWB.
- b) Note the changes to HWB representation from organisations and officially welcome new members to the Board.
- c) Note the HWB attendance record for April 2020 – April 2021 (**Appendix A**).
- d) Delegate further discussions around the governance arrangements for the Health and Wellbeing Board and Integrated Care Partnership to James Bullion and Melanie Craig, with a formal proposal brought to the Board for endorsement.
- e) Support the proposal to invite the Chair of the Norfolk and Waveney VCSE (Voluntary, Community and Social Enterprise sector) Health and Social Care Assembly to be a member of the Health and Wellbeing Board, under the membership for the VCSE sector.

1. Governance Updates

- 1.1 **East of England Ambulance Trust:** Following agreement from the Board in October 2020 to amend HWB membership, to extend a standing invitation to a representative of the East of England Ambulance Trust, Norfolk County Council has now amended its constitution.
- 1.2 **Welcoming new members:** As a result of the 2021 local government elections and staff changes within HWB organisations, we welcome the following new members to the Board:
 - Member for Nominee of Leader of Norfolk County Council – Cllr Lana Hemsall
 - Member for East Coast Community Healthcare CIC – Ian Hutchison
 - Member for East of England Ambulance Trust – Terry Hicks
 - Member for Norfolk and Suffolk NHS Foundation Trust – Stuart Richardson
 - Member for Police and Crime Commissioner – Giles Orpen-Smellie
 - Member for South Norfolk District Council – Cllr Alison Thomas
 - Member for Healthwatch Norfolk – Patrick Peal
- 1.3 **VCSE Assembly:** Emma Ratzer has been appointed as the first Chair of the Norfolk and Waveney VCSE (Voluntary, Community and Social Enterprise sector) Health and Social Care Assembly. This is an incredibly important appointment as the local integrated care

system (ICS) moves towards its launch in 2022 bringing health and social care services, together with the voluntary sector, to join up and improve the delivery of services to the people of Norfolk and Waveney. It is proposed that Emma is invited to become a member of the Health and Wellbeing Board under the membership allocated to the VCSE sector.

- 1.4 **Board meeting attendance:** The annual record of attendance at formal HWB meetings is at *Appendix A*.

2. The Health and Wellbeing Board in an Integrated Care System

- 2.1 Given the emerging cross-over of statutory duties, priorities, membership and scope between the HWB and the new Integrated Care Partnership (ICP), Norfolk County Council's Cabinet have agreed to commence a review of the HWB scope and terms of reference, in order to propose that the HWB take on the ICP role from April 2022.
- 2.2 This proposal clearly needs thinking through carefully. At the time of writing this report we are waiting for the latest ICP guidance to be published. This will support our local conversations and help us develop a solution that reduces duplication, streamlines representation, and utilises the strategic expertise of the existing HWB to be an effective partner to the Integrated Care Board.
- 2.3 Developments around the ICP arrangements will need to move quickly over the next few months. It is therefore recommended to the Board that further discussions around the governance arrangements for the HWB and ICP are delegated to James Bullion and Melanie Craig, with a formal proposal brought to the Board for endorsement.

Officer Contact

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

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Member Organisation Represented	HWB Member	08 July 2020	14 October 2020	10 March 2021
Cabinet member for Adult Social Care, Public Health and Prevention, NCC	Cllr Bill Borrett	X	X	X
Adult Social Services, Norfolk County Council	James Bullion	X	X	X
Borough Council of King's Lynn & West Norfolk	Cllr Elizabeth Nockolds	X	X	X
Breckland District Council	Cllr Alison Webb	X	X	X
Broadland District Council	Cllr Fran Whymark	X	X	X
Cabinet member for Childrens Services and Education, NCC	Cllr John Fisher	X		X
Cambridgeshire Community Services NHS Trust	Matthew Winn	X		X*
Children's Services, Norfolk County Council	Sara Tough	X	X	X
Director of Public Health, Norfolk County Council	Dr Louise Smith	X	X	X
East Coast Community Healthcare CIC	Jonathan Williams	X*	X	X*
East Suffolk Council	Cllr Mary Rudd	X*	X	X*
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor	X	X	X
Healthwatch Norfolk	David Edwards	X	X	X
James Paget University Hospital NHS Trust	Anna Hills		X*	
Leader of Norfolk County Council (Nominee)	Cllr Stuart Dark			
NHS Norfolk & Waveney Clinical Commissioning Group	Tracy Williams	X	X	X
NHS Norfolk & Waveney Clinical Commissioning Group	Dr Anoop Dhesi	X	X	X
Norfolk Community Health & Care NHS Trust	Josie Spencer	X*	X*	X*
Norfolk Constabulary	ACC Nick Davison		X	X
Norfolk Independent Care	Dr Sanjay Kaushal			
Norfolk & Norwich University Hospital NHS Trust	Sam Higginson	X*	X*	X*
Norfolk & Suffolk NHS Foundation Trust	Prof Jonathan Warren	X*	X	X*
Norfolk and Waveney Health and Care Partnership (Chair)	Rt Hon Patricia Hewitt	X	X	X
NHS Norfolk and Waveney Clinical Commissioning Group and Norfolk and Waveney Health and Care Partnership (Executive Lead)	Melanie Craig	X	X	X
North Norfolk District Council	Cllr Virginia Gay	X	X	X
Norwich City Council	Cllr Beth Jones		X*	X*
Police and Crime Commissioner	Lorne Green	X*		X*
Queen Elizabeth Hospital NHS Trust	Caroline Shaw	X	X	X*
South Norfolk District Council	Cllr Yvonne Bendle	X	X	X
Voluntary Sector Representatives	Jonathan Clemo	X	X	X
Voluntary Sector Representatives	Dan Mobbs		X	X*
Voluntary Sector Representatives	Alan Hopley	X	X	X

* Indicates Substitute

Report title: Delivering our Joint Health and Wellbeing Strategy

Date of meeting: 29 September 2021

Sponsor

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

Reason for the Report

There is a statutory requirement for all Health and Wellbeing Boards (HWB) to produce a local, Joint Health and Wellbeing Strategy (JHWBS). It is important that the Board continues to take collective accountability for reviewing progress against our JHWBS and to agree next steps in driving forward the delivery of our commitments.

Report summary

The report looks back on how the HWB have continued to deliver against our collective priorities in an unprecedented year that will see long-lasting impact to the health and wellbeing of our population. It then looks forward to how a refreshed JHWBS will continue to lead the system's approach to improved health and wellbeing in 2022 and beyond.

Recommendations

The HWB is asked to:

- a) Endorse the progress against the JHWBS vision and priorities for 2020 /2021 (**Appendix A**).
- b) Endorse the proposal for reviewing and refreshing the JHWBS for 2022 and commit to engaging with the process on behalf of Member organisations.
- c) Comment on the joint commitments that could be strengthened through the review and refresh process.
- d) Support the re-launch of the HWB Awards and Conference and agree that this activity is focussed on prioritising prevention.

1. Background

- 1.1 Late 2018 saw the launch of our strategy, visit our [Joint Health and Wellbeing Strategy \(JHWS\) page](#) to learn more. It sets out a vision of a single, sustainable health and wellbeing system - prioritising prevention, tackling inequalities in communities and integrating ways of working - and stands as our system-wide, shared commitment to taking collective accountability for the health, care and wellbeing of our communities.
- 1.2 When launched, the strategy set some challenging system objectives focused on working together as system leaders to drive real improvement in the health and wellbeing of people and communities. Now, 18 months since the start of the Covid-19 pandemic, the priorities of the strategy feel more significant than ever.
- 1.3 Considering the important role of the HWB in our local recovery from Covid-19 and the emerging reforms to our health and care system, it is time to look back on how we have continued to deliver against our priorities. We look forward considering how a refreshed JHWBS will continue to lead the system's approach to improved health and wellbeing in 2022 and beyond.

2. Looking back: 2020/2021

- 2.1 At the start of 2020, none of us could have imagined what the year ahead would bring. The Covid-19 outbreak has shown many strengths of our health and care system, such as; collaboration, dedication and developing new ways of working at a time where our communities needed us most.
- 2.2 For the HWB, it has been a significant period for Integrated Ways of Working, not only with the system's impressive collaboration in the Covid-19 response, but in the development of our Integrated Care System (ICS), which aims to coordinate services and to plan in a way that improves population health and care and reduce inequalities in communities.
- 2.3 However, nationally, and locally the pandemic has placed a magnifying glass against our challenges, none more so than the health inequalities within and between our communities. The social and economic consequences of the pandemic will undoubtedly have a lasting impact on our population's health and wellbeing, and with this comes greater risk of the inequalities deepening further.
- 2.4 The last year has demonstrated that the vision and priorities of our JHWBS are more significant than ever. **Appendix A shows our updated action and delivery plan, showing our progress between April 2020 and August 2021 against our vision and priorities, which the HWB is asked to endorse.**

3. Looking forward: What's next?

- 3.1 We must continue to develop our commitment as system leaders to drive improvements and innovations beyond organisational boundaries and keep improved population health and wellbeing at our core.
- 3.2 The HWB will continue to have an important role in overseeing the development of our ICS, with the Health and Care Bill accelerating actions that will have a long-lasting impact on the structure of our Health and Care system. [Go to the Parliamentary Bills page](#) to learn more about the Health and Care Bill.
- 3.3 Action to improve population health, tackle the issues which have a detrimental impact on those most at risk of poor health outcomes and 'level-up' across communities to tackle health inequalities, will also be key to responding and recovering to the pandemic and our ongoing health and wellbeing improvement.
- 3.4 Continuing to prioritise prevention requires us take an **all-age** population health management approach. The HWB has an important role in ensuring that children and young people system-wide are properly recognised and should be at the heart of any preventative strategy to integrate services, enable them to flourish and stop them falling through the gaps.
- 3.5 We know that where people live has a fundamental impact on physical and mental health. For most people, day-to-day health, care and support needs and wider interactions with their community are met local to the place where they live. The importance of place is being emphasised in the development of Integrated Care Systems and much of the innovation, collaboration and integration strengthened during the Covid-19 pandemic has been led at a local level. We know that much of the work to join up delivery and planning of care will need to take place more locally, in 'place'.

- 3.6 **To drive improvement and refocus our vision in a different landscape to when it was originally launched, a review and refresh of our Joint Health and Wellbeing strategy is recommended.**

4. Proposal for reviewing and refreshing our JHWBS

- 4.1 As acknowledged, the priorities of the strategy feel more significant than ever and so it is unlikely that the foundation of our strategy will change.
- 4.2 Rather, this proposal is about reviewing and recontextualising the vision and priorities so that we have a refreshed strategy ready for 2022. This will recognise the impact of Covid-19 alongside the emerging system reforms, so that the JHWBS can continue to lead our health and wellbeing improvement in its next phase.
- 4.3 The Health and Care Bill reiterates the importance of JHWBSs and confirms that ICS's will need to demonstrate progress in delivering the local priorities and commitments through regular reporting to and in consultation with the HWB. To view the Health and Care Bill in detail [go to the Parliamentary Bills page](#).
- 4.4 There is a clear opportunity within the process to re-align our aspirations for prevention, so that as system leaders we can provide a consistent framework for our workforce and organisational delivery plans and a meaningful vision for our communities.
- 4.5 **There will be three key strands of the review:**
- 1) Understanding our data to inform on-going needs assessment
 - 2) Recontextualising our vision, priorities and values to recognise the context of Covid-19 experience and recovery and system-wide reforms
 - 3) Re-clarifying the unique role of the JHWBS in leading health and wellbeing improvement in 2022 and beyond
- 4.6 There is some key activity within these strands that needs to take place to inform the refresh of the strategy, including:
- Data assessment to highlight opportunities and gaps within the system around prevention and health inequalities.
 - Programme of HWB Member 1-2-1 sessions to understand; what has worked well, the impact the current strategy has had on our communities, what could be improved in the refresh process, what commitments could be strengthened, how organisations have and will continue to deliver against the priorities.
 - Engagement activity with system partners and our communities to re-clarify our commitment to prevention, in order to align system aspirations and help inform implementation plans. To support this, a piece of work has been commissioned with Britain Thinks to help develop our understanding of the public's starting point on prevention; how they understand it; how important it is to them; the extent to which they engage with and recognise prevention interventions. Healthwatch Norfolk are also designing a programme of engagement with partners and existing networks to build a better understanding of preventative best practice, opportunities and gaps that people who are accessing formal services can identify, or that have arisen from their engagement during the pandemic.
 - A HWB Development Session is planned for October to collectively re-contextualise our vision, priorities and values and re-clarify the unique role of the JHWBS in leading health and wellbeing improvement.

- 4.7 The aim is to complete this key activity between now and the end of 2021, with the written refresh of the strategy then taking place in early 2022. It is hoped that a revised strategy will be presented to the Board at our March 2022 meeting for final comment and approval, with key updates and development communicated in-between.
- 4.8 Once the refreshed JHWBS has been agreed by the HWB, next steps will be for:
- Each HWB organisation to re-commit to implementation either through existing strategies and plans or new initiatives.
 - The HWB to agree a revised process for progress reporting and monitoring from each organisation to help us hold each other to account in delivering our commitments.
 - The HWB to agree a new mechanism for capturing and communicating stories of difference to help demonstrate the impact of the JHWBS on our communities.
- 4.9 **The Board is asked to endorse the proposal to review and refresh the JHWBS, commit to engaging in the process on behalf of their organisations and provide comment on the joint commitments that could be strengthened in the process.**

5. HWB Awards and Conference

- 5.1 To support the development and delivery of the JHWBS, the following annual HWB activities were agreed between 2018-19:
- **Health and Wellbeing Board Conference:** To bring partners together to promote the vision and priorities and ensure the JHWBS remains a recognised, relevant and influential document.
 - **Health and Wellbeing Board Awards:** To recognise and share the work undertaken by the system to deliver on the ambitions of the JHWBS.
- 5.2 Due to the pandemic, the activities were cancelled for 2020 and 2021. In February 2021, the HWB Chair and Vice Chairs agreed to proceed with plans to re-launch both activities for 2021/22.
- 5.3 Given that through the review and refresh of the JHWBS we hope to strengthen and re-centre the importance of prevention, and that the 2020 conference planned to focus on this priority was cancelled, the proposed theme of the 2022 conference is 'Prioritising Prevention: The Big Conversation'. This will provide an opportunity to come together and explore how we can better use and empower the whole health and wellbeing system – taking in local government, the NHS, the voluntary and enterprise sector, the private sector and local communities – to truly prioritise prevention as a critical strand of the strategy.
- 5.4 The conference would also be an opportunity to:
- Formally recognise the dedication and commitment of the system's workforce during the pandemic.
 - Present some of the successes of the JHWBS in terms of prevention over the last four years.
 - Gain support from the wider system for the next phase of our JHWBS.
- 5.5 It is proposed to launch the HWB Awards in October 2021, inviting nominations which recognise the dedication and contribution from organisations and individuals' over the last 12-18 months. The proposed theme of the awards is prevention within the context of covid-

19 experience and recovery. The plan would be to award winners as part of the 2022 HWB conference.

- 5.6 **The HWB are asked to support the re-launch of the HWB Awards and Conference and agree that this activity is focussed on prioritising prevention.**

Officer Contact

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

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

This is a high-level action and delivery plan for the Joint Health and Wellbeing Strategy (JHWBS) 2018-2022. It is intended as a working document to support the delivery of the priorities as set out in the strategy.

For information, the May 2020 Health and Wellbeing Board (HWB), December 2020 HWB Development Session and June 2021 HWB were cancelled due to the pandemic.

Vision	JHWBS Added Value	Action	HWB Sponsor	Interface with HWB										Highlight Update (Impact to date between April 2020 and August 2021)
				2020					2021					
				04- Mar	06- May	08- Jul	14- Oct	16- Dec	10- Mar	09- Jun	29- Sep	01- Dec	27- Oct	
A Single, Sustainable System	We will work together to lead change for an integrated financially sustainable system by: Informing new ways of working and transformation by sharing our thinking, planning, opportunities and challenges. Driving collective accountability and collaboration taking joint responsibility for the whole system rather than as individual organisations. Using data intelligently by making evidence-based decisions to improve health and wellbeing outcomes. Promoting engagement and involvement by listening to the public and being transparent about our strategies across all organisations.	HWB Governance	HWB Acct Officer											Informing new ways of working and transformation: <ul style="list-style-type: none">Accelerated by the pandemic, HWB has championed new ways of working across all its organisations to deliver effective digital approaches to health and care across the County. Driving collective accountability and collaboration: <ul style="list-style-type: none">HWB has played a key role in overseeing the activity across the wider system in relation to the pandemic.HWB has overseen the development of Norfolk and Waveney’s ICS, supporting the collaborative aim to coordinate services and to plan in a way that improves population health and care and reduces inequalities in communities.The Health and Care Partnership System Plan (submitted in 2019) received good local and regional feedback.The system has made great strides in strengthening the voice of social care in integration at both a local and national level.HWB considered what additional actions partners could take to support our health and care system to address the financial challenge we face. Using our data intelligently: <ul style="list-style-type: none">To make evidence-based decisions for the system’s Covid-19 response, HWB reviewed emerging health impact data of Covid 19 including; an overview of the total Covid-19 cases and current trends, a breakdown of all individual district councils and key vulnerable groups affected as well as place settings, and geography level data on Norfolk’s current position compared to the rest of the UK.HWB partners endorsed the proposed 2021/22 work plan for the JSNA and committed to continued support of its delivery through the liaison group. The agreed workstreams aligned to the JHWBS will focus on Health and Wellbeing place-based profiles, a review of the JSNA narratives and content, a comprehensive briefing paper schedule and Covid-19 impact content. Promoting engagement and involvement: <ul style="list-style-type: none">HWB received a report collating and summarising research and engagement that had been conducted during the pandemic. Findings of this work had been shared widely across the system to inform operational decision-making, shape the development of the phase three response to the pandemic and guide the partnership’s longer-term strategic planning.
		NHS Integration	ICS Exec Lead											
		Organisational culture and working between organisations	ICS Workforce Lead											
		CCG Annual Reports	CCG Chair											
		Sharing system-wide commissioning intentions	All Commissioners											
		Joint Strategic Needs Assessment	Director of Public Health											
		Pharmaceutical Needs Assessment (Next Assessment is due in <i>April 2022</i>)	DPH											
		User engagement in our understanding and planning	HWN Exec Lead											
Prioritising Prevention	We will prioritise prevention by: Developing in partnership a systematic approach for children and young people’s support and provision. Embedding prevention across all organisational strategies and policies and holding partners to account for prioritising prevention in policies and decision-making	Area Special Educational Needs and Disabilities (SEND) Strategy	NCC DCS										Systematic approach for children and young people: <ul style="list-style-type: none">HWB endorsed the direction of travel for the transformation of Children and Young People’s Mental Health Services which marks a shift to outcomes-based commissioning and community-based services. The emphasis is on individual need, relationship-focused practice, prevention, and early intervention.There was commitment to review the impact of the Covid-19 pandemic on children and young people’s mental health and consider how system leaders can continue to respond with a sustainable and joined up approach. Embedding prevention across all organisational strategies and policies: <ul style="list-style-type: none">Operating in a rapidly changing landscape in 2020, HWB considered winter planning across the system at a time where increased demands had been placed on health and social care system due to the ongoing pandemic. Promoting and supporting healthy lifestyles: <ul style="list-style-type: none">HWB Members endorsed a new Behaviour Change approach to adult healthy living to promote prevention and health improvement at a wider population level. The Board agreed to embed the approach – which aims to increase skills in behaviour	
		CAMHS Review	NCC DCS											
		Mental Health Prevention Concordat	NCC DPH											
		Norfolk and Waveney Adult Mental Health Strategy	ICS Workstream/ Exec Lead											
		Health Resilience	ICS Exec Lead/NCC DASS/DPH											

	Promoting and supporting healthy lifestyles with our residents, service users and staff.	Healthy lifestyles	DPH										change throughout key Norfolk workforces and support communities with strategies to promote and maintain healthy behaviours – in their own organisations.
													<ul style="list-style-type: none"> The pandemic has had a huge impact on the Mental Health of our population which continues to be a key priority of the whole system – both for Adults and Children and Young People. A Mental Health Inequalities Steering Group was set-up and a restoration of services plan was developed.
Tackling Inequalities in Communities	We will commit to working together to build on the strengths in local communities, rural and urban, by:	Homes and Health programme	HWB District Council Sub-Committee										Providing support for those who are most vulnerable in localities: <ul style="list-style-type: none"> System partners are working together to take a local collaborative approach in response to the NHS England Eight Urgent Actions for addressing health inequalities. There has been significant work across the system to make it easier for everyone to get vaccinated and offer more flexibility in access for underserved communities and more vulnerable groups. A whole system vaccine inequalities oversight group includes District Council representation. The Norfolk Strategic Housing Partnership was formed as part of the response to Government's 'Everybody In' initiative. It went on to develop an ambitious <i>No Homelessness in Norfolk</i> strategy. HWB has continued to champion a place-based approach, recognising that real improvement for all-age population health and care is driven in local communities. The Board supported the delivery of a system engagement programme to help determine how we can work best at a local level in our new ICS arrangements. The District Council Sub-Committee have focussed on the key functions that might form part of local place priorities to support population health and wellbeing. Providing and using evidence to address needs and inequalities <ul style="list-style-type: none"> With increased requests for place-based information, HWB supported the continued development of the JSNA Health and Wellbeing place-based profiles. The District Council Sub-committee reviewed local data around demographic factors in relation to Covid-19 risk. Members committed to sharing the data within their organisations to help inform recovery plans. Joining up development planning: <ul style="list-style-type: none"> The District Council Sub-Committee reviewed the community response during the pandemic and highlighted untapped assets to be harnessed beyond Covid-19, as well as supporting the building and development of the Community Hub Model.
	Improving locality working to support a place-based approach to providing support for those who are most vulnerable in localities.	Supporting a joint district council approach (inc. focus on place-based approach)	HWB District Council Sub-Committee										
	Prioritising and working together to address the impact of crime, violence and injuries.	System approach to crime, violence and injuries.	NCCSP										
	Providing and using evidence to address needs and inequalities.	Inequalities in system planning	HWB District Council Sub-Committee										
Integrating Ways of Working	We will ensure integrated ways of working by:	All-Age Autism Strategy	NCC DASS										Collaborating in the delivery of people-centred care: <ul style="list-style-type: none"> Collaborating across the health and social care system has been effective and strengthened by the need to respond swiftly to Covid-19 and HWB are committed to maintaining this momentum. HWB agreed to support the continued development of our Primary Care Networks, including the planned integration of mental health and community teams. Partners are working together to take a more systematic approach to developing and delivering our Autism strategy. Members endorsed annual Adult and Children's Safeguarding reports and promoted system engagement to further understand the impact Covid-19 had had on safeguarding and recovery priorities. Using our resources in the most effective way: <ul style="list-style-type: none"> System partners have worked hard to build additional capacity in both the workforce and community services across health and social care to manage the impact of the pandemic; with a system wide memorandum of understanding to enable staff to be shared across NHS organisations, and expanded to include social care and wider system partners in the second wave. Members helped to shape future priorities of the Better Care Fund that reflect key local direction from our Joint Health & Wellbeing Strategy and that align with other key system strategies, emerging place priorities and other individual organisational strategies; Inequalities and support for wider factors of wellbeing, Prevention, Sustainable system, Person centred care and discharge. HWB also ensured that the Disability Facilities Grant and housing would sit as theme across all the priorities.
	Collaborating in the delivery of people-centred care to make sure services are joined up, consistent and makes sense to those who use them.	Adult and Children Safeguarding	NCC DASS/DCS										
	Using our resources in the most effective way by driving forward integrated ways of working.	Better Care Fund Plan	NCC DASS										
	Promoting the important role of carers and addressing the support they may also require by working together.	Integrated Care system Development	ICS Exec Lead										
		Carers Strategy	NCC DASS										

Acronyms			
Joint Health and Wellbeing Strategy	JHWBS	Health & Wellbeing Board	HWB
Norfolk County Council	NCC	Healthwatch Norfolk	HWN
Director of Public Health	DPH	Norfolk County Community Safety Partnership	NCCSP
Director Adult Social Services	DASS	Joint Strategic Needs Assessment	JSNA
Director of Children’s Services	DCS	Integrated Care System	ICS

Report title: Developing Norfolk and Waveney's Integrated Care System

Date of meeting: 29 September 2021

Sponsor

(HWB member): Melanie Craig, Chief Executive of NHS Norfolk and Waveney CCG and Executive Lead for the Norfolk and Waveney Health and Care Partnership

Reason for the Report

To update the Board on progress with developing Norfolk and Waveney's Integrated Care System since March 2021.

Report summary

This report provides an update on the development of our Integrated Care System, including progress with the Health and Care Bill, national guidance for systems, place-based working, the recruitment process for the designate chair and chief executive roles, the transition programme, the transfer of direct and specialised commissioning and system improvement and assurance.

Recommendations

The HWB is asked to:

- a) Support the continued development of the Norfolk and Waveney Integrated Care System.

