

Norfolk Health & Wellbeing Board

Date: **Wednesday 04 September 2024**

Time: **09:30 - 12:30**

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

Representing

Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Cambridgeshire Community Services NHS Trust
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
Norfolk Care Association
Norfolk Community Health & Care NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Adult Social Services
Norfolk County Council, Cabinet member for Children's Services
Norfolk County Council, Cabinet member for Public Health and Wellbeing, Leader (nominee)
Norfolk County Council, Executive Director Adult Social Services
Norfolk County Council, Executive Director Children's Services
Norfolk County Council, Director of Public Health
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
NHS Norfolk and Waveney Integrated Care Board (Chair)
NHS Norfolk and Waveney Integrated Care Board (Chief Executive)
North Norfolk District Council
Norwich City Council
Place Board Chair Great Yarmouth & Waveney
Place Board Chair Norwich
Place Board Chair North Norfolk
Place Board Chair South Norfolk
Place Board Chair West Norfolk
Police and Crime Commissioner
Queen Elizabeth Hospital NHS Trust
South Norfolk District Council
Voluntary Sector Representative
Voluntary Sector Representative
Voluntary Sector Representative

Membership

Cllr Jo Rust
Cllr Tristan Ashby
Cllr Natasha Harpley
Anna Gill
Ian Hutchison
David Allen
Cllr David Beavan
Cllr Emma Flaxman-Taylor
Patrick Peal
Mark Friend
Angela Steggles
Lynda Thomas
ACC Nick Davison
Cllr Alison Thomas

Cllr Penny Carpenter

Cllr Bill Borrett

Debbie Bartlett

Sara Tough

Stuart Lines
Tom Spink
Zoe Billingham
Rt Hon Patricia Hewitt

Tracey Bleakley

Cllr Liz Withington
Cllr Adam Giles
Jonathan Barber
Tracy Williams
Dr James Gair
Allan Petchey
Carly West-Burnham
Sarah Taylor
Chris Lawrence
Cllr Kim Carsok
Emma Ratzer
Dan Mobbs
Daniel Childerhouse

Substitute

Cllr Bal Anota
Cllr Sam Chapman-Allen
Cllr Eleanor Laming
Steve Bush
Andy Wood
Nicolas Smith
Cllr Jan Candy
Cllr Donna Hammond
Alex Stewart
Joanne Segasby
Jack White
Laura Clear
Supt Chris Balmer
Cllr Shelagh Gurney

Cllr Karen Vincent

Nicholas Clinch

Sarah Jones

Suzanne Meredith
Rachael Cocker
Tricia Fuller

Andrew Palmer

Cllr Jill Boyle
Cllr Claire Kidman
Sheila Oxtoby

Heather Farley
Karen Bradley
Oliver Judges
Dr Gavin Thompson
Alice Webster
Cllr Andy Evans

Additional members (non-voting)

Norfolk Health Overview and Scrutiny Committee (Chair) Cllr Brenda Jones
Suffolk County Council, Cabinet Member for Adult Care Cllr Beccy Hopensperger
Suffolk County Council Representative Nicola Roper
University of East Anglia Representative Prof Nicole Horwood

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

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

Norfolk and Waveney Integrated Care Partnership

Date: **Wednesday 04 September 2024**

Time: **on rise of the Health and Wellbeing Board**

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

Representing

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

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

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

Norfolk Health & Wellbeing Board and Norfolk and Waveney Integrated Care Partnership

Wednesday 04 September 2024

Agenda

Time: 09:30 - 12:30

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

Advice for members of the public:

This meeting will be held in public and in person.

It will be live streamed on YouTube and members of the public may watch remotely by clicking on the following link: [Norfolk County Council YouTube](#)

We also welcome attendance in person, but public seating is limited, so if you wish to attend please indicate in advance by emailing committees@norfolk.gov.uk

Current practice for respiratory infections requests that we still ask everyone attending to maintain good hand and respiratory hygiene and, at times of high prevalence and in busy areas, please consider wearing a face covering.

Please stay at home if you are unwell, have tested positive for COVID 19, have symptoms of a respiratory infection or if you are a close contact of a positive COVID 19 case. This will help make the meeting safe for attendees and limit the transmission of respiratory infections including COVID-19.

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|--|--|------------|
| 1. Apologies | Committee Officer | |
| 2. Chair's opening remarks | Chair | |
| Norfolk Health and Wellbeing Board | | |
| 3. HWB Minutes | Chair | (Page 5) |
| 4. Actions arising | Chair | |
| 5. Declarations of interests | Chair | |
| 6. Public Questions (How to submit a question: HWB)
Deadline for questions: 5pm, Thursday 29 August 2024 | Chair | |
| 7. Urgent arising matters | Chair | |
| 8. Norfolk Safeguarding Children Partnership Annual Report (HWB) | Sara Tough / Abigail McGarry | (Page16) |
| 9. Norfolk Adults Safeguarding Board Annual Report (HWB) | Debbie Bartlett / Walter Lloyd-Smith | (Page 72) |
| 10. Better Care Fund 2023-2024 report, the BCF 2023-2025 Submission and the Market Sustainability return (HWB) | Debbie Bartlett / Nicholas Clinch
Tracey Bleakley | (Page 122) |
| 11. Norfolk Health Protection Assurance Board Report 2024 (HWB) | Stuart Lines / Sarah Barnes | (Page 168) |

Norfolk and Waveney Integrated Care Partnership

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| 1. ICP Minutes | Chair | (Page 5) |
| 2. Actions arising | Chair | |
| 3. Declarations of Interest | Chair | |
| 4. Public Questions (How to submit a question: ICP)
Deadline for questions: 5pm, Thursday 29 August 2024 | Chair | |
| 5. Driving Integration through Digital, Data and Technology including Digital Inclusion (ICP) | Debbie Bartlett / Geoff Connell /
Gail Harvey
Tracey Bleakley / Ian Riley | (Page 177) |
| 6. ICS Health Inequalities Strategic Framework for Action Update (ICP) | Tracey Bleakley / Stuart Lines /
Tracy Williams | (Page 182) |
| 7. Driving Integration through system wide training opportunities update (ICP) | Debbie Bartlett / Paul Wardle
Tracey Bleakley / Sharon Crowle | (Page 201) |

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

Information regarding the Integrated Care Partnership can be found on the Integrated Care System website at: [About the Integrated Care Partnership](#)

**Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 12 June 2024 at
in the Council Chamber, County Hall.**

Present:

Cllr Jo Rust
Cllr Tristan Ashby
Cllr Natasha Harpley
Anna Gill
Ian Hutchison
David Allen
Cllr David Beavan
Patrick Peal
Sarah Whiteman
ACC Nick Davison
Cllr Alison Thomas
Cllr Penny Carpenter

Cllr Bill Borrett

Debbie Bartlett

Sara Tough
Suzanne Meredith
Tom Spink
Rt Hon Patricia Hewitt
Mark Burgis
Cllr Claire Kidman
Tracy Williams
Heather Farley
Allan Petchey
Oliver Judges
Cllr Kim Carsok
Mark Hitchcock
Dan Mobbs

Representing:

Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Cambridgeshire Community Services NHS Trust
East Coast Community Healthcare CIC
East of England Ambulance Trust
East Suffolk Council
Healthwatch Norfolk
James Paget University Hospital NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Adult Social Services
Norfolk County Council, Cabinet member for Childrens Services and Education
Norfolk County Council, Cabinet member for Public Health and Wellbeing, Leader (nominee)
Norfolk County Council, Interim Executive Director Adult Social Services
Norfolk County Council, Executive Director Children's Services
Norfolk County Council, Director of Public Health
Norfolk & Norwich University Hospital NHS Trust
NHS Norfolk and Waveney Integrated Care Board (Chair)
NHS Norfolk and Waveney Integrated Care Board (Chief Executive)
Norwich City Council
Place Board Chair Norwich
Place Board Chair North Norfolk
Place Board Chair South Norfolk
Place Board Chair West Norfolk
South Norfolk District Council
Voluntary Sector Representative
Voluntary Sector Representative

Additional members present (non-voting):

Cllr Brenda Jones Norfolk Health Overview and Scrutiny Committee (Chair)
Cllr Beccy Hopensperger Suffolk County Council, Cabinet Member for Adult Care
Nicola Roper Suffolk County Council Representative
Prof Nicole Horwood University of East Anglia Representative

Officers Present:

Stephanie Butcher Policy Manager Health and Wellbeing Board
Stephanie Guy Advanced Public Health Officer
Maisie Coldman Committee Officer

Speakers:

Debbie Bartlett Executive Director of Adult Social Services, Norfolk County Council (NCC)
Edward Fraser Interim Assistant Director Communities & Integration, Adult Social Services:
NCC
Karin Bryant Associate Director Local Commissioning, NHS Norfolk and Waveney
Integrated Care Board (ICB)
Dr Abhijit Bagade Public Health Consultant, NCC
Katherine Atwell Prevention & Transformation Manager, Public Health, NCC
Tracey Walton Commissioning Manager Autism, (Joint), NCC

Lorna Bright
Goeff Connell
Ian Riley

Assistant Director Integrated Operations MH/LD (Joint), NCC
Director of Digital Services, NCC
Executive Director of Digital & Data, ICB

Norfolk Health and Wellbeing Board (HWB)

1. Apologies

- 1.1 Apologies were received from Jon Barber and their substitute, Lynda Thomas and their substitute, Chris Lawrence and their substitute, Angela Steggles and their substitute, Daniel Childerhouse, Emma Flaxman-Taylor, Sarah Taylor, Cllr Withington, Nicola Roper (substituted by Fiona Davis), Tracey Bleakly (substituted by Mark Burgis), Stuart Lines (substituted by Suzanne Meredith), James Gair (substituted by Heather Farley) and Carly West-Burnham (substituted by Oliver Judges), Emma Ratza (substituted by Mark Hitchcock), Mark Friend (substituted by Sarah Whiteman).

2. Chair's Opening Remarks

The Chair welcomed members to the meeting and shared with the board the new attendees which included Dr Petchey, Heather Farley, Cllr Brenda Jones, Sarah Taylor, Davina Howes, and Cllr Claire Kidman. Members were reminded about the Integrated Care System Conference on the 16 October 2024, invitations had been sent and members were encouraged to sign up. The Chair also took the opportunity to highlight that it was National Carers Week, and that Co-Production Week is 1 to 5 July. The Making It Real Board was putting on an event to celebrate co-production week at the Forum in Norwich on 1 July 2024 and members were encouraged to attend.

3. Minutes

- 3.1 The HWB minutes of the meeting held on 6 March 2024 were agreed as an accurate record and signed by the Chair.

4. Actions arising

- 4.1 None.

5. Declarations of Interests

- 5.1 None.

6. Public Questions

- 6.1 None.

7. Urgent Matters Arising

- 7.1 None.

8. Election of Vice Chairs

- 8.1 The Chair, seconded by Cllr Thomas, proposed Rt. Hon Patricia Hewitt and Cllr Emma Flaxman-Taylor as Vice Chairs. Rt Hon Patricia Hewitt and Cllr Emma Flaxman-Taylor were both duly elected as Vice-Chair of the Health and Wellbeing Board for the ensuing council year.

9. Amendments to the Health and Wellbeing Board Terms of Reference

- 9.1 Debbie Bartlett, Executive Director of Adult Social Services, NCC, introduced the Amendments to the Health and Wellbeing Board Terms of Reference to members.
- 9.2 The HWB **RESOLVED** to **note** the changes to the Health and Wellbeing Boards Terms of Reference.

10. Norfolk Joint Health and Wellbeing Strategy and Norfolk and Waveney Integrated Care Strategy Progress and Joint Forward Plan update

10.1 Debbie Bartlett introduced the refreshed Norfolk Joint Health and Wellbeing Strategy and Norfolk and Waveney Integrated Care Strategy Progress and Joint Forward Plan update and shared the work being carried out as part of the strategy. The two reports were closely related and thus were brought together in a joint report.

10.2 Mark Burgis, Executive Director of Patients and Communities, ICB, noted that the second part of the report seeks an opinion, and comment from, the HWB on the Joint Forward Plan refresh for 2024/29. The Joint Forward Plan was a rolling five-year plan that aimed to make a difference to the people of Norfolk and Waveney. The refreshed plan had been undertaken in collaboration with partners across the system. The plan would be published in July subject to feedback from the NHSE Regional team.

10.3 The following points and comments were discussed:

- Members were generally complementary about the partnership work and were appreciative of what had been undertaken to produce the updated report.
- A member commented that the alignment was regarded as positive and that the examples demonstrated that action was taking place.
- A member raised that they would be keen to explore the mechanisms that were in place to assess whether plans and ambitions had been achieved or not. The Chair felt that the board would play a role in identifying and resolving issue and developing mechanisms to measure impact.
- The Chair commented that the four key priorities would be relevant to members' own organisational priorities and that they could not be delivered without working together. The support from members was welcomed.

10.4 The HWB **RESOLVED** to:

- a) **Agree** the combined Integrated Care Strategy for Norfolk and Waveney and the Joint Health and Wellbeing Strategy for Norfolk that has been refreshed with the latest JSNA data; that it will be kept as a live document and updated as required as our system progresses; and acknowledge the system breadth of progress made so far against the priorities.
- b) **Consider** the content of the draft 2024/25 – 2028/29 JFP for Norfolk & Waveney and whether it takes proper account of the Integrated Care Strategy for Norfolk and Waveney /Joint Health and Wellbeing Strategy for Norfolk that relates to any part of the period to which the JFP relates.
- c) **Agree**, in the coming year, to sense check the priorities within the strategy and the Joint Forward Plan with people who live and work in our area and look to establish high level measures we will hold ourselves accountable for as a system against our Strategic aims.
- d) **Agree** a statement of opinion on behalf of the Norfolk Health and Wellbeing Board for inclusion in the 2024/25 – 2028/29 JFP.

11. Better Care Fund Report - Review of Core Schemes

11.1 Debbie Bartlett introduced the Better Care Fund Report - Review of Core Schemes report. The paper outlined the findings and recommendations from a review of the Norfolk BCF that was requested by the HWB.

11.2 Karin Bryant, Associate Director Local Commissioning, NHS Norfolk and Waveney Integrated Care Board (ICB) spoke to the report, highlighting that some of the key purposes of the review were to

ensure that the BCF schemes were aligned to current system priorities, to understand whether the current BCF schemes suitably address the inequalities and to understand how the BCF was used at Place and across the Health and Wellbeing Partnerships. The review built off the 2021/2022 review and was a joint approach between the ICB and NCC. One of the key findings from the review was that the variation in size and nature of projects made it difficult to quantify strategic ambitions and evidence impact. Edward Fraser, Interim Assistant Director of Communities & Integration, provided the board with an overview of the other findings which included outcomes and reporting, a dashboard for better oversight and reporting, strengthening governance, and establishing priority themes.

11.3 The following points and comments were discussed:

- Members generally endorsed the Review of Core BCF Schemes and welcomed the proposal for increased transparency and consistency of reporting.
- Some members asked that caution be applied, and the local impact needs considered, when the process of off-boarding schemes that do not operate at scale occurs. Some schemes may be needed in specific areas and not across the whole of the County.
- The board heard that any current schemes that do not align with the BCF priorities would not necessarily be defunded. They would go through the commissioning process and impact assessments where it may be possible for schemes to receive alternative funding. There was a keenness for clarity about what the BCF was funding and to ensure that it was funding schemes that met the priority themes. In response to this, a member shared their concerns. They felt that the timeframe was too short to be able to find alternative funding and also questioned where the funding would come from. The Chair understood the member's concern but assured members that the recommendations were not putting any scheme at risk but were helping to ensure that the BCF was fulfilling the HWB priorities.
- The narrative around the BCF was regarded as hard to understand and strategic; a member questioned how it would be received and understood by the public. Real-life examples that demonstrate where money was invested, and the outcome of schemes would be helpful to develop public awareness and understanding of BCF and associated schemes. Other members agreed with this approach to communicating. Debbie Bartlett further highlighted the importance of the narrative around the BCF. It was felt to be important to remember that the BCF was not additional funding but core funding and that decisions to change or alter the BCF would have an impact.
- Sara Tough, Executive Director for Children Services, NNC, raised with members that whilst the BCF has specifically focused on adults, it could also have schemes aimed towards children. She asked if this could be considered when there was a need.
- Following a member's question, it was confirmed that housing remained a key priority within the wider BCF through the Disabled Facilities Grant (DFG) but that the DFG was not funded through the core BCF, and thus, was not in the scope of the review.
- The Chair highlighted that the BCF was joint funding and that the HWB would set the priorities of the fund and agree on where it is spent. The BCF was intended to represent and support all organisations.
- The relationship between the HWB and the ICS was not felt to be mirrored within central government departments, this made it difficult to navigate the requirements of the BCF which were regarded as being complicated and unable to capture local needs. Rt Hon Patricia Hewitt suggested that the experiences of the HWB be communicated to the government through the Local Government Association and the NHS Confederation. The Chair noted that they would action this.

11.4 The HWB **RESOLVED** to:

- a) **Agree** to move to a refined BCF model, refreshing the Norfolk BCF priorities to fit wider strategic ambitions under the following themes: Place Based Initiatives, Prevention & Community Support, Admission Avoidance, Discharge and Recovery, Enablers for Integration and Mental Health, Learning Disabilities and Autism. Within these six themes there will be a focus on core integrated schemes that operate at scale across the county and require joint commissioning and oversight.
- b) **Agree** to document a process for on/offboarding schemes. All schemes that do not align to the six proposed themes and/or do not operate at scale will be reviewed following this process to identify if they should continue to draw down funding through the BCF.
- c) **Agree** to work with partners across the system to map activity against the new High Impact Change Model for Transfers of Care, identifying areas of development with the support of the Regional BCF Team.

12. Joint Strategic Needs Assessment Work Programme 2024 – 25

- 12.1 Suzanna Meridith, Deputy Director of Public Health, NCC, introduced the Joint Strategic Needs Assessment (JSNA) Work Programme 2024 – 25 which provided an update on the work that had been carried out and plans of the JSNA to help meet the needs of the population.
- 12.2 Dr Abhijit Bagade, Public Health Consultant, NCC provided the board with an overview of the JSNA, and the work planned for the coming year. The updates to the JSNA were noted about the three themes: Population, Health Inequalities, and Healthcare Evaluation. It was highlighted that the work on the JSNA was aligned with local work on population health management; the Norfolk and Waveney ICB Population Health Management Strategy was available to view via a link in the agenda papers (page 102). There was a keenness to understand the needs of the population and locate any gaps that exist; the gaps would inform the recommendation and the action plan. The additional depth of understanding could also be used as a valuable tool for commissioners and bid writing.
- 12.3 Katherine Atwell, Prevention & Transformation Manager, Public Health, NCC highlighted that feedback had been listened too that that information had been looked at by population, place, etc. The JSNA steering Group highlights areas and issues that may need a needs assessment. Members were encouraged to share anything that they felt was important and that ought to be considered by this group. This was echoed by the Chair who also reminded members that the JSNA was a tool intended to support the system and help to inform better decision and policy making.
- 12.4 The following points and comments were discussed:
 - Members generally welcomed the refresh and areas of focus.
 - A member felt that it should be an aspiration of the JSNA to follow through with support that has been provided to children into adulthood. The Chair agreed with this aspiration and felt that this should be taken away by the public health team.
 - A member shared that they felt that some areas were missing from the Core20 Plus Groups of Focus, namely adults and maternity, and children and young people with long-term conditions. In response, it was noted that these were not currently an area of focus but that the steering group would be able to offer direction about where the focus should be placed on this.
 - The voluntary sector was keen to be involved with this work.
 - The connection between the Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy roadmap and the JSNA was made by Debbie Bartlett. She felt that the roadmap in the Strategy was a valuable tool to draw on and use.

- 12.5 The HWB **RESOLVED** to:
- a) **Agree** the JSNA forward work programme.
 - b) Continue to **engage, raise awareness** and **feedback** on the JSNA so that Norfolk's JSNA can best support HWB and ICB strategic commissioning intentions, strategies, or frameworks for action.

13. Norfolk All Age Autism Strategy 2024 to 2029

13.1 Debbie Bartlett introduced the Norfolk All Age Autism Strategy 2024 to 2029, noting that she was proud of the refreshed strategy and that leaders in communities needed to create environments where people with Autism could thrive.

13.2 Lorna Bright, Assistant Director Integrated Operations MH/LD (Joint), NCC, and Tracey Walton, Commissioning Manager Autism, (Joint), NCC spoke to the strategy and shared with the board that the refreshed strategy was built off and would replace the previous one. The Norfolk Autism Partnership Board (NAPB) set up an Autism Strategy Reference Group. This group included autistic people, members of the NAPB, and statutory bodies working together to oversee the refresh of the strategy. They highlighted that following endorsement of the strategy by the HWB, the NAPB would publish the final version from July 2024 and would start to work with partners to develop the plan under this. The plan would set out the key actions that partner organisations would take toward achieving the priorities of the strategy. It was highlighted that the NAPB would produce alternative formats of the strategy such as Easy Read.

13.3 The following points and comments were discussed:

- Members were generally supportive of the refreshed strategy and welcomed the lived experience and co-production with the people who the strategy would impact. It was also felt that it covered key areas that parents and caregivers may worry about.
- Some members commented on the length of time that it took for people to get a diagnosis and the impact that this could have on accessing support. In response, other members discussed the need not to rely on a diagnosis as a criterion to access support. Sara Tough highlighted that there needed to be a re-education across the system about the support that was available and how to access it.

13.4 The HWB **RESOLVED** to:

- a) **Adopt** the refreshed Norfolk All Age Autism Strategy for 2024 to 2029.
- b) **Agree** that individual organisations represented on the Board will work with the NAPB to develop a delivery plan.

The Health and Wellbeing board closed at 10:55

Integrated Care Partnership

1. Election of Chair and Vice Chairs

1.1 The committee Officer invited nominations for the election of Chair of the Integrated Care Partnership. Cllr Bill Borrett was nominated by Rt. Hon Patricia Hewitt and seconded by Patrick Peal. There were no further nominations. All in agreement. Cllr Bill Borrett was elected as Chair for the Integrated Care Partnership for the ensuing year.

1.2 The election of two Vice Chair positions took place. The Chair, seconded by Cllr Thomas, proposed Rt. Hon Patricia Hewitt. Rt and Cllr Emma Flaxman-Taylor as Vice Chairs. Rt Hon Patricia Hewitt and Cllr Emma Flaxman-Taylor were both duly elected as Vice-Chair of the Integrated Care Partnership for the

ensuing council year

2. Integrated Care Partnership Minutes

2.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 6 March 2024 were agreed as an accurate record and signed by the Chair.

3. Actions arising

3.1 None.

4. Declarations of Interest

4.1 None.

5. Public Questions

5.1 One question had been received. The question was not within the remit of the ICP and would be answered by the Integrated Care Board.

6. Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy

6.1 The Chair introduced the Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy. The joint strategy was discussed in the HWB portion (item 10) of the meeting and there were no further comments.

6.2 The ICP **RESOLVED** to:

- a) **Agree** the combined Integrated Care Strategy for Norfolk and Waveney and the Joint Health and Wellbeing Strategy for Norfolk that has been refreshed with the latest JSNA data; that it will be kept as a live document and updated as required as our system progresses; and acknowledge the system breadth of progress made so far against the priorities.
- b) **Agree** in the coming year to sense check the priorities within the strategy and with people who live and work in our area and look to establish high level measures we will hold ourselves accountable for as a system against our Strategic aims.

7. Amendments to the Integrated Care Partnership Terms of Reference

7.1 Debbie Bartlett introduced the Amendments to the Integrated Care Partnership Terms of Reference report which reflected changes to the membership.