1. Methodology

- 1.1 The Board has received regular reports about the development of the Norfolk and Waveney Integrated Care System (ICS), including at their meeting in March 2021. The Board plays a vital role in the planning, coordination and governance of our health and care system, so it is important that as our ICS is developed the Board is closely involved.
- 1.2 While this paper focuses on progress with the new Health and Care Bill, transition to the new arrangements, processes and governance, it is important to keep in mind why we are doing this, what being an ICS will mean for people and what we want to achieve as a system.
- 1.3 The core purpose of an ICS is to:
 - Improve outcomes in population health and healthcare.
 - Tackle inequalities in outcomes, experience and access.
 - Enhance productivity and value for money.
 - Help the NHS support broader social and economic development.
- 1.4 Locally we've set ourselves three goals that becoming an ICS will help us to achieve, these are:
 - 1. To make sure that people can live as healthy a life as possible.**

This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

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

Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

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

Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

- 1.5 Fundamentally, becoming an ICS is an opportunity for all the organisations that impact on people's health and wellbeing to collaborate better, to join-up people's care, to improve services and to make a much more concerted and coordinated effort together to tackle the wider determinants of health and to address health inequalities. This isn't just about governance, contracting mechanisms or changing the name of the Clinical Commissioning Group (CCG); it is a chance to work together in profoundly different way to improve the health, wellbeing and care of local people.

2. Progress with the Health and Care Bill and national guidance

- 2.1 Since the last meeting of the Board, the Health and Care Bill has been introduced into Parliament and had its second reading on 14 July 2021. [To learn more about this bill go to the parliamentary bills page](#). The Bill gives effect to the policies set out in the NHS Long Term Plan and the Government's White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' (February 2021). [For more information regarding this White Paper go to Gov.uk policy page](#). As such, the contents of the Bill are largely what we expected and are broadly very welcome.
- 2.2 [Visit the NHS Integrated Care systems guidance page](#) to view the ICS Design Framework. The publication of the ICS Design Framework, the second reading of the Health and Care Bill and the Secretary of State's decision about ICS boundaries provides us with much needed clarity over some key aspects. [Go to Gov.uk for a summary of the ICS boundaries decision](#). This means we can now plan with greater certainty for the creation of our statutory Integrated Care System. Although in many respects we have been working towards this for a number of years and have been preparing for the new legislation, there is still much for us to do in relatively a short space of time.
- 2.3 NHS England and Improvement has published further guidance on the creation of Integrated Care Systems. [Go to the NHS Integrated Care System guidance page](#) to learn more. The guidance covers the functions, governance and HR framework for developing integrated care boards, as well as guidance on the ICS people function, provider collaboratives, working in partnership with the VCSE sector, clinical and care professional leadership, working with people and communities and the development of place-based partnerships. Generally, the guidance is permissive, which is positive.
- 2.4 It was helpful that the new Secretary of State came to a timely conclusion about the ICS boundary as this really is vital for our planning. All partners remain as committed as ever to working with colleagues in Suffolk to ensure that people living in Waveney receive high quality, joined-up care.

3. How we work together at a more local level in our ICS

- 3.1 Now that we have clarity about the boundaries of our system, an important next step is to agree our sub-ICS working arrangements, recognising that these will continue to evolve over time. For most people their day-to-day health and care needs will be met locally in the

town or district where they live or work. Partnership in these ‘places’ is therefore an important building block of integration.

- 3.2 The recently published national guidance about place-based partnerships is permissive, enabling systems to build on existing arrangements and relationships, but it does very clearly reinforce that:
- 3.3 “If we are serious about promoting better health and wellbeing and addressing health inequalities, we must take collective decisions based on a shared understanding of the local population and how people live their lives. We must look beyond health and care services to the wider determinants that influence the health of our populations – early years support, housing, leisure, transport, skills and education, employment support and the environment.”
- 3.4 [Go to the thriving places document for detailed guidance](#) on the development of place based partnerships as part of statutory integrated care systems.
- 3.5 Following the publication of the guidance and the discussion at the August 2021 interim ICS Partnership Board meeting, our cross-system Steering Group is refining its initial recommendations [go to our report about how we will work together at a more local level](#) in our Integrated Care System to learn more. The revised recommendations will aim to balance building on what we already have in place and safeguarding effective operational delivery, whilst also ensuring our future arrangements recognise the important role that district councils, the voluntary, community and social enterprise sector and other partners play in addressing the wider determinants of health and reducing health inequalities.

4. Recruitment of the chair and chief executive of our ICS

- 4.1 With the Health and Care Bill passing its second reading, practical preparations for statutory ICSs can get underway given the degree of confidence that Parliament will legislate. This includes the recruitment processes for the NHS Integrated Care Board designate chair and chief executive appointments.
- 4.2 [Recruitment of ICS independent chairs](#) started on 27 July. Some systems do not have to go out to recruitment as this process has taken place within the last three years. For Norfolk and Waveney, our existing independent chair has been in this role for the last four years, and so in line with national guidelines the role was advertised. There are 17 ICSs that have advertised for an independent chair that will take on the role for a three-year period.
- 4.3 Recruitment of all 42 ICS chief executives commenced on 1 September. [Go to ICS CEO Recruitment to view details of the role of ICS Chief Executives](#). This process is expected to conclude by the end of October and will be followed by the recruitment of a finance directors, medical directors, directors of nursing and other board roles, enabling Integrated Care Boards and Integrated Care Partnerships to start operating in shadow form by the end of December.

5. The transition programme

- 5.1 Each system has been asked to complete a ‘readiness to operate statement’ (ROS) to show its progress to establishing their overall ICS including the statutory Integrated Care Board (ICB). The ICB is the legal entity which will replace CCGs from April 2022. The ROS is broken into 12 chapters, which include people and culture, clinical and professional leadership and financial allocations and funding flows. The transition work of the CCG moving into the statutory ICB is being overseen by the Executive Management Team of the CCG.

- 5.2 We are also starting work to review system's clinical arrangements and commencing discussions across our clinical fora including the Clinical and Care Transformation Group and the CCG's Clinical Executive Committee. The interim ICS Partnership Board also discussed how we will communicate with and engage the public at their meeting in August [go to our engagement report for details of this discussion](#).

6. Transfer of direct and specialised commissioning

- 6.1 The six systems in the East are working with NHS England and Improvement to consider what future commissioning arrangements might look like for each of the functions that are currently directly commissioned by NHS England, these are:
- Specialised Commissioning: Mental Health, Learning Disabilities and Autism
 - Specialised Commissioning: Acute Services
 - Health and Justice
 - Primary care services: general practice, dental, pharmacy and optometry
 - Public Health Section 7A (Screening, Immunisations and Child Health Information Services).
- 6.2 Work is currently focused on how each service should be commissioned (for example by one or multiple ICSs, jointly commissioned, or a new hosting authority created to commission the services), not where each function moves to.

7. System Improvement and Assurance

- 7.1. Whilst we transition to the new ICS arrangements from April 2022, it remains important to develop our approach to assurance on a system basis, which is being taken forward through our new System Improvement and Assurance (SIAG). As an executive group, its primary function is to bring together leaders from across the system and the NHS England and Improvement regional and national teams, to identify risks and any support needed to collaboratively address performance challenges and support service improvement.
- 7.2. The SIAG will receive assurance that the system is delivering its plans and is addressing key areas of performance, service improvement, finance and quality within its remit. The SIAG is accountable to the Health and Care Partnership's CEOs Group until the NHS ICS Body has formed its statutory Board.

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Report title: Norfolk Autism Partnership Board Update, Autumn 2021

Date of meeting: 29 September 2021

Sponsor

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

Reason for the Report

The Autism Partnership Board was created in response to Autism Act. As per recommendations and previous agreements, the Health and Wellbeing Board (HWB) acts as governing body for reviewing the Board's activities and achievements.

Report summary

The report sets out the activities undertaken by the Norfolk Autism Partnership Board (NAPB) and its working group's over last 12 months and the outcomes achieved. In its governing body role, the HWB are asked for support and feedback.

Recommendations

The HWB is asked to:

- a) Continue to signpost organisations to the Autism eLearning on the NAPB website to work towards a more inclusive Norfolk.
- b) Support in the wider engagement activities of the NAPB by offering resource, time or links to relevant parties.

1. Methodology

- 1.1 The Autism Partnership has reported to the Board on 10 July 2019 by Tracey Walton.

2. Autism Partnership Report, September 2021

- 2.1 The NAPB was created in response to the Autism Act 2009. Over the last several years it has matured and expanded, playing a key role in developing and coproducing the Local Autism Strategy *My Autism, Our Lives, Our Norfolk*, responding to the challenges of the Covid-19 pandemic and developing a stronger independent identity outside of the statutory organisations who are members.
- 2.2 As part of the ongoing development of the NAPB, a new Partnership Transformation Manager was appointed on 2 November 2020. Tom Bassett now has oversight of both the Autism and Learning Disability Partnerships and is working to make further improvements.
- 2.3 With the release of the national autism strategy on 21 July 2021¹, the NAPB will focus on combining its recommendations with that of the local strategy.
- 2.4 **Outreach and Engagement:** Over the last year, representatives of Norfolk County Council (NCC), voluntary organisations and autistic people worked together through the Board and it's Working Groups to coordinate a number of activities:

¹ 'National strategy for autistic children, young people and adults: 2021 to 2026', HM Government (<https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>, accessed 26/08/21)

- Developed and distributed a questionnaire on autism in Norfolk and the unique challenges presented by the pandemic. Results were used by commissioners to steer work.
- Coproduced new, more accessible Partnership documents, including Codes of Conduct for members and application forms.
- Led on creation of an independent website for the Partnership. The new website is regularly updated with new information, has blog post features for newsletters, allows membership signup and hosts the partnership's coproduced autism eLearning (see below for more detail).
- Hosted a weeklong virtual event, Autism Awareness Week 2021, through the website which included blog posts, newsletter, fundraising campaigns and videos. Around 900 visits to the event's webpage were recorded during the week, the videos were watched more than 400 times.

- 2.4.1 The regular public engagement events put on by the Partnership, the Autism Norfolk Forums (ANF), were paused for much of the pandemic. A combined virtual and in-person hybrid ANF has now been arranged for September 2021 with support from different VSCE organisations. It is hoped that this will be the model for a new series of meetings.
- 2.4.2 As well as the continued management and facilitation of the ANF and website, the Partnership hopes to continue to expand its membership, regularly produce a newsletter and host more engagement events for a variety of audiences.
- 2.4.3 The NAP and Learning Disability Partnership (LDP) are now working closely with the library service and are funding the training of autism and learning disability champions across all 47 libraries. These Champions will facilitate monthly meetings with autistic people/people with learning disabilities, family/carers and the voluntary, social enterprise and charity sectors to improve signposting, information and sharing to collect views from the public to inform the work of both partnerships.
- 2.4.4 A partner will also be procured with expertise in these areas to support the running of the partnerships and increase their capacity. This is in the hopes that, in the future, the partnerships can host a wider array of engagement opportunities and begin to establish a permanent base within Norfolk.
- 2.5 **Autism Training:** The NAPB Workforce Development Working Group has led work coproduce autism awareness training in Norfolk thanks to the efforts of the NAPB's Workforce Development Working Group. The University of East Anglia has now endorsed both training packages.
- 2.5.1 As of May 2019, the eLearning is now mandatory for all NCC staff in Adults and Childrens Social Services, while the Understanding Autism 1-Day course is mandatory for all NCC staff in Adult and Children's Social Services, who are likely to have direct contact with autistic people. Following the creation of an independent website, and working with the Engagement Working Group, the eLearning was made available to all for free via the Partnership website. [Go the NAP website to access the eLearning](#). To date, over 180 visitors have accessed the course. 12 outside organisations have either uploaded the eLearning course to their own Learning Platforms or have directed their staff to the Partnership website to complete it. Five organisations have completed training to enable them to deliver the 1-day course inhouse, with a further two booked to be trained in September and October 2021. Of particular note, the Tiffin School in Kingston-upon-Thames, Surrey, has trained eight teachers in the course and plan to train more teachers in the next school year.

- 2.5.2 Both the eLearning and 1-day course will be reviewed every 6 months to make changes based on the feedback we get from evaluation forms or direct messages. The first review meeting for the working group is scheduled for 23 November 2021.
- 2.6 **Autism Diagnosis in adults and children:** Unacceptable waiting times and lack of provision for autism diagnosis were identified as key concerns at ANFs and other Partnership engagement events. These concerns are now being addressed. Representatives of NCC, Norfolk Community Health and Care NHS Trust (NCH&C), the Clinical Commissioning Group (CCG), and Autism Service Norfolk (ASN), who have responsibilities to address waiting times, regularly participate in Board meetings and working groups.
- 2.6.1 Through the Diagnosis Working Group in particular, partners planned and workshopped responses to issues. There has been increased investment in autism assessment for adults and children and young people. The coronavirus pandemic response has impacted both waiting times and the number of people on waiting lists, to which NCC and the CCG responded with further funding. This will allow the recruitment of more staff on top of those already in post. Recruitment is ongoing and is already showing tangible results.
- 2.6.2 While increased investment in assessment is a positive step, stakeholder forums also identified “better communication and information” and “streamlining of referral processes” as key areas for improvement.
- 2.6.3 The NAPB will continue to monitor progress reducing waiting times over the next 18 months. It will work with commissioners and providers to support improvements in how they communicate with people who use their services and improve the information available.

3. Conclusion

- 3.1 Moving forward, the NAPB plans to build on its successes and strengthen its relationships with other Partnership Boards and organisations in Norfolk. The Partnership Board Manager’s oversight of the Learning Disability Partnership provides one obvious starting point; another is the work done by Autism Partnership Co-Chair Trevor Key.
- 3.2 The NAPB are taking steps to widen membership, views and engagement opportunities by using a network of ‘Library Champions’ to disseminate information and facilitate informal meetings.
- 3.3 Following an approach by the Norfolk Safeguarding Adults Board, members of both Boards were asked to work together as part of a safeguarding adult review. The NAPB co-chair is now actively supporting the effort to shape system response. The co-chair is also actively participating in a reference group on the future of social care charging. He looks forward to reaching out to other partnerships in the near future. The NAPB hopes that our next report to the Board shows even greater impact.

Officer Contact

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

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

Report title: Norfolk Area SEND Strategy: HWB endorsement

Date of meeting: 29 September 2021

Sponsor

(HWB member): Sara Tough, Executive Director Children's Services

Reason for the Report

It is a requirement of the Children & Families Act (2014), specifically within the Special Educational Needs & Disability (SEND) Reforms, that the 'area' produces an Area SEND Strategy. Due to the links to JSNA and the concept of joint commissioning (set out within page 56 of the SEND Code of Practice) it is assumed that Health and Wellbeing Boards (HWBs) are involved with the areas SEND Strategy.

Norfolk's Area SEND Strategy has been fully co-produced across Norfolk County Council, Norfolk's Clinical Commissioning Group, Norfolk's Parent Carer Forum (Family Voice Norfolk) and other parent/carer groups, alongside the counties education and health providers and relevant voluntary sector bodies. The governance for the Area SEND Strategy is via the Norfolk Area SEND Multi-Agency Steering Group (NASMA) as a sub-group of the Children and Young People Strategic Alliance. Therefore, we want to ensure that the HWB have the opportunity to endorse the Area SEND Strategy and to fully support its implementation within the spirit of co-production.

Report summary

The Area SEND Strategy is a self-contained strategic document setting out Norfolk's current 4 priorities for SEND and the associated high level action plan and key performance indicators. Therefore, the attached PDF version of the Area SEND Strategy constitutes the 'report' to the HWB, for this reason the remainder of the report below is high level.

[The Area SEND strategy can be viewed on the SEND Local Offer website.](#)

[More information on SEND can also be found on Norfolk County Council webpage.](#)

It should be noted that the current Area SEND Strategy (Spring 2021) is a refresh of the original strategy presented to the HWB in 2019.

Recommendations

The HWB is asked to:

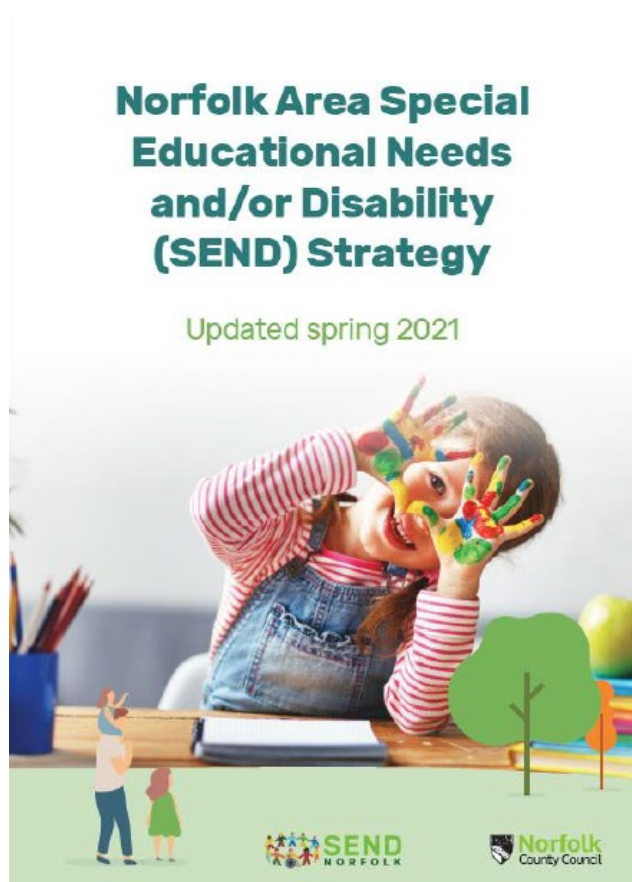
- a) To endorse the refreshed Area SEND Strategy for Norfolk.
- b) To provide leadership to the implementation of the Area SEND Strategy to ensure that all agencies, partners and stakeholders are aware of the priority actions and support these equally in the strategic and operational work of the children's 'system' across Norfolk.

1. Methodology

- 1.1 To remind the Board that in 2019 the original Area SEND Strategy was endorsed, including the mechanism of annual review/refresh; noting that this refresh was delayed by 9 months due to the implications of CQC/Ofsted SEND inspection and the impact of COVID 19.

2. Norfolk Area Special Educational Needs and/or Disability Strategy (SEND)

2.1 Please refer to the attached Area SEND Strategy Report (**Appendix 1**) for full details, however, for ease of reference below is an extract from the strategy illustrating the four key priorities:



Our priorities

- Priority 1** Working together with children and young people (CYP) with SEND
- Priority 2** Improving what is in place for families and professionals to support CYP with SEND
- Priority 3** Communicating the SEND services and support available in Norfolk
- Priority 4** Preparing young people for adult life



Priority 1

Working together with children and young people (CYP) with SEND

It is important that the education, health and social care needs of CYP and actions that will help them are identified as soon as possible.

Parents/carers and professionals are supported to work together to understand how they can best help CYP with SEND to learn and develop.

What needs to happen

- CYP and their parents/carers feel confident about sharing their experiences and that these will be used to shape improvements
- CYP are supported to have an active role in decision making
- Communication about services is clear and understood by CYP and their parents/carers and those working with them
- CYP, their parents/carers and professionals work in co-production to develop ways to share information
- Timely and meaningful assessments are used to plan the support needed to enable CYP to progress

When we talk about professionals, we mean the people who work to help and support children and young people with SEND

The strategy is working when:

- CYP feel included and supported in all areas of their lives and in all settings
- CYP and parents/carers feel that their views are valued and that working in partnership has positive outcomes for them
- CYP are able to access their community with their peers
- Professionals have confidence in their knowledge and skills, know where to go for support and advice, and value working together as part of a wider team around the CYP and their families

Changing lives together

Priority 2

Improving what is in place for families and professionals to support children and young people (CYP) with SEND

It is important that those who plan and provide services and those who use them work together, ensuring that plans for improvement use all relevant information.

What needs to happen

- All those working with or volunteering to support CYP have the right skills and training for their roles
- Education, health and social care services for CYP are shaped by a strong commitment to co-production
- All services regularly review how they collect, share and use data
- Those who plan services are using resources effectively
- CYP and their parents/carers are part of conversations about SEND support, know what to expect and are included in decision making
- CYP and their parents/carers have access to information to be able to make choices when making placement decisions

When we talk about resources, we mean equipment, buildings, people, time and money

The strategy is working when:

- CYP and their parents/carers and professionals understand and value working together
- Information is up to date, available to those who need it, and is being used to make a positive difference to the lives of CYP
- Feedback shows that services and resources are having a positive impact

Changing lives together

Priority 3

Communicating the SEND services and support available in Norfolk

It is important that parents/carers and professionals know how to find out what they can expect, what they can access and how they can all take part in developing plans for improvement.

The Local Offer website is key to sharing SEND information for parents/carers and professionals.

What needs to happen

- Services produce and develop their information in co-production with children and young people (CYP) and their parents/carers
- Services ensure that information is easy to use and understand, helpful and up to date
- CYP, parents/carers and professionals work together to continuously review and improve the SEND Local Offer website.
- A wide range of communication methods is used to make sure that information is available to everyone who needs it

SEND Local Offer website
The place to find SEND information

The Norfolk local offer
The services and support available in the Norfolk area for CYP with SEND and their families

The strategy is working when:

- CYP Feedback shows that parents/carers and professionals find published information easy to use and to understand, helpful and up to date
- Users report that the SEND Local Offer website is easy to use and to understand, helpful and up to date.

When we talk about **services**, we mean organised systems that meet needs, such as schools, colleges, health services, home-to-school transport and social services

Changing lives together

Priority 4

Preparing young people for adult life

It is important that children and young people (CYP) with SEND are supported from an early age to develop skills that will enable them to increase independence, make choices and plan for their future.

Services are in place to help all CYP with SEND transition successfully into an adult life of their own choosing.

What needs to happen

- CYP are supported to take an active role in their community, including employment and living an independent adult life
- CYP are supported to understand and look after their health and wellbeing
- Education, health and social care services will work together with CYP and parents/carers to understand and meet the needs of CYP
- Services are shaped by a clear understanding of the needs of CYP and by reviewing the impact of services on their lives
- All CYP and their parents/carers will know where to go for help and support with transition and preparing for adult life

Preparing for adult life (PfAL) outcomes
Norfolk has high aspirations for the futures of all CYP and is committed to achieving the four PfAL outcomes, which are:

- Being healthy
- Having employment
- Being part of your community
- Independent living

The strategy is working when:

- CYP can tell others how they are involved within their community and what they want
- Services make information available in a variety of ways for everyone
- Services act on what CYP and parents/carers tell them, make changes and give additional support where needed
- CYP, parents/carers and professionals are working together to help develop the skills the CYP needs to be as independent as possible

Changing lives together

Officer Contact

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

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Norfolk Area Special Educational Needs and/or Disability (SEND) Strategy

Updated spring 2021



This Norfolk Area SEND Strategy has been updated and developed by representatives from across the council and health services in co-production with parent/carers organisations and Norfolk's education providers.



click on **each logo** for more information.

What does co-production mean in Norfolk?

Working together and communicating as equals. Understanding and valuing one another's unique insights and expertise to create a plan to bring about positive change.



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Introduction

Local context

Priorities overview

Priority 1 - Working together with children and young people with SEND

Priority 2 - Improving what is in place for families and professionals to support children and young people with SEND

Priority 3 - Communicating the SEND services and support available in Norfolk

Priority 4 - Preparing young people for adult life

What will the future look like?

How to find out more



Introduction

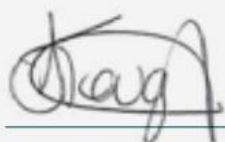
Our first Norfolk Area SEND Strategy was launched in 2019. Its review was planned for 2020, however a visit from Ofsted and the Care Quality Commission (CQC) plus the challenges of COVID-19 meant that this couldn't happen.

A great deal has changed, and this is our updated strategy for 2021. Our priorities are based on the outcomes set out by the Children's Strategic Alliance group that Norfolk is a place for every child and young person to FLOURISH. We have committed to "listening to children, young people and their families... supporting inclusion, meeting needs and changing lives together". Their views will tell us what we need to improve, and this information will be used by the council and NHS Clinical Commissioning Group (CCG) to review and develop services.

As in 2019 we have four main priorities to both improve and transform, they are:

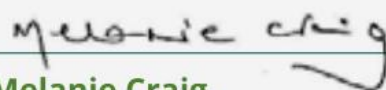
- Working together with children and young people (CYP) with SEND
- Improving what is in place for families and professionals to support children and young people with SEND
- Communicating the SEND services and support available in Norfolk
- Preparing young people for adult life

Looking forward, it is vitally important that we build on our strengths, trusted relationships and determination to work together, to support children and young people with SEND in Norfolk and change lives together. Despite the challenges we face with COVID-19 we are continuing with our £120 million pound investment to build specialist provision whilst continuing our focus on local mainstream provision.



Sara Tough

Executive Director Children's Services



Melanie Craig

Chief Executive, NHS Norfolk and Waveney Clinical Commissioning Group and Executive Lead for Norfolk and Waveney Health and Care Partnership





specialist resource bases (SRB)
for learners with a high level of
special educational needs who are
educated in mainstream schools

Making sure
there are
specialist places
for children
like mine

Developing
more
specialist
resource
bases

More Short
Breaks near
to where we
live

Listening
to us



Local context

This data gives a snapshot of the SEND landscape in Norfolk now.

Pupils in Norfolk schools 2020 – reception to year 13



Number of students in
primary and secondary
education
116,067



Those with SEN
Support **15,015**
12.9%

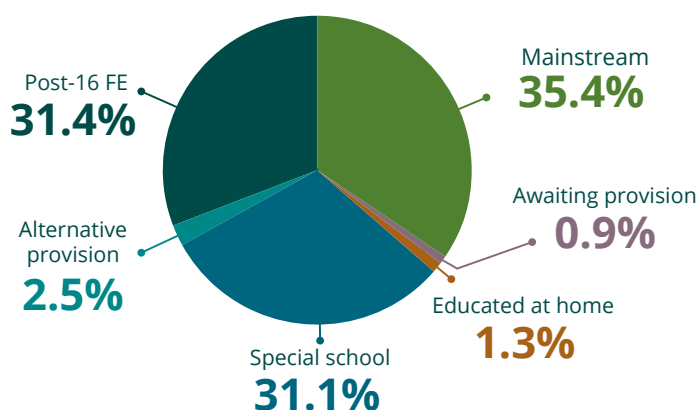


Those with EHCP
3,294
2.8%

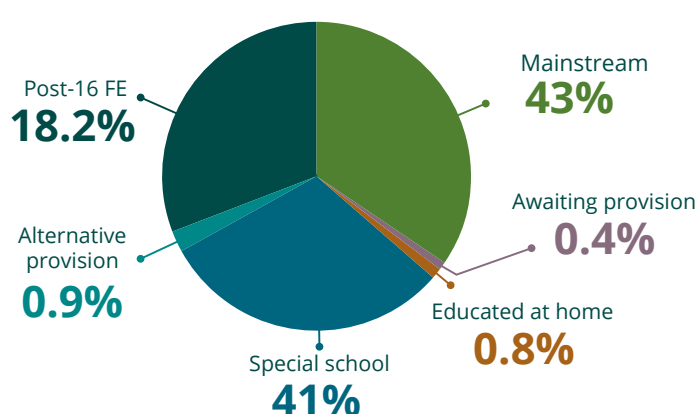


Total number of
EHCP 0–25
6,689

SEND students in educational settings Norfolk 2020 – EHCP and SEN Support



SEND students in educational settings National 2020 – EHCP and SEN Support



Young people with EHCP in Norfolk by age range 2020 and 2021

Age	Official numbers provided to Dept of Education 2020	Official numbers provided to Dept of Education 2021
Under age 5	159	259
Aged 5 to 10	1,746	2,017
Aged 11 to 15	2,236	2,248
Aged 16 to 19	1,775	1,896
Aged 20 to 25	773	1,043
TOTAL	6,689	7,753

At 16 destinations by SEN status (state-funded mainstream schools) in National for 2018/19

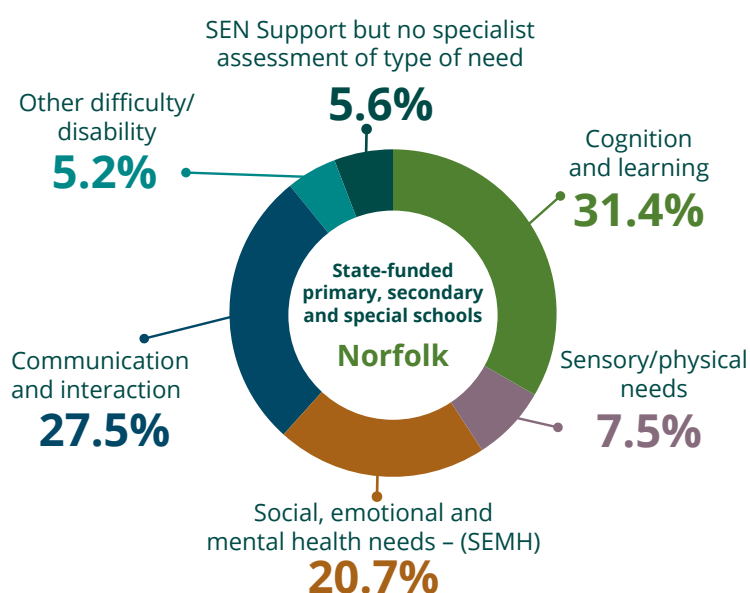
At 16 destinations by identified SEN	National	Norfolk
Sustained education, employment & apprenticeships %	90	91
Sustained education destination %	81	83
Sustained apprenticeships %	4	4
Sustained employment destination %	4	3
Not recorded as a sustained destination%	9	9

Norfolk permanent exclusion(PEX) rate and 3 Term SEN absence (includes state-funded primary, secondary and special schools) 2018/19

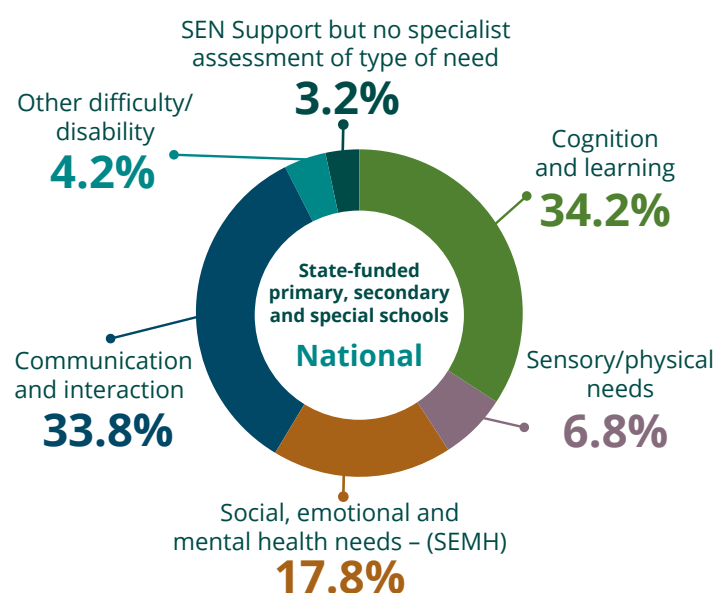
All pupils	Norfolk	PEX Rate %	0.18	11.8%
		Number of pupils	209	11,887
	National	PEX Rate %	0.10	10.9%
		Number of pupils	7,894	71,863
EHCP	Norfolk	PEX Rate %	0.46	24.6%
		Number of pupils	15	701
	National	PEX Rate %	0.15	24.6%
		Number of pupils	390	54,081
SEN Support	Norfolk	PEX Rate %	0.58	17.7%
		Number of pupils	82	2,348
	National	PEX Rate %	0.58	17.9%
		Number of pupils	82	156,890

Norfolk SEN primary need breakdown 2020 in schools

Norfolk % total pupils with primary need



National % total pupils with primary need



Destinations of students leaving 16-18 study with SEN in schools and colleges in England, 2018/19 (percentage)

SEN student destinations	School		College	
	England	Norfolk	England	Norfolk
Sustained education (6 months +), apprenticeship or employment	86	88	77	71
Sustained education destination	62	62	44	30
UK higher education institution	48	53	19	13
Further education	8	6	23	15
Other education destinations	7	2	2	3
Sustained apprenticeships	5	6	9	8
Sustained employment destination	18	20	24	33

New EHC Plans issued within 20 weeks including exceptional cases 20.1% (60.4% nationally)



Information on page 6 and 7 is from data released in May 2020 by the Department for Education. National data refers to England data.

Our priorities

Priority 1

Working together with children and young people (CYP) with SEND

Priority 2

Improving what is in place for families and professionals to support CYP with SEND

Priority 3

Communicating the SEND services and support available in Norfolk

Priority 4

Preparing young people for adult life

**Changing lives
together**



Priority 1

Working together with children and young people (CYP) with SEND

It is important that the education, health and social care needs of CYP and actions that will help them are identified as soon as possible.

Parents/carers and professionals are supported to work together to understand how they can best help CYP with SEND to learn and develop.

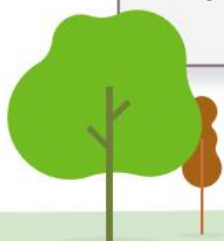
What needs to happen

- CYP and their parents/carers feel confident about sharing their experiences and that these will be used to shape improvements
- CYP are supported to have an active role in decision making
- Communication about services is clear and understood by CYP and their parents/carers and those working with them
- CYP, their parents/carers and professionals work in co-production to develop ways to share information
- Timely and meaningful assessments are used to plan the support needed to enable CYP to progress

When we talk about professionals, we mean the people who work to help and support children and young people with SEND

The strategy is working when:

- CYP feel included and supported in all areas of their lives and in all settings
- CYP and parents/carers feel that their views are valued and that working in partnership has positive outcomes for them
- CYP are able to access their community with their peers
- Professionals have confidence in their knowledge and skills, know where to go for support and advice, and value working together as part of a wider team around the CYP and their families



Priority 2

Improving what is in place for families and professionals to support children and young people (CYP) with SEND

It is important that those who plan and provide services and those who use them work together, ensuring that plans for improvement use all relevant information.

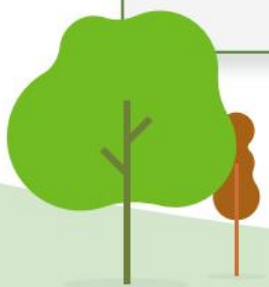
What needs to happen

- All those working with or volunteering to support CYP have the right skills and training for their roles
- Education, health and social care services for CYP are shaped by a strong commitment to co-production
- All services regularly review how they collect, share and use data
- Those who plan services are using resources effectively
- CYP and their parents/carers are part of conversations about SEND support, know what to expect and are included in decision making
- CYP and their parents/carers have access to information to be able to make choices when making placement decisions

When we talk about **resources**, we mean equipment, buildings, people, time and money

The strategy is working when:

- CYP and their parents/carers and professionals understand and value working together
- Information is up to date, available to those who need it, and is being used to make a positive difference to the lives of CYP
- Feedback shows that services and resources are having a positive impact



Priority 3

Communicating the SEND services and support available in Norfolk

It is important that parents/carers and professionals know how to find out what they can expect, what they can access and how they can all take part in developing plans for improvement.

The Local Offer website is key to sharing SEND information for parents/carers and professionals.

What needs to happen

- Services produce and develop their information in co-production with children and young people (CYP) and their parents/carers
- Services ensure that information is easy to use and understand, helpful and up to date
- CYP, parents/carers and professionals work together to continuously review and improve the SEND Local Offer website.
- A wide range of communication methods is used to make sure that information is available to everyone who needs it

SEND Local Offer website

The place to find SEND information

The Norfolk local offer

The services and support available in the Norfolk area for CYP with SEND and their families

The strategy is working when:

- CYP Feedback shows that parents/carers and professionals find published information easy to use and to understand, helpful and up to date
- Users report that the SEND Local Offer website is easy to use and to understand, helpful and up to date.

When we talk about services, we mean organised systems that meet needs, such as schools, colleges, health services, home-to-school transport and social services



Priority 4

Preparing young people for adult life

It is important that children and young people (CYP) with SEND are supported from an early age to develop skills that will enable them to increase independence, make choices and plan for their future.

Services are in place to help all CYP with SEND transition successfully into an adult life of their own choosing.

What needs to happen

- CYP are supported to take an active role in their community, including employment and living an independent adult life
- CYP are supported to understand and look after their health and wellbeing
- Education, health and social care services will work together with CYP and parents/carers to understand and meet the needs of CYP
- Services are shaped by a clear understanding of the needs of CYP and by reviewing the impact of services on their lives
- All CYP and their parents/carers will know where to go for help and support with transition and preparing for adult life

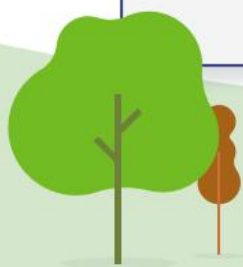
Preparing for adult life (PfAL) outcomes

Norfolk has high aspirations for the futures of all CYP and is committed to achieving the four PfAL outcomes, which are:

- **Being healthy**
- **Having employment**
- **Being part of your community**
- **Independent living**

The strategy is working when:

- CYP can tell others how they are involved within their community and what they want
- Services make information available in a variety of ways for everyone
- Services act on what CYP and parents/carers tell them, make changes and give additional support where needed
- CYP, parents/carers and professionals are working together to help develop the skills the CYP needs to be as independent as possible



Action plan

These priorities are being taken forward in our Norfolk Area SEND Strategy SEND action plan

Communicating the support and services for SEND in Norfolk				Strategic Outcome:		
Sub Group: SEND Local Offer User Forum It is important that parents/carers and professionals know how to find out what they can expect, what they can access and how they can all take part in developing plans for improvement. The Local Offer website is key to sharing SEND information for parents/carers and professionals.				- Services show how the voices of children and young people (CYP), their parents/carers and professionals have shaped their offer - Feedback shows that parents/carers and professionals find published information easy to use and to understand, helpful and up to date - Users report that the SEND Local Offer website is easy to use and to understand, helpful and up to date - CYP, their parents/carers and professionals are actively involved in opportunities to improve the Norfolk local offer		
SAP Ref No.	Action	How we will know the action has been successful	Leadership		Target Completion Date	Progress update explanation
			Lead Agency	Active Lead Name		
SEND Local Offer User Forum						
Theme 1 - Services produce and develop their information in co-production with children and young people (CYP) and their parents/carers						
3.1.1	Ensuring all services know about and use the co-production tool kit.					
3.1.2	From the earliest stage all CYP and parent/carers are empowered to co-produce with services.					
3.1.3	Continuous monitoring and reviewing to ensure they evolve appropriately					

This Strategy will be updated in Spring 2022

The SEND Joint Commissioning Framework will be updated Spring 2022

This action plan is being co-produced across education, health and social care services with parents/carers, organisations and voluntary sector partners



What will the future look like?

"listening to children, young people and their families... supporting inclusion, meeting needs and changing lives together"

means that...



Everyone is committed to working together



Children and young people (CYP) are supported locally



CYP are ready for education, training and/or employment



Services gather feedback and explain what they will do to improve



Services respond to the changing needs of CYP with SEND



Three new specialist schools are opened and existing special schools have more places

Coming soon:

A page on the SEND Local Offer website will show what CYP themselves say about their life and aims.



Over a hundred new learning places are created in our specialist resource bases



Settings have the resources to meet needs



Information is co-produced, accurate and reliable



EHCPs are always high quality and within the required timescale



Settings confidently identify needs at an early stage



Settings have an inclusive culture, supporting CYP and their needs



CYP feel confident to aim high and have ownership of their future

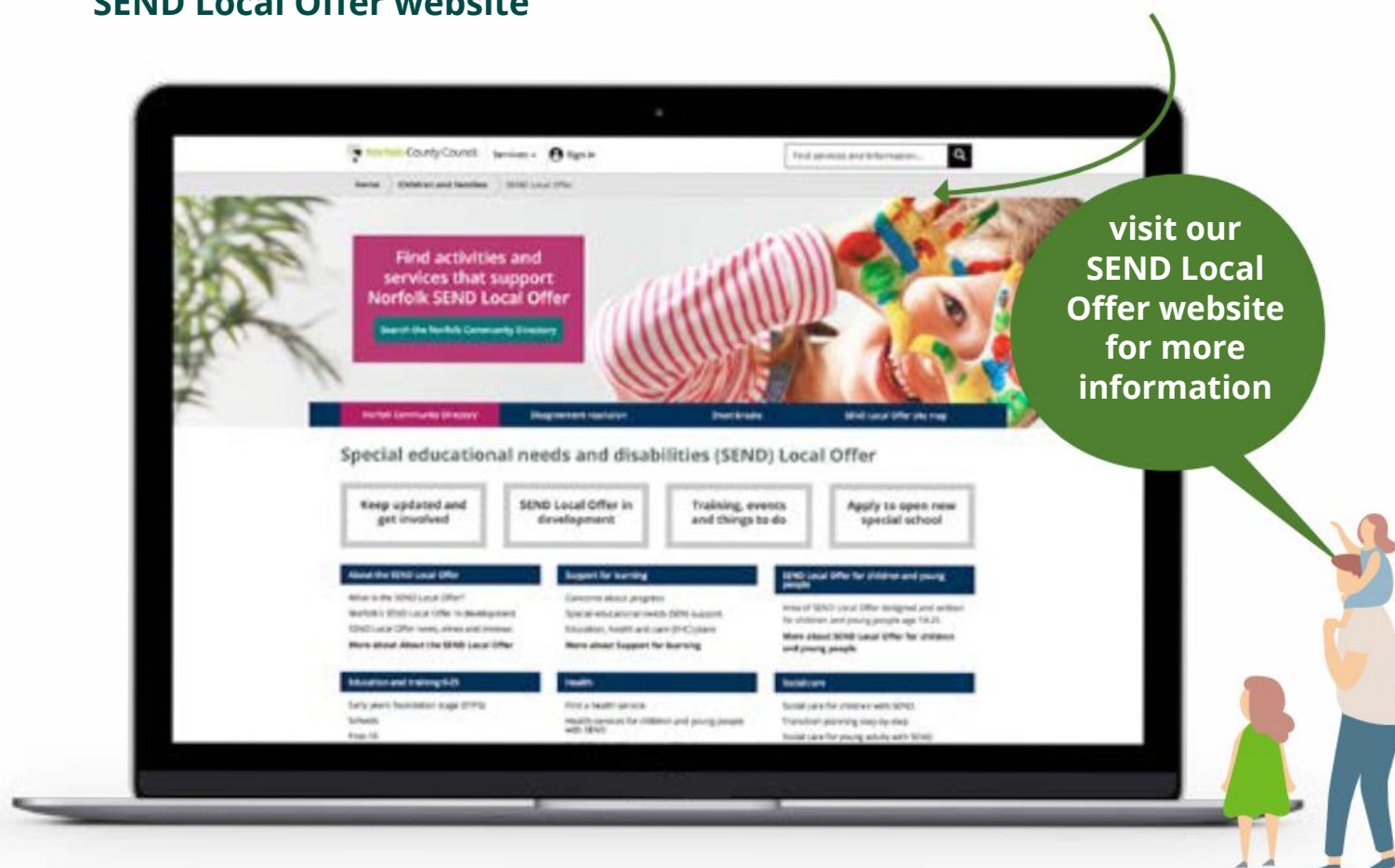


Improved quality and sufficiency of placements for looked after children with disabilities

How to find out more

SEND Local Offer website

www.norfolk.gov.uk/send



SEND Roadshow – Information and participation events for parents/carers who have a child with SEND



click on **each logo** for more information.



SEND Forum – Termly events for SENCOs and other SEND professionals, to get updates and specialist advice and support.



SEND Youth Forum – New youth forum for 11–25-year-olds where they can share experiences, discuss issues and create change.

Report title: Norfolk Safeguarding Annual Report for 2020-21: Safeguarding adults during a global pandemic

Date of meeting: 29 September 2021

Sponsor

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

Reason for the Report

Publication of an 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. See the full annual report in Appendix A.

Report summary

This report summarises the work of the Norfolk Safeguarding Adults Board (NSAB) and the wider partnership's adult safeguarding activity during 2020/21. It sets out work done to safeguard those at risk of abuse and harm in very challenging and fast changing circumstances of the response to the Covid-19 pandemic.

The report provides key point summaries on adult safeguarding activity covering the following topics:

- The statutory duty to carry out Safeguarding Adult Reviews
- Activity summaries from NSAB three statutory partners
- NSAB's key achievements during Covid
- Review of the business plan
- NSAB's website and social media

Recommendations

The HWB is asked to:

- a) Agree the contents of the annual report 2020/21.
- b) Promote the work of NSAB to HWB partner organisations and stakeholders.
- c) Use its media profile to support the work of NSAB and partners agencies in protecting those adults at risk of abuse and harm.

1. Methodology

1.1 The purpose of Norfolk Safeguarding Adults Board 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-focused
- 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 continuously improving and enhancing the quality of life of adults in its area
- 1.2 The NSAB leads adult safeguarding arrangements across Norfolk and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies.
- 1.3 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
- 1.4 During the lockdown there has been increased concerns about many of the above topics.
- 1.5 The local authority along with the police and health commissioners form the three statutory partners for safeguarding adults, with the local authority holding lead responsibility.
- 1.6 Along with the three statutory partners the board has a wider membership covering a range of agencies active in safeguarding adults in the county. These include health provider organisations from both acute and community settings, Norfolk Fire and Rescue, Healthwatch, probation, representatives of the voluntary and independent sectors, prisons, CQC, district councils and the police and crime commissioner's office.
- 1.7 Safeguarding services sits within the adult social services department (ASSD), led strategically by James Bullion, Executive Director of Adult Social Services. NSAB is also supported by Craig Chalmers (Director of Community Social Work) and Helen Thacker, Head of Service, Safeguarding, who leads ASSD's operational safeguarding service.
- 1.8 The executive director takes a keen and active involvement in the work of NSAB and safeguarding is one of the items that continues to be discussed at monthly locality accountability meetings.

2 Some of NSAB's key achievements and activity during 2020/21:

- 2.1 In support of our partners and quickly following the first lockdown, NSAB set up a dedicated Covid-19 page on its website, providing advice and guidance in response to fast-changing challenges facing the partnership.
- 2.2 NSAB launched its '**See Something, Hear Something, Say Something**' campaign during the lockdown to raise awareness of adult abuse and harm and how to report it.
- 2.3 During the year there were **4,310** safeguarding concerns made to the local authority with **2,031** progressed to Section 42 enquiries. This gives a conversion rate of **47%**.
- 2.4 During the pandemic we switched to running all our meetings virtually and put in place an Executive Group consisting of key board members, who met alternate months in place of a full board meeting. Full board meetings resumed in July 2020 (virtually of course), and

currently take place every two months, as normal. The executive group was stood down in March 2021.

- 2.5 The Safeguarding Adults Review (SAR) Group received **17** case referrals (**nine males and eight females**), with **four** meeting the criteria for a SAR and one to be considered as a Multi-Agency Review (MAR). Those referred were predominantly 18-64 years old. By far the main type of abuse identified in referrals was neglect and acts of omission.
- 2.6 Board meetings included updates and assurance from partners and linked organisations throughout the year, covering topics such as impact of pandemic on care providers, health and social care systems including hospital discharges, use and understanding of the mental capacity act, workforce resilience, support for voluntary and community sector, risks associated with lockdowns and social isolation, approaches to tackling homelessness.
- 2.7 A **Response and resilience plan** was developed and published in December 2020 with the support of statutory partners, setting out NSAB's response to the changed safeguarding adults landscape.
- 2.8 NSAB's **Locality Safeguarding Adults Partnerships** continued meeting during the pandemic, supporting local organisations on safeguarding and providing vital intelligence back to the board on what was happening in the localities. From July 2020 onwards these meetings were virtual and have focussed on a number of key topics including:
- Safeguarding in a pandemic
 - Safeguarding in the community
 - Safeguarding for all - seldom heard communities
 - Mental Capacity Act and safeguarding
 - Safeguarding in less formal settings – volunteers and carers
- 2.9 Our Twitter followers have increased by **280** plus and we published **272** news stories during the year covering a wide range of subjects, all with safeguarding theme.

Officer Contact

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

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

Norfolk Safeguarding Adults Board

Annual Report

1 April 2020 – 31 March 2021



 @NorfolkSAB

norfolksafeguardingadultsboard.info

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About the board

The Care Act 2014 makes a safeguarding adults board a statutory requirement. The purpose of a board is to help safeguard people who have care and support needs. The Norfolk Safeguarding Adults Board (NSAB) want to ensure that the person is at the centre of our attention as well as focusing on the outcome of investigations. We need to make sure that any agencies, or individuals, respond quickly when abuse and neglect have happened, and we need to ensure that safeguarding practice continues to improve the quality of life of adults in Norfolk. You can read more about the board's main objectives in section 43 of the Care Act 2014.

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

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

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

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

To achieve its aims, the board will:

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

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

About the board

The board has three core duties. They are:

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

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

The board meets every other month and has a good attendance at its meetings from:

- Acute hospitals
- Adult Social Services
- Association Representing Mental Health Care (ARMC)
- Build Charity (giving a voice from the community sector)
- Department of Work & Pensions
- Healthwatch
- Norfolk County Council's elected councillor, Penny Carpenter
- Norfolk Community Health & Care NHS Trust
- Norfolk Constabulary
- Norfolk Fire & Rescue
- Norfolk & Waveney NHS Clinical Commissioning Group
- Norfolk & Suffolk NHS Foundation Trust
- Police & Crime Commissioner's Office
- Prison Service
- Probation
- Public Health (Norfolk)
- University of East Anglia



Message from **Joan Maughan, independent chair**



Dear colleagues

I am pleased to welcome you to the Norfolk Safeguarding Adults Board annual report for 2020-21 and what a year it has been! All of us can reflect back and realise that we have never lived through such unexpected and challenging times.