7.4 The ICP **RESOLVED** to **agree** the revised version of the Terms of Reference.

8. Health Inequalities Strategic Framework for Action

8.1 Mark Burgis introduced the Health Inequalities Strategic Framework for Action; this was the final version of the framework and outlined the approach to tackling inequalities with a clear understanding of what wanted to be achieved. The Framework has been developed through engagement with stakeholders, people, and communities from across the Norfolk and Waveney system. The framework would be received by the ICB in July.

8.2 Tracy Williams, Clinical Lead for Health Inequalities & Inclusion Health, ICB, noted that the Framework development was led by Norfolk and Waveney ICB and NCC Public Health, and its production was coordinated by a small multiagency 'Taskforce' to facilitate a whole-system approach. Three building blocks were outlined in the strategy: living and working conditions, lifestyle factors, and health inequalities. It was recommended that leadership groups for each of our building blocks for action be established. These would be led by different parts of our Integrated Care System and enable a distributed leadership approach.

8.3 The following points and comments were discussed:

- Some members wanted to note the contributions that Shelley Ames made to the Health Inequalities Strategic Framework for Action, their involvement had been appreciated.
- Members generally endorsed the framework, and it was felt that the implementation of it would be the hard part. The creation of the framework had cross-sector involvement, some members highlighted the importance of continuing the collaborative and inclusive work throughout the implementation process.
- In response to a member's comment, the Chair highlighted that the partnership had no mechanism to influence budgets from central government. Additional money would always be needed, but a robust strategy was pivotal to ensure that the money that the system did have, was used in the best way to help the people of Norfolk and Waveney.
- A member questioned if measures to monitor the work undertaken as part of the strategy had been developed. It was confirmed that this was a 10-year strategy and that the first year was important to understand the views and current position. Once that was understood, the measures could be developed. The ICP would receive updates on this work.
- The Chair noted that the recommended steering group was about guiding strategy.
- A member felt that there was an opportunity for the involvement of the HWB partnership Chairs to support the Living and Working Conditions steering group. Other members agreed with this view.
- Investment in the right leadership to support the work surrounding the framework was highlighted as important to its success.
- Following a member's question about whether there were explicit references to domestic abuse within the framework, it was confirmed that this was not explicitly mentioned but there was awareness of the relationship between domestic abuse and health inequalities.

Rt Hon Patricia Hewitt left the meeting at 11:23.

8.4 The ICP **RESOLVED** to:

- a) **Agree** and **endorse** the Norfolk and Waveney ICS Health Inequalities Strategic Framework for Action, including the first 10 actions for the first year and agree to take this through their own organisations governance arrangements to reflect this in their own strategies.
- b) **Commit** their respective organisations to supporting implementation.
- c) **Agree** to the establishment of the Strategic Steering Group as a working group of the ICP and support the proposed governance arrangements for overall Integrated Care System oversight and coordination.
- d) All partners, including VCSE partners, **lead** the development of the Living and Working Conditions Group and provide an update on progress in September's 2024 ICP meeting.

9. **Driving Integration Through Digital, Data and Technology including the Impact and potential risks in respect of the landline to digital switchover and 3G switch off**

9.1 Debbie Bartlett introduced the Driving Integration Through Digital, Data, and Technology including the Impact and potential risks concerning the landline to digital switchover and 3G switch-off report. The significance of digital integration to transform the system was highlighted and updates regarding the digital transformation would be brought to the partnership regularly.

- 9.2 Geoff Connell, Director of Digital Services, NCC noted the changes to telecoms to switch off the old analogue telephony infrastructure to move to calls via broadband and removal of 3G signals, highlighting the potential issues with these changes for vulnerable residents. Members were assured that actions were being undertaken to manage safeguarding concerns and that communication with affected residents had been taking place, including information within the Your Norfolk magazine.
- 9.3 Ian Riley, Executive Director of Digital & Data, ICB noted the work being carried out to improve the digital maturity of services and drive digital integration. This included data sharing and integration, the Electronic Patient Record, and the Share Care Record (SCR). The partnership heard that an event took place with the support of Broadland and South Norfolk District to look at how the SCR could be rolled out to the VCSE. Data sharing across the system continued to be looked at; data hubs were being developed further to aid partners in efficient and effective data sharing.
- 9.4 The following points and comments were discussed:
- The Chair used this opportunity to thank Alan Hopley, who had recently retired, for their contributions to the HWB and ICP during their time as a member.
 - A member asked for clarification about the types of organisations that were being referred to when noting VCSE involvement. It was confirmed that the ambition was to roll out the SCR to as many VCSEs as possible. The issues with access still needed to be resolved and there was an acknowledgment that the point raised not to duplicate the work of the Joy system that was used for social prescribing would be taken away.
 - Following a question, members heard that the NHS Federated Data Platform (FDP) was a national tool that would eventually replace what was being worked on regionally, although, the national tool was not sufficient yet. There were efforts to communicate with the national team and to avoid the duplication of work.
 - A member shared anecdotal evidence of the difficulties experienced when communicating with providers and felt that for some vulnerable people, these difficulties would be further amplified. Geoff Connell reiterated this sentiment and highlighted that for some people, the switch would be complicated and although the changes were industry led, it was the responsibility of NCC to ensure that people were safeguarded appropriately. There was support available at NCC through the assistive technology team.
 - Access to, and engagement with, the internet was regarded as important to empower communities, a member asked what percentage of the population had broadband access. Members heard that 97.3 percent of residents have access to the internet but data on take-up was unknown. This information was held with providers, and they were unable to share this information.
 - It was discussed that digital inclusion was a health inequality and that it was important to promote digital inclusion which had positive impacts on people's health. The partnership heard of the joint initiatives being rolled out to improve digital inclusion across Norfolk.
 - The partnership heard of the progress being made in data sharing. There had been positive engagement and data was being effectively shared. Data sharing agreements had been developed to mitigate the risks of GPs being data controls and therefore, liable for the data.
 - Officers noted the concerns around the mobile signal in Norfolk and explained that NCC could not make investments to improve mobile signals. Ofcom had been contacted and informed that their data does not reflect the lived experiences of residents. As a result of this communication, Ofcom was driving around Norfolk to measure mobile signals. Additionally, work was occurring with the districts to place mobile signal monitoring technology onto bin trucks to collect data. This data could be used to challenge alternative data and the ambition was to publish and make the data available online.

9.5 The ICP **RESOLVED** to:

- a) **Note** the updates on the progress taken around the collaboration as a system and raise any potential gaps or priorities to further inform the plan.
- b) **Review, comment, and advise** on the potential impact and actions which are being taken to mitigate the risks associated with the digital switch.
- c) **Agree** how best to identify and communicate this potential impact to vulnerable customers.
- d) **Agree** how best to communicate to staff and colleagues.

Meeting concluded at 12:01

Bill Borrett

Chair Health and Wellbeing Board



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Health and Wellbeing Board and Integrated Care Partnership Attendance Record (From the last 3 meetings)

Member Organisation Represented	Named Member	08 Nov 2023	06 Mar 2024	12 Jun 2024
Borough Council of King's Lynn & West Norfolk	Cllr Jo Rust	X	X	X
Breckland District Council	Cllr Tristan Ashby		X	X
Broadland District Council	Cllr Natasha Harpley		X	X
Cambridgeshire Community Services NHS Trust	Anna Gill	X	X	X
East Coast Community Healthcare CIC	Ian Hutchison	X*		X
East of England Ambulance Trust	David Allen	X*	X	X
East Suffolk Council	Cllr David Beavan		X	X
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor	X	X	
Healthwatch Norfolk	Patrick Peal	X	X	X
James Paget University Hospital NHS Trust	Joanne Segasby Mark Friend	X*	X	X*
Norfolk Care Association	Christine Futter Angela Steggles		X*	
Norfolk Community Health & Care NHS Trust	Lynda Thomas	X*		
Norfolk Constabulary	ACC Nick Davison	X	X	X
NCC, Cabinet member for Adult Social Services	Cllr Alison Thomas			X
NCC, Cabinet member for Childrens Services	Cllr Penny Carpenter		X	X
NCC, Cabinet member for Public Health and Wellbeing	Cllr Bill Borrett	X		X
NCC, Interim Executive Director Adult Social Services	Debbie Bartlett	X	X*	X
NCC, Executive Director Children's Services	Sara Tough	X	X	X
NCC, Director of Public Health	Stuart Lines	X*	X	X*
Norfolk & Norwich University Hospital NHS Trust	Tom Spink	X*	X*	X
Norfolk & Suffolk NHS Foundation Trust	Caroline Donovan Zoe Billingham	X	X*	
NHS Norfolk and Waveney Integrated Care Board (Chair)	Rt Hon Patricia Hewitt	X	X	X
NHS Norfolk and Waveney Integrated Care Board (Chief Executive)	Tracey Bleakley	X*	X*	X*
North Norfolk District Council	Cllr Wendy Fredericks Cllr Liz Withington		X	
Norwich City Council	Cllr Cate Oliver Cllr Claire Kidman	X	X	X
Place Board Chair (Great Yarmouth & Waveney)	Jonathan Barber	X		
Place Board Chair (Norwich)	Tracy Williams	X	X	X
Place Board Chair (North Norfolk)	Dr James Gair			X*
Place Board Chair (West)	Carly West-Burnham		X*	X*
Place Board Chair (South Norfolk)	Dr Ge Yu Allan Petchey			X
Police and Crime Commissioner	Giles Orpen Smellie Sarah Taylor			
Queen Elizabeth Hospital NHS Trust	Chris Lawrence		X	
South Norfolk District Council	Cllr Kim Carsok	X	X	X
Voluntary Sector Representative	Emma Ratzer			X*
Voluntary Sector Representative	Dan Mobbs			X
Voluntary Sector Representative	Alan Hopley	X	X	
Norfolk Health Overview and Scrutiny Committee (Chair)	Cllr Fran Whymark Cllr Brenda Jones	X	X	X
Suffolk County Council, Cabinet member for Adult Care (Guest)	Cllr Beccy Hopfensperger			X
Suffolk County Council Representative (ICP)	<i>Bernadette Lawrence</i> Nicola roper		X	X*
University of East Anglia Representative (Guest)	Prof Nicole Horwood	N/A	X	X

X member attended, * Indicates Substitute attended

Report title: Norfolk Safeguarding Children Partnership Annual Report

Date of meeting: 04 September 2024

Sponsor

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

Reason for the Report

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

Report summary

The NSCP Annual Report summarises the local arrangements for safeguarding children. It covers: governance and strategic overview; the voice of the child; independent scrutiny; data and performance intelligence; progress against NSCP priorities; learning from local and national Child Safeguarding Practice Reviews; training and workforce development; and funding arrangements. The scope of the report runs from 1 April 2023 to 31 March 2024. The report provides a comprehensive overview of both the NSCP's achievements as well as the challenges it has faced during this period (see appendix A).

Recommendations

The HWB is asked to:

- a) Endorse the annual report and comment on the contents.

1. Background

- 1.1 Local Multi-Agency Safeguarding Arrangements for children are written into *Working Together 2023*. The plan is owned by three statutory partners: the Local Authority (Norfolk Children's Services), Police and Health (Norfolk & Waveney Integrated Care Board).
- 1.2 The NSCP annual reports are presented to the Norfolk Health and Wellbeing Board every year and this report builds on the content provided in September 2023.
- 1.3 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 scrutiny team - including the NSCP independent chair - they are responsible for ensuring that safeguarding arrangements enable all partners to work together, lead the change and use our resources in the most effective way.
- 1.4 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.
- 1.5 The local safeguarding arrangements build on the strengths of partnership working in Norfolk, for example, learning from Child Safeguarding Practice Reviews, placing a strong emphasis on locality working and clear thresholds for intervention. This supports us to **understand and tackle inequalities in communities**, providing support for those who are

most in need and address wider factors that impact on wellbeing, such as housing and crime.

- 1.6 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.
- 1.7 As in previous years, the NSCP produce two versions of the report: a lengthy and detailed account as well as a Children and Young People's (CYP) version which acts as an Executive summary. This year we were awarded an All Together Quality Mark for this piece of work from a panel of CYP. Hard copies of the CYP version will be tabled at the meeting.

2. Norfolk Safeguarding Children Partnership Annual Report

- 2.1 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:
- *The contribution of each safeguarding partner to the functioning and structure of the multi-agency safeguarding arrangements.*
 - *Themes emanating from aggregated methods of scrutiny, for example, reviews and scrutineer activity and multi-agency audits.*
 - *Evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families.*
 - *Analysis of any areas where there has been little or no evidence of progress on agreed priorities.*
 - *Analysis of learning from serious incidents.*
 - *Record of key decisions and actions taken by the safeguarding partners in the yearly cycle, including in relation to implementing the recommendations from any local and national child safeguarding practice reviews and the impact this has had.*
 - *Ways in which the safeguarding partners have sought and utilised feedback from children and families to inform their work and influence service provision.*
 - *The breakdown of costs in delivering the arrangements for that period, including the financial contributions of individual partners, any changes to funding and an assessment of the impact and value for money of this funding.*
 - *Evidence of how safeguarding partners are ensuring the adequate representation and input of education at both the operational and strategic levels of the arrangements.*
 - *An overview of how data is being used to encourage learning within the arrangements and evidence of how information sharing has improved practice and outcomes.*
 - *A review of the impact and learning from independent scrutiny arrangements to ensure the leadership is strong and the arrangements are leading to the desired and necessary impact.*
 - *Any updates to the published arrangement with the proposed timescale for implementation.*
 - *Evidence that national reforms have been implemented, taking into account key decisions and actions taken by safeguarding partners in response to reforms, and any issues or concerns encountered within the yearly cycle.*

(Chapter 2, Paragraph 104)

- 2.2 This annual report sets out what the NSCP has done as a result of the arrangements and how effective these arrangements have been in practice. The report covers a wide range of safeguarding activity and challenges faced in the year between April 2023 and March 2024.

Officer Contact

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

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



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Annual Report

1 April 2023 – 31 March 2024



Norfolk Safeguarding
Children Partnership

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Table of Contents

Foreword by the Three Statutory Partners

**Foreword by the Norfolk Safeguarding Children Partnership (NSCP)
Independent Scrutiny Team**

Introduction

- 1) Governance and Strategic Overview**
- 2) Voice of the Child**
- 3) Data and Performance Intelligence**
- 4) Independent Scrutiny**
- 5) NSCP Priorities, Projects and Developments**
- 6) Learning from Safeguarding Practice Reviews and Rapid Reviews**
- 7) Training and Workforce Development**
- 8) Funding**
- 9) Conclusions: Achievements and Outstanding Areas for Development**

Appendices

- Appendix 1: List of agenda items covered at Partnership Group meetings**
- Appendix 2: Data sources**
- Appendix 3: Recommendations from the audit on children with complex medical health needs.**
- Appendix 4: Recommendations from the Serious Youth Violence audit**
- Appendix 5: Safeguarding Trainers' events learning outcomes**

Foreword by the Three Statutory Partners

We are pleased to share with you the 2023 – 2024 annual report for the Norfolk Safeguarding Children Partnership. As the three Statutory Safeguarding Partners Norfolk County Council, Norfolk Constabulary and Norfolk and Waveney Integrated Care Board, we use these reports as an opportunity to reflect on our achievements and challenges, openly and transparently. We are jointly responsible for the effectiveness of the partnership and remain committed to keeping Norfolk's children and young people safe. As you read this document, we hope that you feel assured about our unwavering commitment to do all we can to afford our children the best opportunity to live happy lives and flourish.

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

The focus on priorities - i.e. neglect, vulnerable adolescents and family and community networking, including developing father inclusive practice - can be tracked back to national and local learning about the safeguarding system and is informed by data and intelligence. Nationally there is an extremely sophisticated and mature approach to working together to safeguard children and this is evident in Norfolk's ways of working. Our priorities reflect the challenges that children and families face in the current climate and there are clear strategies in place to improve practice and have a real impact in making children's lives better.

Our workforce is the partnership's greatest asset and we continue to prioritise joint learning, training and development to support them to be as effective in their practice as possible. We remain committed to providing opportunities for staff across all agencies to learn together and further improve our joint approach to working with and for our children, young people and families.

Working Together 2023 provides us with a welcome opportunity to review and strengthen partnership working. At the time of publication, we are finalising the amendments to our local plan for Multi-Agency Safeguarding Arrangements with renewed energy, as we continue to engage all partners in keeping children safe. Strategic leaders in education play a critical role in our arrangements and, in the coming year, we will be formalising our governance arrangements to reflect the value we place on schools and early years in giving children the best start in life.

Most important is the children themselves. They are our biggest motivators and sometimes our fiercest critics. We are in their service and want to get it right for them. Hearing their voices is a critical success measure as to whether we are getting it right. The Children and Young People's version of the annual report reflects the value we place on their opinions and feedback and their views are spot on. We hope that this separate report and executive summary reflects our commitment to listening to them and honouring their lived experience.

This report shows that the partnership's approach is dynamic, responsive and, crucially, having a positive impact on Norfolk's children and young people. Together, we are focusing on the things that will make a difference: collaboration, learning, joining resources, being

inclusive and healthy challenge. We'll continue to work together to empower professionals, support families and protect children and young people to help.

Delegated Safeguarding Partner

Lead Safeguarding Partner



Handwritten signature of Sara Tough in black ink.

Handwritten signature of Tom McCabe in black ink.

Sara Tough, OBE
Executive Director
Children's Services

Tom McCabe
Chief Executive Officer



Handwritten signature of Nick Davison in black ink.

Handwritten signature of Paul Sanford in black ink.

Nick Davison
Assistant Chief Constable

Paul Sanford
Chief Constable



Handwritten signature of Patricia D'Orsi in black ink.

Handwritten signature of Tracey Bleakley in black ink.

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

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

Foreword by the Norfolk Safeguarding Children Partnership (NSCP) Independent Scrutiny Team

Independent scrutiny is an essential part of the work we do as a safeguarding children partnership. The NSCP has created a culture where scrutiny is not simply accepted, it is expected and seen as a positive tool as professionals seek to improve. This culture has been created by strategic leaders and filters through managers, practitioners and all of our partners. Scrutiny is actively sought out, expected at all levels and valued across the partnership.

Working Together 2023 sets out the functions of scrutiny, describes what the Scrutineer or Scrutiny Group should look like, the fact that scrutiny should be evidenced based and the various methods scrutiny may follow. The document states *'Independent scrutiny should drive continuous improvement and provide assurance that arrangements are working effectively for children, families, and practitioners. It should also consider learning from local child safeguarding practice reviews, national reviews and thematic reports'*. I can reassure the reader that this is very much the model used by the NSCP. The partnership has invested significantly in independent scrutiny. We have a team of three Scrutineers providing a wide range of experience to the partnership. All three are experienced safeguarding professionals, all three review safeguarding cases and all three bring different skill sets that complement the work they do. Until recently the Lead Scrutineer was also the Chair of the partnership, one scrutineer is the Independent Chair of the Workforce Development sub-group whilst the other chairs the Safeguarding Practice Review Group, giving them all insight and influence in key areas of partnership work. They attend partnership meetings and brief the Lead Safeguarding Partners regularly.

During this reporting period the scrutiny team have been commissioned to do several pieces of targeted work by the partnership. This is in addition to the work described above. Scrutiny includes: various observations of practice; providing an independent view when disputes are escalated amongst partners; continuous support for ongoing work such as engagement with fathers and Section 11 Strategic Group; and joint projects with the Safeguarding Adult Board. The scrutineers engage at all levels, meeting with strategic leads, managers, practitioners and most importantly children and families to ensure they have the best possible understanding of issues and practice. The scrutineers provide written reports to the partnership with findings and recommendations for learning and improvement. This affords the partnership an opportunity to drive continuous improvements in areas that have been identified as causing concern.

The work of the scrutineers is generally driven by the partnership or by observations they make when considering evidential presentations made during meetings. They are supported by an exceptional Business Manager and business team without whom they would be far less impactful. It is also important to recognise that over this reporting period the need to be evidence based has become far easier to achieve in our scrutiny exercises. This is largely due the excellent working relationship developed with the partnership analyst who plays a significant role in ensuring scrutiny provided is based on accurate information. His work, in turn, is supported by a partnership who recognise the importance of excellent information exchange.

I would conclude by saying that during this reporting period the NSCP has proactively sought out independent scrutiny. As the Lead Scrutineer I am confident that we could and should be used as a model of good practice. The NSCP is, in my view, exceptional in the work it does and has a real drive to seek continuous improvement.

Chris Robson, Lead Independent Scrutineer - NSCP

Introduction

The Norfolk Safeguarding Children Partnership is the body responsible for implementing and reviewing the local plan for Multi-Agency Safeguarding Arrangements (MASA). The MASA is under revision in order to fully comply with the statutory guidance set out in [Working Together 2023](#) and is due to be reissued no later than December 2024. The MASA is the responsibility of the three statutory partners, i.e. the Local Authority, the Police, and Health. The arrangements set out how they will ensure all partners fulfill their safeguarding duties.

This annual report has been written in adherence to Working Together requirements as set out in Chapter 2 (paragraphs 106 - 107). The focus of the report is to evidence what the NSCP has done as a result of the MASA, including how effective these arrangements have been in practice.

The scope of this annual report runs from 1 April 2023 to 31 March 2024. The report provides information in relation to:

- the contribution of safeguarding partners to the functioning and structure of the MASA
- themes emanating from aggregated methods of scrutiny, including reviews and scrutineer activity and multi-agency audits
- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- an analysis of learning from serious incidents
- a record of key decisions and actions taken by the safeguarding partners in the yearly cycle, including in relation to implementing the recommendations from any local and national child safeguarding practice reviews and the impact this has had
- ways in which the safeguarding partners have sought and utilised feedback from children and families to inform their work and influence service provision
- the breakdown of costs in delivering the arrangements for that period, including the financial contributions of individual partners, any changes to funding and an assessment of the impact and value for money of this funding
- evidence of how safeguarding partners are ensuring the adequate representation and input of education at both the operational and strategic levels of the arrangements
- an overview of how data is being used to encourage learning within the arrangements and evidence of how information sharing has improved practice and outcomes
- a review of the impact and learning from independent scrutiny arrangements to ensure the leadership is strong and the arrangements are leading to the desired and necessary impact
- evidence that national reforms have been implemented, taking into account key decisions and actions taken by safeguarding partners in response to reforms, and any issues or concerns encountered within the yearly cycle

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

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 adhere to Norfolk's plan for Multi-Agency Safeguarding Arrangements. This chapter serves as a summary reference of governance in 2023 – 204.

The Lead and Delegated Safeguarding Partners (LSPs and DSPs) named in the MASA are:

- **Norfolk County Council:** represented by the Executive Director of Children's Services, Sara Tough OBE (DSP) and the Chief Executive Officer, Tom McCabe (LSP)
- **Norfolk Constabulary:** represented by the Assistant Chief Constable, Nick Davison (DSP), and the Chief Constable, Paul Sanford (LSP)
- **Norfolk & Waveney Integrated Care Board:** represented by the Executive Director of Nursing, Patricia D'Orsi (DSP) and Chief Executive Officer, Tracey Bleakley (LSP)

The DSPs meet quarterly. Up until December 2023, these meetings were chaired by the Chief Scrutineer (then Independent Chair of the NSCP). From January 2024 chairing arrangements were changed to comply with Working Together 2023 and the Executive Director of Children's Services now chairs these meetings and acts as a conduit for the LSPs.

The LSPs are provided quarterly written briefings and meet twice a year with the DSP meeting chair to consider MASA milestones as well as to respond to emerging challenges and maintain a strategic overview on the system.

Independent Scrutiny Team

Norfolk Safeguarding Children Partnership continues to invest in high levels of independent scrutiny. This reflects the value they place on their independent scrutiny team. The MASA has three clearly defined roles for independent scrutiny. The Chief Scrutineer, Chris Robson, continues to chair the Partnership Group which meets every other month and includes partners from across the workforce, including education and the voluntary sector. He continues to attend the DSP and LSP meetings to ensure appropriate challenge and identification of strengths and areas for improvement detected in the safeguarding system.

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

The three members of the Independent Scrutiny Team meet regularly to triangulate their findings from their respective areas and report back to the statutory safeguarding partners. Further detail on specific pieces of scrutiny is included in Chapter 4.

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.

Partnership Group plays a crucial role in sense checking the safeguarding system and providing an opportunity for all partners to share concerns and find solutions collaboratively. Between April 2023 and March 2024, Partnership Group met eight times, including a priority review/priority setting workshop in June 2023.

Partnership Group agendas include priority updates as well as safeguarding issues and systemic solutions. Data and performance intelligence are also reported regularly as well as a bi-annual report from the Multi-Agency Safeguarding Hub (MASH) Oversight Group. They also sign off any annual reports including this report, the work of the Local Safeguarding Children Groups, Child Death Overview Panel and Independent Services. Partnership Group also provides support and direction in the development and delivery of Leadership Exchange & Learning Events, where the wider partnership is invited to reflect on the system. This year the event focused on collaborative leadership.

Appendix 1 lists all items discussed at Partnership Group this reporting year.

Strategic Overview: Links to Other Partnership Boards

The MASA provides further detail on links to other boards. In summary:

- The Children and Young People's Strategic Alliance (CYPSA) and the NSCP's commitment to endorsing and promoting the [Flourish Strategy](#).¹ The NSCP is actively signed up to promoting Flourish, for example, looking at the strategic outcomes against our priorities through a Flourish lens and writing this into the revised Threshold Guide, which has been rebranded as the Continuum of Needs Guidance (see Chapter 5 NSCP Projects, Priorities and Developments).
- The Norfolk Safeguarding Adults Board, including join up on independent scrutiny and learning from safeguarding review activity.
- The Norfolk Countywide Community Safety Partnership, including learning from Domestic Homicide Reviews and supporting on the development of the Serious Violence Strategy
- Norfolk's Domestic Abuse Partnership Board, which includes the Head of NSCP Business Delivery who brings relevant items to the DSPs/Partnership Group.
- The Health and Wellbeing Board, who are sighted on the NSCP annual report as part of its sign off procedures prior to publication
- 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 2023*. The Workforce Development Group 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.

Safeguarding Information and Performance in Practice is covered in two ways: (1) through the Multi-Agency Audit Group and (2) through the Joint Strategic analysis Group who are responsible for providing qualitative and quantitative evidence of how well the system

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

is working, respectively. Of note, the use of performance and intelligence has been transformed in the last three years with a dedicated analyst employed to support with data. For more information, see Chapters 3 and 4.

Local Safeguarding Children Groups

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

The chairing arrangements continue to be multi-agency, with strong leadership from senior officers in Children's Services Partnership, Inclusion and Practice Directorate, the voluntary sector, and Cambridgeshire Community Services, Norfolk's 0 – 18 Healthy Child Programme provider.

Advisory Groups

The NSCP is 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 SPRs. They are active and supportive with the Section 11 safeguarding self-assessment process, including responding to Section 11 recommendations.

These groups ensure that we have reach into areas where professionals may feel isolated (such as childminders) and/or do not have safeguarding children as the main focus of their professional life, e.g. the District Council Advisory Group and housing. Through the DCAG, the NSCP holds specific learning sessions in partnership with the Adults Safeguarding Board for housing providers.

The NSCP Business Unit

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

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

2. Voice of the Child

The NSCP works with the Children and Young People's Strategic Alliance (CYPSA), specifically the Stakeholders Engagement & Insight Group and the Local Authority's Participation Team to gather feedback directly from children and families. This chapter includes some examples of how children and young people's voices were sought and acted upon.

In August 2023, Norfolk County Council and the Norfolk Community Safety Partnership hosted a Youth Workshop on 'feeling safe and secure in your community', planned in response to the introduction of new Serious Violence Duty across England and Wales. This new Duty places additional responsibility on several organisations to continue working together to reduce violence and make sure that Norfolk is a safe place to live, work, study, and visit and supported the NSCP in hearing the voice of the child. Feeling 'Safe and Secure' is key element of the Flourish strategic ambition for Norfolk's children and young people. 72 young people aged 11-19 attended, representing 15 participation groups and networks from across Norfolk. 7 Youth Advisory Boards (YABs), Young Carers Forum, Norfolk In Care Council (NiCC), Disability Real Action Group of Norfolk (DRAGONS), NSFT participation group, Youth in Mind, Norfolk Police Cadets, Unity (Matthew Project participation), UK Youth Parliament. In addition to the Youth Voice Workshop in August, young people from the SEND Youth Forum, five of Norfolk Police Cadet sections, the Young Adults Forum and young people working with Norfolk's Targeted Youth Support Service (TYSS) have shared their views on community safety in Norfolk. In October, a steering group of 6 young people who attended the Youth Voice Workshop came together to co-produce a final report, summarising the views of all the young people who shared their experiences and thoughts. This report also set out the next steps on how the views of young people will inform Norfolk's multi-agency approach to Community Safety.

The NSCP also joined forces with the Norfolk Safeguarding Adults Board and the Office of Police and Crime Commissioner, contributing funding towards an exploitation campaign, which was developed by young people from the Media Learning Company at Norwich City. This is a multi-agency communications and engagement campaign covering all forms of exploitation relating to children, young people and adults in Norfolk. The purpose of the campaign is to give key audiences sufficient knowledge and awareness of the different forms of exploitation to enable them to proactively protect children, young people and adults who may be at risk of exploitation. The NSCP was involved with hearing pitches from the students in November 2023. The campaign will be formally launched in the summer/autumn 2024.

In November 2023, The Norfolk in Care Council Change-makers received National recognition for their hard work co-producing and launching the Changes and New Beginnings Best Practice Guide in Norfolk. The young people, supported by the Participation Team (social care) attended the Coram Voice Amplify Event, hosted in London, and were presented with 3rd place for the 'Voice' category. The change makers thoroughly enjoyed the day and reflected on the value of meeting other young people from other local authorities and celebrating the impact of participation work across the country. It was inspiring to see a whole room of young people empowered to bring about change and to have Norfolk represented so strongly in this space.

The NSCP always seeks direct feedback from children where possible, for example, inviting them to share their views as part of audit and review activity. As the year drew to a close, focus groups with 17 – 25 year olds were being arranged for April 2024 as part of the independent scrutiny on transitional safeguarding. This included care leavers, young offenders, young carers and young adults in receipt of Pathway for Adult Learning Services.

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

We are really proud of the children and young people's version of the NSCP annual report and so grateful to the children who helped us with that. This year is no exception and we are pleased to publish the CYP version alongside this full report. We hope you enjoy it as much as we do!

3. Data and Performance Intelligence

Using data and evidence in partnership

Our approach to data and evidence

Data, evidence, and analysis underpin the partnership's strategy and activity. Since 2020 a Joint Strategic Analysis Group has brought together analysts across the partnership, and a dedicated resource and role now coordinates support to deliver analytical products and outputs. Outputs from this activity include:

- Regular monitoring reports to NSCP's Partnership Group, reviewing an agreed data set, and 'escalating' emerging issues and headlines.
- Data packs to support priorities and the priority-setting process.
- Specific analyses to address emerging issues or other review activities (for example the scrutiny of particular areas or themes).

Making a difference with data...

Over time, this evidence-informed and data-led approach has delivered a number of benefits to the partnership. For example, analysis of the contextual factors that contribute to poor child protection and safeguarding outcomes has focused some of the priority actions on more preventative interventions and supported a partnership-wide understanding of the complex drivers of safeguarding risks. This year this has allowed us to:

- Support the development of the 'Family Connect' data transformation project, enabling practitioners to identify risk 'flags' for families from a growing range of data sources.
- Shape the Serious Violence Duty Strategy, identifying area of highest risk, and supporting the development of Priority Area Risk Profiles.
- Help the delivery of the Neglect strategy, focusing the work of the 'Large Sibling Group' working group on the risks most relevant to that cohort, and supporting the development of the Adolescent Neglect Toolkit on the most relevant at-risk groups.
- Look across children's and adult's safeguarding data to highlight differences and common themes and ensure good transitional safeguarding.

Telling our story with data: the scale and range of safeguarding activity in Norfolk



- In each week in Norfolk around **150** babies are born.
- There are around **188,000** children and young people aged 0-19, with around **125,000** attending schools.

Within the context of this, each week there are around:



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



8 children are screened for exploitation by the Police; **95** Police investigations are started where domestic abuse is suspected and there is a child present; **11** children and young people are stopped and searched, and around **23** are arrested



Around **930** contacts are made to the Children's Advice & Duty Services (CADS); including around **250** from schools and education services, around **200** from the Police, **160** from members of the public, and **110** from health services

Where contacts suggest there may be a risk to the safety or wellbeing of a child, partners work together to agree the best course of action through formal safeguarding routes. Each week this around:

- **71** referrals prompt a social work assessment, and around **45** prompt a multi-agency strategy discussion.
- **11** children start a Child Protection Plan, including around **3** who will have had a previous CPP; and **7** children will become looked after.
- **3** children and young people entered the Youth Justice system for the first time.

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

- **480** children and young people with a Child Protection Plan
- **1,150** Looked After Children
- **220** children and young people receiving Youth Justice Service interventions.

Current trends from national and local data

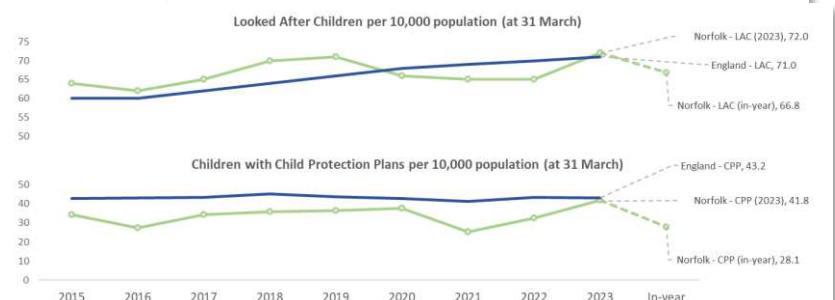
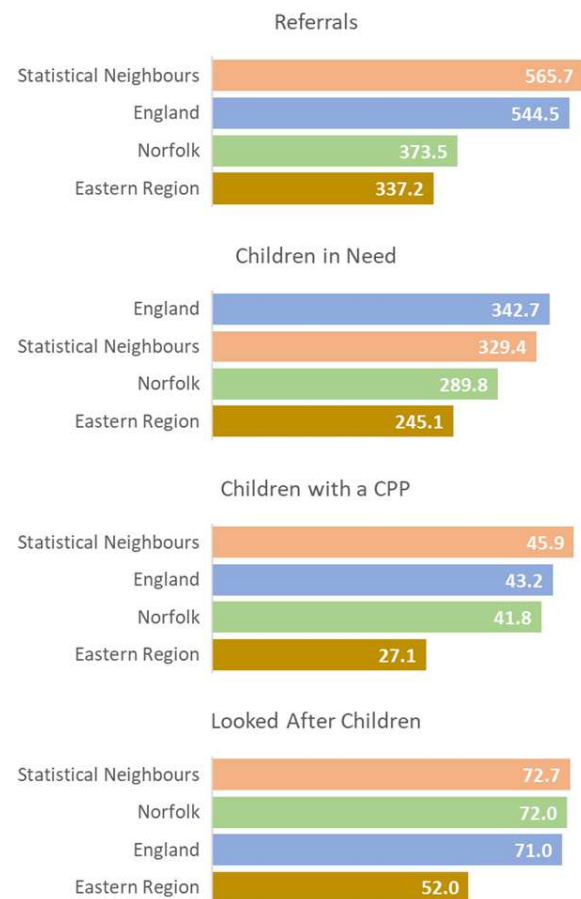
For many indicators of activity within formal safeguarding pathways, Norfolk's trends and patterns reflect those regionally and nationally.

The graph (right) shows that, for a range of measures, Norfolk's rates are generally above the Eastern Region average, but below or in line with England and statistical neighbour comparators.

There are also some notable trends in activity over time. The graph (below) shows rates of Looked After Children and children with Child Protection Plans over time. Historically LAC have tracked at just above the national rate in Norfolk, and CPPs have been a little below the national average. Nevertheless, for both the pandemic saw a notable dip in numbers, followed by an increase through to 2023, but with most recently a dip in activity suggested through in-year data. Notably, for LAC, changes in numbers in recent years have been prompted by increases in numbers of Unaccompanied Child Asylum Seekers (UASC). If we removed these, overall numbers of LAC over time are more stable – but even within this context, 2024 saw a small reduction.

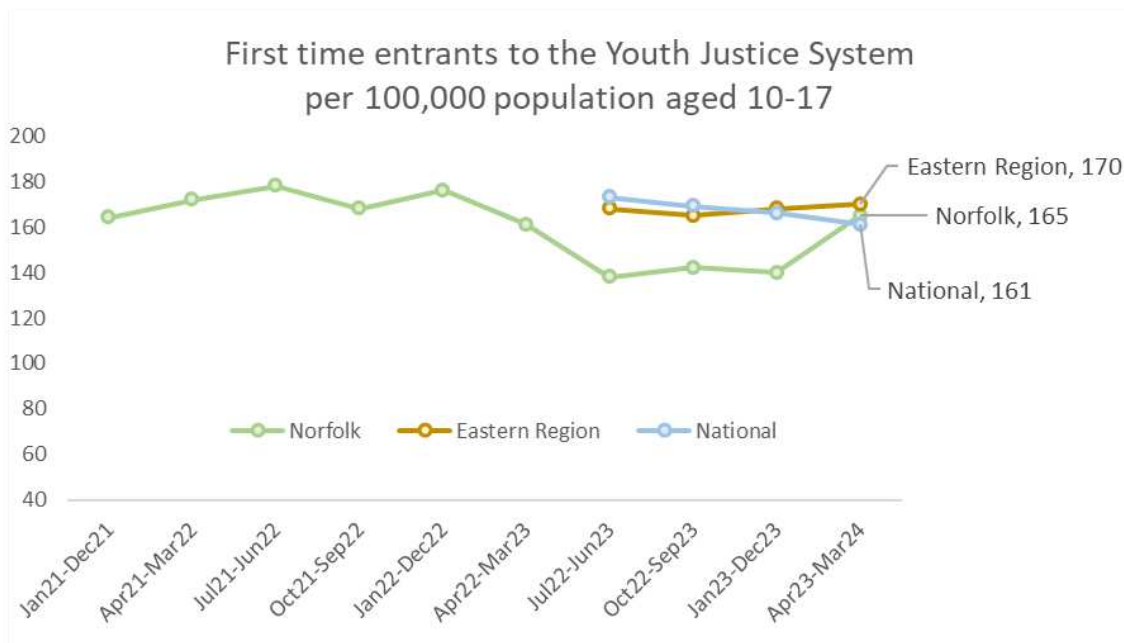
It is important to note that in-year data has not been confirmed and may change. It is also not possible to attribute the most recent reduction precisely to specific actions. Nevertheless, there has been a focus on early help and prevention activity to avoid more complex formal child

Norfolk and comparator safeguarding activity: 2023
(All rates per 10,000 population)



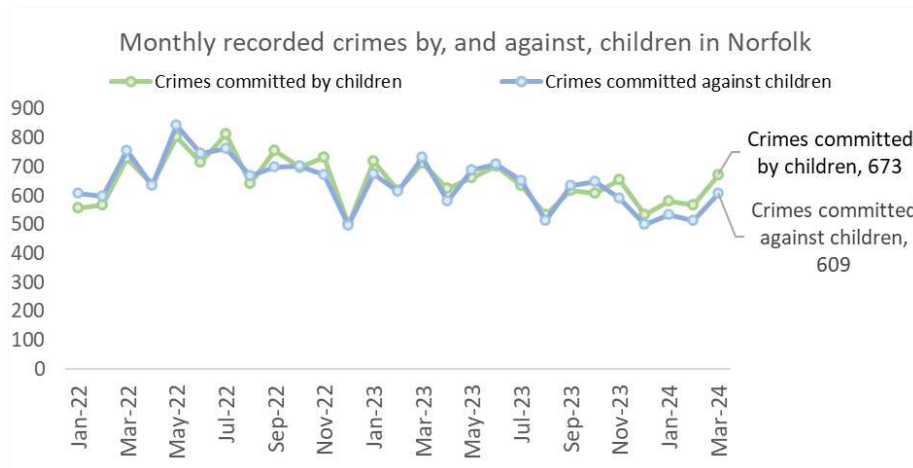
protection and safeguarding interventions, and on practice improvements to stop risks from escalating and requiring a 'step up' to CPP or LAC. As such, these reductions in the last year are likely to reflect these changes. Specific audit work has been commissioned for 2024 to test this and ensure that rates reflect improved practice.

Youth Justice Service (YJS) data shows a long-term reduction in first-time entrants to the Youth Justice System since the introduction of Norfolk's diversion programme in 2015. The first three quarters of the last year saw further reductions, but an increase in the most recent quarter has taken Norfolk slightly above national, but below the regional, average (see graph, right. For scale, Norfolk's latest rate of 165 FTE per 100,000 population equates to 130 children and young people).

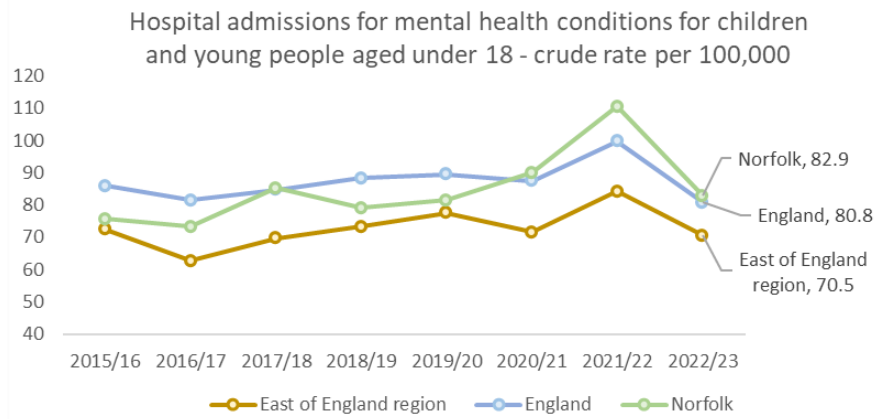


A review of Norfolk's data shows that the majority of first-time entrants from the last 2 years received a court outcome rather than a caution, and that 60% of these were previously unknown to the YJS. Analysis has been undertaken with partners to understand and learn from missed opportunities to prevent offending.

Local Police data about children and young people shows a relatively stable position. The graph (right) shows overall crimes rates (by and against children) reducing slightly, within the context of significant monthly variations. In other data a similarly stable or reducing picture is evident for stops-and-searches, and domestic abuse incidents with a child present.



Health indicators that describe or infer safeguarding outcomes show a mixed picture. Emergency hospital admissions for under-18s are below the national average and in line with those regionally; however, admissions for mental health conditions are above the national average. Admissions



for accidental injuries are similar to those of comparators. Norfolk’s under-18s conception rate is similar to the national average; however, the rate of mothers classified as smokers at the date of birth is higher than comparators.

Beyond specific indicators, the same over-arching themes are evident across data about Norfolk as highlighted in the 2023 report, specifically:

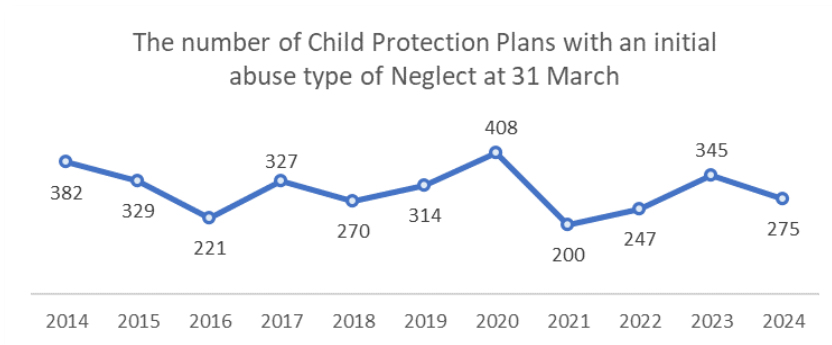
- Mental health: a range of indicators across health and social care suggest a higher prevalence of mental health problems and crises compared to other similar areas.
- The cost of living. Norfolk seems to be particularly impacted by recent economic conditions compared to other county areas in the Easter Region, with indicators around free school meals, young people in employment, education and training, and unemployment benefits take-up all indicating challenging economic outcomes.

Data about our priorities

Each year significant analytical activity is focused on the NSCP’s priorities: assessing, where possible, the extent to which, outcomes have been improved; and undertaking specific analyses to understand the drivers and impact of risks in priority areas.

Neglect

Last year’s report highlighted the Data Review undertaken around neglect, which prompted further work to support particular at-risk groups.



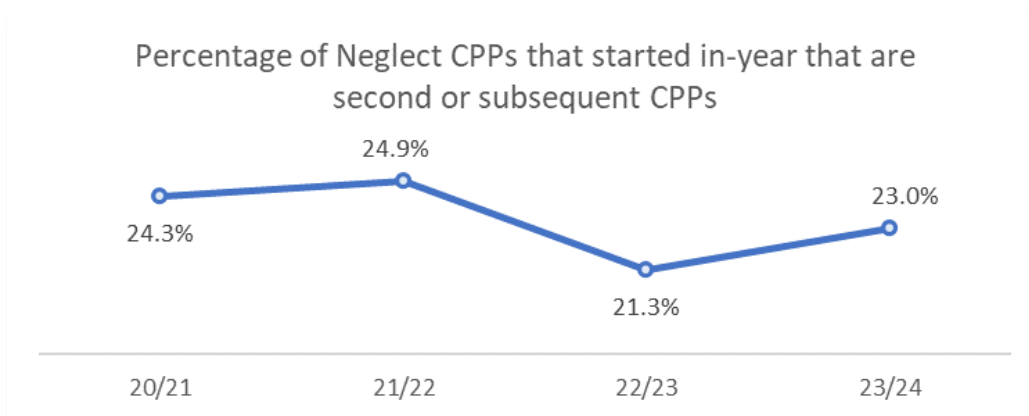
Further activity has been completed this year, building on the review findings. These included:

- Closer analysis of children in large sibling groups. This found that, whilst children in large sibling groups were likely to be in households with challenging socio-economic

circumstances, there were not significant differences in the kinds of risks and concerns identified.

- Analysis of the Flourishing Families tool data – a self-assessment tool used to help families find the right support – which emphasised the role of poor parental mental health as a driver of families’ struggles. This built on the findings of last year’s review, which highlighted parental mental health problems as the concern most frequently associated with the risk of neglect.

Overall numbers of Child Protection Plans with an initial abuse type of neglect have reduced in line with overall reductions in CPPs described earlier. Nevertheless, within this context, the percentage of ‘repeat’ child protection plans has remained somewhat stable (see graph, right) and there has not been a significant change in the average length of neglect CPPs, suggesting that reductions in CPPs have not adversely impacted activity to mitigate and manage risks.