On behalf of the members of NSAB and the safeguarding team I want to congratulate and thank all those front-line staff whose efforts have saved and supported so many lives. Despite all the efforts made many people have suffered the loss of loved ones and have had to deal with the heartache of not being able to have direct contact with them in their last days. The success and progress of the vaccination programme gives us all hope for a brighter future.

In a recent advice note from the Association of Directors of Adult Social Services, we are reminded that the easements provided by the Coronavirus Act 2020 neither withdrew nor reduced safeguarding responsibilities for all partners. Indeed, many professionals expressed increased concerns about safeguarding especially in relation to domestic abuse, scamming and exploitation, isolation and mental wellbeing.

Norfolk followed the national trend for the numbers of referrals to safeguarding services reducing dramatically during the first lockdown in 2020. Those figures have risen steadily and, in some safeguarding areas, have escalated. Using a variety of communication tools, including social media, NSAB has concentrated on maintaining as much contact as possible with citizens and with staff to ensure that they know how to report concerns.

So, it's business as usual for NSAB and the board safeguarding team, including undertaking and managing a very complex Safeguarding Adults Review (SAR) and the necessary logistics with the restrictions in place.

Just as the first lockdown hit, Becky Booth joined the team as deputy board manager. Becky brings a wealth of safeguarding knowledge and experience as well as the respect of her colleagues. She has been an invaluable asset to the team, and we are grateful to those funders who helped make her appointment possible.

Like so many of you we have got used to virtual meetings and our network with partners has gone from strength to strength. As we go forward the strength of those networks and working together will be essential to ensure the people remain safe from harm, abuse and exploitation.

It has been a privilege to work with Walter, board manager, Becky, Andrea and James, (board coordinators) and I offer my thanks and those of NSAB for their commitment and hard work. The annual report will provide more detailed information of work undertaken through 2020-21 and I commend it to you all and your organisations.

Sadly, this will be my last introduction to the NSAB annual report. I am retiring in early June but want to take this opportunity to thank all of you for your support over the last six years to me personally, and to the work of the board. I particularly want to pay tribute to my colleagues, Walter, Becky, Andrea and James who have worked so hard to ensure that adults in Norfolk are made safer through their diligent efforts. It has been a privilege to work with them.

Joan Maughan
Independent chair, NSAB

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



A year of working differently

Like all other safeguarding adults boards, for us Covid brought a sudden and rapid adjustment to our cycle of business, with almost daily changes in the early weeks of lockdown. What we were planning to focus on for 2020-21 had to be adjusted throughout the year, our priorities flexing as different needs arose.

From the second week in March our safeguarding board activity was temporarily stood down to support our partners' response to the lockdown, including the data dashboard and review work. Our immediate concerns were to ensure safeguarding advice was being received by the local community hubs, the local resilience forum and the dozens of 'mutual aid groups' which sprang up. With the strong commitment of our partnership we were soon able to get back together, virtually at least, to continue the business of the board.

Working in a different space demonstrated the value of social media for channelling information to reach wider networks in a largely rural county. We were particularly concerned that in care homes there was less 'eyes-on' safeguarding because professionals and families were not allowed to visit, which left people at greater risk.

A rise in reported targeted scams and financial exploitation reported by many SABs was another concern. In March and April 2020, the number of safeguarding concerns being raised to the local authority dropped, and subsequently there was a drop in the number of concerns going through to section 42 enquiries.

The phrase 'working from home' insufficiently describes the scale and reach of the change to our safeguarding work practices. As a colleague pointed out, this was not normal working from home, this was being at home, trying to work through a crisis.

This experience has exposed both the strengths and weaknesses of our current arrangements, while presenting new concerns to those at risk of abuse, harm and exploitation.

Some standout points for me from this very different year include:

- Promotion of 'Professional Curiosity' across all sectors including many new volunteers – "See Something, Hear Something, Say Something" campaign shared across adult, child and domestic abuse forums
- Welcoming pro-active approaches to NSAB by local organisations, especially in initial stages of lockdown; direct advice given around safe recruitment practice and what volunteers should look out for
- Meeting the challenge of progressing a SAR virtually

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



Stand out numbers



12

Blogs. The most popular were Behind Closed Doors (April 2020) followed by Defrosting my Freezer (June 2020) and Daily Exercise (May 2020)



285

new followers
on Twitter



5

Executive
meetings



4,155

total unique*
page views for the
Coronavirus page
on the website

As we move to the next phase of the pandemic, the board's focus is to maintain key safeguarding relationships, better understand the impact on the workforce, and ensure that our local and national safeguarding networks emerge stronger. We must not miss the opportunity to learn, for example, through safeguarding adults reviews, which would ideally be delivered on a national platform to save significant duplication and cost.

I would like to acknowledge and thank the NSAB team: Andrea Smith and James Butler who worked incredibly hard to keep the board's work moving and on track, adjusting to new and at times fast moving circumstances.

I want to highlight the significant contribution Becky Booth has made as NSAB's deputy board manager. Two weeks after coming into post Becky was working at home starting her new role in a very different way, making an immediate positive, tangible and vital impact. In supporting the work with our locality partnerships (**see page 21**), linking with Norfolk's district councils and inputting or leading on guidance and policy development Becky has been instrumental in the achievements in this year.

Have Norfolk's agencies and colleagues made a difference during a very different and tough year? I think this report shows ... yes, we have.

Walter Lloyd-Smith

NSAB Board manager / business lead

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

Safeguarding Adult Reviews

In Norfolk, no SARs were completed in this year although we have been busy reviewing three cases which are linked to the same private hospital in Norfolk.

The past year has been very busy for the Safeguarding Adults Review Group (SARG) which returned to meeting monthly from August 2020. The group also welcomed Dr Maria Karretti in January 2021 as the new named GP for safeguarding adults. Having a GP sitting as part of the group again has helped to better understand the vital role of primary care services in the lives of adults at risk of abuse and harm.

The SARG made decisions on referrals for 17 people, nine males and eight females, with four meeting the criteria for a SAR and one to be considered as a Multi-Agency Review (MAR). Those referred were predominantly 18-64 years old.

By far the main type of abuse identified in referrals was neglect and acts of omission. This type of abuse featured in all the cases proceeding to a SAR or MAR.

* This SAR (Joanna, Jon, Ben) is to be published in early September 2021

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 apportion blame to any individual or organisation.



Safeguarding Adult Reviews

Here are just some of the recommendations from Safeguarding Adult Reviews that we have been actively working on in relation to SARs F and G

- **Recommendation:** XYZ care home had reported that they had updated and revised their admission template to improve their processes and paperwork, ensuring that appropriate historical information was always collected

NSAB have received and reviewed evidence from XYZ care home and are satisfied that this recommendation has been implemented

- **Recommendation:** XYZ care home to check whether a carer's assessment is offered to involved family members, particularly for privately funded clients who might not have a formal means of connection to statutory services

XYZ care home has added a piece to private terms and conditions to signpost relevant people to a carer's assessment and offer to connect them to statutory services

- **Recommendation:** Adult social care's head of service, safeguarding, has advised that where an individual has deviated from practice recommendations about recording safeguarding incidents (against both victim and perpetrator) this will be followed up with an appropriate line manager

Conversations have been had with individuals concerned. Written guidance will be circulated to all concerned once a SAR has been published

- **Recommendation:** The care experience for Ms F and Mr G would have improved if there was a central person coordinating their care

Provision is now in place to provide complex case coordination

- **Recommendation:** There should be forums/meetings between the Dementia and Intensive Support Team (DIST) and care homes with whom it has regular working relationships, particularly where those relationships could be improved. The purpose of the meetings would be to build relationships, clarify expectations about DIST service provision, review and discuss the use and purpose of the Mental Health Act as well as clarify methods of communication

A multi-agency protocol has been developed to support shared understanding and greater collaborative working across acute health, mental health, care home sector and the local authority, including guidance on the right tools to use (ABC charts) and a dedicated provider line into NSFT

- **Recommendation:** Wider clinical and care systems should respond to guidance that challenging behaviour should be understood through a behavioural/functional/psychological approach rather than using psychotropic medication as a first-line approach to manage such behaviour

The development of roadshows had to be abandoned due to Covid. Guidance for care providers: 'Moving away from a medication-first approach to challenging behaviour' was co-produced and published by NSAB in May 2020.

Contributions from our three statutory partners

In December 2020 the board published its Covid 19 **Response and Resilience Plan**. The pandemic is unprecedented in living memory and the impact for individuals, families, communities and wider society is significant and will be long lasting. It has touched every part of our lives.

The plan has been developed with the support of key statutory partners and sets out NSAB's response to the changed safeguarding adults landscape.

The plan is structured into response/resilience themes and is in two parts. First, themes identified for NSAB where we might expect changing or increased needs. Second, themes which NSAB will support other boards/partners with.

At the end of the document are four trigger questions to be answered. We asked the three statutory agencies to consider these, and their responses are given below.



Adult social services



Norfolk Constabulary



Clinical Commissioning Group

Can you identify any good safeguarding practice used during the first and second lockdown periods which would be valuable for Norfolk's safeguarding network to learn from?

Contributions from our three statutory partners



Despite the option of introducing Care Act easements, the department has continued to meet its statutory safeguarding responsibilities throughout the pandemic.

In the early stages of the pandemic and first lockdown, calls were made to all those identified as at risk for example carers under significant pressure where service provision was affected, or those at risk of domestic abuse.

The local authority had implemented Microsoft Teams prior to the pandemic, so video conferencing was available to practitioners and managers from the outset. Creative use of video conferencing, telephony or other technology to carry out safeguarding enquiries was quickly developed. Engagement of provider staff and other professionals to support with carrying out interviews with people who have experienced a safeguarding incident, including to gather their views as part of Making Safeguarding Personal is an important part of the safeguarding response.

A Journal of Adult Protection article co-authored by our head of service, safeguarding, reviewed the challenges and opportunities safeguarding adults practice and remote working in the Covid 19 era.

Safeguarding training was quickly adapted to an online platform.

A risk assessment process was introduced to support practitioners and managers to identify when a visit is indicated due to the level of risk, complexity of the situation or inability to carry out the necessary intervention in any other way. The risk assessment supports staff to explore other alternatives as appropriate but when a visit is needed, PPE is available.

The quality assurance team has worked with providers to support them to implement the rapidly changing guidance issued from central government to keep people safe.

A close interface has been maintained between safeguarding and quality assurance.

A care provider incident room was set up to escalate relevant concerns about providers without sufficient staff/PPE etc, within the outbreak management team (quality assurance and public health and NWCCG) both in and out of office hours.

A set of safeguarding principles linked to the discharge to assess processes was developed following meetings with safeguarding leads from all acute hospitals, adult social services department (ASSD), Healthwatch, the community health provider organisations and safeguarding colleagues. These sit alongside the ethical framework and have been agreed by all agencies concerned.

Data is systematically gathered and ASSD works closely with the domestic abuse and sexual violence group (DASVG) to monitor the number of domestic abuse reports during and after the lockdown periods.

The adult safeguarding team introduced improvements to speed up closure of safeguarding cases

Contributions from our three statutory partners

The increased risks around domestic abuse increased appetite for learning in this area so domestic abuse courses and services have been promoted.

The council provided £200K funding to support the recruitment of two additional independent domestic abuse advocates in the county in the first two weeks of lockdown.

ASSD led on drafting guidance for professionals working with those who don't understand social distancing, which received national recognition.



Norfolk Constabulary are proud to have been an active member of the Norfolk Safeguarding Adults Board in 2020-21. In a year of some stability in among the changing times of Covid our senior representation at the board remains with Assistant Chief Constable Nick Davison, Detective Chief Superintendent Chris Balmer and Detective Superintendent Andy Collier.

As with all partners we were forced to operate in new ways as a consequence of the global pandemic and national regulations which applied equally to our workforce and the force as an employer as to the people we serve. Our force ICT department very quickly accelerated the rollout of modern mobile working technology which has greatly increased our ability to work together without being together and this will be one area in which we will never fully return to old ways of working.

The partnership response which stood up to meet the needs of local residents both in need of traditional safeguarding responses and those who were specifically vulnerable to the virus reiterated for us how effective Norfolk's networks are. We were able to provide key crime -prevention messages to volunteers and staff involved in the regular phone calls to people who were shielding so that social isolation was not exacerbated by extra vulnerability to crime. This was achieved through joining up processes designed to prevent serious and organised crime with key safeguarding partners in another model of operating which will outlast the pandemic.



Contributions from our three statutory partners



The CCG designed a support model named Covid Project which was created to identify those at the highest risk during the Covid outbreak, by promoting national guidance on self-isolating, distancing and quarantining deliveries. Empowering people to report how they are doing and responding to those who need clinical, or non-clinical support (e.g. food) and reducing pressures on GP practices. The CCG adult safeguarding team (AST) joined and supported this work and provided guidance on identified issues of domestic abuse, self-neglect and other forms of abuse.

During the second lockdown and beyond, the model morphed to connect with at risk and isolated patients for other purposes (flu vaccinations and diabetic support) creating a new way of reaching and supporting some traditionally hard to reach members of the population; this would be a very valuable tool to explore for use in safeguarding. The AST supported the system by coordinating and disseminating safeguarding updates and communications to commissioned health services and developed pathways to ensure that adult safeguarding and Mental Capacity Act legislation (including the Coronavirus 2020 Act) was followed in obtaining consent to swab and vaccinate.



As mentioned above, Care Act easements have not been introduced in Norfolk so we continue to meet our statutory responsibilities.

Norfolk County Council continues to operate a policy of remote working with a risk assessment required and visits to adults and provider settings carried out only when all other options have been explored.

Care provider anxieties can hinder the provision of visits from community health practitioners who are acting as the 'eyes and ears' of the safeguarding network, during the pandemic.

Day centres are able to support up to 15 adults but day care is only provided if there is an essential need.



As a 24/7 frontline service there was no point at which we withdrew from our safeguarding responsibilities and so we were never faced with the need to restart services from standstill. Reflecting back on the early stages of the pandemic we did have to rapidly adjust our processes for interviewing vulnerable witnesses to keep them Covid-secure but having done so sustainably we now feel confident that we can maintain this stance for as long as we need to.

Contributions from our three statutory partners



The safeguarding service has worked remotely during the pandemic and has had to review its priorities in meeting the safeguarding responsibilities and supporting the services it commissions to do the same. The CCG has worked in close collaboration with the local authority and other safeguarding board partners to ensure that statutory requirements continue to be met.



Less restricted visiting and the opening up of provider settings will occur in line with government guidance on social distancing.

As mentioned above, Norfolk has not enacted the Care Act easements so we continue to meet our statutory responsibilities.

If not, what are the gaps and how, and by when, will you restore a fully functioning safeguarding service to meet your statutory responsibility?



Aside from the virus itself the largest change in the threat to vulnerable adults from both the safeguarding and overall perspective has been a large increase in fraud offences across the UK, from which Norfolk has not been exempt. Social isolation means that victims have less opportunity to check the veracity of a fraudster's story with friends and family, and a desire just to speak to someone for a little bit longer can play into the criminal's hands even more. Together with partners in the Norfolk Against Scams Partnership the police have put great effort into making the county of Norfolk a hostile environment for fraud offenders and this is work we will continue to prioritise into the next year.

Contributions from our three statutory partners



Some 'business as usual' work has been put on hold or reduced, to minimise the impact to safeguarding teams in health so that priority safeguarding work can continue; for example, data requests to the large providers have been on hold for the financial year 2020-21 – the risk of this lack of oversight has been mitigated by ensuring regular contact has been maintained with their safeguarding staff, providing support, wellbeing reviews and sense checking where issues might be developing and providing recovery or resilience solutions.

Additionally, further examples would be memorandums of understanding that have been explored and created to help safeguarding risks be identified early, with pathways for a triaged s42 response being agreed between the local authority, the CCG and one of the acute trusts experiencing a temporary safeguarding resource issue. There has also been a system wide approach to the revised discharge to assess processes that saw safeguarding considerations being added to the health flowchart.



Continued close working between the three statutory partners who are meeting regularly with the NSAB to identify emerging issues and tackle identified priorities during the pandemic.

Continued close work with the DASVG to monitor domestic abuse prevalence and responses.

Maintaining publicity during the pandemic to raise awareness of safeguarding and how to report.

Targeting vaccination centres as places where safeguarding reporting can be promoted.

Maintaining a partnership focus on carers, day services and volunteering as identified key board priorities.

Developing a mutually agreed understanding of 'harm' across the safeguarding partnership, particularly in relation to healthcare interventions.

Lobbying for a national SAR response or enquiry into deaths in care provider settings and any other nationally identified themes.

Reflect on whether any changes that take place within the various partner agencies in response to the pandemic could be communicated in a timely way across the network.

Thinking forward to the next phase of the pandemic response, are there any safeguarding practice issues which would help us improve our response (for example, how to maintain safeguarding functions as localised restrictions continue)?

Contributions from our three statutory partners



Looking forward into the next phase of the pandemic response the Constabulary will remain a committed member of the safeguarding adults board working in partnership to protect everyone in the county. We have new streams of work in Norwich to identify and divert those at greatest risk of harm from drug misuse (Project ADDER) and across the county to intervene into cycles of repeated domestic abuse by focussing on changing the behaviour of perpetrators (DAPPA program). Both are areas where we have long worked with other agencies to achieve the aim of reducing crime rather than simply investigating it and prevention of harm will continue to be our watchword as we move towards 2022.



The CCG adult safeguarding team continues to remain agile to meet its safeguarding responsibilities and ensure the services it commissions achieve the same. Effective planning and communication ensure we flex to meet evolving needs, such as supporting the vaccination programme and where able, enhancing the knowledge of staff at these centres to 'Think Safeguarding'.

Ensuring safeguarding and domestic abuse awareness is ever present and public messaging offering advice and support are at all the test and vaccination centres.

Moving forward, coordinated and condensed communications are beneficial so that, where possible, duplication and information overload can be avoided. With rapidly shifting processes and priorities, the opportunity should be taken to consider safeguarding involvement in all work streams at the earliest possible point to ensure that the specialist knowledge these staff have enables a 'safeguarding lens' to be applied to every element of the Covid response. Supporting colleagues internally and across other agencies and ensuring those most at risk to abuse or neglect are protected to the best of all partners' capabilities.

Our key achievements during Covid

**April
2020**

Created coronavirus page on website

Advice sheet created for those volunteering to help them see safeguarding adults as intrinsic to the volunteering task, whether making a welfare phone call, delivering food packages or walking a dog to help out a neighbour

As people relied on home deliveries and the kindness of others, scammers upped their game, mimicking courier messages, pretending to be the victim's bank, etc. We have continued to highlight any scams that we're aware of via our social media channels

Guidance was produced for professionals to assist with those who don't adhere to social distance guidelines

**May
2020**

We switched to running all our meetings virtually and put in place an executive group consisting of key board members, who met alternate months in place of a full board meeting

Statutory partners meetings set up on regular basis

NHS Safeguarding Adults National Network is opened up to a wide safeguarding adult designates membership – board manager starts joining national call to ensure the Norfolk board is kept updated

**June
2020**

Position statement on Covid related SAR referrals. Statement put together to enable the best learning possible and avoid duplication in relation to Covid referrals

Virtual SAR panel meetings, bringing together different agencies and organisations from around the UK

**July
2020**

First virtual meeting of the full board takes place

No homelessness in Norfolk initiative: 680 homeless people in Norfolk housed over 48 hours at the start of the pandemic (reported to board in July)

Safeguarding adults information circulated to parish and town councils to support awareness raising in community and voluntary settings

The LSAPs held their first virtual meetings

Our key achievements during Covid

**September
2020**

A proposal for refreshing the NSAB website was agreed by the board. The team started working on this, which continued through the following months and the new website went live in June 2021

**October
2020**

Supported Safeguarding Friends with a quiz, which they developed, to prompt conversations with care home residents during restrictions

NSAB partners with Norfolk & Suffolk Care Support (NSCS) for a webinar on mental capacity to consent to the flu vaccination and Covid testing for care home staff

**November
2020**

Supported safeguarding adults update presentation to NSCS provider meeting

Board manager provided safeguarding adults training for UEA clinical psychology students

**December
2020**

NSAB hosted a seminar by Alex Ruck-Keene in which he gave an update on mental capacity to over 100 participants from different agencies and organisations

NSAB supported the Norfolk's Sustainability and Transformation Partnership's Clinical Care Transformation Group with updates on safeguarding adults

Response and resilience plan developed with the support of statutory partners, setting out NSAB's response to the changed safeguarding adults landscape

**January
2021**

Board manager co-authors article published in the Journal of Adult Protection - COVID-19: a shock to the system-reflections from practice by safeguarding adults board managers

**February
2021**

Train the trainer safeguarding workshops: KP Training ran the first virtual workshop for NSAB; more are planned for the remainder of the year

NSAB Executive group

The board last met, in person, back in March 2020. Full board meetings were suspended due to the pandemic and the establishment of the executive group was in part a response to the unknown effects on safeguarding at the time. As the nation went into lockdown on 23 March 2020, it was business as usual for both children and adult safeguarding but, what could we expect?

As we were ordered to work from home wherever possible and family and friends were unable to mix outside of their own households, we lost the eyes and ears on the ground looking out for the most vulnerable individuals in our systems and communities.

Would we see a dramatic rise in the safeguarding issues related to the new conditions of bereavement, social isolation, carer fatigue, domestic violence and mental health breakdown? In the event the opposite happened with a dramatic reduction in referrals which was a concern in itself.

The executive group supported NSAB and its partners by ensuring that those important communications reached those most vulnerable groups.

The eight members of the group represented the local authority, police, Healthwatch, Office of Police and Crime Commissioner for Norfolk, Clinical Commissioning Group, district councils and a locally elected council member; Joan Maughan chaired the group. The meetings began in May, and due to the continued unpredictability of Covid, the group continued to meet every other month where there was a need.

Full board meetings resumed in July 2020 (virtually of course), and currently take place every two months, as normal.

During this year we had several changes to board membership these were:

Changes to board membership	
July 2020	Greg Preston replaced Gary Collins as the Norfolk Fire & Rescue representative
September 2020	Leon McLoughlin-Smith replaced Charlotte Belham as the National Probation Service representative
January 2021	Amy Askew replaced Paula Gilbert to represent Norfolk prisons
March 2021	Mike Pursehouse replaced Lee Robson as the Norfolk district council representative

The executive group was stood down in March 2021.

PML update

In August 2019 NSAB set up three new thematic subgroups to better reflect board's strategy. These new thematic groups structured their work on the three pillars of the strategy – prevention, managing and responding to concerns and learning lessons and shaping future practice. PML for short.

PML uses a workshop style structure which has all three subgroups meet simultaneously, in the same room, all working on the same topic. The aim is to prevent delays in action being taken, reduce the likelihood of tasks not being completed and improve the interaction and collective responsibility felt by the groups. Collaborative working at its best.

From the end of March 2020, as we could no longer meet face to face, the planned workshops for April, May, July and September 2020 were stood down. This was regretful but, as enhancements to the virtual world were made, we were able to meet in November 2020, online, and were able to have breakout rooms too! This meant that the work on adapting the Suffolk Safeguarding Partnership Framework document for the Norfolk partnership could continue.

Even with the introduction of the third national lockdown in January 2021 PML was still able to meet virtually. The March meeting paused work on the framework document to consider any new or emerging safeguarding adult themes coming out of the Covid lockdown and how best to respond to these.



Locality Safeguarding Adults Partnerships (LSAPs)

There are five LSAPs in Norfolk, which meet every other month, and they are aligned with adult social services geographical boundaries. 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 their localities to ensure that communities: have a culture that does not tolerate abuse - work together to prevent harm - know what to do when abuse happens.

With Becky Booth in post as deputy board manager, NSAB have been able to support the LSAPs even more in the last year. Becky has been helping to co-ordinate processes and topics for the groups to discuss across the county. While the planned March and May 2020 meetings were stood down in response to the immediate pandemic pressures, Becky and the chairs of the LSAPs worked on developing a more structured approach for their meetings. This has helped to strengthen the link between strategic planning and operational practice in relation to safeguarding issues for Norfolk, and also make the best use of time for those attending.

The groups now have two co-chairs each to share the role, and while some of the names have changed over the last 12 months, the desire to lead and explore where change can be made at all levels has remained strong.

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

LSAPs were able to start meeting again in virtual form from July 2020 onwards; the board recognised the considerable and ongoing impact of the pandemic on many of the partners and the meetings have regularly considered wellbeing and resilience within the partnerships, looking to offer support to each other and share experiences.