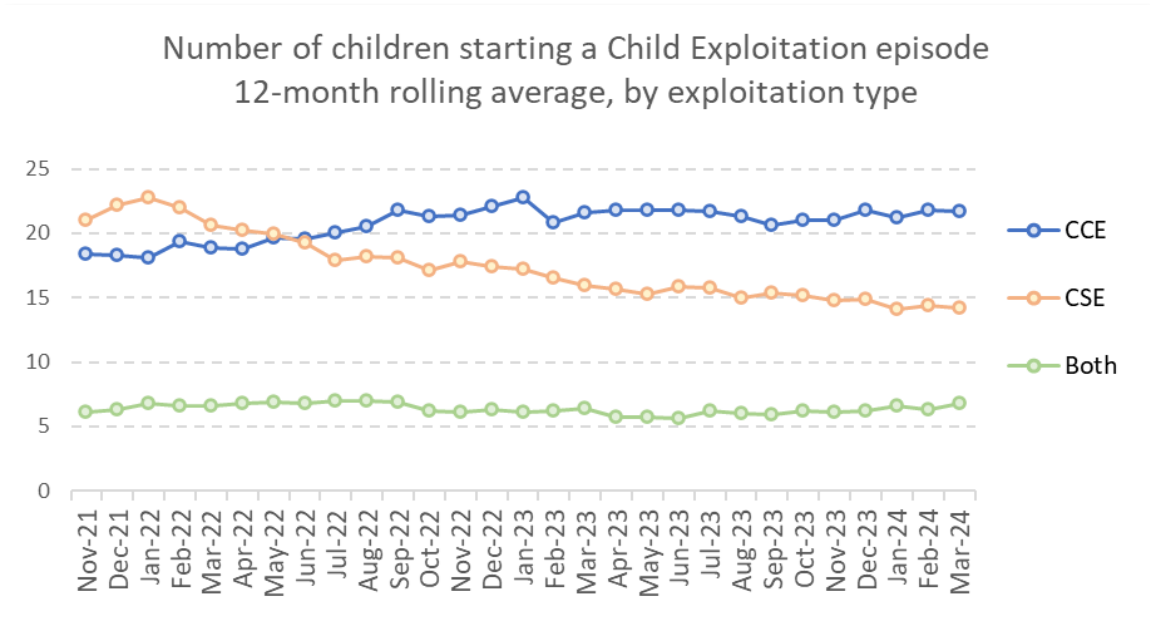


Vulnerable Adolescents

A review of data around outcomes for vulnerable adolescents was completed in 2023/24. This helped us develop a better understanding of the drivers of risks to young people being criminally or sexually exploited. The findings of this review highlighted:

- Clear demographic trends around exploitation. Boys are more likely to be at risk of criminal exploitation, girls are more likely to be at risk of sexual exploitation; and risks of exploitation begin to emerge in significant numbers from the age of 9, with 15-year-olds most likely to have a referral that identifies a risk of child exploitation.
- Some geographic patterns – with particular areas most likely to experience criminal exploitation linked to deprivation and wider socio-economic indicators.
- A clear sense of which risks most often associate with exploitation. Gangs, trafficking, drug and alcohol misuse, and going missing associate with both forms of exploitation; and with self-harm likely to associate with sexual exploitation, and child-on-child physical abuse with criminal exploitation.
- A particularly interesting (and strong) association between poor safeguarding outcomes and school attendance – with children at risk of exploitation much more likely to have been persistently absent from school or have been excluded.

Overall numbers of children with a substantive risk of exploitation have reduced slightly over time. The graph below shows relatively stable numbers of children starting an exploitation ‘episode’ with categories of ‘Criminal Exploitation’ or ‘Both’, and slightly reducing starts of ‘Sexual Exploitation’.

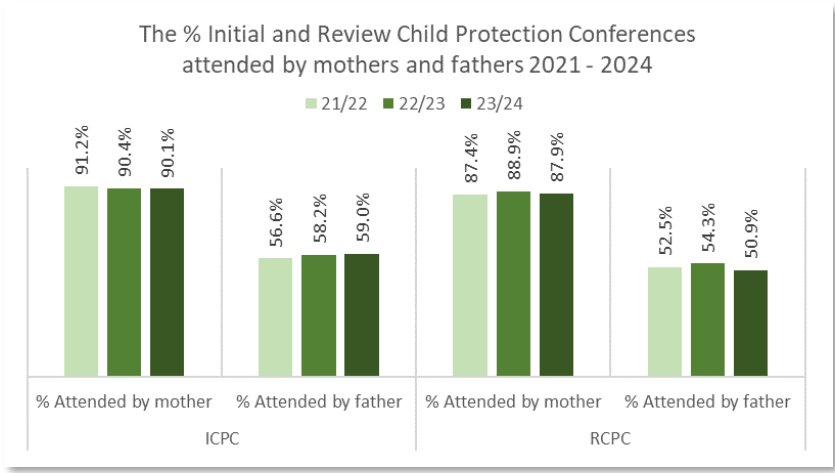


In addition to the Vulnerable Adolescents Data Review, significant analytical activity has been undertaken to support the implementation of the Serious Violence Duty, and the production of a Strategic Needs Assessment. ‘Under-25s’ are a priority group in Norfolk’s Serious Violence Duty Strategy, and analysis across the partnership has supported the development of area profiles for key places with high rates of serious violence and explore the relationship between serious violence and other risk factors identified in partners’ data.

Community and Family Networking

This priority area does not currently have a significant amount of structured data aligned to it, and much of the focus of planning and activity is on elements of practice approaches and quality that will not be well-evidenced through numeric activity measures.

Data is available to track the involvement of fathers in some elements of child protection – and in particular their involvement in Initial Child Protection Conferences (ICPCs), and subsequent Reviews (RCPS), with the last three year’s data presented in the graph (right). This shows a mixed picture – with increasing involvement of father in ICPCs, but variable involvement in RCPCs. This picture will act as a baseline for future monitoring and activity.



Some of the focus of the next year’s activity for this priority will be securing relevant structured data, and where needed putting in place data capture systems to ensure we understand the involvement of family members at the different stages of the child safeguarding and child protection pathways.

Appendix 2 lists all data sources.

4. Independent Scrutiny

Norfolk adheres to the principles of independent scrutiny as outlined in *Working Together 2023*, (Chapter 3 page 77) and has dedicated resources in place to fulfil this statutory function in our local safeguarding arrangements. The NSCP's scrutiny arrangements include a range of mechanisms, deployed to provide robust examination of performance and practice. This chapter focuses on actions and outcomes from:

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

Independent Scrutiny

The three statutory partners commissioned the independent scrutiny team to undertake two pieces of scrutiny in this reporting year: evaluating the pilot of the use of multi-agency chronologies in Child Protection Conferences; and a more extensive piece of work looking at the multi-agency response to transitional safeguarding in partnership with the Norfolk Safeguarding Adults Board.

Multi-Agency Chronologies

In May 2023, NSCP board members agreed the proposal that Independent Chairs Service, in partnership with members of the Neglect Strategy Implementation Group and the wider multi-agency partnership, adopt the amended chronology format and extend the trail period of including multi-agency chronologies within CP Conferences until the end of August 2023 with outcomes of this additional testing period being brought back to NSCP Partnership Group in October 2023 for further dialogue. The pilot included children subject of an Initial Child Protection Conference in the period w/b 19th June 2023, up to and including w/e 29th September 2023. The pilot aimed to test the overall potential of Multi-Agency Chronologies [MACs] for children who are subject of s47 and child protection processes, using the amended chronology format, within the statutory timeline from s47 Strategy Meeting up to and including the Initial Child Protection Conference (15 working days). The methodology included a series of observations by the independent scrutiny team using specific key lines of enquiry to measure impact and effectiveness.

The final report resulted in the findings and six recommendations focusing on ownership and system development. By March 2024, all of the recommendations were fully or partially completed. Plans are in place to further promote MACs as a tool for oversight and analysis at the neglect tool workshops being held in June and July 2024. Feedback from the workforce and families continues to be positive.

Transitional Safeguarding

Over the past three years transitional safeguarding has been a recurring issue that has been seen in different parts of the system, including the NSCP's Safeguarding Practice Review Group and its Vulnerable Adolescent priority subgroup. The primary issue appears to be an emergence of silo working that is not seen prior to a young person's 18th birthday and the very different thresholds for intervention in adults and children's social care, leaving young adults vulnerable, particularly those outside of the care system and/or with undiagnosed or lower level health needs.

This is a complex area as these young people are legally adults but they may not be practically or emotionally equipped to take care of their basic needs. The areas of concern are widespread ranging from accommodation/homelessness, education/employment/training (EET), substance misuse, and mental health.

The NSCP's Independent Scrutiny Team joined with the independent chair of the Norfolk Safeguarding Adults Board under the direction of the Delegated Safeguarding Partners and the NSAB. The aim of this piece of scrutiny is to:

- Establish what the current single and multi-agency arrangements for transitional safeguarding are in Norfolk, focusing on what is working well and areas for improvement
- Learn from good practice around transitional safeguarding and service models in other parts of the country that could be adapted to improve the safeguarding services available to 18 – 25 year olds.
- Consider the voice of this cohort of young adults and understand what would make the most difference to helping them prepare for and transition into adulthood.

This has been an extensive piece of work and been taken in phases: Phase 1 involved desktop analysis and research which included data analysis and qualitative feedback from services across the children's and adults workforces, including education and the voluntary sector. Phase 1 was completed in February 2024 and an interim report was presented to the DSPs in March 2024.

Phase 2 involves focus groups with service providers and young people/young adults. This is due to be completed in April 2024 with a final report going to the DSPs and the Director of Adults Social Care in May/June 2024. Full findings and recommendations will be reported in the NSCP's 2024 – 25 annual report.

Observation of Frontline Practice

Observation of practice is a scrutiny mechanism written into Norfolk's local plan for Multi-Agency Safeguarding Arrangements. Findings are presented to the three statutory partners.

There was limited capacity to complete many observations this year, however, by end of March 2024 a report on the Joint Agency Group Supervisions (JAGS) process was completed (see chapter on priorities and projects) and observations of the multi-agency response to young people at risk of exploitation and/or serious youth violence had been completed. The report for the latter is going to the DSPs in May 2024.

Multi-Agency Audits and Monitoring

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

Within the scope of this annual report, MAAG completed two audits on: children with complex medical health needs; and serious youth violence using the framework for Joint Targeted Area Inspections to measure impact.

Children with complex medical health needs

This audit focused on how well we identify, understand and respond to cases of potential medical neglect for children with complex health needs, i.e. those that required statutory intervention involving threshold decisions. Six cases were selected with an age range of 0 – 18 years, involving multiple health providers and open in the previous two years to social care. The overarching conclusion is that we need to improve the way we articulate our concerns and maintain an overview of the child's lived experience to assess and minimise risk. This includes better information sharing, greater professional curiosity and recognising the different professional perspectives and areas of expertise. These aspects of practice would contribute significantly to better outcomes for children and their carers.

Of the six children's records audited, auditors found that there were two that showed evidence of 'near misses' in terms of medical/life threatening incidents'. This related to poor management of the child's medical conditions. There were concerns of significant risk of harm or death as a result of the neglect of their medical needs, this was highlighted as a concern and a worry by Health, due to systemic delays and shared understanding of risk.

Not meeting a child's needs as an act of omission is neglectful and the risks need to be fully analysed, assessed, and named to ensure that the child's lived experience is understood.

A total of seven recommendations were made which can be found in Appendix 3. The learning from this audit and the recommendations were shared at Partnership Group in September 2023 and action planning to respond is underway.

Serious Youth Violence

This audit aimed to understand the quality baseline of arrangements for assessment of and support offered to children and young people at risk of Serious Youth Violence. A total of five cases were selected for young people being managed under statutory Child Protection (CP), Looked After Child (LAC), and Child in Need (CIN) processes where serious youth violence is a current or significant factor. Cases were selected by Children's Services and the Youth Justice Service (YJS), consisting of children aged from 16 to 17 and involving extensive multiagency work. All of the sample were male.

In summary the audit findings were:

- Overall, there are robust and swift responses to high risk, and effective multi-agency working to safeguard against the risks posed to and by young people affected by serious youth violence.
- In most cases, professionals can establish trusting and positive relationships with young people; however, there is scope for development in this progressing beyond relationship-building, to direct and specific intervention to reduce the risk of contextual harm.
- In some cases, drive to address the wider risks such as education, emotional wellbeing, and familial relationships was not always sufficient alongside immediate safeguarding and management of behaviours. Robustly addressing these risks alongside the young person's physical safety could help to reduce and materially change the risk of exploitation and serious youth violence.
- Similarly, addressing the wider risks at an earlier stage of intervention could prevent the risk of contextual harm from escalating.

The learning from this audit and the recommendations (Appendix 4) were shared at Partnership Group in February 2024 and action planning to respond is underway. Following sign off the report was also shared with the Serious Violence Duty Strategy group which sits under the Norfolk Countywide Community Safety Partnership to ensure a co-ordinated response.

Composite Action Plan

The MAAG monitors the outcomes of these recommendations - as well as learning from scrutiny, Section 11 and Safeguarding Practice Review - through its Composite Action Plan (CAP). The recommendations in the CAP are broken down into the Partnership's priority subgroups, who take ownership of the actions. There are now 5 sections in the CAP to align recommendations to existing workstreams against priorities with two separate tabs showing exceptions and sector specific actions. The sections are:

1. Neglect
2. Vulnerable Adolescents Group (VAG)
3. Family & Community Networks (FCN)
4. Other
5. Sector specific

Each of the sections is further broken down into subcategories: leadership; workforce development; tools and resources; and communications. This enables MAAG to analyse and summarise progress over time. Inevitably there is an ebb and flow of the volume of recommendations held in the CAP as actions are completed and new learning comes to the fore. The table below shows a summary of the 27 recommendations outstanding as of 31 March 2024.

	Neglect	VAG	Family & Community Networks	Other	Sector Specific	Totals
Comms	0	0	0	3	0	3
Tools & resources	4	0	3	0	0	7
Workforce Development	6	1	3	4	0	14
Leadership	1	1	0	0	0	2
Sector Specific	0	0	0	0	7	7
Totals - prior to March 2024 CAP meeting	11	2	6	7	7	33
Closed Mar 24	5	1	2	0	4	12
Added Mar 24	0	6	0	0	0	6
Totals as of March 24	6	7	4	7	3	27

Sector Specific as of 19 March '24	
Children's Services	1
Health	3
Total	4

Recommendation tracker

Date	Closed	Added	Source of additions
Feb-23	15	0	
Jun-23	5	0	
Sep-23	7	7	Complex medical health audit
Mar-24	12	6	Mock JTAI - SYV

The recommendations linked to the corresponding priorities are included in the strategy documents to maintain a clear focus on areas of improvement and ensure that the learning is incorporated into the action plans.

Section 11 and safeguarding self-assessments

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The NSCP has a statutory function under Section 14 of the Children Act 2004 to 'to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and to ensure the effectiveness of what is done by each such person or body for those purposes.' The NSCP fulfils the latter part of this function through the Section 11 self-assessment and associated Challenge and Support panel meetings with partners. Norfolk has developed a dynamic approach to Section 11 which includes attention to development and quality improvement for individual organisations and the partnership.

The 2022 – 23 Section 11 recommendations were all completed and closed within the timeframe of this annual report.

The 2023 – 24 process followed the same format as reported in previous annual reports with self assessment tools completed and analysed and a staff survey sent out to the wider workforce. This year the thematic panels focused on emerging themes from the collated responses which were: (1) *Interagency communication* and (2) *Links between poverty and safeguarding and the implications for partnership working*.

In total there were 32 Section 11 self-assessments completed and returned. This is a slight reduction from the number of returns received last year; four of these organisations who did not complete a return are either national or regional and do not contribute Norfolk specific returns and the others have experienced personnel issues or changes which have made responding difficult this year. Returns were reviewed by the NSCP's Safeguarding Intelligence and Performance Co-Ordinator (SIPCo) and members of the Section 11 Steering Group.

The effort that goes into Section 11 from all partners is significant and should not be underestimated. The process in Norfolk is robust and provides valuable insight into the functioning of the partnership. In addition, it provides reflection time for organisations to consider their practices over the year and to raise concerns that they may have. Feedback from partners supports the Norfolk approach to Section 11 with representatives from organisations reporting that the developing dialogic approach is more collaborative and supports greater confidence with partnership working and encourages a healthy approach to self-assessment.

Two recommendations were made:

- **Recommendation 1:** Partners should consider developing an implementation plan for the good practice guidance for working with fathers within their organisation.
- **Recommendation 2:** ANOOF and the Neglect Ways of Working subgroup to develop and disseminate expertise regarding the operational approach to tackling this challenging area of practice.

For further detail on both of these recommendations see the chapter on NSCP priorities.

External Inspectorates

Norfolk County Council continues to build on strengths and address areas of concern identified in the very positive [Ofsted inspection report](#) published in January 2023. The Executive Director of Children's Services has ongoing conversations with Ofsted and keeps her Delegated Safeguarding Partners updated about any developments.

Youth Justice Service

In November 2023, His Majesty's Inspectorate of Probation (HMIP) published [A joint thematic inspection of work with children subject to remand in youth detention \(justiceinspectorates.gov.uk\)](#), which involved 10 Local Authorities, including Norfolk's Youth Justice Services. Norfolk's strengths included:

- Staff know children well. Strong relationship based practice is evident (child first/ flourish principles embedded in practice) YJS practitioners work creatively to make a difference where systemic issues were identified.
- Skilled and knowledgeable staff and management team – appropriate priority given to this cohort of children
- The YJS strongly advocates for children -disparity work highlighted (particularly in relation to eastern European children
- Good understanding of data from the management team
- Praise for the Early Intervention Custody Project – look to expand
- Assured that the YJS advocate for appropriate placements including appropriate challenge where moves are required
- Evidence of flexible approach to supporting children
- YJS are 'highly regarded' by partners
- Assessments were sufficient (desistance, ROSH analysis) Initial assessments were of a good standard. Planning and implementation is good
- Strong trauma focussed health offer
- Bespoke bail packages are robust and are potentially preferable to bail ISS
- Dedicated court team model is good – positive that staff are rotated to ensure skills and knowledge development
- Evidence of quality assurance processes
- Good regional links with other YJS leading to timely information exchange
- Governance arrangements are sufficient with good links to other relevant strategic boards

Areas for consideration were:

- Some failure by partners outside of the LA to take a Child First approach – leading to unnecessary adultification of older children
- Immediate action to be taken by board to address disparity in outcomes for children heard in Saturday/bank holiday courts
- Explore reason for high numbers of community sentences following remands
- Board links with the secure estate are underdeveloped
- Take action to explore how data relating to SYV can be utilised to strengthen prevention and understand the cohort
- Ensure children subject to RUI have offences resolved as quickly as possible - some children are at risk of turning 18 prior to court, or being unable to access ROTL
- Resolve proactive use of PACE beds – develop police and EDT understanding regarding security thresholds and ensure sufficient availability
- Review the use of criminal behaviour orders. Undertake analysis of the effectiveness of CBOs
- Social care – engagement not consistently sufficient, particularly in relation to placements and children remanded. Ensure early planning to ensure sufficient bail accommodation

options are available to the courts (in terms of sufficiency, Norfolk reflects the national picture)

- Address disproportionality in relation to criminalisation of looked after children (review data collection processes LASPO)
- Consider streamlining of 'clunky processes that duplicate (ie lac reviews /remand reviews)
- Address court backlogs
- Children missing education- identify reachable moments to prevent children coming into the criminal justice system (requires strategy (including children with unassessed SEN)
- Ensure practitioners are confident and competent to move from relationship building to behaviour change interventions (Bail)
- Court staff to ensure assessment includes sufficient analysis (particularly where children are not known to us)

This feedback has been considered by the Youth Justice Board, which is also chaired by the NSCP's Chief Scrutineer, which supports joint working. Actions are being taken to respond to the areas of consideration.

Norfolk Constabulary

Norfolk Constabulary also contributed to His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) [inspection of the effectiveness of the police and law enforcement bodies' response to group-based child sexual exploitation in England and Wales \(justiceinspectors.gov.uk\)](https://www.justiceinspectors.gov.uk). Norfolk was one of six police forces included in this thematic inspection. A total of nine recommendations were made, with two main areas for improvement:

- All chief constables should work with their [statutory safeguarding partners](#) to review, promote and make sure that relevant group-based [child sexual exploitation](#) disruption and prevention initiatives are implemented effectively in their forces.
- This should include consideration of options such as the advice given in the [Home Office disruption toolkit](#) and an Operation Makesafe (a national police initiative to raise awareness of [child sexual exploitation](#) in the business community) type of approach.

The report has been decanted into a RAG rated action plan for Norfolk Constabulary which they are driving forward through their Child Protection Working Group. Their MACE team provision and excellent partnership working mean that the great majority of this plan is already in place.

Probation

In March 2024, Probation Services were in the process of being inspected. This report will be published and reported on in 2024 – 25. Probation has made real time improvements with renewed engagement with the NSCP in the interim.

5. Norfolk Safeguarding Priorities, Projects & Developments

The NSCP continued to work on its priorities throughout 2023 – 2024. In June 2023, Partnership Group held a priority review/priority setting workshop, assessing the achievements and work outstanding against each area. This resulted in stepping down the priority around Protecting Babies and adopting a new priority focusing on Family and Community Networking. Actions taken and rationale for stepping babies down was included in the 2022 – 2023 NSCP annual report.

Each priority area is led by one of the three statutory partners, Children’s Services, Police and Health. This ties in neatly to our governance arrangements and reinforces the message of joined up leadership. Strategies have been published against each area and are available on dedicated pages of the NSCP website. The Business Plan includes high level actions against each priority area.

Neglect

The NSCP Neglect Strategy has made significant progress in the last 12 months. Strategy implementation is overseen by the Neglect Strategy Implementation Group (NSIG) which is chaired by Children’s Services Director of Partnerships, Inclusion & Practice. The strategy has two clear workstream:

- Ways of Working, which focuses on using data to better understand contributory factors and best practice in terms of: the needs of children and young people; the needs of parents/carers and the wider family network; and the needs of the workforce and developing a systemwide toolkit for managing neglect cases – led by the Assistant Director of Independent Services & Practice and the Police
- Accumulative Neglect Operational Oversight Forum, which focuses on specific cases requiring strategic leaders to look at barriers to success and themes emerging from an operational perspective – led by the Assistant Director of Family Help & High Needs (social care) and the Head of Safeguarding for Cambridgeshire Community Services (0 – 19 Healthy Child Programme)

Section 11 findings in relation to Neglect

In both the staff survey and the Section 11 returns there was a high level of confidence in responding to neglect whilst recognising the difficulty that this area of work presents to professionals. Overall, returns in 2023 showed shift in appreciation and approach towards neglect from the previous year. In the Section 11 report 2022 it was noted that: “Partners feel that they understand how to recognise neglect as they see it on a regular basis but what they are uncertain about is how to address it effectively.” The returns for 2023 evidenced all the ways in which organisations are tackling neglect including use of the Norfolk Graded Care Profile, multi-agency chronologies in child protection, activity from Neglect Champions and promoting the [Flourishing Families tool](#). Whilst partners were not specifically asked about the Norfolk Graded Care Profile (NGCP), over 60% of respondents referenced positive engagement with the NGCP and its role within their approach. Alongside the positive responses in the Section 11 returns, comments in the staff survey reveal a level of confidence and a feeling of progress in the approach to neglect as exemplified below:

- *We are working on this all the time. Flourishing families has now come out alongside training for staff and neglect champions. I feel that we are learning and making changes in light of serious case reviews.*

- *I am directly involved in this area, and have seen improvement, we need to be better at listening to ALL teams within NCC*
- *We have regular updates at staff meetings so I feel confident*
- *I think we receive really good advice around this from leadership*
- *Continue to share wider information about the strategy so that all teams can focus on this priority*

Staff identify the need for further support to tackle neglect in terms of training, awareness raising, interagency communication and also greater understanding of the impact of long-term neglect as with the examples below:

- *Better understanding amongst operational staff of the long-term impact and identification of neglect*
- *This is a hard one as we know neglect can often not meet thresholds but long-term neglect leads to poorer outcomes. More early intervention for sustained changes.*

The multi-agency Accumulated Neglect Operational Oversight Group (ANOOF) has been established to improve outcomes for children and young people at risk of long-term neglect by identifying learning, both what works and areas for further development, from discussion regarding neglect cases worked within the multi-agency forum.

NSIG achievements 2023 - 24

The Section 11 findings are reflected in the summary of achievements below:

- Further embedding use of the Norfolk Graded Care Profile – seen in ANOOF cases
- Increased pool of neglect champions: from 213 at 30 June 2023 to 349 at 31 March 2024
- Extensive neglect toolbox developed; in addition to NGCP toolbox includes:
 - Resources for working with parents with Learning Difficulties or Disability
 - Clearer guidance on self-neglect and hoarding from child’s perspective
 - Multi-agency chronologies, now used as standard at CPC
 - Comprehensive drugs and alcohol training offer
 - Change models: questions for success and motivational interviewing
- Conference held March 2024 – 171 people attended *“By far the best [conference] I have ever attended in the years of conferences and training”*
- Accumulative Neglect Operational Oversight Forum (ANOOF) established
 - Positive feedback from professionals presenting cases: *“I just wanted to say I was worried I would come out of these meetings feeling deflated but its quite the opposite. Really helpful reflections and given us thoughts on taking this and other neglect cases forward - Thanks All.”*
 - Evidence of NGCP and Joint Agency Group Supervision in operation
 - Less evidence of family networking as viable part of planning and interventions
 - Cases not being put forward from across the partnership: tend to come from Children’s Services and CCS only and often held at S47
- Data profile completed and used to inform planning and measure impact

Neglect Champions

The neglect champions are key to the improvements to practice. The table below shows the sectors where they influence practice.

NEGLECT CHAMPION: ANALYSIS OF REACH

Children's Services	56
Health	42
Police	17
Education	141
Early Years	22
District Councils	21
VS	32
Change Grow Live – substance misuse service	13
Other	5
TOTALS	349

Health	
Acutes	7
Community health	24
NSFT	8
Primary Care	2
Integrated Care Board	1

Children's Services	
Social Care	21
Early Help	12
Intensive Support Services	10
Education Advisers, incl EY	13

Champions are provided with dedicated support by the NSCP's Workforce Development Officer, the Head of Practice & Principal Social Worker and one of the Chairs of Ways of Working; the latter is now head champion. Examples of support include:

- Neglect Champions Forum providing opportunities to bring the Champions up to speed on developments around Neglect in Norfolk and for them to share their experiences of working with Neglect. This enables them to feel part of a bigger team in addition to raising their awareness of neglect tool development and strategy implementation.
- Quarterly newsletters
- Priority placements at best practice events and conferences

Neglect conference

The Norfolk Safeguarding Children Partnership (NSCP) was approached in September 2023 by the Early Childhood and Family Service (Action for Children) regarding the possibility of organising a joint multi-agency conference with a focus on 0-2 year olds. The decision was taken that the primary focus would be Neglect of 0-2 year olds as Neglect is an ongoing priority in Norfolk. The conference was held in March 2024 with 171 people attending. The programme included:

- A Presentation on Norfolk's Family Hub development – Tim Eyres, Assistant Director Commissioning & Partnerships, Children's Services
- 'Neglect in the early years: attachment and psychosocial development' – David Howe, Emeritus Professor of Social Work - UEA
- 'Working with parents with learning difficulties where there are concerns regarding neglect' – Beth Tarleton, Bristol University and Danielle Turney, Queens University Belfast
- 'The role of poverty and equality in child neglect' – Joe Lane, Head of Policy and Research, Action for Children

- ‘The role of the professional having courageous conversations and effective interventions’ – Larissa Mulholland, University of Illinois, Chicago
- The launch of the Norfolk Neglect toolkit and a reflective session on what attendees would pledge to do differently following attendance – Michelle Dunsire, Head of Practice and Principal Social Worker, Children’s Services.

The conference evaluations were extremely positive. Plans are in place to follow up learning in summer 2024 with dedicated workshops for the neglect champions to showcase the neglect toolkit and provide them opportunities to develop skills in supporting sustainable change. In addition, following the launch of the Neglect toolkit at the conference there were over 100 views 48 hours after conference and 32 new registrations for the professionals’ pages.

Neglect next steps

While there has been significant progress against this priority there is still work outstanding. In addition to the summer workshops, in the next financial year we aim to:

- Measure the impact of the NGCP through a survey with everyone trained to use this tool and a multi-agency audit planned spring/summer 2024
- Ways of Working: tools still to be developed
 - Adolescent toolkit
 - Mentalisation skills
 - Parental mental health
- Develop and embed the Family Networking approach in neglect cases with particular consideration to be given to families with parental LDD
- Ongoing support and governance for neglect champions
- Improving case selection and feedback loops for ANOOF – review planned for July 2024
- Data review of baseline neglect data profile established last year.

Child Exploitation: Vulnerable Adolescents

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

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

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

- County Lines Strategic Group which reports on areas of drug supply, exploitation and emerging themes and trends associated with county lines; this sits under the

Norfolk Countywide Community Safety Partnership which is also responsible for delivering the Serious Violence Duty agenda

- The Children and Young People Strategic Alliance which has governance over the Youth Strategy
- The New Roads Board.

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

Right to Succeed are delivering the Central Great Yarmouth Place Project. A co-designed project utilising young people, residents, charities and professionals to achieve improvements in literacy, youth offer, education and employment and training. A successful launch event was completed on 11th April to bring together the new co-designed branding and partnership project work.

Workstreams currently include:

- The Literacy workstream aims to help schools work collectively to improve the literacy capabilities of children and young people supporting them with higher education & future employment opportunities.
- The Education, Employment, and Training workstream aims to support young people who are at the highest risk of becoming NEET (Not in Education, Employment or Training) to transition into sustained post 16 and post 19 education, employment and/or training.
- The Youth Offer workstream aims to develop the services & provisions available for young people, funding access to safe spaces, positive activities, role models and the support they and their families need. Ensuring they are empowered to make decisions about their local neighbourhoods.

Section 11 Findings in Relation to Vulnerable Adolescents and Exploitation

As with the responses from 2022 there is a good level of confidence across the partnership that the framework and foundations for tackling child exploitation are in place. In the 2022 responses there was an expressed need from partners for more information to build their own understanding and levels of confidence in how to keep up to date with developments with this priority. The returns from 2023 similarly express the need to keep up to date with their learning but with an increased sense that this is ongoing work rather than new work. This is also reflected in the staff survey with colleagues expressing the need to keep up to date on this area with comments to the question of "What do you need from your organisation to help you to address this priority in your work?" such as:

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

- *Policies are in place as well as regular online training to raise awareness of the issue and procedures for reporting concerns.*
- *Keep staff up to date on training*
- *To continue to work together as an organisation*
- *Regular updates and information sharing with partner agencies at practitioner level*

Returns from several partners highlight the need to develop greater understanding about transitional safeguarding for young people as they move into adulthood and also to address the Serious Violence Duty.

The Vulnerable Adolescent Group's achievements:

- **Support to YEF Neighbourhood Fund Project** – from concept through to implementation in Central Great Yarmouth – Right to Succeed are delivering the Central Great Yarmouth Place Project. A co-designed project utilising young people, residents, charities and professionals to achieve improvements in literacy, youth offer, education and employment and training.
- **Review and updating of online resources** – housed on NSCP website – A review of all current website content has been completed with policies and procedures checked/updated and all information for national, regional and local support services including contact details added.
- **Consolidation of training** – implementation of online Introduction to Exploitation package and whole day Tier 2 Vulnerable Adolescent Training – Tier 2 training has been completed in six sessions delivered by external training partner (Interface).
- **Coordination across partnerships** – County Lines Strategy Group, New Roads, Youth Justice Board, Pathfinder Project – The chairs of CLSG and VAG attend the other respective meeting (or appoint a member of their group to attend) to ensure cross representation and understanding. Work is ongoing to co-ordinate MACE, Youth FAST, TYSS and New Roads in community of practice events. High risk multi-agency SMT panel co-ordinated through EEOF and CPM good practice guidance in place across partners.
- **Embedding, improvement & promotion of MACE Processes** – CE Screening and alignment of Multi-Agency Child Exploitation (MACE) Team, Youth FAST (social care) & Targeted Youth Support Service – CE screening process has been reviewed and good practice guidance developed/amended through EEOF to ensure consistent application of MACE model.
- **Strengthening of operational oversight and scrutiny** - through the Exploitation Operational Oversight Forum (EEOF) -
- **Development of CE Data Dashboard** – helping to inform oversight work of EEOF – CE Dashboard is fully functional and forms part of EEOF oversight/review
- **Multi-Agency Audit on children at risk of exploitation**– completed and lessons absorbed into EEOF
- **Development of Good Practice Guide for Managing CE** – disseminated and added to online resources

- **Development of Serious Youth Violence Good Practice Guide** – including notification to partnership senior leadership and joint management of immediate risk
- **Support to schools to reduce permanent exclusion** – including the provision of an Inclusion Support Directory
- **Delivery of exploitation related schools programs** – including St Giles, Tricky Friends and Safer Schools Partnership sessions

In April 2024 work commenced on a third year review of a five year strategy. At the time of writing, the intention is to keep exploitation as a priority with an increased focus on sexual exploitation. The Vulnerable Adolescents Group is also responsible for actioning recommendations from learning in relation to Serious Youth Violence.

Serious Youth Violence

As noted in achievements above and in the scrutiny chapter, two pieces of work were completed in relation to serious youth violence (SYV): the multi-agency audit and a thematic learning review following the death of an 18 year old's fatal stabbing. The learning from these activities align and more focussed work is being planned, including improvements to:

- Early interventions, including work with primary schools
- Education, employment and training and vulnerability to SYV
- Children's mental health, in partnership with the NSCP's sister board, the Children & Young People's Alliance
- Understanding the adolescent brain: identity and healthy masculinity
- Understanding gang culture in Norfolk
- Ways of working with parents

Learning from the scrutiny on transitional safeguarding will also inform this work when it is completed.

VAG will continue to liaise with the working group implementing the Serious Violence Strategy to co-ordinate its response.

Family and Community Networking

Family and Community Networking (FCN) was adopted as a priority in June 2023. The strategy has been signed off and is available on the NSCP website. The NSCP's aspiration is to ensure that all Norfolk children have the support and resources of a healthy family and community network to not only give them a sense of belonging but also provide them with a safe, secure base which nurtures their sense of identity and place in the world. The strategic aims and objectives fall under four main headings:

- Communication
- Collaboration
- Father Inclusive Practice
- Restoration

Due to staff sickness in leadership roles progress in actioning the strategy has been delayed. It was not included in the 2023 – 24 Section 11 tool as self assessment was underway at the point of priority setting. More detailed progress will be reported in the next annual report.

Father Inclusive Practice

One aspect of this priority that is much further developed is the work we have done on father inclusive practice. This project has been live since April 2022 and was commissioned in response to the national Child Safeguarding Practice Review [The Myth of Invisible Men](#), published September 2021, which highlighted the need for all local authority areas to improve the way that they engage and work with fathers and father figures. In order to facilitate this, it was recognised that work would need to be coordinated and this coordination role was taken on as a 0.4 FTE addition to an existing post. A target time of three years was agreed as the very minimum time required to begin to make a cultural change to existing practices across the partnership. This financial year marks the second year of the project and a midway report was presented at Partnership Group in February 2024.

The aim of the work is to implement a father inclusive strategy across the whole partnership to raise the visibility of fathers and improve the engagement of fathers in Universal, Early Help and Specialist Children's Services. The need for services to engage more effectively with fathers in the national report is not a new finding. The evidence has been visible and known for decades; Professor Olive Stevenson highlighted this in Norfolk over 35 years ago talking about the "specific problem of shadowy male caretakers, fathers, stepfathers and cohabiters, who feature so prominently in inquiry reports".³

Implementation science highlights the need to bridge the gap between what we know from research and other evidence and what we do in our everyday practices. The Myth of Invisible Men highlighted that the changes required need to be systemic and cultural and the work in Norfolk was planned around this. Training is an essential component of facilitating change, but on its own is unlikely to effect transformation, particularly when the challenge has been longstanding and cultural. The project was therefore designed to try to understand and then address what creates the gap between knowing and doing. To understand this, clearer identification of what prevents engagement was essential.

Father Inclusive Practice – project achievements:

- **Foundation building:** this included a panel of expert advisors, local service providers and fathers themselves as well as identified advocates from all agencies
- **Information and awareness raising:** this included a survey for Norfolk fathers (74 respondents to share their experiences of engaging with services; consultation with over 200 multi-agency staff
- **Good practice guide** developed and launched at **conference** held in November 2023; 91 people attended
- **Training and workforce development:** in partnership with Family Hubs, a comprehensive training programme commenced in February 2024. This will be rolled out in three waves, with ongoing cohorts being trained into 2024 – 25. Participants are expected to attend follow up community of practice sessions in order to evidence impact and changes to practice.

³ Professor Olive Stevenson "Practice Issues Arising from Inquiries" 1988

NSCP Projects and Local Developments

Joint Agency Group Supervision

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

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

In spring 2023 a series of observations were undertaken by an independent scrutineer and findings were reported to the Delegated Safeguarding Partners in July 2023. The learning raised some concerns about the fidelity of the model which had evolved from its original purpose. As a result a Task and Finish Group was formed to address these concerns and by year end a proposal was tabled for the DSPs approval. At the time of writing monitoring and quality assurance systems are still in development.

Continuum of Needs Guidance

As reported in the NSCP's 2022 – 23 annual report, the Norfolk Threshold Guide was revised and rebranded and is now available as the [Continuum of Needs Guidance](#). The updated guide incorporated learning from local and national Child Safeguarding Practice Reviews and was launched in September 2023.

The guidance now includes a separate toolbox to support professionals to identify and articulate risk. The toolbox also includes some useful tools such as genograms, chronologies, the father inclusive good practice guide, and a consent leaflet to support difficult conversations and emphasise the benefits of consenting to early help. By separating out the core guidance and tools, we are in a better position to make update and keep the guidance fresh and relevant. This has been well received by the workforce it serves.

Start for Life and Family Hub Approach

The Continuum of Needs Guidance was launched to coincide with the launch of a changing approach to family hubs. Details of this are written into the guidance, but it marks an important and exciting evolution of our early help offer in Norfolk.

The Start for Life and family hubs approach is enabling us to build on the work already happening to support families with children up to the age of 19 (25 with special educational needs and disabilities) within local communities. This includes working with community groups and in the places that families already go, such as community supermarkets or libraries, where families access information, advice, and guidance. This way of working is ensuring that families can receive support that is better coordinated and is meeting all their needs as a family.

Resources for families have been brought together online, so that it is easier for them to access information, advice, and guidance. Whilst most of the work will be delivered in the local community or families' homes, families will also be able to access existing community buildings that they already use. At least seven of these venues, covering each district area,

will extend the services available onsite and be designated as a family hub site where a range of professionals are co-located from. There will also be more opportunity for families to access support from another parent or carer as we develop more volunteer peer support opportunities.

The join up between the NSCP and the Family Hub approach was promoted at the neglect conference in March 2024.

Family Help Pilot

In July 2023, Children's Services launched a Family Help Pilot, which is being tested in two of our existing localities. Family Help is an exciting innovation in how we operate to support vulnerable families and children. The Local Authority is trialling the impact of larger multi-disciplinary teams, bringing together key family facing teams (Family Assessment and Safeguarding Service (FAST), Family Support and some specialist roles from Intensive and Specialist Support Service (ISSS). This approach was designed to greatly enhance the "team around the child" model, supporting practitioners to work collaboratively and removing the delays linked to moving families, children and young people around the system, referral processes and the like. This model aims to ensure families can get the support they need at the right time, and will also allow practitioners to maintain the key relationships they have worked hard to build, even when additional support is being called in.

The new Family Help Teams comprise the key services we know our families rely on, but they also have access to existing call-in services so for a swift response to more specialist needs when required. As such, Norfolk families will be working with one team throughout their time open to the Local Authority, with no step up or down and addressing challenges regarding traditional issues with consent. There is also now dedicated specialist support to practitioners around Child Protection, Court Proceedings and in delivering Interventions to prevent escalation of cases, provide early intervention and support our families the moment they are ready.

The Family Help model is underpinned by relationship-based practice, teamwork and valuing the skills of all our practitioners to build a rich picture of what life is like for the families we are working with, and what interventions we can offer to help keep children safe and happy at home in line with the FLOURISH framework. This is an extended partnership model, bringing teams of practitioners together and enabling them to work alongside each other much more fluidly. The Family Help Pilot aims to deliver:

- A faster response to families who need our help
- Better outcomes for children and families
- Practitioners feel supported and valued at work.

Each locality in the pilot has three family help teams (FH1, 2 and 3) with family practitioners, social workers, domestic abuse practitioners, intensive specialist support workers, and homebased workers. Each team has network coordinators to support the practitioners and managers in their work. They continue to work closely with Children's Advice and Duty Service where all contacts will continue to be assessed.

Children and Young People's Mental Health

The Children and Young People Strategic Alliance (CYPSA) is the NSCP's sister board and have mental health as a priority. This is an area that has clear connection to safeguarding and the NSCP provides appropriate challenge and support. Work to improve in this area includes:

- The launch of the new [For Your Information \(FYI\) Norfolk website](#) which is a new self-care website for anyone aged 11-24 years old in Norfolk and Waveney, offering reliable information on health and wellbeing. Clinically validated and designed with community input, the website covers a wide range of topics, including emotional and mental wellbeing, relationships, family life, education, additional needs and disabilities and much more. The site also offers further resources and information about local services to ensure that young people have access to the right support at the right time. The creation of the FYI website has been an 18-month journey of incredible system working and, most importantly, co-production and collaboration with more than 300 young people. The process of the initiative included engaging with youth groups, schools, and individuals to gather insights and feedback, highlighting the importance of community involvement in developing resources that truly resonate with young people's needs. FYI will continue to grow with ongoing engagement and collaboration being at the heart of its evolution. Young people can contribute their experiences by submitting them through the site, or schools and settings can get in touch if they would like to find out more about getting involved. It has been built and will be maintained by the team behind Just One Norfolk from Norfolk & Waveney Children and Young People's Health Services.
- In January 2024, it was announced that Norfolk's children's mental health and wellbeing programme, Rise Up, has supported more than 10,000 in its first year. The Rise Up programme gives children and young people valuable knowledge and strategies to support their mental health and is being delivered in secondary and special schools across the county. Thanks to the programme, more than 350 teachers across 62 secondary and special schools in Norfolk now have the RISE Up toolbox of strategies, physical activities and a comprehensive set of help to support the mental wellbeing of children and young people. This is another example of us leading the way on a national level on supporting young people with more and more areas of the country following our lead. This was led by Children's Services, including professionals working in the Virtual School for Children in Care, Previously in Care and Children with a Social Worker.

Awards and National Recognition

Some examples of good practice have been nationally recognised, including:

- Norfolk Family Information Service received the esteemed Families First Quality Award. The award is an established national quality assurance and improvement framework designed to help organisations demonstrate excellence in helping families and recognises services that exceed the requirements set out in the legislation and statutory guidance.
- Norfolk Children's Services were awarded Earned Autonomy status for our Supporting Families programme in February 2023. The government see Earned Autonomy as those areas leading the way locally and nationally, which help to develop future policy and strategy by demonstrating what is possible. This status is held by only 14% of local authority areas: great recognition for Norfolk for our Early Help System and our data maturity. Colleagues from Community and Partnerships facilitated a rigorous assessment process at the end of last year when visited by the Department of Levelling Up, Communities and Housing, Department of Health & Social Care, and the Department of Work and Pensions. Feedback was complimentary of the partnership approach to prevention and early help in Norfolk.

- The Head of Safeguarding in Cambridgeshire Community Services, Norfolk's 0-19 Healthy Child Programme service provider, received a Queen's Nurse award. This award is given to nurses in the community for their contribution to community nursing. The Queen's Nurses are a group of nurses who all work in the community and are involved in national work. The CCS colleague was awarded due to her role in safeguarding and supporting practitioners.

6) Learning from Safeguarding Practice Reviews and Rapid Reviews

The NSCP’s multi-agency Safeguarding Practice Review Group (SPRG) is chaired by Sian Griffiths, one of the Independent Scrutiny Team. SPRG oversees all aspects of child Safeguarding Practice Reviews and annually refreshes its [local guidance](#) in line with national learning and local feedback. This chapter sets out: activity against Rapid Reviews and SPRs, including publication of reviews; learning from Rapid Reviews and specific actions taken or planned in response to reviews published in the last 12 months; and a summary of dissemination of learning. Learning from child death is reported in a separate annual report produced jointly by the Norfolk and Suffolk Child Death Overview Panels.

SPR and Rapid Review activity

Between April 2023 and March 2024, no SPRs were published and one SPR was commissioned. The Local Authority submitted a total of six Serious Incident Notifications (SIN) within this period, triggering Rapid Reviews, including the case proceeding to SPR.

A further three referrals were made to SPRG from other agencies:

- one from Cambridgeshire Community Services (0-19 Healthy Child Programme Provider) in relation to cumulative neglect. This resulted in convening a stage 4 resolving professional disagreement meeting as the case did not meet the criteria for an SIN/Rapid Review/SPR.
- one from Children’s Services in relation to the death of a care leaver; this was fully investigated and occurred prior to the Working Together 2023 guidance was published.
- the third from the Integrated Care Board’s Designated Doctor in relation to the physical harm of a three year old. This was deemed a ‘near miss’ case and it was agreed to conduct a local Rapid Review, i.e. without a SIN submission. Further detail on learning is included below.

NB These referrals were made prior to the changes to Working Together which shifted to making the submission of SINs a shared responsibility for the safeguarding partners from 15 December 2023.

A total of 9 local cases were considered by SPRG. A summary of Norfolk cases and issues is included in the table below:

Type of Activity	No.	Date and Presenting Issues
SINs/Rapid Reviews – not proceeding to SPR	5	<ul style="list-style-type: none"> • Apr 23: non fatal injuries to three year old; children not known to services and made safe • Jul 23: death by overlay, services in place and safer sleeping advice given; no new learning identified • Jan 24: care leaver with life limiting conditions; SIN submitted in adherence to WT23 – did not proceed to RR • Jan 24: death of premature baby with parental DA and substance misuse. Prior to her birth, robust plans for removal were in place as there were known risks which were mitigated against • Jan 24: death of an adult and two children. Not previously known to services. Proceeding to Domestic Homicide Review
SPR commissioned	1	Jan 24: child with complex medical health needs and perplexing presentation. SPR in progress. Learning pending.
Non-SIN referrals	3	As noted above.

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

Learning from Rapid Reviews

As noted in table above, the Rapid Reviews followed robust procedures allowing the NSCP to draw out relevant learning and make proportionate decisions. For example, the decision to join with colleagues from the Office of Police and Crime Commissioner (OPCC) who lead on Domestic Homicide in relation to the murder of two children in January 2024 is a better use of resources and an opportunity to join up. The Head of NSCP Business Delivery and the NSCP's Father Inclusive Project lead will both be sitting on the DHR Panel.

One of the recurring themes was concern around parental substance misuse, particularly with newborns and infants, and as such the Protecting Babies Operational Group were tasked with developing an education and communications programme to raise awareness with the workforce about different types of substances, the impact on parenting and the child's lived experience.

In partnership with Change Grow Live (CGL), the substance misuse service provider commissioned by Public Health, a comprehensive training programme has been developed for 2024 – 24. The aim of the training is to raise awareness of the effects and impact of alcohol and drug misuse for everyone working in a professional capacity with children, young people, adults, families, and communities. The learning outcomes are to improve understanding of:

- The effects of different drugs and alcohol.
- The differences of dependant and problematic drinking, as well as the physical and psychological effects of alcohol.
- Alcohol detox, how to recognise withdrawal symptoms and what you can do to support someone struggling with alcohol use.
- Other substances including opioids and benzodiazepines and how our services support our people with the aid of prescribed medication.
- The use of non-dependant substances such as Ketamine and Cannabis and how we support people to become drug free.