Over the last nine months we have covered:

- Safeguarding in a pandemic
- Safeguarding in the community
- Safeguarding for all – seldom heard communities
- Mental Capacity Act and safeguarding
- Safeguarding in less formal settings – volunteers and carers

Locality Safeguarding Adults Partnerships (LSAPs)

The meetings promote actions by partners and NSAB – some examples of this:

- Discussion around information sharing and safeguarding led to additional guidance being published on the NSAB website (March 2021)
- Discussion around the potential of digital exclusion led to a member in the west taking safeguarding posters and displaying them in her local area; connections between organisations strengthened in terms of engaging and supporting those who may present as homeless; identified the huge number of welfare checks being made by Norfolk library service, district councils and social care staff, and how skills have had to develop to pick up on concerns when there is so little face to face work happening
- Discussion around mental capacity has led to work with housing colleagues to develop MCA prompts
- Discussion around seldom heard communities has led to new members being invited to some of the groups and supported NSAB to make stronger operational links
- Discussion around domestic abuse, especially in relation to older adults, led to sharing across all the groups of relevant awareness materials for all to use

Through the meetings we have heard how organisations have adapted to meet the changing needs created by the pandemic, from supporting vulnerable communities to ensuring that safeguarding training can still take place virtually.

Links with the Locality Childrens' Safeguarding Groups have been strengthened through regular meetings that Becky has with her equivalent, Dr Mark Osborn, in the Norfolk Safeguarding Children Partnership. This led to the first joint meeting of the chairs of both groups in December 2020, where similarities and differences in the groups were discussed to achieve more effective understanding of the two. For 2021/22 the aim is to make the most of opportunities to explore themes and issues which align with both adult and child safeguarding.

Self-neglect and hoarding issues remain a key theme for the LSAPs, with the likelihood that the easing of restrictions will lead to an increase in cases. There is also recognition across all the partnerships that early intervention has been less possible leading to an increase in complex cases which can include safeguarding. However there have been many positive stories of how the pandemic conditions have really drawn communities together to support the people living within them.

Review of the business plan

We set out our plan for 2020-21 just as the pandemic started to take hold and found that we did have to adapt some items as the year progressed. However, we are very proud that the continued dedication of our partnership to safeguarding adults in Norfolk ensured a strong return to 'safeguarding business as usual' once the initial pressures of lockdown began to ease in summer 2020.

Prevention & Engagement

We added a new topic to this strategic aim to reflect the ongoing responses to Covid, to maintain prompt engagement and positive approaches to safeguarding. Some examples of what we achieved against this:

- Created and maintained a dedicated coronavirus safeguarding page on our website
- Created and published guidance relating to the pandemic, e.g. around mental capacity, volunteering
- Took a position on SARs and published a statement on this June 2020
- Created and published a multi-agency resilience and response plan in December 2020, inviting other organisations to contribute, with an updated version published in February 2021
- Through our LSAPs we shared messaging and looked to offer support to our local networks, including regular discussion on wellbeing
- Partnered with Norfolk Safeguarding Children's Partnership and the Domestic Abuse and Sexual Violence Group in 'The See Something, Hear Something, Say Something' campaign to support consistent messaging throughout
- Created and distributed over 40 roller banners with a safeguarding adults message to vaccination centres and other organisations

Another new area has been Modern Slavery and Human Trafficking. In 2020-21 we have supported the new role of anti-trafficking network coordinator in building Norfolk's Anti-Slavery Network, promoted the issue through board and LSAP meetings, and we have developed a dedicated area on our website.

A planned summit on safeguarding issues for people with learning disabilities and autism had to be postponed and will now link with further recommendations from a Norfolk Safeguarding Adult Review that has been completed in this year.

Review of the business plan

Our commitment to care homes has continued, for example:

- Guidance around supporting behaviours that challenge others for care providers (published May 2020) and the development of falls and safeguarding guidance in partnership with Norfolk County Council's integrated quality service and their adult social care safeguarding team (published January 2021)
- Through Norfolk & Suffolk Care Support, a presentation to providers in July 2020 and quarterly articles for their newsletter
- While our volunteers, Safeguarding Friends, had to stop their visits to care homes, they produced a quiz that could be used to have some fun and help with conversations around safeguarding with the residents
- In October 2020, delivered a workshop in collaboration with Norfolk & Suffolk Care Support Ltd on Mental capacity to consent to the flu vaccination and Covid testing

We have continued to raise the regional and national profile of NSAB, participating in the regular network calls through the last year, sharing the work we have done. We have been working with two potential national research projects around dementia and self-neglect, and our board manager became co-chair of the National SAB managers network in February 2021. We have also strengthened our links with the Suffolk Safeguarding Partnership. We have maintained a strong Twitter presence, and worked hard to update and improve our website.

In terms of our local profile, and communication with groups who are seldom heard, we have been able to provide more support to our district councils following the appointment of our deputy board manager, who has also been working regularly with our LSAPs, building and growing relationships, strengthening safeguarding understanding and responses across the county networks. We have begun pieces of work linking with carers, domestic abuse and older adults, volunteers, and diverse communities, continued in our 2021/22 plan.

Managing & Responding to concerns & enquiries

Our aim to have a closer working relationship with the Norfolk Safeguarding Children Partnership has progressed with more regular meetings between the team members and particular collaboration around local partnerships and district councils. Topics for ongoing work include transitional and organisational safeguarding.

We reviewed our Self-Neglect & Hoarding Strategy in August 2020 and have continued to have a keen interest in this area of safeguarding. NSAB are supporting the national research mentioned above and have recognised the need to take some further steps in achieving an effective county model, leading to board agreement for a new subgroup to focus our work.

Review of the business plan

Learning from and shaping future practice

Work on a data collection tool for self-neglect and hoarding was delayed due to the impact of the pandemic pressures on our partners, but this will be carried forward to 2021/22.

Learning from SARs was impacted to a degree as we could not hold county events, however we have created and published a short briefing on a multi-agency review and also guidance on information-sharing (the latter a common theme in many SARs). Further guidance on the Mental Capacity Act is in progress, as well as work to share the learning in relation to the SAR which was undertaken through 2020-21.

Work on the NSAB self-assessment tool (to be used by any partner agency to benchmark their safeguarding work and processes) has also been delayed due to pandemic pressures and later recognition of some amendments needed to it. This too is carried forward into next year.



Our website and social media

Twitter @Norfolksab



Our Twitter followers have increased by 280 plus in the past year. Of course, we all know that social media can be a fickle beast and that followers will come and go (and sometimes come back again) but we do have a loyal group of followers who we interact with and share key messages! We don't want to gloat, but we are pleased to say that our Twitter audience is one of the largest of the safeguarding adult boards.

We use Twitter to share the latest social care news, to promote job vacancies within the safeguarding arena, to keep our audience up to date with what NSAB are doing and occasionally we use it to share fun things. Who can forget Walter's daily press ups shared on Twitter last year? All for a good cause to highlight awareness for anxiety, depression and male suicide.

During the last year, NSAB tweeted around 1,136 times which, on average, is 95 tweets a month. Suffice to say that in April, at the beginning of the first lockdown, we put out the highest number of tweets (217) and we also tweeted one of our most viewed and engaged with tweets around the CQC's coronavirus insight report.

Website

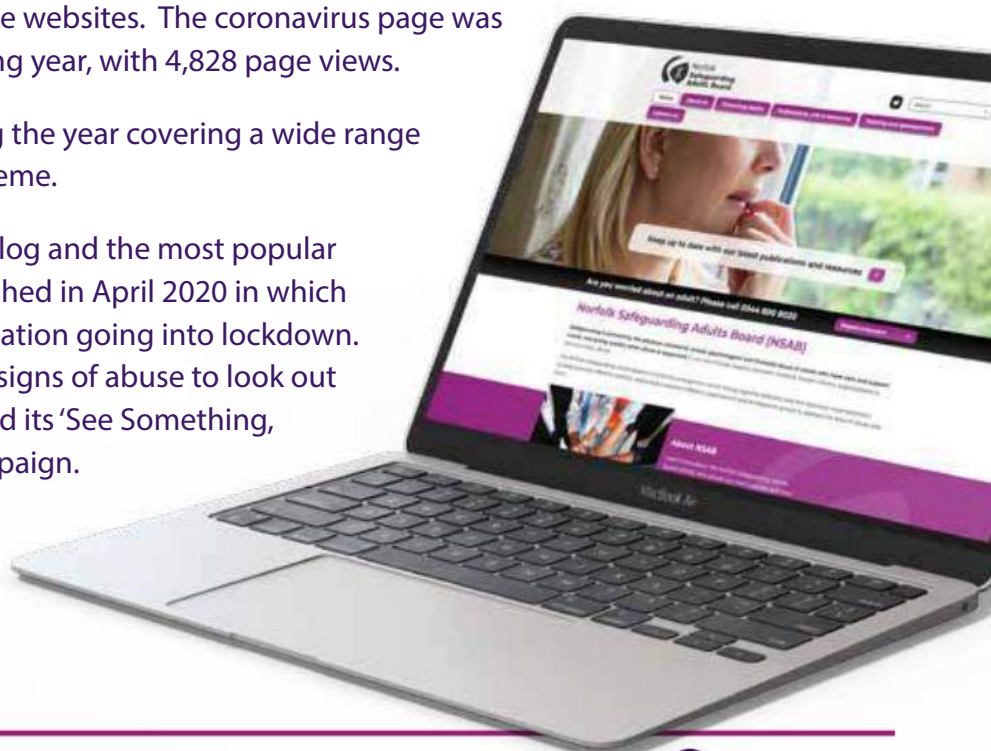
We had an average of 1,868 users a month visit our website and the month that drew the most users was April 2020, at the very start of the global pandemic and lockdown in the UK. The website had the least number of users during August, as many people took a summer break.

A decision was made to set up a coronavirus page on the website on which we shared useful guidance, information and links to other valuable websites. The coronavirus page was our most popular page of the reporting year, with 4,828 page views.

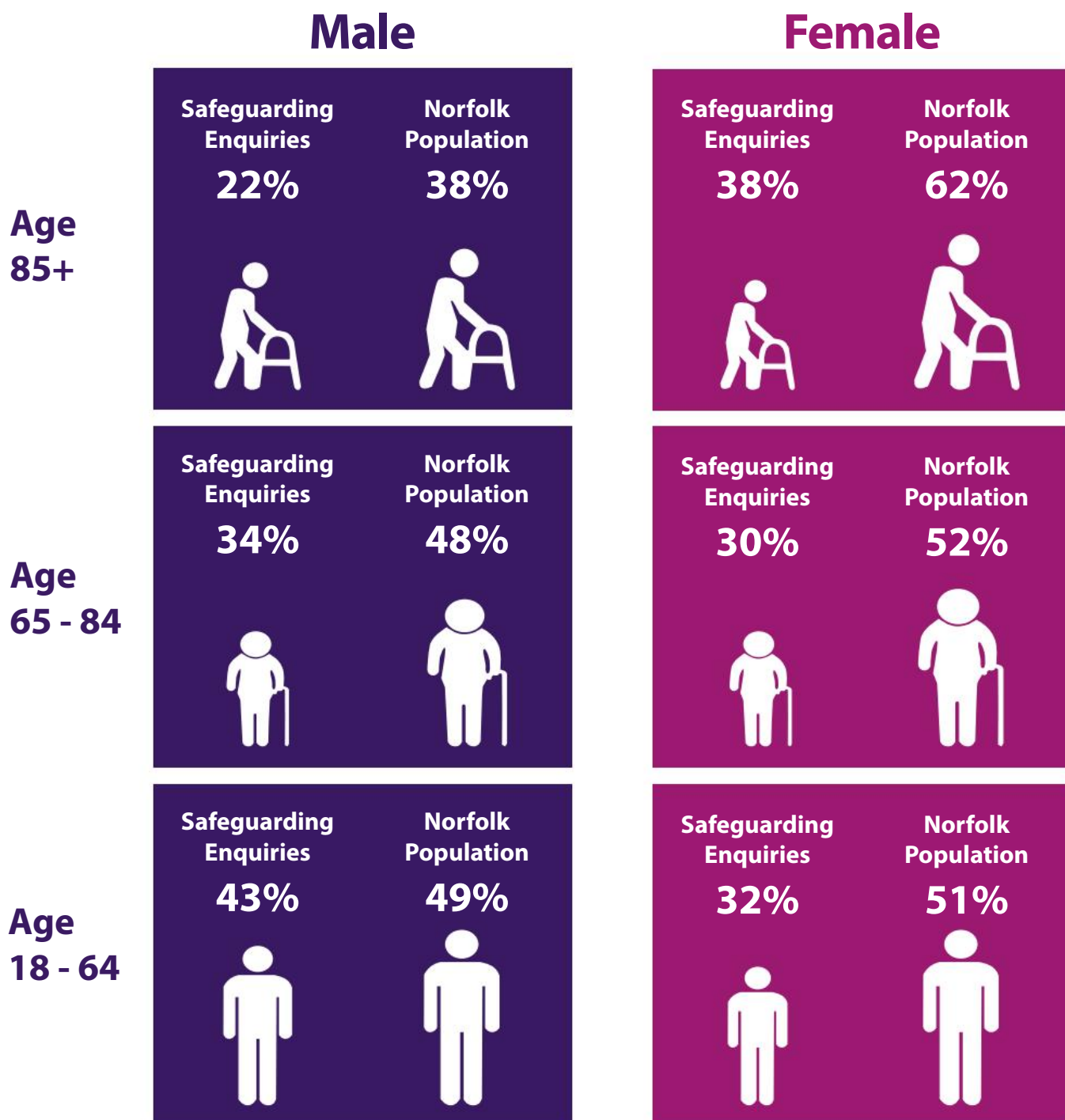
We published 272 news stories during the year covering a wide range of subjects, all with a safeguarding theme.

Many people enjoy reading Walter's blog and the most popular was titled 'Behind closed doors' published in April 2020 in which Walter wrote about the shock of the nation going into lockdown. He provided some useful insight into signs of abuse to look out for during lockdown as NSAB launched its 'See Something, Hear Something, Say Something' campaign.

During the latter part of 2020, work started on our new, refreshed website. Next year we'll be able to report on that!



Safeguarding Adults Collection Return 2020-21



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

Safeguarding Adults Collection Return 2020-21

Completed Safeguarding Enquiries by Age	
Age	Enquiries
18-64	752
65-84	647
85+	662

Completed Safeguarding Enquiries by Gender	
Male	Female
797	1,264

Abuse Type	No. of cases recorded
Physical Abuse	759
Sexual Abuse	160
Psychological Abuse	408
Financial or Material Abuse	359
Discriminatory Abuse	10
Organisational Abuse	65
Neglect and Acts of Omission	828
Domestic Abuse	210
Sexual Exploitation	3
Modern Slavery	3
Self-Neglect	26

Summary

During the year there were 4,310 safeguarding concerns made and 2,031 went on to be section 42 referrals. This gives a conversion rate of 47%

The most represented groups are older people and those with mental health needs, which confirms anecdotal discussions with partners throughout the year. The percentage of cases where the victim lacked capacity is likely to link to an increase in safeguarding cases in older people and mental health specialisms.

% of cases	18/19	19/20	20/21
% Cases where the victim lacked capacity	34%	36%	43%
% Cases where the "risk remained"	13%	8%	7%
% Cases where the victim was asked and outcomes were expressed	64%	78%	79%
% Cases where outcomes were "fully achieved"	63%	69%	72%

The table above shows that the number of cases where the risk has remained has almost halved, between 2019/20 and 2020-21. From these figures we could determine that people are feeling safer as the risk to those people has been eliminated.

The increase in the percentage of people who were asked and able to express the outcome that they would like, and where those outcomes were fully achieved, gives an indication that Making Safeguarding Personal is positively embedding in practice.

Given the headlines in the media, it is perhaps unsurprising to see an increase in the number of domestic abuse cases in the last year. In 2019/20, 89 cases of domestic abuse were reported as a safeguarding concern. In the past year there were 210. This presents a significant 136% increase.

Data shows that there was an average of 17 domestic abuse cases reported each month between 2019 and 2021. The number of cases of neglect and acts of omission has had a stark increase too; in 2019/20 there were 623 cases, rising to 828 in the past year. This is an increase of almost 33%.

Financial summary 2020-21

Income Source	General funding £	Contribution to Deputy Board Manager Post £
NCC	20,000	10,000
CCG	22,500	8,333
Norfolk Constabulary	20,000	10,833
Other partners		35,417
• District councils x 7		
• Norfolk Suffolk Foundation Trust (NSFT)		
• Norfolk Community Health & Care (NCHC)		
Income from Train the Trainer	1,250	
Sub Total	63,750	64,583
Budget carried over from 2019/20	8,096.20	
Balance brought forward from 2019/20 – transferred to SAR budget	8,096.20	
Total	63,750	64,583

Costs Breakdown – General budget	Expenditure £
Total staffing	87,995
• Independent chair (21,793)	
• Deputy manager (54,737)	
• NSAB contribution to board coordinator hours (11,465)	
Training (including Train the Trainer)	866
NSAB website costs	3,392
Licences	350
Design & animation production costs	8,027
Publicity materials (posters roller banners)	
NSAB meetings costs	
• Venue hire	
• Catering	
NSAB events (including speaker costs)	
LSAPs	2,500
Miscellaneous	76
Total	103,206
Total income	128,333
Total expenditure	103,206
Carry forward to 2021/22 (Transferred to SAR budget)	25,127

Financial summary 2020-21

Costs Breakdown – General budget	Expenditure £
SAR costs	
SAR report and related costs 2020-21	27,452.00
Balance brought forward in 2019/20 from general budget	8,096.20
Balance	-19,355.80
Balance brought forward from 2020-21 from general budget	25,127.00
Balance for SAR budget for 2021/22	5,771.20

NSAB began the year with a carry forward amount of £8,096.20. This is transferred to the Safeguarding Adults Review budget and set against future costs.

Additional staffing costs of the deputy manager post have been met through new contributions, most notably from our district council colleagues and one of our acute health partners.

Each year the Locality Safeguarding Adults Partnerships are allocated £500 (£2,500) each in support of their work. This was not spent in 2020-21. The 2019-20 LSAP allocation (£2,500) was carried forward into this year.

In previous years NSAB has particularly invested in a range of county learning and training events to support safeguarding awareness and multi-agency working in the county. In 2020-21, this was not possible due to the pandemic. NSAB did take the opportunity to refresh and update the website, completed a SAR, and spent money on publicity / awareness materials, but overall costs were lower and NSAB have a continued carry forward as a result.

And finally...

Some positive comments from organisations in the height of the pandemic and lockdowns which reassured us that systems were still working despite the unprecedented disruptions:

“ Since Covid 19 and lockdown I’ve nothing but praise for the contact centre and safeguarding team(s). My calls have been answered and directed to the right place fast. Communication has also been great. ”

Dementia support worker

“ I didn’t really know what to expect given the pandemic and with people having to work in different ways. I thought they’d (social services) be really busy and might be operating a reduced service – but I found the opposite. My call was answered swiftly, the alert (safeguarding) was put through to the relevant team straight away and contact with the person at risk happened faster than normal. Not only that, but the social worker contacted me again when she couldn’t get hold of the person I’d referred. I’ve since spoken with the person at risk, who happily reported the social worker had made contact and a follow-up appointment has been made. ”

Dementia support worker

“ We have had quick responses to safeguarding concerns raised during the pandemic. We have also found that practitioners are supportive and understanding of the pressures providers have been put under during the pandemic. ”

Service manager



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Report 2020-21

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Report title: Norfolk Safeguarding Children Partnership Annual Report**Date of meeting: 29 September 2021****Sponsor****(HWB member): Sara Tough, Executive Director Children's Services****Reason for the Report**

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

Report summary

The Norfolk Safeguarding Children Partnership (NSCP) Annual Report summarises the local arrangements for safeguarding children. It includes governance and strategic overview; Norfolk's response to Covid-19; independent scrutiny; progress against NSCP priorities; learning from Serious Case Reviews/Safeguarding Practice Reviews; training and workforce development; and the voice of the child. The scope of the report runs from 1 July 2020 to 30 June 2021. 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. Methodology

- 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 Clinical Commissioning Group).
- 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 (see the full report in Appendix A).

2. The 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 2020 and June 2021. The NSCP annual reports are presented to the HWB every year and this report builds on the content provided in October 2020. As a reminder:
- The NSCP has been established to provide a **single sustainable system** to safeguard children in a complex partnership network. Under the leadership of the three statutory partners and with the support of the independent chairs, they are responsible for ensuring that safeguarding arrangements enable all partners to work together, lead the change and use our resources in the most effective way.
 - The Multi-Agency Safeguarding Arrangements (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.
 - The new arrangements build on the strengths of partnership working in Norfolk, for example, learning from Serious Case/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. This year, the chapter on Norfolk's response to Covid further explores ways we can address and tackle inequalities as we emerge from the pandemic.
 - 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.
- 2.2 In May 2021 the National Child Safeguarding Practice Review Panel published its second Annual Report, drawing on evidence from Safeguarding Partners' published Yearly Reports. 68 yearly reports were reviewed against the requirements of WT2018; the NSCP's 2019 - 20 report was selected alongside 18 others to be reviewed for learning about practice issues. Feedback was provided and the National Panel noted the maturity of the partnership and requested more information about Norfolk's response to Covid as well as better analysis of the impact of learning on practice.
- 2.3 This year's report is lengthy in order to respond to the National Panel's direction, however, a separate report has been produced with the support of Norfolk's In Care Council to act as both a children and young people 'friendly' version as well as an executive summary. At the time of writing, it is the NSCP's Independent Chair's intention to focus the HWB on the children's version and we are aiming to have a young person co-present.

Officer Contact

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

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

Annual Report

1 July 2020 – 30 June 2021



Norfolk Safeguarding
Children Partnership

www.norfolklscb.org



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Foreword by the Three Statutory Partners

It gives us great pleasure once more to introduce this annual report, our second under the banner of the Norfolk Safeguarding Children Partnership. As the three Statutory Safeguarding Partners Norfolk County Council, Norfolk Constabulary and Norfolk and Waveney Clinical Commissioning Group are jointly responsible for the effectiveness of the partnership. We hope that as you read this document you will see how seriously we take that responsibility.

In common with much of everyday life in the last 18 months we have devoted a significant portion of the report to dealing with the Covid-19 pandemic and what the partnership did together to mitigate the impact on children in Norfolk. This is partly a recognition of the impact of the pandemic on all of our work but is also because we are proud of what we achieved. We said in our foreword last year that Norfolk had a history of close partnership working and we believe that our collective response in the face of adversity was proof of the truth of our claim.

Despite the challenges of the pandemic, we have not stood still in other areas. You will also read of our continued work on a range of important issues. To our existing priorities of Neglect and Vulnerable Adolescents, both of which continue to develop, we have added a new priority, Protecting Babies. Further evidence of the shared leadership ethos of the NSCP can be seen in the fact each of the statutory partners has allocated a senior manager to take forward one of the priority areas. To these thematic priorities we have added a workforce priority of 'Covid-19 recovery planning' and a cross-cutting enabler of 'Trauma Informed Leadership' to steer our partnership activities over the next twelve months.

Our efforts would be in vain if they did not make a difference to children and families in Norfolk. Achieving this difference and being able to evidence that we have done so has been at the forefront of our discussions over the past year and will continue to be so for the coming years. Each workstream includes checks and balances to make sure that there is a direct line between our strategies and the lives they are intended to improve. This is an ongoing journey with more left to do, but we hope that evidence of impact on practice will be visible in what we have done this year.

Front-line impact, and the voices of the children affected, are so important to us that we have asked our team of independent scrutineers to monitor it closely for us all year round. We are incredibly fortunate to have retained the same strong team of experienced professionals to keep a watchful eye over our collective efforts for another year. Their regular reports have given us real insight into what is working, and what needs work. Our commitment to the public of Norfolk is to spend the next year as we have this: ensuring that as much of the system as possible is working to help children and young people flourish in our community.



A handwritten signature in black ink, appearing to read "Sara Tough".

Sara Tough
Executive Director
Children's Services

A handwritten signature in black ink, appearing to read "Tom McCabe".

Tom McCabe
Head of Paid Service



A handwritten signature in black ink, appearing to read "Nick Davison".

Nick Davison
Assistant Chief Constable

A handwritten signature in black ink, appearing to read "Paul Sanford".

Paul Sanford
Chief Constable



A handwritten signature in black ink, appearing to read "Rebecca Hulme".

Rebecca Hulme
Director of Children, Young
People and Maternity,
Norfolk & Waveney CCG

A handwritten signature in black ink, appearing to read "Melanie Craig".

Melanie Craig
Accountable Officer,
Norfolk & Waveney CCG

Foreword by the NSCP Chair

Welcome to my section of this Annual Report. As the Independent Chair and Scrutineer of the NSCP I have the responsibility for scrutinising this document and making sure it is accurate and provides the information you, the reader, require. I hope that it meets your expectations, provides you with appropriate information and above all gives you confidence in the way the Partnership strive to safeguard children in Norfolk.