The training is being funded by Public Health with links to the NSCP training offer. CGL is supported in the delivery by the Matthew Project and Children's Services delivering sessions on how they support young people, unborn babies, and families and how **everyone** can play a role promoting safer sleep for parents of young children.

This is an exciting development. There will be face to face training opportunities on a monthly basis and the impact and reach will be reported in the next NSCP annual report.

Learning from Non Statutory Cases

In the cases that were non statutory, i.e. did not meet the criteria for an SIN, resources were put in place to draw out the learning as appropriate.

The neglect case was concerning but all partners were open to resolving the professional disagreement and the Phase 4 meeting was chaired by the Chief Independent Scrutineer (at the time working in his capacity as Independent Chair prior to the changes to Working Together 2023). The case was also raised before the Accumulative Neglect Operational Oversight Forum

was established (ANOOF). The aim is to give these types of cases a home with ANOOF in the future.

The death of a care leaver was concerning as it was a suicide. Children's Services provided assurances of internal investigations. In the future, under Working Together 2023, this case would trigger a Rapid Review.

Encouragingly, the 'near miss' case of physical harm to a three year old led into a robust piece of work. The child came from out of county and the Rapid Review was conducted with a partner Local Safeguarding Children Partnership. It was agreed at the Rapid Review meeting that Norfolk would hold a professional learning event to better understand the child's lived experience as well as the professionals' thinking.

Discussion and contributions at the event were thoughtful and constructive and it became clear that there had been some very good practice. The outcome of this learning event was reported to the Delegated Safeguarding Partners in February 2024. Headlines from this report show that this case was a good example of **what works well**. Good practice points included:

- The two children of the father and his partner had been open as CIN previous to ARC's arrival into the family. **Good working relationships** between Health and Social Work had been established - e.g. confidence in "just picking up the phone" and having messages/e-mails responded to - and there was **good understanding of the family's history**.
- The Social Worker specifically asked to be allocated to ARC's case because she had worked with the family previously, i.e. was in a strong position to **build on established relationships**.
- Quick response by the social worker on seeing the photos shown by a family member, i.e. **listening to the family** linked to learning from the National CSPR on Arthur Labinjo-Hughes and Star Hobson
- The **crisis team** were quickly involved and were able to begin work with the family as **early as possible**.
- The crisis team is able to match skills and gender of staff to families, taking into account the backgrounds of both family and the allocated worker to ensure the **worker best meets the family's needs** and is well placed to build relationships.

SPRG has been tasked with developing products to promote learning from this case.

Out of county Cases

In addition to local cases and referrals, Norfolk supported Suffolk and Central Bedfordshire Safeguarding Partnerships in responding to the death of a two year old in Ipswich. The family passed through Norfolk between 1 and 19 June 2023. The Rapid Review was submitted by Suffolk, where the incident took place, while Central Bedfordshire took the lead as the local area of origin. The Head of NSCP Business Delivery sat on the SPR Panel and co-ordinated Norfolk's response and contribution. The report is due to be published following the trial, which is scheduled for autumn 2024 at the earliest.

Learning from National CSPRs

Within the scope of this annual report, the Child Safeguarding Practice Review Panel (National Panel) announced two national reviews they will be undertaking: [Baby M](#) and [Child Sexual Abuse within the family environment](#). [Learning will be disseminated locally on publication.](#)

The [government response](#) to the review into 'Safeguarding children with disabilities and complex needs in residential settings' was published on 18 December and shared with the Delegated and Lead Safeguarding Partners.

The National Panel's annual report was also shared with the LSPs and at SPRG. In addition, Norfolk attended their first conference in June 2023 as well as regional roundtable discussions in October 2023 to ensure that we are well sighted on national developments.

Dissemination of Learning from Safeguarding Practice Reviews

This reporting year the NSCP did not publish any SPRs, however we continued to promote learning through our project work including the fathers inclusive practice conference in November 2023, the neglect conference in March 2024 as well as in best practice events for neglect champions, safeguarding trainers and the wider workforce.

The NSCP remains committed to promoting learning from local and national CSPRs. Learning options are written into our [local Child Safeguarding Practice Review guidance](#).

7. Training and Workforce Development

The Workforce Development Group (WFDG) is a subgroup of the NSCP. This chapter provides a summary of the WFDG's achievements in 2023 - 24, sets out the key areas of progress and challenge, and outlines the work planned for 2024 – 2025.

The WFDG includes a wide variety of multi-agency partners and members representing the private and voluntary sector. The range of members has recently changed with welcomed additions to the membership including SEND and mental health services. The WFDG continues to benefit from good attendance and engagement by members. It is independently chaired by Bridget Griffin, a member of the Independent Scrutiny Team.

The Chair provided a longer version of this summary to the Delegated Safeguarding Partners in March 2024.

Multi-Agency Training

The NSCP provides a comprehensive programme of learning opportunities regarding safeguarding children. The training needs of the workforce are informed by statutory guidance, national and local serious practice reviews and by members of the WFDG who may identify a gap or a specific training request emerging in their services areas. The 2023-24 training year saw the commencement of a new contract for commissioned multi-agency training with Interface Enterprises being the successful bidder. In the 2023-24 training year 12 separate courses were commissioned from our training provider with a total of 59 sessions delivered through a mixture of virtual and face to face delivery. The commissioned courses covered:

- Neglect
- Vulnerable Adolescents
- Trauma Informed Practice
- Working with Families
- Domestic Abuse
- Assessing, Managing & Holding Risk
- Emotional Wellbeing
- Child Sexual Abuse
- Children with Disabilities / Complex Health Needs
- Professional Curiosity and Challenge
- Reflective Supervision Skills
- Voice of the Child

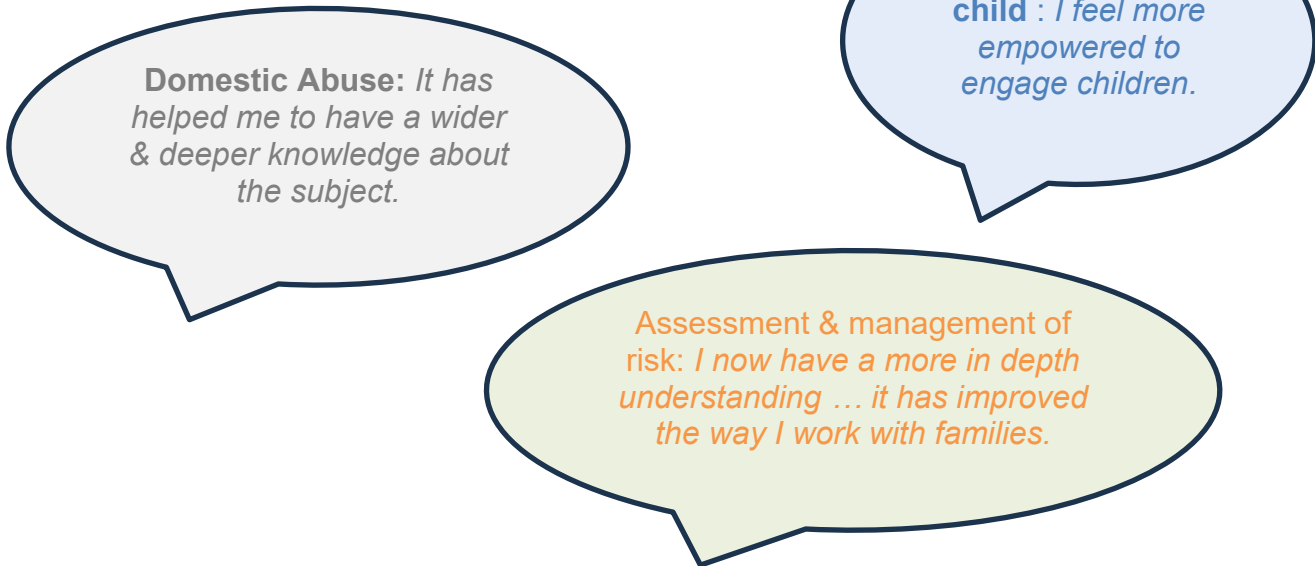
In addition, the commissioned training programme is supplemented by an extensive programme of courses offered by partners. In the 2023-24 training year 130 sessions were delivered by local partners, including sessions on:

- Signs of Safety/Family Networking
- Child Protection Conferences
- Early Help Assessment and Planning
- Gypsy Roma Traveler Cultural Awareness
- Substance Misuse in the Family
- Harmful Sexual Behaviour
- The role of the Local Authority Designated Officer
- Protecting Babies
- Parental Conflict
- Working with Children's Services
- An introduction to multi-agency working for new practitioners.
- Questions for Success

The NSCP Workforce Development business unit also supported the pilot of Health Education England's Wider Children's Workforce Mental Health Training; managing the bookings for the 22 sessions which ran. In addition, four Safeguarding Practice Review Roadshows were facilitated and two launch events for the new Continuum of Need Guide. In total, the learning opportunities commissioned and supported by the NSCP Workforce Development business unit during 2023-24 included approximately 4000 attendances from

across the multi-agency network. Quality assurance of these various courses is achieved by a system that includes members of the WFDG observing the training and providing feedback, quality assurance mechanisms within single agencies reporting into the WFDG and evaluations received from participants.

Selection of Feedback Quotes



Multi - Agency Practice Week

The design and delivery of Multi – Agency Practice Week is supported by NSCP/WFDG. This took place in November 2023 and was attended by over 900 multi-agency practitioners, managers and service leads. There was a range of workshops covering practice issues (such as Family Networks, trauma informed practice, learning from lived experiences, think family and engaging fathers) and a conference. 99.3% agreed that attendance would have a positive impact on practice.

Trainers’ Events: Trainers’ events take place twice yearly providing an opportunity for trainer development to anyone designing or delivering safeguarding children training in Norfolk. Attendance varies from colleagues delivering training within key statutory partners, to small organisations. These events are used as an opportunity to ensure that those delivering training in Norfolk are up to date on developments, but also as an opportunity to share good practice in training and develop skills.

The events in 2023-24 ran in July and December. The learning outcomes described key areas that the delegates would be expected to commit to after attending the event. These are included as Appendix 5. The combined total attendance for these event was 40 multi-agency practitioners, managers and trainers. The trainers’ events receive consistently positive feedback with delegates valuing the opportunity to attend.

Training Impact

Following a recommendation arising from the Scrutiny of Neglect Cases in 2021: *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*, a task and finish group was established in an attempt to gather information about the impact of training on practice. This group undertook a pilot seeking to understand the impact of three specific courses.⁴

⁴ The Voice of the Child, Domestic Abuse, Managing & Holding Risk

Questionnaires were sent to staff who had attended these courses prior to the course and at intervals of 3 and 6 months after attendance. A poor response rate in the early stages led to a change in the way questionnaires were sent. The pilot was evaluated in December 2023 concluding that despite various methods aimed at improving the response, the rate of response was consistently low⁵ and therefore little conclusive evidence could be gleaned about impact. The T&FG were asked to consider what more could be done to improve participation in this work including considering how line managers might be included. This group acknowledged the significant time/resources that had been employed to conduct this work, the low response rate, they questioned the outcome of this work and whether this pilot constituted *a system* (as set out in the recommendation). These questions were discussed at the WFDG in March 2023. The conclusion of this group is that several key issues arise:

- **Implementing a system to effectively measure impact** requires a systems approach that includes gaining evidence from a range of quality assurance activities such as single agency and multi-agency audits. **Action taken:** WFDG members have been asked to include training impact as an audit variable in single agency audits, NSCP have been asked to include this as a variable in MA audits and discussions are taking place in respect to including this as a question in Sc11 Audits.
- **Resource constraints** : The resources required to implement a whole system approach to the training provided are not in place and the results do not justify continuation of this pilot.

These issues have been raised with the Delegated Safeguarding Partners (DSPs).

Recruitment and Retention

The WFDG are clear that the quality and access to training across the workforce is an important factor in the recruitment and retention of staff, although are mindful that the group has not focussed exclusively on recruitment and retention in its widest sense. It is recognised that recruitment and retention of staff is a key priority across the system and that multi-agency services routinely progress various initiatives to improve recruitment and retention. The WFDG have requested guidance from the DSPs in this area.

Trauma Informed Training & Workforce Development

In 2022 the NSCP received funding from Norfolk and Waveney CCG to deliver a programme of learning events around Trauma Informed Practice to the children and vulnerable adults safeguarding sectors in Norfolk. A multi-agency task and finish group, including representatives from across agencies working with children, young people and vulnerable adults, was formed to design the programme of learning.

Based on a survey conducted with staff which gained the experiences and views of 286 multi-agency staff members, a programme of training a multi-layered programme of learning was delivered in 2023 and into 2024.

- half-day Introduction to Trauma Informed Practice sessions
- full day Trauma Informed Practice training
- two-day Reflective Supervision Skills training
- Trauma Toolbox for Staff sessions which aimed to address the impact of working with trauma on practitioners

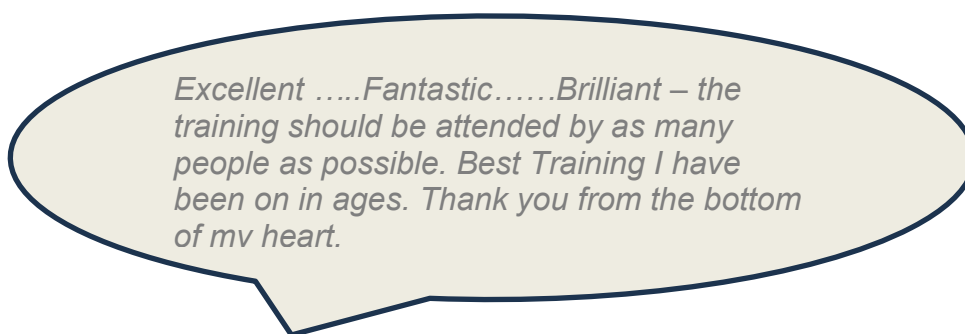
⁵ At 3 months 19.6% responses received at 6 months 16.9% response

- a two-day leadership conference to consider organisational and secondary trauma lead by Dr Karen Treisman.

The Task and Finish Group continued to meet regularly to review how the programme delivery was proceeding and to determine the best way forward with regards to expenditure of the budget. In total there have been 601 attendances across the various multi-agency services and a variety of learning opportunities offered.

Evaluation: Detailed evaluation of the training was completed by the NSCP Workforce Development Officer.⁶ The majority of the feedback received thus far across the training programme has been very positive with delegates speaking very highly of the facilitators, the content of the learning opportunities and the chance to engage and benefit from learning with multi-agency colleagues. Across the learning opportunities offered delegates have indicated a good level of confidence post training in their knowledge in relation to the learning outcomes.

In relation to the Trauma Toolbox sessions, there was evidence in the pre attendance questionnaires that practitioners are aware of the emotional and psychological impact of the nature of this work on them as individuals and valued the opportunity to develop techniques to help them address this impact. Funding was provided by Norfolk Safeguarding Adults Board (NSAB) to enable additional workshops to be held.



Legacy: The TI Task and Finish Group has continued to meet throughout 2023 and 2024. Research continues to grow about the benefits of maintaining a clear focus on, and investment in, trauma informed services and there is a strong desire to continue to build on the development of trauma informed organisational cultures. An example of an initiative that works well exists in NSFT in the form of TRiM (Trauma Risk Management). There is significant evidence that this approach substantially benefits staff and service delivery. The recommendation of the WFDG is that NSCP considers how trauma informed organisational cultures will continue to be strengthened. Four different models have been put forward to the DSPs for consideration and decision is pending.

Additional Work Streams

In addition to the standard programme of multi-agency training, the NSCP Workforce Development Officer also supports specific workstreams. During 2023-24 this has included:

- Designing and delivering Train the Trainer sessions for the implementation of the Norfolk Graded Care Profile roll out
- Supporting the Norfolk Neglect Champion Network by managing applications and maintaining the list of champions, writing the Neglect Champions' Newsletter, managing the Neglect Champions' Teams channel, delivering sessions (where requested) to inform

⁶ Trauma Informed Practice Interim Evaluation Report December 2023

practitioners about the role of Neglect Champions, and organising and providing additional learning opportunities and forums for the Champions including supporting the upcoming Neglect Conference

- Working alongside the Office of the Police and Crime Commissioner and other partners to commission training around Adultification, Gangs and Serious Youth Violence to address an identified multi-agency learning need.
- Chair of the Regional LSCP Training Group.

WFDG Workplan 2024 – 2025

- **Continued evaluation of training**
 - Training observations to take place across 2024 – 2025
 - Multi-agency training review (to take place towards end of 2024)
- Review of **Working Together to Safeguard Children 2023** and implementation, where relevant, in terms of workforce development
- **Competency Document** to be reviewed to consider required training and timing of training to be undertaken by the workforce
- **Training Strategy Review**
- **Continued awareness raising of the learning** arising from Rapid Reviews, Child Safeguarding Practice Reviews and reflective learning reviews in Norfolk
- **Mapping links between WFDG & other panels/forums** through membership and clarification of roles & responsibilities of WFDG members
- Supporting the **Neglect Graded Care Profile** implementation/roll out
- Planning and delivery of **Best Practice Events 2024 – 25**
- **Trainers Events x 2** to be designed and delivered
- Scope and plan support required for **implementation of NHS England's Workforce, Training and Education Mental Health Programme**

Work streams associated with issues discussed in this chapter will be progressed at the direction of the NSCP's DSPs.

The 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](#).

Safer has continued to grow from strength to strength during 2023-2024. Safer currently has 735 members, 165 members joined during 2023. Alongside this, Safer has strengthened its partnership working and developed new relationships with a wider range of partners, which has led to a new variety of free workshops being provided to members. Workshops have been delivered by the Disclosure and Barring Service, The NCC Prevent Co-Ordinator and Gamcare. This has also allowed members to access a wider range of advice and guidance on specific safeguarding issues.

Safer had a complete rebranding with new logo and marketing assets to provide it with a fresh professional look, also aligning it more closely to the NSCP and the NCC Flourish. Connected to this was using a new platform to deliver the monthly newsletter, which has provided consistency in design.

Safer continues to strengthen communication with members. In the 2024 annual survey members were asked how satisfied they are with the current level of communication that they currently receive from Safer. The average rating for this year was 9.04 out of 10. Safer now has a LinkedIn Page to reach a wider range of organisations and professionals

who are working with children and young people. This is a new platform to help communicate with our current members and attract new members.

Feedback from the Safer members' survey reflects the value they place on the programme:

- *“Safer has supported us with documentation and enabled us to undergo training opportunities that not only supports our volunteers but also the wider community”*
- *“It gives us peace of mind to know that we have covered the bases and we are putting the right processes in place”.*
- *“Being part of Safer have gave us knowledge, training and shared information that has been beneficial in all aspects of our organisation”*

8 Funding

The three statutory partners contribute equitably to the NSCP pooled budget. Children's Services and Health also cover funding for the Child Death Overview Panel, including the independent CDOP Chair and the electronic data system.

In addition to statutory partner contributions, the NSCP's income is supplemented by:

- The seven District Councils
- Training income – charges to non contributing partners and fees for late cancellations or no-shows
- DfE funding linked to project work to father inclusive practice, focus on Family Hubs
- The Safer training programme
- Drawing down from a historic reserve to support improvement projects

The funding arrangements are summarised in table below:

<u>Funded by:</u>	Income Budget	% Income budget	Income To Date	<u>Narrative</u>
Norfolk County Council	£138,620	28%	£138,617	
Health	£148,130	30%	£148,132	
Police	£59,750	12%	£59,751	
District Councils	£35,530	7%	£35,525	
Probation	£4,000	1%	£4,000	
Recharge - Grant Funding	£0	0%	£3,000	Neglect Conference funding from SA8030 Family Hub
Training Income	£85,850	17%	£97,145	Income from Education of £24,482 for NSCP Carried Forward to 2024-25
Funding for Fathers	£0	0%	£824	Income of £41,237 carried forward to 2024-25
Department for Education	£0	0%	£0	£47,300 DfE Funding carried forward into 2024-25
Use of Safer surplus	£11,440	2%	£11,440	
Forecast Use of Reserve	£18,400	4%	£18,561	
<u>Total Income</u>	£501,720	100%	£516,994	

The DfE also provided every Local Safeguarding Children Partner with one off grant funding when Working Together 2023 was published. This is being carried over into next year's budget and the intention is to spend this on priority work and independent scrutiny.

9 Conclusions and Formal Summary Statement

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

This is not to say that we are complacent in any way nor are we naïve about the challenges that lie ahead. We recognise the challenging times we have lived through in recent years and the direct impact that has on family life and our work to protect children. We are also mindful of the changing policy landscape and the implications that will have on our local safeguarding system.

While this report records many achievements, we also recognise the work that still needs to be done. Our challenges and ambitions as we move into 2024 - 25 include:

- Priority review scheduled for June 2024 and ongoing monitoring of impact on practice and outcomes for children
- Applying the learning from independent scrutiny on transitional safeguarding and continuing scrutiny work on identifies areas of the system
- Developing robust monitoring and quality assurance systems to better support Joint Agency Group Supervisions
- Continue to utilise the performance intelligence, data and qualitative feedback to ensure we are targeting our resources correctly and addressing any gaps
- Multi-agency audits planned for the Norfolk Graded Care Profile and Domestic Abuse
- Disseminating and implementing learning from local and national Safeguarding Practice Reviews and local Rapid Reviews, including promoting learning from the what works well case undertaken this reporting year
- Evaluating the impact of the substance misuse training programme commissioned in response to learning from Rapid Reviews
- Ongoing monitoring and review of learning and actions against recommendations from scrutiny, Child Safeguarding Practice Reviews, Section 11 and audit
- Develop and implement monitoring and quality assurance systems for Joint Agency Group Supervision
- Delivering on the Workforce Development Group forward plan with a particular focus on measuring the impact of training on practice
- 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
- Continue to promote and support the FLOURISH agenda
- Continue to promote equality and inclusion and celebrate diversity in Norfolk

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

Appendix 1: List of agenda items covered in Partnership Group meetings.

- Anna Freud Project overview
- The NSCP's input into the social care reform consultation on the National Framework and Dashboard
- Changes to Child Protection Conference processes
- A briefing on Family Hub arrangements
- Continuum of Needs Guidance sign off
- Respect Young Peoples Programme (RYPP) – Norfolk response to Child and Adolescent to Parent Violence and Abuse (known as CAPVA)
- National surveys: Working Together and Mandatory Reporting of Child Sexual Abuse
- Priority updates: vulnerable adolescents, neglect and father inclusive practice
- Policy sign off: Safeguarding Response to Obesity when Neglect is an Issue
- Use of Multi-Agency Chronologies (MACs), piloted between June and September
- Norfolk DA Partnership: response to legislation for accommodation of 16-17 year olds
- Evaluation of Leadership Programme: sessions from August 2023
- Oversight of Serious Violence Duty strategy and JSNA
- Family Connect and Data Transformation project
- Implications arising from Working Together 2023
- Evaluation of the Every Relationship Matters in Norfolk programme
- Feedback on the recently established 'reflective spaces' for neglect champions
- Section 11: safeguarding self assessment report
- Evaluation of the November multi-agency safeguarding practice week
- Updates on Rapid Review and Safeguarding Practice Review activity
- Audits: outcomes from the multi-agency audits on \ children with complex medical health needs and Serious Youth Violence – the latter using criteria set out in the Joint Targeted Area Inspection (JTAI) framework published in
- Update from Children's Services on the partners' collaborative bid for Pathway finders
- Cambridgeshire Community Services Digital Pathway
- Briefing on Early Years wraparound provision
- Celebrating Norfolk County Council achieving autonomy for its Supporting Families programme

Appendix 2: Data Sources

Data about an average week taken from national returns and local systems, using the most recent data available, and using either the most recent snapshot figure or an average figure for the last 12 months. Sources include:

Demographic data from Office for National Statistics (Nomis):

<https://www.nomisweb.co.uk/datasets/pestnew>

School population data from the Department of Education: <https://explore-education-statistics.service.gov.uk/data-tables>

Data about births, hospital admissions and mental health from Public Health's Fingertips Child and Maternal Health profiles: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133230>

Youth crime and youth justice data is from the Youth Justice Statistics publications:

<https://www.gov.uk/government/statistics/youth-justice-statistics-2022-to-2023>

Data about formal child protection pathways (e.g. referrals, child protection plans, Looked After Children) come from the Department for Education's Children in Need and Looked After Children publications: <https://www.gov.uk/government/collections/statistics-children-in-need> and <https://www.gov.uk/government/collections/statistics-looked-after-children>.

A number of data items come from local systems and is shared within the context of the Joint Strategic Analysis Group's arrangements for monitoring activity. These include:

- Monthly data about crimes by and against children.
- Monthly data about children starting a child exploitation episode.
- Data about parents' involvement in child protection conferences and reviews.

Appendix 3: Recommendations from the audit on children with complex medical health needs.

1. Referrals for children with complex health needs; Health practitioners working in the MASH, (or the referrer, if it was a Health professional), must be consulted if more detailed medical information is needed on complex cases, to fully understand the health needs and inform next steps. More explicit reference to the complex medical needs protocol (see recommendation 2 below) when making referral would support better risk assessment.
2. Auditors recommend a review of the policy [3.14 Managing Concerns about children and Young People \(C&YP\) where there are Medical and/or Complex Health issues and Escalating Safeguarding Concerns Policy](#) to be assured it reflects the recommendations made in this audit. This guidance should include signposting for advice and guidance for complex health needs, particularly for out of hours professionals.
3. Social workers need to provide greater evidence of challenge on complex cases, where medical information was not provided or was insufficient to inform or support the initial referral. This was particularly noticeable when the initial referral is not from a medical practitioner.
4. Multi-agency chronologies, need to be used early in the planning process, for children with complex medical needs, giving a holistic approach which informs decision making and next steps. The Norfolk Graded Care Profile (NGCP) must be used if neglect is identified as a concern.
5. There needs to be evidence of greater involvement of non-resident parent and partners being involved in assessments or planning for children with complex medical needs. (This recommendation is linked to similar recommendations made in the 2 previous thematic audits i.e., Pre-Birth Assessment - Oct 2022 and Referrals for a 2nd or subsequent time - Feb 2023).
6. For children with complex medical needs, all agencies, including Education and Early Years, must be included to contribute to the planning and assessment process. This will ensure that all relevant information about the child and their family is included in the assessments.
7. In cases where parents or carers do not give consent - or do give it and then withdraw it – this should always be reviewed collectively by the professional network around the child, and considered and recorded as a concern, so it is easier to assess the increased risk. This is particularly relevant when professionals are not able to gain the child's voice, or the child is non-verbal and therefore we may not fully understand their lived experience.

Appendix 4: Recommendations from the Serious Youth Violence audit

- 1) All agencies ensure that education remains central to planning, and all relevant education services are included within multiagency planning and review.
- 2) Consideration by Health as to how young people's educational needs can be included within Liaison and Diversion screening tools and assessments.
- 3) Agencies to consider more frequent updating of needs assessments and planning, with a specific focus on impact and effectiveness of intervention, where the risk of exploitation and serious youth violence is not reducing or materially changing.
- 4) Learning from this audit to be shared with colleagues leading on the implementation of the Serious Youth Violence Strategy with a particular focus on the quality of assessment and early intervention where indicators of exploitation and serious youth violence are a factor and/or emerging concerns.
- 5) Contingency planning processes should be developed in order to address wider risks, i.e., education and mental health, in the event that agreed interventions are unsuccessful.
- 6) Learning from this audit is used to inform the independent scrutiny on transitional safeguarding to explore how transitions toward adulthood are being supported and risks are being mitigated.
- 7) Education and support for parents and families to understand criminal exploitation, serious youth violence, and adolescent development is developed and promoted.
- 8) The audit has identified the gap in therapeutic provision that current services are not sufficiently meeting. Consideration could be given to identifying a therapeutic pathway that is specifically targeted at the trauma associated with criminal exploitation and serious youth violence, and how these factors can shape and influence identity during adolescence.

Appendix 5: Safeguarding Trainers' events learning outcomes

July 2023

- Commit to reflecting Norfolk's priorities in relation to safeguarding children in your training.
- Have knowledge of the Health Education England Children's Mental Health training and have considered training implications for Norfolk following the pilot.
- Be up to date on the development of Family Hubs.
- Have knowledge around changes within the structure of Children's Services.
- Have considered implications for training and practice of the new Continuum of Need document.
- Have shared good practice and innovation in training.

December 2023

- Using the Continuum of Need Guide in safeguarding children training.
- Be up to date on the launch of the Working with Fathers Good Practice Guide.
- Understand the practice developments around the Neglect toolkit.
- Be up to date on the progress of Family Hubs in Norfolk.
- Have shared good practice and innovation in training.

Report title: Norfolk Safeguarding Adults Board Annual Report for 2023/24

Date of meeting: 04 September 2024

Sponsor

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

Reason for the Report

Publication of a safeguarding adults board's annual report is a statutory requirement under the Care Act (14.136 Care Act Guidance 2024). This report is to be shared with the chair of the Norfolk Health and Wellbeing Board (HWB) (14.160), and it is expected that the HWB will:

'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 Care Act Guidance)

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

Report summary

The Norfolk Safeguarding Adults Board (NSAB) annual report highlights the NSAB and the wider partnership's adult safeguarding activity during 2023/24 (see Appendix A). It sets out work done to safeguard those at risk of abuse and harm in a very busy and challenging time for all involved within the safeguarding adult's arena; particularly as the legacy from the pandemic, increasing pressure on all systems and the cost-of-living crisis continues to be seen.

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

- Safeguarding Adults Review, findings and recommendations.
- Activity summaries from NSAB's three statutory partners: the local authority, Norfolk Constabulary and the Integrated Care Board.
- NSAB's key achievements during 2023/24.
- Review of the business plan.
- NSAB's website and social media.

Recommendations

The HWB is asked to:

- a) Endorse the contents of the NSAB 2023/24 annual report.
- b) Encourage all NCC elected members to attend a specially arranged briefing for them on 25 September 2024.
- c) Promote the work of NSAB to partner organisations and stakeholders.
- d) Use media and communications channels to promote the safeguarding messages.

1. Background

1.1 The purpose of Norfolk Safeguarding Adults Board is to safeguard adults with care and support needs, who may experience or be at risk of experiencing neglect and abuse. It does this by:

- a) Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
 - b) Assuring itself that safeguarding practice is person-centred and outcome-focussed.
 - c) Working collaboratively to prevent abuse and neglect where possible.
 - d) Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.
 - e) Assuring itself that safeguarding practice is continually improving and enhancing the quality of life of adults in its area.
- 1.2 The NSAB leads adult safeguarding arrangements across Norfolk and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. The NSAB vision is for everyone to work together effectively to enable the people of Norfolk to live free from abuse and neglect, and to promote widely the message that safeguarding is everyone's responsibility.
- 1.3 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 Along with the three statutory partners (local authority, health and the police) the board has a wider membership covering a range of agencies who are active in safeguarding adults in the county. These include health provider organisations from both acute and community health settings, Norfolk Fire and Rescue Service, Healthwatch, probation, prisons, district councils, representatives from the voluntary sector and from other partnerships such as the Learning Disability Partnership and the University of East Anglia.
- 1.5 Safeguarding services sit within the adult social services department (ASSD), led strategically by Debbie Bartlett, Interim Executive Director of Adult Social Services who takes a keen and very supportive role in respect of NSAB.

2. Some of NSAB's key achievements and activity during 2023/24

- 2.1 During the year 2023/2024, 6,385 safeguarding concerns were reported to the local authority. This represents an 8% increase 5,904 in the previous reporting period. There has been a change in the methodology used this year to ensure that case types are correctly counted in the social care database and align more closely to the Safeguarding Adult Collection methodology than previous years. This has led to a significant increase in the number of section 42 enquiries counted (57%) in comparison to the previous year but is more reflective of the work completed on the Norfolk County Council system. The data this year shows that the most common location of reported abuse has changed from the person's home to residential care home. There is a reduction in safeguarding concerns being reported from mental health hospitals (most likely due to the closure of local private mental health hospitals), but increase in cases from acute hospitals, has continued from last year's figures.

- 2.2 The number of referrals received by the board for consideration as a Safeguarding Adults Review (SAR) has increased. There have been 22 referrals to the Safeguarding Adults Review Group in the last year.
- 2.3 The NSAB continues to have significant national profile over the last 12 months in relation to the Safeguarding Adults Review into the tragic deaths of Joanna, Jon and Ben at the privately run Cawston Park hospital. A second progress summit was held in July 2023 that assessed the progress made against the recommendations made by Margaret Flynn, the report author.
- 2.4 NSAB engaged in a peer review with Wigan Safeguarding Adults Board; the feedback and recommendations were delivered in May 2024.
- 2.5 The first all Locality Safeguarding Adults Partnership face to face event was held in Dereham in May 2023.
- 2.6 NSAB presented at the Durham Whorlton Hall SAR summit in January 2024 and the boards have continued to work together to influence national policy.
- 2.7 A “Train the trainer” refresher workshop was held in November 2023, where all those who had completed the Train the trainer workshop in the past few years were invited along to share their experience and take away some examples of best practice.
- 2.8 The number of people who have signed up for NSAB’s Safeguarding Matters newsletter increased from 841 in April 2023 to 994, in March 2024.
- 2.9 NSAB’s program of webinars in 2023-24 included: Lasting Power of Attorney and Mental Capacity Act, domestic abuse and older adults, animal hoarding and One Voice for Travellers. There have been some fabulous speakers sharing their expert knowledge. Each session has been evaluated, and while not everyone completes the form, 99% of responders felt that their learning outcomes had been met.

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 2023 – 31 March 2024

✕ @NorfolkSAB
norfolksafeguardingadultsboard.info



Contents.

About the board, plus membership/meeting attendance	03
Message from the independent chair	06
Message from the board manager	08
Our highlights of the year	08
Review of our business delivery plan	08
Safeguarding Adult Reviews	11
Contributions from our three statutory partners	13
Locality Safeguarding Adults Partnerships	22
Self-neglect & hoarding subgroup	18
Quality & assurance subgroup	19
Safeguarding awareness: Train the trainer	16
Coalition for Change	17
Safeguarding Adults Collection Return	34
Financial summary	36
Strategic plan	38

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once doc approved**

Norfolk Safeguarding Adults Board

Safeguarding adults boards are required in each local authority area under section 43 of the Care Act 2014. They are a partnership of organisations in that area who work together to safeguard people who have care and support needs, from abuse and harm.

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

We recognise the importance of public, private and community organisations, and the people within them, working together in the key areas of prevention, managing enquiries and shared learning from SARs, as well as highlighting the need for professional curiosity to be encouraged and supported if we are to make Norfolk a safer place for people who need care and support.

As a partnership, we are committed to the principles of [Making Safeguarding Personal \(MSP\)](#): this means listening to what the adult or their representative would like to achieve, and ensuring support is available which enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

We want people to be live safely in communities that:

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

Our [Strategic plan 2023-26](#) tells you more about our vision and our plan to achieve it. You can see our 'plan on a page' at the end of this report along with the ways we measure our success.

You can also find [more about NSAB](#) on our website, including our core duties.



Organisation	May 2023	July	Sep	Nov	Jan 2024	Mar
Acute hospitals	Kim Goodby	Kelly Boyce	Kelly Boyce Kim Goodby	Kim Goodby	Kelly Boyce Tina Chuma	Kelly Boyce Kim Goodby
Adult social services	Craig Chalmers Helen Thacker	Helen Thacker	Helen Thacker	Craig Chalmers	Craig Chalmers Helen Thacker	Craig Chalmers Helen Thacker
Association representing mental health care	-	-	Michael Millage	-	-	-
Autism board			Trevor Key	Trevor Key	Trevor Key	Trevor Key
Build Charity	James Kearns	James Kearns	James Kearns	James Kearns	James Kearns	James Kearns
District councils	Mike Pursehouse	Mike Pursehouse	-	Mike Pursehouse	Mike Pursehouse	Mike Pursehouse
Dept of Work & Pensions	-	-	-	-	-	Lisa Barraclough
East Coast Community Healthcar	-	-	-	-	-	-
Healthwatch	-	Judith Sharpe	Judith Sharpe	Judith Sharpe	-	Judith Sharpe
Councillor	-	Mark Kiddle-Morris	-	-	Mark Kiddle-Morris	
Norfolk Community Health & Care NHS Trust	-	Carolyn Fowler	Carolyn Fowler	Victoria Aspinall	Carolyn Fowler	Carolyn Fowler
Norfolk Constabulary	Andy Coller	Chris Balmer Andy Coller	Bruce Clark	Chris Balmer	Mark Joyce	Chris Balmer Mark Joyce
Norfolk Fire & Rescue	Emyr Gough	-	Emyr Gough	-	Emyr Gough	Emyr Gough
Norfolk & Waveney Integrated Care Board	Gary Woodward Paul Benton	Andy Hudson	Gary Woodward Paul Benton	Gary Woodward Paul Benton	Gary Woodward	Gary Woodward
Norfolk & Suffolk NHS Foundation Trust	Saranna Burgess	Saranna Burgess	Saranna Burgess	Saranna Burgess	-	-
Office of the Police & Crime Commissioner	Amanda Murr	-	Amanda Murr	-	Gavin Thompson	-
Prison service	-	-	-	-	Amy Askew	-
Probation	-	-	-	Leon McLoughlin-Smith	Leon McLoughlin-Smith	Sarah Talbott
Public Health	-	-	Chris Butwright	-		-
University of East Anglia	-	-	-	Claire Pratt	Claire Pratt	Claire Pratt
Voluntary sector	-	-	Laura Bloomfield	-	-	-

June 2023: Cllr Mark Kiddle-Morris joins NSAB, replacing Cllr Penny Carpenter. August 2023: Sally Hughes, public health rep steps down and is replaced by Chris Butwright

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

Message from Heather Roach, independent chair



Producing an annual report is a statutory duty for a safeguarding adults board and is an effective way of monitoring our progress against the board strategic plan. It is a unique opportunity to reflect upon our achievements and to identify our future focus.

The last 12 months have of course been extremely busy and having developed a new three-year strategy the board has been keen to progress with its key priorities. We have developed measures to quantify our success and have also been actively looking at how we can measure the impact of all our work, in terms of keeping people safe and independent. You will see the measures reported on within this annual report and as we move forward this will allow us to monitor our progress.

Not only is it important to have numeric measures in place but it is vital to obtain feedback and listen to the people who use services and have experienced the safeguarding process (both professionals and the public). Our first annual survey of professionals is also highlighted within the report and our local authority colleagues have been instrumental in obtaining feedback from service users which can only benefit the things we do to support them.

It has been another busy period for Safeguarding Adult Reviews (SARs) in terms of referrals and continuing to deliver against previous recommendations. The board held a second progress summit to examine what has happened following the SAR for Joanna, Jon and Ben, with equal focus again in relation to both national and local recommendations. The board has also developed a productive link with Durham SAB, who published the Whorlton Hall SAR having many synergies with our review.

The board has continued to develop its own processes and effectiveness and has engaged in a peer review with Wigan SAB; the feedback and recommendations from this will be delivered in May 2024. We have also been assessed by Partners in Care and Health, a regional project during the first part of 2024, and received positive feedback in almost all areas of business. I am incredibly grateful to all the board's partners for their continuing support and hard work which reflected in such a positive outcome to this assessment.

Both Walter, our board manager, and I take an active part in our regional arrangements and national structure. I am the chair for the regional SABs meeting and sit on the national executive group, where I also chair a subgroup relating to criminal justice. All these additional roles provide us with opportunities to understand and influence safeguarding priorities on a larger scale.

Finally, I am immensely grateful to the NSAB business team, Walter, Becky, Andrea and Petra who all inspire me and are passionate, professional and committed to safeguarding. Also, to all the partners that contribute to a positive and enthusiastic partnership. I hope that you find this annual report interesting and share in our enthusiasm to ensure that we all work together to enable the people of Norfolk to live free from abuse and neglect, and to widely promote the message that safeguarding is everybody's responsibility every day.

H Roach

Message from Walter Lloyd-Smith, board manager



Impact and how we make a difference

An annual report records and celebrates the successes and achievements of the safeguarding adults board, and its wider partnership. I hope it does more than that; it gives an opportunity to bring together evidence of the impact of what's changed.

While the question of showing what difference we have made is always a tricky one, I am excited to highlight a new addition to this report which includes information and short quotes on how individuals have changed their practice, or used something the board has done, in their work. While some might say those are examples at the individual level, I believe they are hugely important illustrations of the really significant role people can play in supporting the work of Norfolk Safeguarding Adults Board. I would argue that it is exactly this type of connection with individuals which is key to work reported here.

The backdrop to this year's work has been the discussions about impact and showing a difference against a new three-year strategy, which sets out 16 priorities and was published in June 2023. In thinking about impact, I would like to acknowledge here the influence of Becky, our deputy board manager, this year in helping to surface this question and support the discussions we had at board and across the partnership. Thank you, Becky.

Alongside our new work has been the ongoing but equally important task gaining and maintaining the traction needed to embed learning from the SAR recommendations we already have. In fact, at the board development day in September 2023, we gave some time to think about this question, how we embed learning. I must here record my sincere thanks to Saranna Burgess who stood down as the chair of NSAB's Safeguarding Adults Review Group (SARG) in mid-December. Saranna took the role of chair six plus years ago, saying she would be happy to do this in the short term. But six years later she was still involved as chair and supporting this key area of work.

Saranna's skilful approach and collaborative chairing style enabled SARG to do its work. Saranna said on a number of occasions that SARG was the one meeting she really enjoyed and it felt truly 'multi-agency'. For this reason, I would like to take perhaps an usual step and dedicate my page in this annual report to Saranna. Thank you; the Norfolk safeguarding adults system will miss you. And from this I welcome Gary Woodward as the new SARG chair, and Kelly Boyce as the deputy chair.

Adult safeguarding work is always developing and evolving, and this year was no exception. The board and the business team have facilitated important work on migrant workers and safeguarding, worked supporting Norfolk Fire & Rescue fatal fire review panels, and the follow-on work on emollient cream fire safety and presenting at the Community Alarms Fire Safety seminar in June 2023. There have also been real gains made in the ways we get consistent data around safeguarding in the county, and to gather feedback and assurance from partners thanks to the Quality and assurance subgroup. And, not to forget

work continuing the review of our multi-agency policy through an equality, diversity and inclusive lens. During this year it has been important to keep NSAB connected regionally and nationally through Heather's work with SAB chairs, and my work with the SAB Managers' network. Investing this time ensures we play our part on the national agenda of adult safeguarding, and I have always been proud to represent NSAB in this way.

I wish to acknowledge and record thanks to all the colleagues who contribute to or support the work of the board in some way. Through our locality safeguarding partnerships, as a member of a subgroup or as a board member – or it may have been in using NSAB material in their daily work. I would like to thank the board members who have taken this year's work forward and for being generous with their time to support extraordinary meetings as the workload has expanded. Thank you to those board members who have stepped down and those that have joined in 2023/24 (see page XX), but I would like to take this opportunity to record my thanks to Sally Hughes Public Health representative and Councillor Penny Carpenter who both stepped down from NSAB during this year.

I would like to acknowledge and thank the NSAB team: Becky Booth, Andrea Smith and Petra Alford, whose enthusiasm and commitment are inspiring and who worked incredibly hard to keep the board's work moving and on track.

Please take a few moments to read this report as it does show we can make Norfolk a place where abuse and harm of adults is not tolerated and the work our partnership is doing to combat it. We can, and are, making a difference.



Walter Lloyd-Smith
NSAB Board Manager/Business Lead

Our highlights of the year 2023/24

April 2023

19

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

24

Presentation of the joint MASH scrutiny report and recommendations

27

Understanding Autism webinar jointly with Suffolk Safeguarding Partnership.
NSAB publishes its Multi-agency Learning and Development guidance

May 2023

15

NSAB's mental capacity facilitated discussion session

15

15th-17th supported National Hoarding Awareness Week.
Promotion of the trauma informed training sessions and [exploitation e-learning](#)

17

Financial abuse and safeguarding webinar

June 2023

05

Unpaid carers and safety webinar

19

First all LSAP face to face event, Dereham
Launch of new resource packs, including new tote bags, and a quick reference poster on how to apply the Mental Capacity Act

27

NSAB presents at the Norfolk Telecare/Community Alarms Fire Safety Seminar (jointly organised by Norfolk Fire & Rescue, NSAB, Assistive Technology Service NCC and Careline365)

30

Cllr Mark Kiddle-Morris joins NSAB as the Norfolk County Council elected members representative to replace Cllr Penny Carpenter

July 2023

05

Second Cawston Park SAR progress summit

19

NSAB attended Norfolk Healthwatch Serious Mental Illness Proposed Programme

27

NSAB presented on self-neglect to N&W ICB Safeguarding Lead GP meeting

29

NSAB supported Pride 2023

August 2023

17

Update on Cawston Park summit presented to Learning Disability Partnership Board meeting

22

NSAB present to National Policing Vulnerability Knowledge and Practice Programme Adult at risk of harm awareness session

September 2023

17

NSAB Assurance and development day. Included presentations on asylum seekers; system pressures and hospital discharges; quality of care in Norfolk, all as assurance to the board and to identify any other action needed. Safeguarding vulnerable dependent drinkers workshops started

22

First virtual Members' briefing for the annual report

26

Animal hoarding webinar

October 2023

01

Norfolk/Wigan peer review commenced

17

NSAB chair attends Norfolk Integrated Care System conference

18

NSAB gives presentation on Deprivation of Liberty at Norfolk Care Association Care conference

26

Domestic abuse & older people webinar

November 2023

14

Housing provider session on self-neglect and hoarding

15

NSAB gives presentation on mental capacity to the Norfolk Care Association's supported living, housing with care, shared lives (all ages 18+) subgroup

22

Second all LSAP face to face event, Dereham

20

20th-24th NSAB supports National Safeguarding Adults Awareness Week. Overarching theme is 'Safeguarding yourself and others'. Also included Walter in conversation with Kenny Gibson

27

NSAB Train the trainer refresher session

December 2023

14

NSAB presentation to N&W ICB practice learning session

January 2024

11

NNSAB presentation at the Durham Whorlton Hall SAR summit.

NSAB produce safeguarding best practice video interview for adult social care staff.

NSAB records emollient cream risks podcast with Norfolk Fire & Rescue

February 2024

01

Publication of SAR relating to Adult P

01

NSAB business team development session

17

One Voice 4 Travellers webinar

23

NSAB chair attends “Over a Brew” programme session to consider coproduction opportunities

March 2024

19

NSAB chair attends Norfolk adult social care’s Achieving Care Quality Together conference



Review of our Business Delivery Plan: completed work 2023/24

This plan links with our three-year strategy, so not all items have progression against them from 2023/24 but will be actioned as we go. It is structured against the three pillars in our strategy, and from this year onwards we're looking to measure our effectiveness using both data and qualitative measures.