As you read this section and other parts of this annual report, I would ask you to consider that the NSCP is adapting in response to the unprecedented pandemic that has had such a massive impact on all of us. It is at times like these that our focus is drawn to the true value of those that safeguard our children on a daily basis. This is especially true when we lose their input, when children are not in school, pre-school and after school activities. I want to reassure you that the NSCP were quick to recognise this and worked tirelessly to make sure other measures were put in place to fill this gap. It is important that we acknowledge the response of our communities to the excellent 'see something, hear something, say something' campaign. Often, we can be overwhelmed by the negatives of a situation but the response of professionals, volunteers and the community to safeguarding during the pandemic has been a real positive for us. I hope that as we return to a semblance of normality, we can continue to rely on each other to take responsibility for safeguarding our children.

I continue to be impressed by the maturity of the Partnership. Norfolk is fortunate to have leaders from all agencies that are committed, professional and understand the value of collaborative working. Please be assured that, whilst they provide respectful challenge to each other and the wider system, they are resolute in their joint objective of improving outcomes for Norfolk's children. NSCP recognises the impact and importance of independent scrutiny and has invested significantly in it. We continue to scrutinise strategies, practice and outcomes across the Partnership in a number of ways, providing statutory leaders with evidence of good practice and areas for improvement. This document provides detail of the independent scrutiny that takes place. The success of this relies on a culture that welcomes challenge and values its impact. Norfolk has this culture in abundance.

I would like to take this opportunity to thank everyone who contributed to this report and created a document that is fair, informative and balanced. Our young people's version is a fantastic development and I hope that you will take the time to read it. I'm pretty sure it will get more attention than the longer report! I also want to thank everyone involved in the NSCP for their tireless work over the last twelve months. Norfolk is blessed with some of the best safeguarding professionals in the country, our communities have supported us through this pandemic and I sincerely hope we can build on this. Thank you for your continued support.

A handwritten signature in black ink, appearing to read 'Chris Robson'.

Chris Robson, NSCP Independent Chair

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 2020 to 30 June 2021. 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

The NSCP's 2019 – 20 annual report was one of 18 reports selected by the National Child Safeguarding Practice Review Panel and What Works Well Centre for its analysis of Safeguarding Partner Yearly Reports, with a focus on learning about practice issues. Feedback from the National Panel advised that they were impressed with the maturity of the partnership and were positive overall. The National Panel asked for more emphasis on impact, particularly of training and development, and that a shorter report would be helpful. While every attempt has been made to keep this report as succinct as possible, during this time period there has been a huge amount of activity, largely in response to Covid-19. 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](#).

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). 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 Head of Paid Services, 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 Associate Director - Children, Young People and Maternity, Rebecca Hulme, and the NWCCG Accountable Officer, Melanie Craig

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 have introduced quarterly written updates and bi-annual meetings for, and with, the Chief Officers of the respective organisations. This level of governance is in adherence to the recently published [Wood Review of Safeguarding Reforms](#), published May 2021.

N.B. The MASA was originally published in September 2019 and is currently being reviewed. Overall, the governance structure has worked well, ensuring the right partners attend relevant meetings and where representatives assume delegated duties, they have the knowledge, experience and reporting structures to fulfil their safeguarding duties.

Independent Scrutiny Team

Norfolk Safeguarding Children Partnership is committed to ensuring a high level of independent scrutiny is in place. This is illustrated by the significant investment made in maintaining an independent scrutiny team. The MASA has three clearly defined roles for independent scrutiny. The Independent NSCP Chair, Chris Robson, picked up some of 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 the two other independent scrutiny roles: the Independent Chair of the Safeguarding Practice Review Group, Sian Griffiths, and the Independent Chair of the Workforce Development Group, Natasha Rennolds. The three meet regularly to triangulate their findings and report back to the statutory safeguarding partners.

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

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. The Terms of Reference were reviewed in spring 2021, including a review of membership. In addition to the three statutory partners, Partnership Group includes:

- The NSCP Independent Chair (supported by the NSCP Business Manager)
- The Director of Social Care
- The Head of Children, Young People and Maternity, Norfolk & Waveney CCGs (line manager of the NHS Designated Safeguarding Team)
- The Deputy Director of Public Health
- Education Representatives, Headteachers representing primary, secondary, special schools and further education
- The Chair of the District Council Advisory Group
- The Chair of the Early Years Advisory Group
- Voluntary Sector Representative
- The lead officers responsible for delivering on priority areas
- The Head of Independent Services

Other partners are invited to present on specific agenda items as required. For example, one of the key functions of Partnership Group is to consider the learning and recommendations coming out of Child Safeguarding Practice Reviews (CSPRs). When a report is ready for sign off, invitations to Partnership Group are extended to the partners directly involved in the review and the other independent chairs.

Partnership Group is also a key stakeholder in the development and delivery of Leadership Exchange & Learning Events. This was written into the MASA to ensure that there were opportunities for the wider partnership to come together to share learning and respond to recommendations from CSPRs. During the last year of lockdowns and restrictions it was not possible to hold a face to face event, however, the principles were followed through in some leadership development work (see Chapter 2 below on Norfolk during Covid) and an online half day conference is organised for autumn 2021.

The function and membership of Partnership Group is part of the current MASA review.

Between September 2020 and June 2021, Partnership Group met six times and considered a number of key multi-agency safeguarding issues. Appendix 1 provides detail of agenda items covered. Prior to September, the Partnership Group had joined with the, then, Children and Young People's Strategic Partnership as part of our initial response to Covid-19. The final joint meeting took place in July 2020 before we were confident that we could re-establish a more 'business as usual' approach.

Other Partnership Boards

The Children and Young People Strategic Partnership (CYPSP) has been through a period of evolution over the past twelve months and in April 2021; after a series of workshops, the CYPSP formally merged with a separate Alliance Board to become the Children and Young People Strategic Alliance (CYP SA). It continues to be a multi-agency partnership group 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 Children and Young People's Partnership Plan
- 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

The CYPSA has a clear outcomes framework based on FLOURISH, i.e. recognising children's needs in terms of:

F	Family and Friends	CYP are safe, connected and supported through positive relationships and networks
L	Learning	CYP are achieving their full potential and developing skills which prepare them for life
O	Opportunities	CYP have access to a wide range of opportunities to develop as well-rounded individuals and excite their interests and talents
U	Understood	CYP have skills and opportunities to be heard and feel listened to, understood and a key part of decision-making processes
R	Resilience	CYP have the confidence and skills to take on life's challenges and are enabled to make their own positive decisions
I	Individual	CYP are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness
S	Safe and Secure	CYP are supported to understand risk and make safe decisions by the actions we and they take to keep them safe and secure
H	Healthy	CYP have the support, knowledge and opportunity to lead their best healthy lives

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 relationship between the NSCP and CYPSA is streamlined to minimise duplications. Functions, such as 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. For example, sharing the annual report with

the Health and Wellbeing Board, as well as supporting the Domestic Abuse and Sexual Violence Group to respond to the changes in legislation around Domestic Abuse, as those changes relate to children.

Norfolk's Public Protection Forum (NPPF) has continued to meet regularly throughout the scope of the review. This Forum is made up of the chairs of many of the statutory boards and was chaired by Norfolk's Adult Safeguarding Board (NSAB) Chair. In addition, business managers or their equivalents from these and other boards meet on a regular basis. Together, the business managers aim to:

- support the NPPF in coordinating and developing the work required to achieve combined and efficient delivery of services
- address those areas of vulnerability and public protection that overlap or are shared between existing governance bodies and statutory duties
- share learning from safeguarding reviews and support with dissemination of learning.

The NSCP has also strengthened 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. A separate [LSCG annual report](#) on their function and achievements was published in May 2021 on the NSCP website. The LSCGs have gone from strength to strength this year with stable co-chairing arrangements, dedicated support from the NSCP Business Unit, evidence of commitment to, and value of, the meetings and networking opportunities through its members attendance and actions and, importantly, stronger links with their corresponding Youth Advisory Boards.

The chairing arrangements continue to be multi-agency, with strong leadership from senior officers in Children's Services Community and Partnership Directorate, the Norfolk & Norwich University Hospital, the voluntary sector, Cambridgeshire Community Services and education. More needs to be done to engage social care colleagues in the LSCGs.

Advisory Groups

The NSCP is also supported by 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 Section 11 recommendations. (See chapter 4 on Independent Scrutiny for more information on Section 11) 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), plans are in development to hold bi-annual safeguarding sessions with housing providers.

Activity from the previous Health Advisory Group has been suspended this year, partly due to pressures caused by Covid-19, but this is a recognised gap and plans are in place to address this as we move away from the CCG arrangements towards the Integrated Care System.

Regional Networks

Norfolk is a regular participant in the Eastern Region networking meeting for Local Safeguarding Children Partnerships. This financial year, the NSCP Business Manager led on a regional funding analysis and contributed to a repository of Safeguarding Practice Reviews.

Norfolk continues to be involved in the development of the [Six Steps to Independent Scrutiny Framework](#) developed by the University of Bedfordshire.

The NSCP Business Unit

The governance structure is supported by an efficient and experienced team, including a Business Manager, a Safeguarding Intelligence & Performance Co-ordinator, a Workforce Development Officer, Safer Programme Co-ordinator and 3.5 FTE administrators. The Business Unit is responsible for supporting on a range of activities from strategic leadership, monitoring/audit, budget oversight and training provision through to setting agendas, administering meetings, communications, website development and event co-ordination. This unit has received praise from all partners and the Chair of the NSCP for the essential part they play in improving safeguarding and outcomes for children across the county.

During this financial year need for additional resource was identified for data analysis and dedicated support for communications. At the time of writing, funding has been agreed for the analyst post and the NSCP is in the process of recruitment. Funding is being sought for a communications officer role, to be shared jointly with the Safeguarding Adults Board.

2. Norfolk during Covid

From the outset, Norfolk Safeguarding Children Partnership's response to Coronavirus (Covid-19) has been robust, demonstrating agility and flexibility to keep up with the changing situation. The collaboration between partners was exemplary in the first three months of the pandemic, evidencing the maturity of the partnership and the value of joining up resources and sharing information. This chapter focuses specifically on the work of the NSCP's Recovery Planning multi-agency workstream which was set up early on to address emerging issues.

Initially the Recovery Planning group identified key areas of concern, such as domestic abuse, child exploitation and protecting babies. As time progressed, many of these issues found natural 'homes', either under the NSCP's existing priority subgroups or with related partnership boards/their subgroups, such as the Domestic Abuse and Sexual Violence Group (DASVG) sitting underneath the Countywide Community Safety Partnership. At the time of writing the focus of the workgroup remains on young carers and parent carers; mental health; supporting children in schools; joined up working during Covid; and developing trauma informed and resilience oriented leadership and practice.

Communication Campaigns

One of the significant achievements under Recovery Planning was the joined-up approach to communication campaigns. This was an ongoing collaborative approach involving all three statutory partners and extending to the wider partnership with support from schools, early years and the voluntary sector.

Norfolk Children's Services have succeeded in driving up contact to Children's Social Care and health as a result of a joint communications campaign to safeguard vulnerable children. Through the Norfolk Safeguarding Children Partnership an innovative campaign pooled the skills and resources of young people and key agencies across the county to co-produce, create and share messages in a variety of ways to ensure children and young people were kept safe.

The campaign was launched after Norfolk County Council's Children's Services reported a marked drop in referrals and contacts into social workers during the first two weeks of lockdown. There was concern that some children were living largely behind closed doors and away from the adults outside their immediate families who would regularly interact with them and notice if something was wrong. Being passive recipients of the challenges children and families were facing was not an option; a pro-active and creative way to reach out was needed.

It has been noted as excellent practice in a [January 2021 briefing](#) from the Children's Commissioner, Anne Longfield.

'Organisations in Norfolk drove up contact to Children's Social Care by 42% with an awareness campaign co-designed by young people after the local authority saw a drop in referrals in the first two weeks of the lockdown'.

The campaign

The campaign had four core elements – [See Something, Hear Something, Say Something](#); [#YoungInNorfolk](#); [#We'reStillHere](#); and [#We'veGotThis](#).

- The [See Something, Hear Something, Say Something Campaign](#) raised awareness of the signs that a child is not being looked after and let people know what to do if worried about a child or young person.
- The second element focused on supporting young people to come forward if they had fears for themselves or friends. A new dedicated phonenumber to receive calls from young people and an expanded [ChatHealth](#) Service ensured young people had someone to reach out to. The services were advertised by a video which young people helped to shape via a weekly Zoom focus group. In response to children spending more time online, one element of the campaign also focused on e-safety, with messages targeted at young people and parents.
- [#We'reStillHere](#) contacted parents to remind them that Norfolk services are still here to support anyone who might be struggling.
- [#We'veGotThis](#) was launched during Children's Mental Health week in February 2021 with the aim to promote emotional wellbeing and resilience in children and young people. Young people were encouraged to share their top tips on getting through the pandemic via social media platforms TikTok and Instagram.

'Young people are struggling now more than ever. It is essential that we tackle this issue by reaching out to as many young people as possible during a time of great need'.

Alfie Randall, Young Commissioner, West Norfolk

In addition, the police took a strong lead on developing a campaign to promote online safety, which was supported by police and education colleagues through Safer schools.

Impact

The campaign, which has been seen by more than 850,000 people across the county, has had a demonstrable impact, with calls to Norfolk County Council's Children's Services front door increasing by 42% after the first phase of the campaign and calls to [Just One Norfolk](#)¹ rising by 20% during the period. The Just One Norfolk website also saw a 95% increase in total users, including attracting more than 2,900 new users during the campaign.

In its first five weeks the [#WeveGotThis](#) campaign reached over 93,000 people on Instagram alone with 2,500 interactions organically. It achieved a following of more than 300 people, 30% of which were in the age range of 13-24 and all in the Norfolk area,

¹ Just One Norfolk is an award winning website for service users, developed by Cambridgeshire Community Services, the commissioned provider for 0 – 18 Healthy Child Programme.

meaning it directly reaching the people it was aimed at. Seeing this impact in such a short time has meant that the council will continue with this element of the campaign and use this as a channel to speak directly to young people.

Innovation and co-production

The campaign went beyond traditional forms of engagement to an innovative and more co-produced approach. Young people helped co-design the campaign with partners, including graphic design of a range of social media assets and posters, radio adverts, video content, editorial for local print and broadcast media, resource packs for schools, and text messages and postcards sent direct to families.

The council also worked closely with groups representing families in Norfolk, such as Family Voice Norfolk (the parent carer forum for Norfolk) which works with the council to improve services for children and young people with special educational needs and disabilities and their families.

'Family Voice Norfolk have been working closely within a dedicated and focussed COVID response action group throughout the COVID crisis. Together a dedicated team have worked creatively to provide communication for families and professionals to use in supporting children and young people for a positive return back to school. As a parent representative for Family Voice Norfolk, I have felt included and valued for my contribution'.

Natasha Oakley-White, Family Voice Norfolk

An integrated and joined up approach

The campaign was led by Norfolk Children's Services through the Norfolk Safeguarding Children Partnership (NSCP). Communications teams from NCC, Police and the NHS worked collectively, with each leading on a specific aspect of the campaign to ensure that messages were consistent, and work was shared equitably across the partnership.

There are plans to maintain the partnership approach to communication into the next phase so that the council continue creatively to reach and support children and families. Other focus areas have included online exploitation, support for young carers, domestic abuse, emotional health and wellbeing, transition back to school and thanking and recognising young people for their positive contributions during lockdown both to each other and wider safeguarding in their communities.

There is also an ongoing commitment to hearing the voice of Norfolk residents through our partnership with Research in Practice, an organisation that works with local authorities to enable them to access, understand and apply evidence in their work with children and families, young people and adults. With Research in Practice we made sure that communications activities are shaped by, with and for Norfolk's children and families.

'It's a testament to the hard work of NSCP colleagues and says something positive about Norfolk's commitment to meaningful community engagement within and beyond recovery planning'.

Dez Holmes, Director, Research in Practice

Return to School/We've Got This workstream

As the first lockdown lifted, there was a recognised need to help children and their parents/carers manage the transition back to school while we continued to live in uncertainty about the spread of Coronavirus. The workstream was originally eponymously known as the Return to School group, but subsequently rebranded itself as We've Got This linking its work back to the mental health campaign.

The group is chaired by the Head of Independent Services and has grown organically, including partners from schools, school support services, the voluntary sector and community groups. It is focused on problem solving in response to what professionals are seeing on the ground, as well as direct messages from children and families, and then planning actions to address issues. For example, anxiety was a major issue for many children and their families, resulting in Emotional Based School Anxiety (EBSA). Following on from the We've Got This action log, Norfolk County Council's Senior Adviser Inclusion - Early Intervention and Prevention took the following actions:

- commissioned two school webinars on EBSA and delivered bespoke surgery support sessions for 18 schools. These were really well received.
- Local service directory capture tool circulated including members of the workstream as a resource for schools
- Work with a few schools/trusts supported by Community and Partnerships to put a team around a school, including parental engagement work, again with support from the members of the workstream
- DfE are funding further support for schools for wellbeing next academic year – we will be looking to strengthen partnerships and seek support with collaborative scoping and project planning etc.

The group was responsible for a wide range of webinars to support families through the pandemic. Since January 2021 we have completed 14 Parents Information Sessions (Webinars) via Microsoft Teams alongside our partners in health, education, Just one Norfolk & Norfolk Constabulary. These webinars have covered the below topics:

• Just One Norfolk	• Yoga Sessions
• Family Network Approach	• Nurturing Wellbeing
• Early Help Family Support	• Nurturing Relationships
• All Babies Cry	• SEND
• ECFS Online Services	• Healthy Lifestyles
• Financial Support	• Dads Matter
• Emotional Resilience	• Transition to High School
• Online Safety	• Transition into Early Years Settings

Throughout the course of webinars so far, we have reached 310 different families offering them a range of support in all the different areas above. Online Safety was our highest attended webinar alongside Emotional Resilience. Throughout the course we requested feedback from parents and families and responses showed reach to fathers and grandparents, with thanks and praise for the information provided.

The workstream also consulted directly with young people on what messages they need to feel safe about returning to school and created a [video](#) with teachers providing assurances. This was hosted on Just One Norfolk. The video received 3900 hits between August 2020 and June 2021, with all pages linked to returning to school receiving 21,191 views.

The chair of We've Got This continues to monitor the impact of the mental health campaign and the use of social media assets. She has also involved young people in developing their own content and supporting their aspirations to become 'influencers' on social media through positive messages, organising competitions and promoting mental health awareness and strategies to promote wellbeing. This has been supported by the development of strong links with other voluntary sector groups such as Young Carers and other youth groups linked to the wider partnership.

Mental Health and Emotional Wellbeing

Children and young people's mental health and wellbeing was a constant theme in recovery planning and its subsidiary workstreams. Examples above show how there were dedicated communications and practical support put in place to help children and their families through the pandemic. Locally and nationally, the concerns about the impact of lockdowns, restrictions, bereavement and living through a time of unprecedented uncertainty has inevitably led to conversations about mental health and wellbeing, and related to concerns to access and availability of services.

The Recovery Planning group had regular updates on the mental health service in the context of a wider mental health transformation agenda. It was clear that we needed some immediate solutions for children on waiting lists and a better understanding of the issues they were facing. These ranged from general anxiety to more extreme cases of eating disorders, self-harm and suicide ideation.

The focus was on understanding and responding to local need and identifying gaps. As a result, the following actions were taken:

- Commissioning Kooth, a digital mental health and wellbeing company working to provide a welcoming space for digital mental health care, available to all. The service is for 11 to 25 year olds and was originally commissioned to help young people through the pandemic. Kooth has provided us with valuable data allowing us to profile the children reaching out, e.g. by age or gender, and understand not only what issues they face but who they turn to for support. The platform has been well used by young people, with more than 2,400 individuals registering an account in the eight months between May and December 2020 and logging on more than 16,000 times in total. The service is available either on a drop-in basis or through bookable chat sessions, giving young people the chance to benefit from professional support, peer support and a wide range of self-help materials, as well as contribute to moderated forums. The commission has been extended for another twelve months to continue to meet need.
- Triaging cases of children on waiting lists for mental health support: with a data sharing agreement in place, Children's Services and health providers could identify any children that were known to a wider multi-agency network who would

then in turn identify professionals to do some interim pieces of work to contain and support the child so that they were not left vulnerable and isolated.

- Links to build capacity within the Children and Young People Mental Health Transformation and Operational Plan. The system wide 'Participation and Social Recovery Model' underpins this plan and lessons learned from engagement with children and young people are informing the decisions made by commissioners.

Norfolk also recognised the emotional impact on staff and this led to the commissioned piece of work with Research in Practice, detailed below.

Joined up working during Covid

There are a plethora of examples to illustrate how Norfolk partners joined up during Covid-19. This report focuses on two areas that have made, or have the potential to make, an ongoing difference to the way we work together to keep children safe.

From our learning during the first full lockdown we knew that education providers are most concerned about those vulnerable children who did not have the support of a social worker or early help service because they didn't have the usual support networks available to them when they were not in school. In order to support them with these types of situations, teams from across Children's Services worked with other partners to develop Multi-Agency Support Panels. The Multi-Agency Support Panel (MASP) is a partnership of organisations who offer support to education providers to respond to emerging worries about children and families and prevent the escalation of need for vulnerable children & families who are not subject to an existing support plan (Early Help, Child in Need, Child Protection etc). MASPs operate with three clearly defined steps:

- Consultation with our Partner & Community Focus Service to think about the responses available to you & the family. If it's identified that MASP can help, the referral will be listed for a multi-agency case discussion.
- Invitation to attend the MASP where you can present the emerging needs identified. The MASP provides advice, guidance and offers of support to the family via the education provider.
- Actions agreed at MASP are distributed to the education provider and MASP members providing support. Education providers share offers of support with the family concerned.

Since its introduction in January 2021, the MASPs have supported schools to respond to the emerging needs of 140 families through early consultation and collaboration. The large majority of consultations result in schools being provided with prompt information, advice and guidance to support their practice in responding the emerging needs of children & families. Where further support and collaboration is required schools can access a panel of 13 partner agencies who provide offers of support, case reflection, and knowledge. Feedback showed that education providers valued having a multi-agency response within the Panel to help problem solve together, with 95% of participants reporting that they would recommend MASP to colleagues following their involvement with the panel.

The use of technology has changed radically since the onset of the pandemic and has particular implications for a county as big as Norfolk, in terms of accessing support and

minimising time spent on travel to meetings. Alongside this, there was a recognised need to create space for frontline professionals to come together and share concerns as well as examples of best practice and innovation and we used the new online platforms to develop an offer of reflective practice sessions.

The proposal was endorsed by the NSCP in summer 2020 and a pilot was evaluated by the independent chair of the Workforce Development Group in autumn 2020. She concluded: *“I have been impressed with the balance achieved in taking this initiative forward. There has been careful preparation alongside the recognition that learning takes place with action. The planning group very much had a solution focused and can-do approach which saw the pilot take place over the summer.”* Regular progress reports have been taken to the Partnership Group so by year end the following actions had been completed:

- Recruitment and interviewing 46 facilitators from across the partnership.
- Developed the policy & procedure around the model. (Participants pack, group agreement, alignment with group supervision etc)
- Induction of group facilitators.
- Response to initial evaluation recommendations, including developing ‘concerns’ policy.
- Administration processes established (recruitment, matching, booking)
- Evaluation Schedule established (pre, during & post reviews)

The Partnership has resourced a framework to currently support up to 110 practitioners through reflective practice conversations. The sessions are advertised as part of the NSCP learning offer and the NSCP Business Unit supports with bookings and administration. This initiative sits alongside the recently launched Joint Agency Group Supervision model, described further under chapter 6, Learning from Safeguarding Practice Reviews.

Developing Trauma Informed/Resilience Oriented Leadership and Practice

Following on from a thematic Serious Case Review on non-accidental injuries to babies (Case AF, published January 2020), Norfolk has prioritised developing a culture of being trauma responsive and building resilience in service users and the workforce. This is now threaded through all our learning platforms as well as our Section 11 self-assessment processes.

In summer 2020 Norfolk Safeguarding Children Partnership (NSCP) commissioned Research in Practice to support their work to build trauma-informed, resilience-oriented leadership and Covid-19 recovery planning. This resulted in a report, [*Norfolk: Building Back Better*](#) which was accepted by the three statutory partners in March 2021.

The commission was in two phases: (1) Two surveys were designed in conjunction with NSCP which were widely circulated to professionals working in NSCP and to the public in autumn 2020. The number of responses were very positive; 204 respondents for the public survey and 352 for the professionals’ survey. (2) Three focus groups comprising of leaders within NSCP took place in January 2021, to explore and contextualise survey findings.

This approach of seeking the views of families, professionals and leaders to inform its next steps demonstrates NSCP's commitment to inclusion and whole system learning that is commendable. It also demonstrates systemic congruence, as this type of active involvement can be a way of helping people feel a sense of self-efficacy, which is a key aspect of resilience.

Many of the contributions of professionals and members of the public reflect complexity; a 'both/and' mindset is paramount. For example, it is both true that for many children, families and young people the experience of the pandemic has been challenging and for others it has been a time of improved family relationships and reduced pressure. Similarly, for professionals the experience of virtual working has *both* afforded some improvements in work life balance *and* contributed to additional safeguarding concerns for some children they work with.

Perhaps most notably the lockdown and the pandemic has reframed the distinction between people who are working for NSCP agencies and people who use services. Some of the needs that local families are facing – such as financial hardship, strained relationships, mental health difficulties – are affecting professionals too. This is a challenge – but it also offers a unique opportunity to consider issues of stigma, 'othering' and accessibility in order to influence future service design.

Next Steps

The findings from the *Building Back Better* report are telling and go beyond the safeguarding children agenda as Covid has clearly impacted on all areas of society globally. The report was commissioned in part to build on learning from a thematic review published in 2020, recommending that Norfolk develops appreciative enquiry and a trauma informed approach to leadership and practice. This was a challenging recommendation as it involves culture change and is not easily measurable, however, we are tracking what trauma informed and resilience oriented practice looks like across our system, from LSCG training opportunities, through to Section 11 self assessments.

Norfolk strategic partners are committed to driving this culture change forward and as such we have planned a Leadership Exchange and Learning Event on 21 Sept 2021 to look at resilience as a teachable and learnable skill. This event will also include chairs from related partnership/safeguarding boards so that we develop a shared language and understanding and can apply it to all challenges we are facing and anticipating, including safeguarding vulnerable adults and supporting Norfolk residents through a time of economic uncertainty as the true cost of Covid becomes clear. The outcomes of this event will be reported in the next annual report.

3. Voice of the Child

The NSCP is developing mechanisms for hearing the voice of the child and progress has been made in this area. For example, Norfolk has seven Youth Advisory Boards (YABs) and after some initial consultation in 2019 – 20, the LSCGs have now established links with their local YABs with identified LSCG members attending their meetings. YAB representative attended LSCG meetings to present on their priorities for the year and LSCGs support YABs in delivering their priorities and raising the profile of the safeguarding agenda directly with the young people.

As part of the Neglect Strategy's workstream on community engagement, we recognised that we need young people's perspective on neglect and what it means to them. In spring 2021, we piloted an approach with members of the Norfolk Youth Commission supporting the work of the Office of Police and Crime commissioner to get their feedback on this difficult topic. More sessions are planned with existing young people panels across the partnership in 2021 – 22.

Some of our most significant engagement work has been linked to our response to Covid. There are many examples of this linked to recovery planning, but perhaps the most significant is their input and enthusiasm to the communication campaigns, particularly around mental health and young carers. The young people consulted with were open and honest about their feelings, fears and experiences of the pandemic, both positive and negative, describing their anxiety about being known as the 'Covid cohort' and potential disadvantages that this may have for them. Norfolk partners have worked tirelessly to keep their spirits up and this resulted in a two page spread in the Eastern Daily Press in August 2020 to say a public, thank you, to all Norfolk children and young people for staying strong and being solution focused in a time of global uncertainty.

The children and young people's version of this annual report is another example of engaging directly with them as key stakeholders. We hope you enjoy that version as much as we do!

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;
- multi-agency audit and monitoring recommendations from scrutiny;
- Section 11 (Section 14 of the Children's Act); and safeguarding self-assessments
- performance intelligence and data
- observation of practice
- external inspections

Independent Scrutiny Team

The three statutory partners commissioned the independent scrutiny team to undertake four pieces of work looking at: adolescent neglect; the processes for Local Child Safeguarding Practice Reviews; impact of learning from neglect cases on practice; and a review of the NSCP subgroups and governance to feed into revisions for the local plan for Multi-Agency Safeguarding Arrangements. The governance review is ongoing and findings are not included in this annual report but will be reflected in the next iteration of the MASA.

In addition, the Workforce Development Independent Chair evaluated the reflective practice session pilot described in the Chapter 2, Norfolk during Covid, above

Adolescent Neglect

In summer 2020 the independent scrutiny team were asked to look at the effectiveness of multi-agency service provision in relation to adolescent neglect. The methodology included triangulating evidence from three separate information sources:

- Literature review
- Statistical information / indicators for adolescent neglect in Norfolk
- Feedback from manager, practitioner and strategic leaders focus groups – a total of 89 professionals engaged in 16 focus group sessions

The report utilised the 'Six Steps for Independent Scrutiny Framework' developed by the University of Bedfordshire to analyse and structure the findings. The report provided an overview and focus on the current position of multi-agency safeguarding with regard to adolescent neglect in Norfolk. The Independent scrutineers were struck by the awareness of individuals of the part neglect plays in adolescent safeguarding, noting

"We have personally witnessed a real desire to provide the best possible service in this area. This desire from practitioners to look beyond specific behaviours, empower people to engage with this cohort and improve outcomes gives a real opportunity to change culture and improve practice. This enthusiasm now requires strategic direction and leadership."

Adolescent neglect and the way it manifests itself is incredibly complex. However, statistically and anecdotally, it is clear that it sits behind many behaviours that bring young people into contact with safeguarding agencies. It is essential that we now seek to empower partners to identify neglect, engage with adolescents and examine what lies behind their behaviour. To do this we need to offer a strong training platform to skill our staff, time to develop their own confidence and opportunity to develop trusting relationships. Strong strategies based on evidence and engagement will support staff to deliver the best possible service and outcomes.

A total of 10 recommendations were made. The majority were incorporated in the Neglect Strategy, with specific recommendations on training, relationship-based practice and contextual safeguarding being brought forward by the Vulnerable Adolescent Group. (See chapter 5 on NSCP priorities). All recommendations from independent scrutiny, including Section 11 and Safeguarding Practice Reviews, are captured in a Composite Action Plan which is monitored regularly for progress.

Review of Local Child Safeguarding Practice Reviews and Rapid Review Processes

The Independent Chair did a desk top analysis of the local CSPR guidance in adherence to statutory functions outlined in *Working Together 2018*. As a result, the guidance was reviewed and reissued in April 2021 and all recommendations have been completed. (See chapter 6 on Learning from SPRs).

Impact of Learning About Neglect on Practice

The focus of the spring/summer 2021 independent scrutiny was understanding the impact of learning about neglect on practice. This includes single and multi-agency training as well as dissemination of relevant Safeguarding Practice Reviews and how neglect cases/interventions are managed. The scrutineers also looked at other forms of learning, such as independent study, peer support, supervision, shadowing opportunities, etc. The methodology included:

- A questionnaire sent to the members of the Workforce Development Group asking them to assess the training needs, offer and impact of single agency training on neglect that their agency provides.
- A series of focus groups with frontline and managers from children's services, police, health providers, schools and the voluntary sector to establish what impact any learning activities have had on their practice
- Triangulation with NSCP multi-agency audits (see below)

A total of five recommendations linked to findings are summarised below:

Finding	Recommendation
There is a lack of knowledge amongst practitioners and managers regarding multi-agency training offers that are currently available	NSCP review how their training offer is advertised and consider additional approaches to increase knowledge of courses / training input available. This should be supported by members of the WDG promoting the training offers within their own agencies.

Finding	Recommendation
Practitioners and managers would benefit from a wider variety of offers, specifically bite size training and offers that require shorter commitment in terms of time.	NSCP review its current training offer and consider how it can be tailored to deliver shorter, focussed sessions. The review should consider how best to provide the best opportunities to learn, relevant to role expectations. Areas of concern highlighted in the Neglect Audit Report, including risk assessment and long-term management of neglect cases should be prioritised in terms of training input and offers.
There is a genuine appetite for multi-agency training and reflective sessions amongst practitioners and volunteers. There is evidence that if delivered and facilitated correctly they are of great benefit to individuals understanding and practice.	The NSCP should pilot a multi-agency forum where structured case studies on neglect could be discussed with best practice highlighted and disseminated. This could draw from approaches developed in reflective practice sessions and join agency group supervision as well as through the work of the Local Safeguarding Children Groups.
Evaluation of the impact of training on practice is not evaluated sufficiently	NSCP should develop a system that would effectively measure the impact of training on practice. This would involve 6 and 12 month reviews of the effect training has on service delivery for individuals
The priority given to training varies amongst agencies and individuals. Training is vital to individual's professional development and the delivery of the best possible service delivery for Children and families	The NSCP should seek reassurance from all strategic leads that training will be viewed as a priority and staff will be afforded opportunities to develop knowledge and practice whenever possible. Where there is evidence that such a culture does not prevail, the Partnership should challenge and support change

The report has clear links to both the Neglect Strategy Implementation Group (NSIG) as well as the Workforce Development Group. Given the timing of the scrutiny report (June 2021) it is too early to report on impact but developments are reported in chapters 5 and 7 on NSCP Priorities and Training & Development, respectively.

Multi-Agency Audits and Monitoring

The NSCP's Multi-Agency Audit Group (MAAG) is chaired by the NSCP Business Manager 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 to 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 two significant pieces of work: a dip sample on child sexual abuse contacts to the Children's Advice and Duty Services that weren't taken further; and a case file audit on neglect. In addition, MAAG undertook a survey of frontline staff on the impact of Covid-19 and remote working.

Dip Sample on Contacts where Child Sexual Abuse was a Concern

During the initial lockdown, concerns were raised about how children at risk of Child Sexual Abuse (CSA) were being safeguarded remotely. Children's Advice and Duty Service (CADS) 2019–20 data was reviewed relating to contacts made where CSA was recorded as a concern. It was identified that there were 1950 contacts or referrals to CADS (1793 individual children) and of these, only 981 met the threshold for social work intervention. In order to appreciate why half of these contacts were not reaching the threshold a dip sample was undertaken to review contacts that came to CADS and resulted in the system recording No Further Action (NFA) or Closed with Information & Advice (I&A).

The methodology looked at the data from the first quarter of 2020 – 21 (April – June 2020) with a random selection ensuring that there was an even spread across gender, age groups and locality. Of the 660 contacts, 66 cases (10%) were reviewed in total: 12 NFA and 54 I&A. The audit provided assurances that the decisions made were sound. Findings were reported to Partnership Group and headlines from that report and evidence of assurances showed that there were repeatedly cases where there is no specific threat to the audited child and in many of these cases the concerns related specifically to a sibling. A number of the audited cases included siblings from the same family for whom there is no threat; this means that where there is one contact to CADS it appears as several in the statistics.

Auditors were asked to identify CSA indicators noted on the file from the following list: withdrawn; suddenly behaves differently; anxious; clingy; depressed; aggressive; problems sleeping; eating disorders; wets the bed; soils clothes; takes risks; misses school; changes in eating habits; obsessive behaviour; sexualised behaviour; nightmares; drugs or alcohol; self-harm; thoughts about suicide. From the 54 I&A cases over 75% had no identified indicators. For one child there were between five and ten indicators. For that case, the auditors asked the Head of Social Work, Children's Advice and Duty Service (CADS) to review the file which was duly done and the decision of Closed with Information and Advice was considered appropriate.

Neglect audit

The purpose of the neglect audit was to identify areas the areas of good practice, areas of concern and to measure the effectiveness of multi-agency performance. The focus was on children aged 11 and under. The audits focused on seven areas: front door including out of hours arrangements, management of practice, assessment, multi-agency, planning & review, practitioner contact, recording & reporting. Auditors from across the partnership completed the audit tool as single agencies, before bringing the findings together to analyse the multi-agency response. Auditors provide analysis and rate each of the areas as either inadequate, requires improvement to be good, good, or outstanding, before providing an overall rating for each case by agency. While there were no cases judged as inadequate, the majority of cases required improvement.

The audit report referenced learning from the national report [Complexity and challenge: a triennial analysis of SCRs 2014-2017](#) (Brandon et al 2017) and Norfolk's recently published SCRs and SPR on neglect. The national and local evidence provides a clear

appreciation that neglect is complex and the findings from this multi-agency audit resonated with the reference documents and national picture.

The audit showed that practitioners across the partnership are working well to address immediate concerns regarding neglect but that a greater focus on the long-term nature of neglect is necessary in order to address the underlying causes and not just the symptoms. The partnership needs greater clarity on how to provide effective interventions that will focus on outcomes for children in the long term with a clear understanding of the need to appreciate and work with contributory factors and the emotional impact for the child(ren) the family and those providing support. Without a joint understanding and agreement of how to intervene to address long-term and cyclical neglect it is difficult for partners to provide a co-ordinated and effective multi-agency response to achieve the best outcomes.

The recommendations from this audit are being triangulated with the independent scrutiny on impact of learning and will be taken forward by the NSIG (see chapter 5 on NSCP priorities).

Staff survey: multi-agency response to Covid-19

MAAG agreed to conduct a 'shallow dive' to audit the multi-agency response in the new Coronavirus (Covid-19) environment, using a survey to ask frontline professionals how working remotely has changed their experience of safeguarding children in relation to the impact, outcomes, benefits and the challenges. This was commissioned in summer 2020, in response to the publication of the Centre for Research on Children and Families at University of East Anglia briefing paper on *Child and family social work in the context of COVID-19: current practice issues and innovations*². The key messages from that research summary were included in the report to compare the national findings with the local survey.

There was a total of 173 responses to the survey with a reasonably good spread across different sectors of the partnership. The survey found a duality of experiences. For some the barriers have come to the fore and for others it has been a time of opportunity and utilising a solution focused approach. An appreciative inquiry approach requires that the partnership looks towards what is working well and seeks to learn from that. There were a number of respondents who identified that contact and getting hold of other agencies has been difficult but conversely there has been an irresistible focus on how interagency communication has improved.

The perennial problems of interagency communication and timely sharing of information was highlighted. The frustration in not making contact or not getting a timely or expected response is evident and this, alongside the expressed concerns about mental health and well-being, highlighted the ongoing need for trauma informed leadership to support and contain the anxieties and concerns that are experienced by all working to safeguard the children of Norfolk.

² Cook, L. L. and Zschomler D. (2020) Child and family social work in the context of COVID19: practice issues and innovations. Briefing Paper. Norwich: CRCF. Available at <http://www.uea.ac.uk/crcf>

Locally and nationally, lockdown presented both a challenge and an opportunity to review current practice and how we engage, and while the loss of face to face contact was keenly felt across the partnership, the challenge to use technology was grasped and found by many to provide additional benefit and resource to their practice toolkit.

Monitoring the Composite Action Plan

Norfolk has completed 18 Serious Case Reviews (including one thematic SCR) and two Safeguarding Practice Reviews since 2013 (one SPR pending publication). The SPR process includes regular review and analysis of the recommendations from the reports. Over the years, we have developed a [Thematic Learning Framework](#), to enable us to think about the recurring issues and barriers to effective working together. The Composite Action Plan (CAP) categorises each recommendation against a theme to allow us an oversight of learning.

Since Autumn 2020, recommendations from the multi-agency audits, independent scrutiny and Section 11, have been included in the CAP. This has increased the overall number of actions within the CAP but brings all activity together to be monitored.

	April 2020	Jan 2021	June 2021
PROFESSIONAL CURIOSITY	13	14	13
FORA FOR DISCUSSION & INFO SHARING	7	6	7
COLLABORATIVE WORKING	21	32	26
ACCOUNTABILITY & MANAGEMENT GRIP	22	30	24
TOTALS	63	82	70

Monitoring the CAP is the responsibility of the MAAG which holds alternate meetings focusing solely on the impact of learning and actions from the recommendations. Development on this approach has meant that for all emerging recommendations from scrutiny, the MAAG is applying signs of safety to enable smarter progress to take place. Each new recommendation is given a worry statement, a success goal and the next steps required to achieve the assurance that the recommendation has been sufficiently addressed. This provides the context so that each one can be understood as stand-alone recommendations with greater clarity about what needs to improve and overcomes the concern previously expressed, that recommendations can be too broad to be signed off as completed.

More specific examples about actions from recommendations are included in chapter 6, Learning from SPRs.

Section 11 and safeguarding self-assessments

Norfolk is 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 Workforce Development Chair. In addition to completing a self-assessment tool, agencies are invited to challenge and support

meetings to review their returns with a multi-agency panel and subsequently develop an action plan.

This year the process was responsive to the climate in which we were working, with specific reference to the pandemic. The Section 11 self-assessment audit tool for Norfolk 2020 was made up of four sections:

- I. NSCP Priorities
 - a. Neglect
 - b. Child Exploitation
 - c. Trauma informed practice and leadership
- II. Safeguarding practice and staff well-being under the impact of coronavirus (Covid-19).
- III. response and actions taken from the Composite Action Plan (evidence how agencies implemented the learning and recommendations from SCRs)
- IV. Progress against last year's action plan

In total there were 38 Section 11 self-assessments completed and returned from the wider partnership, including 13 received from the voluntary sector.

The challenge and support panels aimed to foster an environment where the focus was as much on quality improvement as on quality assurance. An accountability ladder model was shared at the start of panel meetings to reinforce the ownership and accountability component of the thematic learning framework and Appreciative Inquiry (AI) was used within the panel meetings.

A total of 13 recommendations were made and mapped against ongoing priority areas, as below. The report was structured to align with Signs of Safety and each recommendation included a worry statement, a safety goal and next steps. The report was agreed by the NSCP Partnership Group in December 2020.

Neglect	Protecting Babies
The Neglect Strategy Implementation Group should provide clarity for the partnership workforce in the understanding of neglect, how it will be addressed in Norfolk and promote relevant tools, resources and training for all sectors. Any tools should ensure that there is a common language and understanding of levels of concern over time.	Protecting babies workstream to promote safer sleeping guidelines which should be available on the NSCP website as well as Just One Norfolk. District Council Advisory Group should look at good practice within the sector, take a consistent approach and provide context for how council staff can contribute to the Protecting Babies workstream.

Vulnerable Adolescents	Trauma Informed Leadership
The NSCP's Vulnerable Adolescent Group and Workforce Development Group to consider how exploitation in all its different forms can be understood by all partner agencies to increase levels of confidence when working with child exploitation and contextual safeguarding. All organisations should actively consider the impact of this agenda on their workforce and practices.	There has been multi-agency training across the partnership to support the understanding of trauma informed practice for practitioners and managers. This needs to be replicated with senior managers to ensure that the cultural approach to trauma informed work is led coherently, understood by all organisations and the partnership as a whole with a shared language and expectation.
The partnership in collaboration with the Norfolk Safeguarding Adult Board to develop an approach to transitional safeguarding which will inform strategic planning, operational practices and the commissioning of services	The partnership has information about the impact of coronavirus (Covid-19) from the perspective of service providers; in order to enable a wider perspective, it is essential that the views of service users are sought to create a better appreciation of the impact.
Victim blaming language both written and verbal should be challenged at all times to support the necessary culture change.	The health and well-being of staff was highlighted as an area that has been impacted upon by the changes in working practices during the coronavirus (Covid-19) pandemic. The continued development of trauma informed leadership in Norfolk is essential to ensure that staff are properly supported in their risk assessments and well-being and that senior management prioritise their well-being and resilience.
FOR ALL PRIORITY AREAS NOTED ABOVE & THROUGH THE LSCGS	
Learning from SCRs and other reports will be achieved by the proactive sharing of information: active learning should take place and be evidenced and understood by the changes that it brings	
Representatives at strategic subgroups/meetings and multi-agency networking forums are not only clearly and appropriately selected, but they ensure that any decision making is shared and understood by those they are representing. All organisations should ensure that they are clear about how they are being represented and how they expect to be kept informed.	
Other	
The partnership should consider how CADS is understood by all organisations and how to get the best out of the service. All partners should work with CADS to improve their communication and understanding of how the service supports their own safeguarding practices and management of risk.	
The NSCP's Section 11 Steering Group should refresh the Section 11 approach in Norfolk so that it supports an ongoing quality assurance and improvement cycle throughout the year with a focus on evidencing progress and learning from good practice. Section 11 should support and complement other scrutiny and learning activities.	

This mapping has enabled the priority leads and strategic partners to incorporate the recommendations into their workplans. The two recommendations that do not sit neatly with priority areas have been addressed as follows:

- Children's Advice and Duty Service held briefings to support partners to manage risk where cases do not meet the threshold for statutory interventions in spring 2021. This included information about developing the Early Help and Prevention agenda. Discussions are in place to continue to hold regular briefings throughout the year to enable ongoing dialogue.
- The 2021 Section 11 process has continued to evolve and next year will include a survey of frontline professionals to triangulate the information included in the annual agency returns with feedback from the 'coal face'.

Education and Early Years also presented on their sectors' safeguarding self-assessments at the February 2021 Partnership Group meeting. These presentations not only provided assurances that schools and early years settings were compliant, but the evidence was supported by data from Ofsted inspections. A common theme from both

sectors was the need to better communicate the NSCP priorities, which chimes with one of the Section 11 recommendations. Plans are in place to replicate schools networks of Designated Safeguarding Leads for Early Years' Safeguarding Lead Practitioners and communication will be cascaded through the Local Safeguarding Children Group updates.

The Harmful Sexual Behaviour Team (HSBT) also undertook an assessment of Norfolk's response to HSB using the [NSPCC Framework](#). Norfolk was an early adopter of this framework and originally assessed itself in 2017, so this was to look at progress made and the impact of the HSBT over the previous three years. The report and findings were presented to Partnership Group in June 2021 and showed an increase in confidence against all five domains.

Data and Strategic Analysis

The NSCP's multi-agency Strategic Safeguarding Analysis Group (SSAG) is jointly chaired by Children's Services Director of Quality and Transformation and Norfolk Constabulary's Detective Chief Superintendent. The SSAG is supported by data analytics officers from the relevant agencies as well as the NSCP's Safeguarding Intelligence & Performance Co-ordinator (SIPCo).

Effective data capture and analysis into a safeguarding data dashboard has been a perennial challenge for the NSCP, however, significant progress has been made in the last 12 months with the development of a BI data dashboard. This stemmed from the partnership's initial response to Covid in the spring/summer 2020, where all partners proactively joined up to share their performance intelligence and monitor trends in real time, for example, the rates of contact/referrals into Children's Services, vulnerable children/children of key workers attendance at school, trends and outliers in health and police data on domestic abuse and exploitation.

The BI data dashboard has been presented to the NSCP's Partnership Group twice in the last 12 months, so partners could not only monitor progress but also proactively engage in contributing data to the dashboard as it develops.

While this progress is encouraging, more capacity is required to analyse the data and develop a coherent narrative about what it is telling us. Funding has been agreed for a senior data analyst post, a full-time role shared with the Children and Young People Strategic Alliance. At the time of writing, the Job Description/Person Specification is in place, but the recruitment process in June 2020 did not result in an appointment, so the job will be readvertised.

Observation of Practice

Multi-Agency Observation in Practice was written into the MASA in order to have a better understanding of frontline experience of safeguarding children, i.e. learning directly about the realities of multi-agency practice as it is experienced by practitioners across the county every day and how the partnership works together. Observations were suspended this financial year, partly due to pressures on staff and partly due to capacity in the independent scrutiny team. Next steps will be considered as part of the review of the MASA, however, activity is provisionally scheduled to resume in autumn 2021.

External Inspectorates

While no inspectorates had a focus on safeguarding this financial year, Norfolk Children's Services continue to have regular conversations with Ofsted. A full inspection is anticipated in 2021 – 22 and the NSCP regularly updates the Library of Evidence.

Work continues to respond to the recommendations made following the March 2020 inspection of SEND. This is picked up under the chapter 6, Learning from SPRs.

Children's Services remain committed to transparency and external scrutiny as part of their improvement journey and in March 2021 arranged for a Local Government Association (LGA) Peer Review. The review panel looked at documents, sampled 30 cases, observed practice, attended meetings and held focus groups. The Panel comprised of a recently retired DCS, Health, Police and a Social Worker.

The focus of the review was very much on Children's Services but included partners and the NSCP Chair as part of the process. The Executive Director of Children's Services asked the reviewers to look at the:

- Timeliness and the effectiveness of the case management after it has been referred on by the Children's Advice and Duty Service (CADS)
- Quality of effectiveness of Family Assessment and Social Care Teams (FAST) and their work
- Environment of frontline workers.

The LGA reviewers looked at operational areas very thoroughly and their general feedback was that Norfolk has a lot to be proud of and should be confident about; the way we work together enables social work and family support teams. Norfolk's children's social care services have made significant progress and are well placed to make further improvement. There is an established, skilled and experienced senior management team providing the leadership to secure that progress. The political commitment to the children's service agenda is evident, reflected in investment to secure improvement. Clarity, depth and impact is now seen in the comprehensive transformation programme in place to address what was described as a previously "overheated and failing" system. This strategic leadership is supported by many skilled, energetic and committed managers and staff across the organisation.

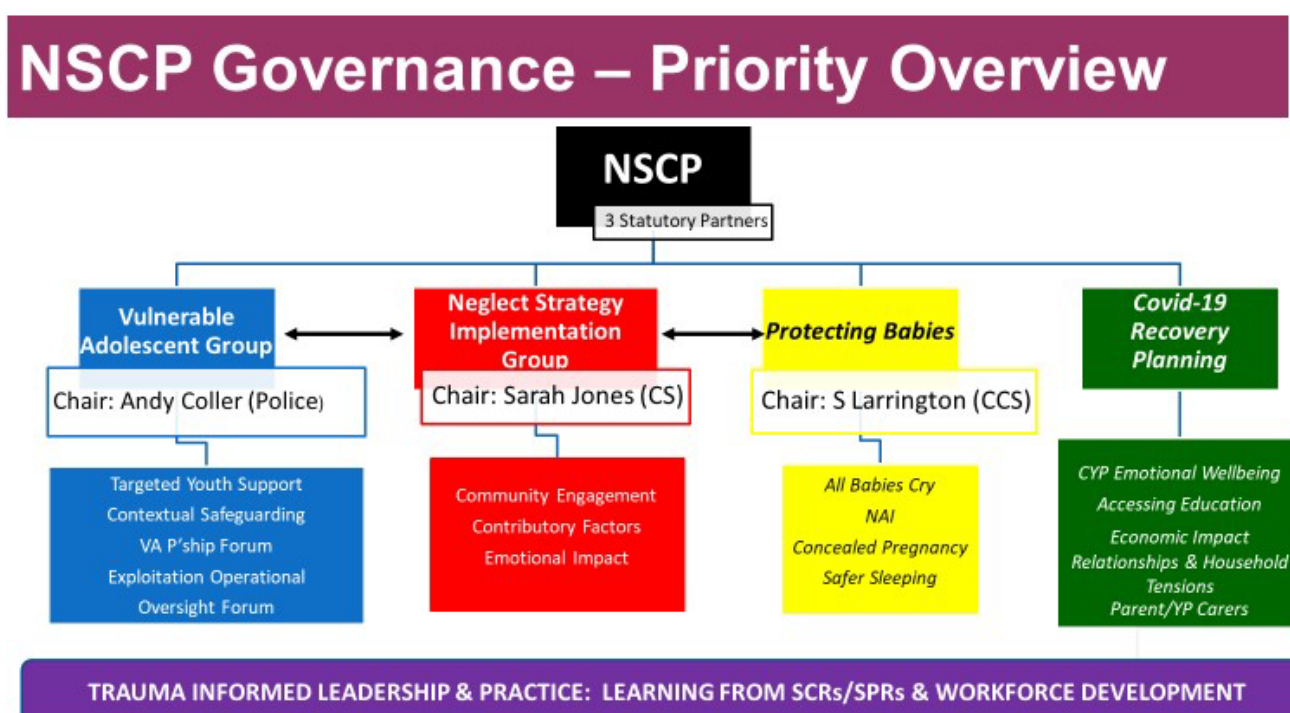
Partner agencies were very positive about their experience of working with key leaders from the Council and their engagement in the improvement programme. The joint commitment and expertise of senior leaders and their teams across the three statutory safeguarding agencies and through the Norfolk Safeguarding Children Partnership is a strength.

5. Norfolk Safeguarding Priorities

In April 2020 the NSCP agreed to prioritise neglect and child exploitation as key areas for learning and improvement, alongside our ongoing commitment to develop trauma informed leadership and practice. In July 2020, concerns around the national picture on non-accidental injuries to babies coupled with local learning from Serious Case Reviews and Safeguarding Practice Reviews, meant that Protecting Babies was adopted as a third priority, demonstrating the NSCP's responsiveness to emerging need.

Each priority area is led by one of the three statutory partners, Children's Services (neglect), Police (child exploitation) and Health (Cambridgeshire Community Services/0-19 Healthy Child Programme provider – protecting babies). 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 action plans will be included in the next iteration of the Business Plan, due to be reissued in autumn 2021.

The NSCP priorities are depicted in the image below, as part of our overall governance arrangements:



Each area of business is described in detail under the [NSCP Business Plan](#), which is currently under review and will be refreshed in autumn 2021. This report provides headline summaries of activity and impact from each workstream.

Neglect

Over the past 12 months the NSCP has developed and published a revised neglect strategy with the support of Marion Brandon, co-author of previous Triennial analyses of Serious Case Reviews. The strategy is ambitious and high level, and with the support of senior leadership across the Norfolk partnership we are aiming for a shift in our approach and understanding of this issue. We have drawn learning from Serious Case Reviews

and Safeguarding Practice Reviews to both inform the strategy and the underpinning action plan.

The strategy identifies clear strands of work: community engagement, contributory factors and the emotional impact of neglect. The NSIG is chaired by Children's Services Director of Commissioning, Partnerships & Resources and each workstream has been allocated to senior leaders across the partnership, including Children's Services, Police, Health and the Voluntary Sector. This provides the most senior leadership to deliver against the outcome focussed action plan. This will inform the revised Business Plan due for publication in autumn 2021.

Much work needs to be done in this area and findings from independent scrutiny (impact of learning and the multi-agency audit described in the Independent Scrutiny, chapter 4, above) alongside the feedback from frontline professionals as part of our Safeguarding Practice Review roadshows will further inform the strategic direction of the NSCP's response to neglect. At the time of writing our focus on measuring impact in the future focuses on some crosscutting areas including:

- Need to destigmatise neglect
- Family/Community Networking
- Communications
- Trauma informed and resilience-oriented working
- Relationship based practice
- Training and good practice guidance

In light of the independent scrutiny and neglect audit, particular focus will be given to training and assessment; at the time of writing, an assessment tool to measure impact of neglect on children is being piloted. In addition, a communication strategy on neglect will be prioritised to ensure community engagement to identify and prevent neglect is promoted in communities across Norfolk. (See also chapter 3, Voice of the Child, to triangulate what Norfolk's children and young people have fed back so far.)

Child Exploitation: Vulnerable Adolescents

The Child Exploitation Subgroup previously sat under the then Children and Young People's Strategic Partnership. With the adoption of child exploitation as an NSCP priority, renewed focus was given to this area of concern with reference to national findings, including the National Child Safeguarding Practice Review Panel's [national SPR on criminal exploitation](#) as well as recently published SPRs on this issue.

The Vulnerable Adolescent Group (VAG) was established formally in November 2020, morphing from a Multi-Agency Task Group set up as part of Norfolk's initial response to Covid-19, which had, in turn, morphed from the Multi-Agency Child Exploitation (MACE) Program Board

The VAG's focus is on extra-familial harm, with an emphasis on child exploitation (both sexual and criminal) and serious youth violence but also recognises that young people can be exploited through vulnerability to radicalisation and has therefore developed links with Norfolk's Prevent Delivery Group.

Under the VAG, a Strategy to Protect Vulnerable Adolescents from Extra-Familial Harm has been developed and this identifies four clear strands of work:

- Awareness Raising
- Early Help & Identification
- Safeguarding Exploited Young People
- Identifying & Disrupting Offenders

In order to deliver against this strategy the VAG is supported by the following meeting structure:

- 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; and
- a Contextual Safeguarding Sub-Group to develop Norfolk's response to safeguarding in 'places & spaces'.

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 Board which reports on areas of drug supply, exploitation and emerging themes and trends associated with CL
- Pathfinders (Youth Justice) seeking best practice for juveniles involved in County Lines.

There has been significant progress made against each workstream enabling the partnership to not only pick up and monitor risk early, but also to have a joined up, co-ordinated and timely response to situations as they arise. For example, following a serious youth violence incident in February 2021, the partnership was able to respond quickly minimising further risk to the children involved and working on a multi-agency basis to prevent the situation from escalating further. Following this, multi-agency guidance on managing Serious Youth Violence was produced which incorporated learning from the incident as well as national guidance. In 2021 – 22 plans are in place to develop locality mapping meetings which will serve to provide an understanding of the nature, scale and seriousness of the vulnerabilities posed by/to identified peer groups, individuals and locations as well as agree effective safeguarding interventions and identify any information gaps.

Coordinated enforcement activities by Norfolk Constabulary focussing on County Lines have successfully driven down the supply of Class A drugs into Norfolk. This, in turn, has allowed for early interventions with partners (both inside and outside of the custody environment) to work with children and young adults who have been identified as being involved.

In addition, there has been an increased focus on transitional safeguarding, working with adult social care on this agenda. In November 2020, 102 Norfolk professionals attended a conference on Bridging the Gap, which resulted in a working group convened to look at next steps. The VAG has also recently reviewed and updated the Multi-Agency Child Exploitation Procedure and has updated the resources on the NSCP website.

Protecting Babies

The onset of the Covid-19 pandemic highlighted risks posed to babies nationally, with a significant rise in reports of children who suffered non-accidental injuries (NAIs). This was reflected in the [National Child Safeguarding Practice Review Panel's 2020 annual report](#). Norfolk had two Rapid Reviews on NAI between 1 April 2020 and 31 March 2021 as well as a case of concealed pregnancy. As a result, Protecting Babies was adopted as a priority in July 2020.

All related recommendations from Norfolk's Serious Case Reviews and Safeguarding Practice Reviews have been incorporated into the Protecting Babies Strategy, including the SPR pending publication. This has provided a focus on implementing the learning and structure through which to measure impact and outcomes.

The Protecting Babies Steering Group (PBSG) has four strands of work: NAI; concealed or denied pregnancy, including pre-birth assessments; safer sleeping; and a communications campaign on All Babies Cry, which signposts parents of newborns to the Just One Norfolk website for resources and support. The strategy has also considered the National Panel's report on [Sudden Unexpected Death in Infancy](#) in order to put learning into practice.

Within the scope of the review, the PBSG led on a significant piece of work on NAI which involved three separate learning events focusing on babies born during lockdown, the risk factors of NAI and the legislative framework which impact on decision making alongside the role of the paediatrician in assessing harm. These three events were well attended with 74 professionals attending, including 29 who attended all sessions. The learning events were facilitated by independent consultants with backgrounds in health and social care. The independent facilitators also met with seven families who had babies since the onset of Covid-19 to learn from their experience of support and services provided; this cohort of families included one father who was the perpetrator of NAI.

At the time of writing the findings from these learning events is being written up and will be presented to PBSG in full in September 2021. Headlines include:

- **Importance of including fathers:** fathers spoken to reported that they generally aren't asked how they are doing. We need to have more appreciation of men's feelings and create space for them to talk. They described feeling helpless and powerless, often with a desire to protect and defend their partners and newborns; this has been exacerbated by being excluded from routine appointments during Covid.
- **Inequality:** the families came from a range of backgrounds and had a corresponding range of interventions, including universal services, early help and child protection. Inequality was evident not only in terms of financial circumstances and access to support but also through the parents' sense of empowerment to articulate their needs and their expectations of services.
- **Acts of kindness:** both parents and professionals talked about the need for reassurances, empathy and acts of kindness. Supporting, containing and providing an empathic space for the workforce allows them to pass this on to the

families, but not all parents experienced this during birth. This may have been attributable to the pressures of working through the pandemic.

- **Celebrating what works well:** the pandemic has really highlighted how much the multi-agency partnership provides in the 'normal world'.

While the focus of the learning events was on non-accidental injury to babies, the learning will be considered appropriately across all workstreams sitting under the Protecting Babies Steering Group.

6. Learning from Safeguarding Practice Reviews and Rapid Reviews

The NSCP's multi-agency Safeguarding Practice Review Group (SPRG) is chaired by one of the Independent Scrutiny Team. SPRG oversees all aspects of child Safeguarding Practice Reviews and refreshed its local guidance in line with recommendations made by an independent scrutiny of our processes. 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 summary of dissemination of learning.

NB 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 2019 and June 2020, the NSCP has published three SCRs that were commissioned under Working Together 2015 as well as one SPR. A second SPR has been completed but publication has been delayed due to parallel criminal proceedings. In this same time period four Rapid Reviews were completed and none proceeded to an SPR. The National Panel agreed all decisions.

A further six cases were referred to SPRG to consider multi-agency learning from partner agencies; none of these cases met the criteria for a Significant Incident Notification to be submitted to the National Panel and therefore Rapid Reviews were not triggered. A summary of presenting issues is included below:

Type of activity	No. of cases	Presenting issue
SCR - AE	1	Transgender child died following paracetamol overdose
SCR – AG, AH	2	Neglect, including one child death and failure to thrive
SPR – AI	1	Neglect causing serious harm
<i>SPR – AJ</i>	1	<i>Non-accidental injury to baby (not yet published)</i>
Rapid Reviews	3	Non-accidental injury to infants under 2
Rapid Review	1	Teenage suicide
Referral: non SIN	2	Concealed pregnancy, one involving 14-year-old
Referral: non SIN	1	Attempted suicide
Referral: non SIN	1	Online child sexual abuse
Referral: non SIN	1	Parents removing newborn from hospital
Referral: non SIN	1	Neglect featuring parental substance misuse over time
Total number of cases looked at 2020 – 21 (July – June)	15	<ul style="list-style-type: none"> • 4 on neglect • 6 on babies (4 x NAI, 2 x concealed pregnancy) • 3 on teenagers at risk of of/committing suicide • 2 other

The prevailing issues – neglect, babies at risk of harm and suicide - 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, i.e. Neglect and Protecting Babies. These chime with the National Panel's 2020 annual report.

In addition, Norfolk provided information on SPRs being conducted by three other local safeguarding children partnerships.

Operationally, the SPRG is responsible for the local CSPR guidance document. This was revised following a piece of independent scrutiny in March 2021. This guidance is iterative and is reviewed regularly to take account of changes to national guidance and/or local processes.

Learning from Rapid Reviews and Actions from 2020 – 21 Recommendations

As noted above, many of the Rapid Reviews are captured in the ongoing work against the NSCP priorities. For example, the extensive piece of work we have done on non-accidental injuries to babies and the development of strategies informed by recent cases. The concerted efforts to address mental health issues early as part of our response to Covid-19 are aimed at supporting a nationwide gap in mental health provision and we are also involved in revising the Norfolk wide Suicide Prevention Strategy. Education Services have provided assurances that the training offer for schools references learning from SPRs and a focus on multi-agency risk management for children with suicidal ideation.

The referrals from external agencies that did not trigger Rapid Reviews have been acted upon. For example, one referral came from the police involving a baby born to parents with mental health and substance misuse issues. The two-day old baby was removed from the maternity ward and, while safely located and returned, concerns were raised that this was a 'near miss'. The relevant agencies were invited to a policy and procedure review meeting to address specific points of learning about the multi-agency approach to preventing a child being removed by family members when this threatens their safety. The findings and next steps were taken to the three statutory partners to agree.

The issue of online sexual abuse involved a case which had been investigated by the National Crime Agency. The perpetrator resided in Norfolk but had targeted a large number of victims across the country. The case was referred in by the Community Rehabilitation Company (CRC) who had triggered a Serious Further Offence review in line with Ministry of Justice guidance. SPRG debated how much this was a case of offender management as opposed to child safeguarding and concluded that both featured. With the agreement of the CRC, the referral was forwarded to the National Panel for consideration of a National Review as to how systemic learning could be identified.

The recommendations from all SCRs and SPRs are pulled together into the Composite Action Plan as detailed in chapter 4, Independent Scrutiny. Significant progress was made this year in relation to supporting professional curiosity and collaborative working with the introduction of the Joint Area Group Supervision (JAGS) model. The need to find 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 has been developed to:

- promote a better understanding of what may be happening for the child
- ensure we take a trauma informed view
- increase awareness of different perspectives, and
- promote system wide learning.

It is important to note that JAGS is not about sharing new information or making case decisions. Norfolk uses Signs of Safety as its practice framework. Within this is a restorative commitment to children and families to include them in all meetings and to

ensure they are given full opportunity to understand concerns and make their own plans to safeguard their child/children before professionals impose theirs. This request from children and families can be summarised as ‘nothing about us, without us’, and is in accordance with the principles of the Children Act (1989). We are committed to working transparently with children and families. However, space is sometimes needed to reflect on the progress of a child’s plan, in particular on what professionals might do differently to better work alongside the family in supporting them to achieve their goals for the child.

The JAGS model was piloted before it was launched. Evidence shows both a decrease in the need to escalate cases where there is professional disagreement as well as – and more importantly – a refreshed focus on the lived experience of the child.

Another major piece of work undertaken in response to Case AE, was aligned to the multi-agency response to [Norfolk’s SEND inspection](#), published June 2020. Norfolk’s [SEND Strategy](#) was refreshed in spring 2021 with the learning from Case AE at its heart. The Strategy has been co-produced and action plans for each of the priorities are currently being finalised, with strategic leads ensuring that the learning from the case is incorporated into the action plans. A full progress report will be completed against all Case AE recommendations in autumn 2021.

Dissemination of Learning from Serious Case Reviews

The NSCP Business Unit also supports the dissemination of learning through SCR (now SPR) roadshows. Since the initial lockdown in March 2020, these have been held on virtual platforms using Zoom or MS Teams. Within the scope of this review, the NSCP completed a series of SPR roadshows in response to a thematic SCR published in January 2020 and reported on in the last financial year. The first three were done face to face in March 2020 with the final three picked up online in November 2020. Later within this reporting year a second round of SPR roadshows was delivered against the learning from neglect coming out of the cases published in the autumn. A summary of reach, learning outcomes and feedback is included below:

Roadshow title	Making it Safe to Safeguard: Building Resilience in Staff and Service Users	Making Neglect Personal
Learning Outcomes	<ul style="list-style-type: none"> • Understand the impact of adversity in childhood and how we can use this learning to work with children, young people and parents/carers • Be aware of how trauma, including secondary and vicarious trauma, impacts on our thinking/emotional response to danger and threat • Have reviewed systems to support our ability to safeguard children effectively • Have learned from examples of best trauma informed practice and considered ways to apply this learning across the safeguarding system 	<ul style="list-style-type: none"> • Have a greater awareness of revised Neglect Strategy • Have had an opportunity to feedback on strategic themes • Have considered the impact of neglect: learning from Safeguarding Practice Reviews from the child’s perspective • Have developed curiosity and resilience
Numbers reached	446 (7 sessions, incl 4 virtual Nov 2020)	276 (6 virtual sessions May – Jun 2021)

Roadshow title	Making it Safe to Safeguard: Building Resilience in Staff and Service Users	Making Neglect Personal
Sample Feedback	<ul style="list-style-type: none"> <i>The introduction to blame and shame is very useful in thinking about the vulnerable clients we work with.</i> <i>It was so relevant to everything we are currently going through and having to work with. I found it really useful in relation to how I can help my team as well as the children. We focus on looking after our young people but we forget about ourselves and it is really taking its toll.</i> <i>I will discuss trauma, however it presents itself, with all staff and colleagues at staff meetings etc. and help staff to understand Trauma Informed Practice.</i> <i>I'm planning to wed Trauma Informed Learning to shape school wellbeing policy to include self-care and Secure Base Model for teams.</i> <i>I will acknowledge and explore Adverse Childhood Experiences when undertaking health assessments.</i> <i>I will cascade information to the learners I support and hope they will find this useful. I just hope I can communicate it as well as it was communicated to me!</i> 	<ul style="list-style-type: none"> <i>I really like the collaborative approach to this strategy and that we can all work together to make sustained change.</i> <i>The introduction of JAGS is great. Joint working at its best.</i> <i>Schools have a huge role to play in identifying cumulative risk factors early and communicating this clearly with those in social work</i> <i>As a Practice Coach, I will incorporate today's learning into training and workshops for teams and use it to inform conversations with coaches (practitioners).</i> <i>A better understanding of the role of agencies when completing multi-agency work and what to expect from them when I have a case of this type. I will be able to ask for appropriate actions and understand agencies' policies and procedures better</i> <i>Be more aware of the effects of trauma, how that can be reflected in neglect and also affect those working with cases of neglect.</i> <i>Excellent facilitation, really good multi-agency discussions, really took something from this.</i>

In addition to the SPR roadshows, learning is tested through Section 11, embedded into the multi-agency training, followed up in audit and supported by the Local Safeguarding Children Groups. This year, the LSCGs have taken on a more proactive role in acting on the recommendations in their localities as part of the development of an active learning culture. Some clear examples of how partners are making use of the learning from statutory reviews to improve practice and achieve better outcomes for children and families are included in the [LSCG annual report](#)

Scope for learning from what works well

As noted earlier in this report, Norfolk has invested heavily in SCRs and SPRs over the years and for the first time since 2013, no reviews are in commission at year end. This has allowed some space in the system to think about moving away from a deficit learning model where we are studying cases where children were significantly harmed or died and refocus our learning on understanding cases that have worked well. The NSCP is currently working with partners to identify a case that could identify what aspects of practice contribute to the best of multi-agency working. We intend to use similar methodology as in SPRs to produce and publish a report. This would include talking to the parents and evidencing good outcomes for the child/ren. In the words of a mother interviewed for our thematic review we “bring to light better stories to counteract the perception that social services will take people’s kids away” so that trust can be built with the public and the safeguarding system.

7. Training and Workforce Development

The NSCP's multi-agency Workforce Development Group (WDG) has an Independent Chair, one of the three members of the Independent Scrutiny Team.

Norfolk Safeguarding Children Board Multi-Agency Training Provision

The NSCP runs an extensive programme of multi-agency training opportunities, including whole day or two-day training events and shorter briefing sessions. All training has been held online using both Zoom and MS Teams as platforms for ease of access. In the 2020 – 21 financial year, the NSCP ran a total of 66 courses provided by In-Trac, the commissioned provider and local practitioners. This is lower than the previous year due to the changes required to delivery. The table below shows the number of courses run as well as the take up of places and numbers who signed up but did not attend.

	No. of courses	Places available	Places Taken	% take up	Did Not Show
In-Trac	25	400	331	82.8%	65
Norfolk partners	41	1034	693	67.0%	108
Totals	66	1434	1024	71.4%	173

The In-Trac training course on offer can be found on the NSCP website. Partners supplemented the offer with training sessions on restorative approach (6); harmful sexual behaviour (19); substance misuse (2); child protection conferences (4); Signs of Safety (5); and family networking (5). Lower take up appears to be due to capacity issues during a period where staff were stretched. Delegates who signed up but did not show were charged a fee, but at 16.9% of all sign up, this figure is disappointing.

Best Practice Events and Other Learning Fora

In addition to the SPR roadshows, the NSCP Business Unit delivered a further three Best Practice events: two for safeguarding trainers and one on adolescent neglect. The feedback on adolescent neglect was extremely positive and plans are in place to provide further sessions in 2021 - 22.

Impact of training

The findings from the independent scrutiny and neglect audit are concerning and it is imperative that the NSCP puts mechanisms in place to better measure the impact of training on practice. While feedback from training is consistently positive and there is evidence of 'golden threads' between training and practice in the cases scoped for what works well reviews so far, there is a need to be more systematic about how we monitor this and respond to the recommendations in the independent scrutiny report.

The Workforce Development Manager is looking at the Kirkpatrick's Four Level Training Model³ which measures impact against: (1) reaction; (2) learning; (3) behaviour; and (4) results. We measure and consider where gaps are and change programmes and delivery in response to reaction and learning based on current monitoring and evaluation against the training offer and sessions such as Trainers Best Practice as well as alongside ongoing Workforce Development Group work. The gap lies in understanding changes to

³ [The Kirkpatrick Model \(kirkpatrickpartners.com\)](https://www.kirkpatrickpartners.com/)

behaviour and results in terms of impact on practice following training. However, the partnership has been a process in which we now know what behaviours we expect in reference to Signs of Safety implementation, etc, and recognised the need to get better at measuring against behaviours. The Workforce Development Group is thinking about linking in with the data captured through the Safeguarding Strategic Analysis Group so that the results we are seeing are understood.

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.

This year saw a significant change with Sarah-Jayne Lumley, the Safer Programme Co-Ordinator, leaving the role after a decade. Sarah-Jayne was the stalwart of the programme and helped develop Safer into the well-respected programme it has become. After Sarah-Jayne's departure Safer welcomed Joanne Hutchings into the role of Co-Ordinator who has picked up the baton to ensure that Safer continues to grow and thrive.

8. Conclusions and Formal Summary Statement

Norfolk leaders and frontline workers are managing risk and uncertainty on a daily basis as part of their safeguarding duties. Safeguarding is a human system and we strive to alleviate human suffering and ensure Norfolk children have the best childhood possible. This is not easy, and Covid-19 has provided unprecedented challenge and uncertainty on a scale none of us have experienced before.

This annual report has set out the range of scrutiny and challenge work that is undertaken and how the Norfolk safeguarding system has responded to keeping children safe and protected in a rapidly changing world. Our aim to be a trauma informed and resilience-oriented partnership is still in development, and it is imperative that we do everything we can to support and contain our workforce so they can focus on the children, their lived experience and improving the outcomes for families.

The partnership is mature and built on mutual trust, respect and confidence that all partners play their part in delivering the safeguarding agenda. This is not without challenges as we continue to navigate the short, medium and long term impact of the pandemic. While this report records many achievements, we also recognise the work that still needs to be done. Our challenges as we move into 2021 – 22 include:

- Continue to develop a trauma informed safeguarding system from leadership to frontline and the communities we serve
- Independent scrutiny on mental health and emotional wellbeing of Norfolk's children and young people
- Evidencing impact and outcome against our priority areas with clear measures, performance intelligence, data and qualitative feedback
- Developing mechanisms for monitoring the impact of training on practice
- Review of our Multi-Agency Safeguarding Arrangements
- 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
- Promoting equality and inclusion and celebrating 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.