Preventing abuse and neglect:

1. Coordinate partnership activities (evidence based) including a focus on recognising diversity and inclusion:

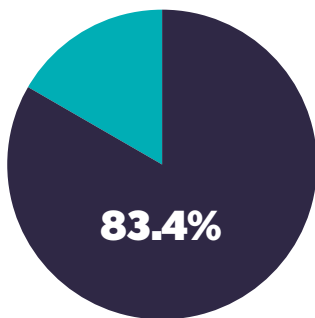
- a. One Voice for Travellers webinar, held February 2024
- b. Domestic abuse and older people: "In conversation" with Dr Hannah Bows webinar - 100 attended in November 2023
- c. Materials developed through coproduction with the Norfolk Autism Partnership to support better understanding of the communication and support needs of autistic people – published on NSAB website, shared with GPs and our wider networks

2. Promote good quality training that includes the voice of lived experience wherever possible:

- a. With the Domestic Abuse and Sexual Violence Group, Norfolk County Council (NCC) provided 12 sessions of exploitation training, free to all partners
- b. Completed evaluation of trauma informed practice training with Norfolk Childrens Safeguarding Partnership (NSCP)
- c. "Vulnerable dependent drinkers" training sessions completed – evaluation in progress
- d. Friends Against Scams online training promoted via LSAPs
- e. NCC speaking with adults who have been through s42 enquiry as a way of evaluating Making Safeguarding Personal approach, generating evidence of what makes them feel safe / human element

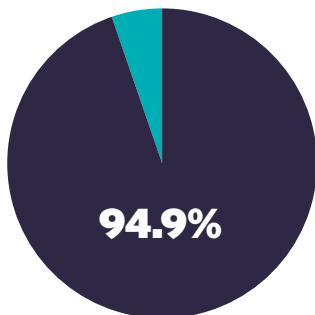
Strategic plan measures

Develop ways to gather and collate feedback from people providing and using services to measure their confidence / understand their experience of safeguarding.



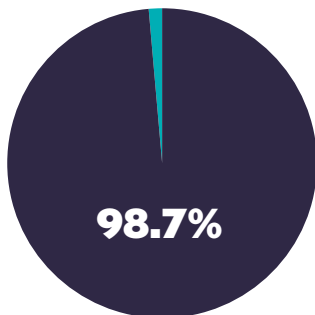
Number / percentage of people who define what outcome they want at the beginning of a S42 enquiry

- Desired outcomes asked = 83.4%



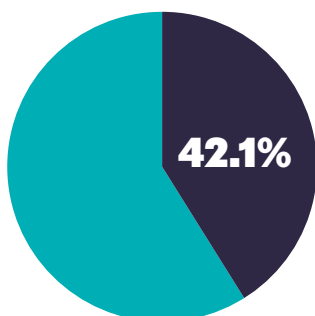
Number / percentage of people whose identified outcome was met

- Desired outcomes achieved = 94.9%

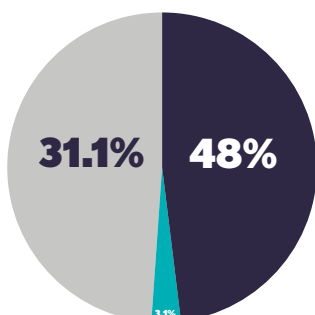


Access to advocacy

- Enquiries where people at risk were supported = 979 (98.7%)



- Enquiries where referrals for independent advocacy were required and made = 59 (42.1%) (target 100%)



Proportion of people who feel safe after the safeguarding intervention

- People at risk feel safe = 48%
- Answers to 'no' = 3.1%
- (31.1% lack capacity, 16.2% person had died, 1.3% not recorded)

THESE FIGURE DONT ADD UP TO 100%

Use qualitative data to understand the lived experience of those supported by the safeguarding process. The NCC safeguarding team now have an embedded process where adults who have been involved in safeguarding enquiries are spoken to afterwards to better understand their experience and the outcomes. The information from this is shared with NSAB and an overarching theme to date shows the importance of human relationships and connection in feeling 'safe'. You can read more about this in the adult social care contribution below.

Impact and outcomes: NSAB webinars held 2023/24



Total of 507 signed up,

● 375 attended (75%)

● 95 gave feedback (25%)

98.3% said that the webinars met learning outcomes where these had been set.

How will it change your practice?



"Being able to share my knowledge with people I work with in the community, those who also may be especially vulnerable to this"



"New gained knowledge will help me when completing assessments as a community nurse"



"It will help me to advocate when supporting individuals through s42 Enquiries as an Independent Advocate"



"We do a lot of work with unpaid carers. I feel I can now advise them about what they can do to keep themselves safe if they feel under threat"



"I had not had any guidance previously regarding this issue (animal hoarding) and have disseminated within the team"



"It has added to my knowledge and new ways of considering how to deal with these types of cases in my role as a Housing Officer Tenancy Management"



"Be more mindful of the fact that more questions are needed on occasion. To look further and listen more"



"It opened my eyes to a lot of issues around DA for older people that I hadn't considered before. I am a trainer so I will now be able to pass this knowledge on to others to help raise awareness"



"I have learnt about the travellers' culture and if I have a referral or an encounter within my community work, I will be able to put in context my intervention"

Managing and responding to concerns about abuse or neglect

There are several actions here which remain in progress rather than completed, so we will be able to report on those next year. This includes work to support consistency in raising concerns, ensuring our approaches are accessible and embed equality, diversity and inclusion, and promoting MSP.

Strategic plan measures

Develop multi-agency audit processes to identify both qualitative and quantitative data to monitor the reporting of safeguarding concerns and MSP.

Examination of S42 conversion rates - in each abuse type

Work in progress with NCC insight and analytics (I&A) team looking at s42(1) and s42(2)
- looking to draw out areas for focus over the longer term

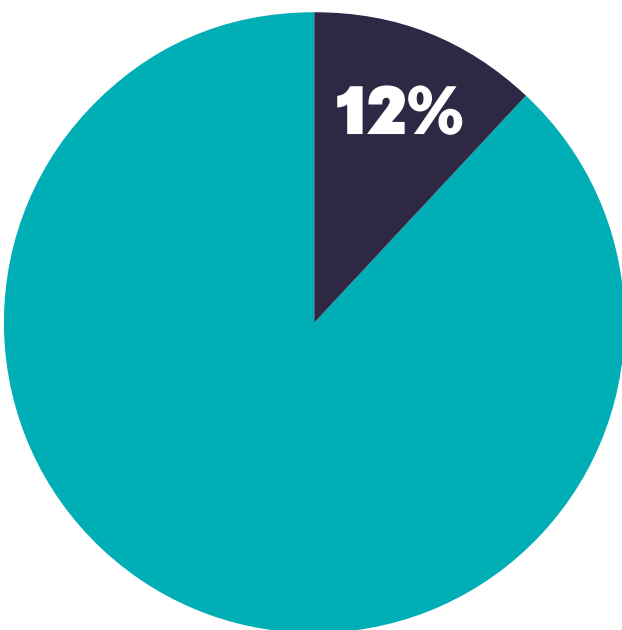
Tracking the safeguarding process - time taken to complete S42 enquiry

- Overall median days to start enquiries = **5 working days**
- Overall median days to close enquiries = **52 working days**



Monitor the number of repeat safeguarding concerns reported

- **12%** of cases have repeat safeguarding concerns within 12 months



Learning lessons and shaping future practice

1. Produce and share relevant insights and guidance across the partnership

- a. Reviews and updates to many of NSAB's policy and guidance documents
- b. Board manager blogs and monthly newsletter

2. Collaborate with other partnership boards to identify recurring themes/share approaches

- a. Joint work with NCSP, NCC, County Community Safety Partnership (CCSP), District Council Safeguarding Group, Norfolk Scams Partnership – looking at transition, pathways in safeguarding, domestic abuse, self-neglect & hoarding, scam awareness and prevention, exploitation

3. Ensure actions taken are influenced by the experience of people who have been at risk of harm

- a. Hidden harms animation on older people and domestic abuse launched on World Elder Abuse Day June 2023
- b. Key materials have been translated into 'easier to read', including the safeguarding factsheet and a new poster designed by Opening Doors

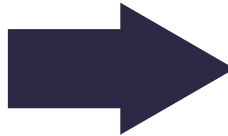
4. Support organisations to improve the quality and impact of their safeguarding adults practice

- a. NSAB independent chair is a member of the Social Care Quality Improvement Board and can link the safeguarding adults agenda with any relevant discussions/workstreams
- b. NSAB independent chair presented on organisational abuse at the Achieving Quality in Care conference in March 2024
- c. Second progress summit following Joanna, Jon and Ben SAR held in July 2023 and debrief August 2023

Strategic plan measures

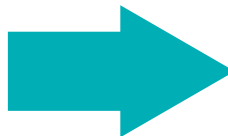
By asking partners to demonstrate how they have implemented actions/learning; developing a way to evidence the impact of learning from SARs and other reviews, considering the corporate / organisational level versus individual experience – what has changed?

All action plans developed from SAR recommendations will now have an 'impact' column added which will require feedback from partners evidencing the implementation of actions/recommendations and timeframe.



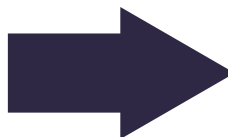
To be incorporated in all SARs/Learning reviews

SARG to identify past recommendations/actions to revisit and request partners provide evidence of changes/improved practice.



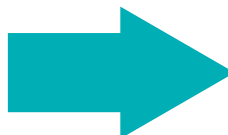
To be included on SARG agendas

All NSAB training/awareness events to have evaluation forms/feedback to demonstrate improved practice.



In place, annual evaluation overview included in annual report

NSAB annual survey – includes asking for examples where something NSAB has done over the year has impacted on the person participating's practice – can then be compared year to year



Started in April 2024

Impact and outcomes – feedback from new NSAB survey:



“I have directed workers to relevant publications to aid them in carrying out Section 42 Enquiries. Also, I have used the easy read guide to safeguarding to explain my role to a service user with a Learning Disability”



“Hidden Harms, Tricky Friends and (What to do about) self-neglect animations have been put on our engagement platform”



“Issues in relation to self-neglect have been supported by NSAB information, among other things”



“Able to support and signpost staff that I lead in the team I work in. Improved connections with colleagues/services in the locality”



“The self-neglect policy guide is excellent, and I was able to share the key findings with a colleague who was looking for guidance in relation to a very high-risk case”



“Being a bit more resilient and persistent around professional curiosity to dig a bit deeper. More confidence with my safeguarding enquiries”



“The Tricky Friends video was a great way to enable a positive conversation with a service user”



“Website policies and procedures have been useful when reviewing our own policies and procedures, the SARs have been very useful for lessons learned”



“We have shared lots of social media information posts for example about fire safety and fire risks (emollient creams)”

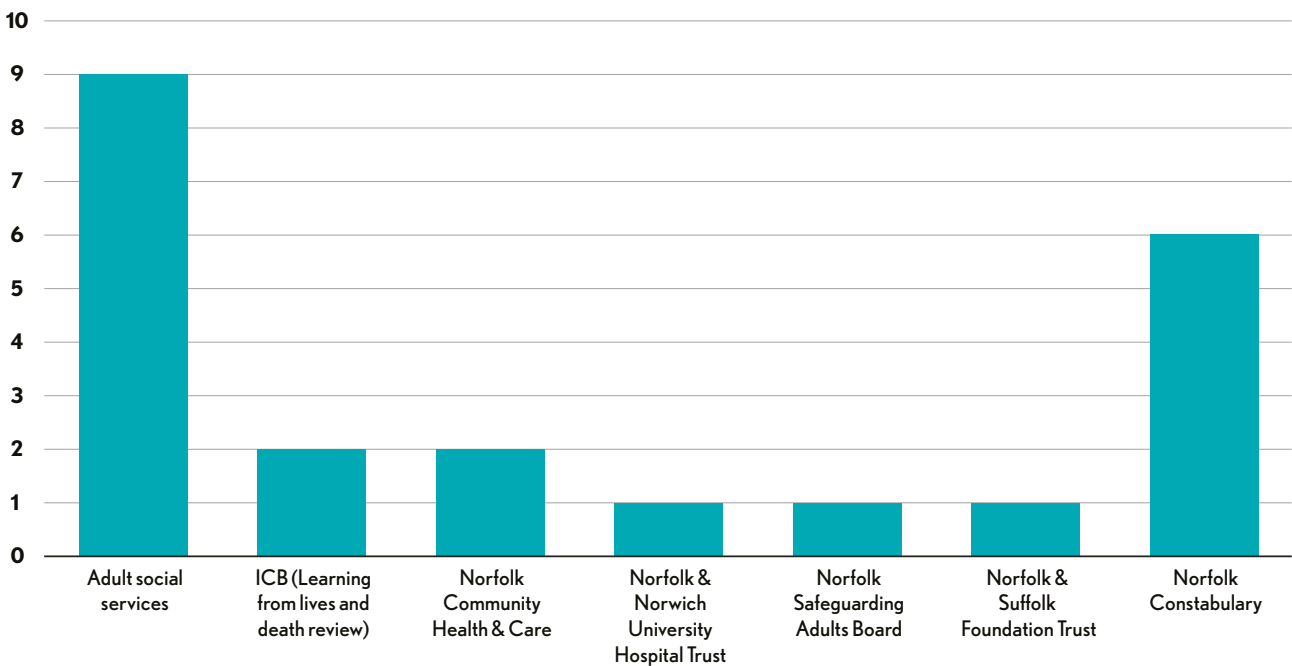
Safeguarding Adult Reviews

Section 44 of the Care Act determines when safeguarding adults boards must carry out a SAR.

Stage 2 refers to where further information is requested from each agency in order for the group to be able to make a decision about whether the case meets the criteria for a SAR.

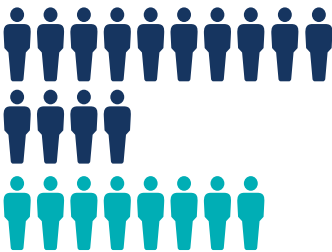
Organisation submitting SAR referral

● Referrals Recieved



Gender

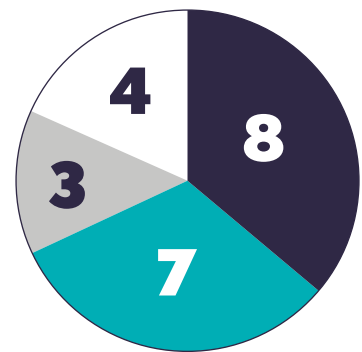
● Male - 14 ● Female - 8



Referrals recieved

Outcome

- Did not meet criteria / no further action
- At stage 2
- Workshops/training/ learning event
- SARs commissioned

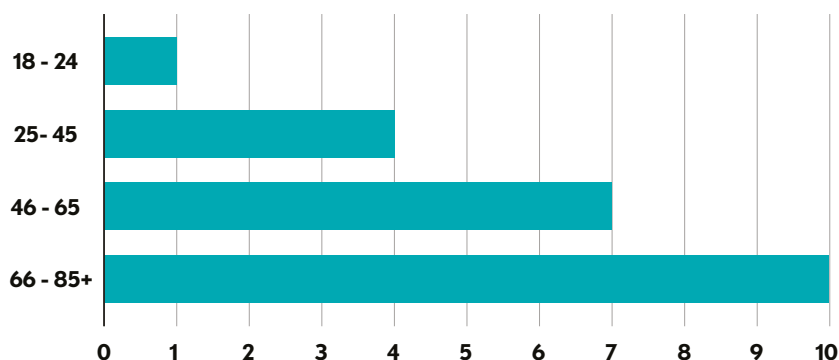


Types of abuse

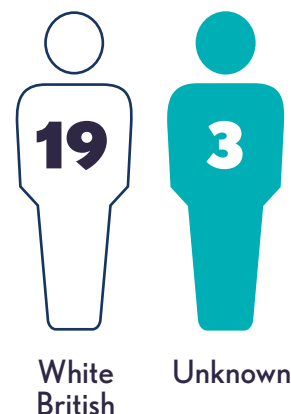
● Neglect/self-neglect and acts of omission - 16 ● Domestic - 1 ● Physical - 6



Age range ● Referral recieved



Ethnicity



Stage 2 refers to where further information is requested from each agency in order for the group to be able to make a decision about whether the case meets the criteria for a SAR.

Reviews concluded in the reporting period

In February 2024, NSAB published a review into Adult P; a male with physical health issues, a history of falls, mental ill health and drug and alcohol use. The review considered the factors contributing to the delay in responding to the care alarm, and the circumstances surrounding Adult P's death.

Reviews ongoing and to be published in 2024

Adult R: concerns an older female. The review considers neglect/acts of omission, psychological and organisational abuse. It was felt that nobody was leading on this lady's care.

Adult S: concerns an older male, who did not feel safe at home. He had physical and mental health needs and took drugs. People would stay at his flat and some were thought to be exploiting his vulnerability and loneliness.

Adult U: a male with a form of dementia, who had self-neglected to a point where he was unsafe to be at home. He is placed in a residential home. He took his own life after an earlier attempt.

Adult X: an older male who, upon release from prison, was admitted to approved premises. Following admission to hospital, the premises refused his return as they were unable to meet his care and support needs.

Reviews started in the reporting period:

Adult Y: a young female who required support for all aspects of her wellbeing, activities of daily living, maintaining her safety, and was living in residential care. There were concerns around the female's weight management – linked to physical wellbeing and mental capacity.

Adult Z: a complex case involving a young male who had care and support needs in relation to his physical and mental health. He had previously attempted to take his own life and he had vulnerabilities, including the pressure that he was experiencing at home, due to a sibling's disabilities.

What we've done to implement the findings of reviews

Through a progress summit that we held in July 2023 in relation to SAR H, J and K, we had assurance:

- that Norfolk & Waveney ICB (formerly CCG) has reviewed its commissioning arrangements to embrace ethical commissioning.
- the Coalition for Change group is fully established, bringing together people with lived experience, their families or carers, alongside professionals from the statutory, private and voluntary sectors.
- from NHS England that placing ICBs are proactive in ensuring that they have up to date knowledge about the services they commission, and how these are experienced. They have reviewed and updated their host commissioner guidance in relation to people with learning disabilities and autism.
- NHS England have also published updated CPAP guidance (continuous positive airways pressure – a piece of medical equipment used to help breathing) highlighting specifically the significant risk to people with learning disabilities and autism who have obstructive sleep apnoea. There is also a resource published for people with LD and their carers. NSAB will promote the new CPAP guidance and care and treatment review guidance to partners, and through the national SAB chairs' network.



Also:

- The Norfolk County Council employee reporting system has been adapted to enable employees to record when an incident is racially motivated.
- International Recruitment East have provided a new 'Eliminating racism at work' eLearning offering has been implemented and made available across the safeguarding sector. A webinar is also available on this subject, along with 1:1 coaching sessions.
- NSAB is leading an equality impact assessment of its safeguarding policy and procedures.

SAR L, M and N

- Working alongside Norfolk County Council's 'Preparing for adult life' team, NSAB has requested a copy of the guidance for 16-17 year olds in mental health services, and is promoting the guidance.
- NSAB, along with colleagues from the ICB and Norfolk Autistic Partnership Board, has created a 7 minute briefing on autism and mental health. This has been published on its website and shared widely.

SAR E

- Norfolk County Council were required to ensure that care homes which are being commissioned should be able to provide evidence of contingency planning in respect of unforeseeable incidents (such as heating failure, fire and floods). NSAB has been assured that this information is requested and considered during NCC quality assurance processes.

Adult P

- Norfolk County Council's commissioned services, Careline 365, which provides community response alarms to vulnerable people, is working to a policy that requires a call handler to make contact with an individual following a non-response call until a resolution has been achieved. This policy has been shared with NSAB.

Contributions from our three statutory partners

Adult social care

This year, Norfolk County Council's adult social care department's primary focus has been the implementation of an action plan following an independent review of the safeguarding service structure and function in Norfolk, as compared to other similar counties. The safeguarding team has been strengthened to increase support to our locality staff group to carry out robust, person-centred and quality safeguarding enquiries to keep people safe in the county. This resource has enabled us to implement a piece of work to gather feedback in conversation with people who have experienced abuse or neglect (or their advocate) to find out their views about the experience of being involved in a safeguarding enquiry, thus contributing to NSAB's strategic intention around managing and responding to concerns and enquiries about abuse or neglect. Feedback has enabled a rich picture to emerge, of the sorts of things that make people feel safe. As a result, we have promoted the need for our staff to strengthen the human element of keeping safe, exploring whether people have social/support networks in place and including these as protective factors. We have also emphasised the preventative aspects of safeguarding as well as immediate safety, as people have told us that security equipment is a big factor in helping them to feel safe.

This year we have placed a strong emphasis on safeguarding training across our workforce, contributing to NSAB's strategic intention around learning lessons and shaping future practice. All our safeguarding courses have been quality assured with learning outcomes reviewed for some courses to bring them in line with recommendations from SARs and DHRs. We have audited training compliance across the department and commissioned additional courses where necessary to meet demand. The safeguarding team has rolled out a very well-received programme of events to upskill both managers and practitioners. The aim of this programme is to increase staff confidence in both decision-making and enquiry practice as they carry out their safeguarding duties.





Norfolk Constabulary

Norfolk Constabulary is proud to continue as a core partner within the Norfolk Safeguarding Adults Board under the leadership of ACC Nick Davison at executive level, supported by detectives at each rank up to and including Chief Superintendent. The constabulary provides active contributions and, where relevant, chairs, a number of groups working together to deliver the NSAB Strategy 2023-26.

We continue to work on all three priority areas, with a real focus on making the service we offer to victims or potential victims of crime one which works for them and recognises the individual needs which service users can have without allowing them to be barriers to access. Simple examples of this include our work with the National Economic Crime Victim Care Unit to ensure that victims of fraud whose needs go beyond the standard existing national service are referred directly into local agencies, and the work of our neighbourhood policing teams to target transient offenders seeking to 'cuckoo' vulnerable individuals in their own home.

Perhaps the standout innovation in recent times, now permanently established within the force's Investigations command, is our Operation Engage team. This is a group of highly trained, dedicated, specialist victim interviewers working with victims of serious sexual offences whose additional needs make it hard for them to give evidence in conventional ways. Officers and staff from Operation Engage have the time and capability to work with service users to identify what additional support they may need through registered intermediaries, or otherwise. They then work directly with victims and investigators to enable evidence to be gathered in an empathetic, compassionate way that nevertheless meets the needs of a prosecution in line with the latest national standards. In this way, victims who might previously have seen their cases closed without a suspect being held to account, are now supported on their journey through the criminal justice process.

Looking further in to 2024 and beyond, the constabulary will remain an active partner in NSAB as well as seeking to improve our own offer to vulnerable victims wherever, and however, we can.

Norfolk & Waveney NHS Integrated Care Board

We continue to support greater sharing of knowledge, expertise and learning from experience, so that all those working and volunteering in our communities with adults at risk are knowledgeable and confident in their safeguarding adult roles and responsibilities.

The Integrated Care Board (ICB) has undergone a significant restructuring during the reporting period, and whilst this is almost complete, a very positive step already taken was to bring the adult and children's safeguarding teams together and for the first time, under one director.

This streamlining (and expansion) of the team maximises the ability to consider system learning across the whole life span of a person. Mirroring models also adopted in the large NHS services we commission.

A new 'Evidencing the Impact' meeting has been inaugurated. The group represents the Norfolk health system in the Norfolk Safeguarding Children's Partnership and the NSAB; the group adopts a shared learning approach and is informed by national best practice. It provides a specific focus to oversee the identification, dissemination, and application of learning from Safeguarding Children Reviews and Safeguarding Adults Reviews. Through learning and sharing of safeguarding best practice, the group provides leadership, support and oversight into safeguarding children's reviews and SAR findings, recommendations, and actions from cases across the Norfolk health economy.

The ICB is a statutory member of the board and a core member of all the NSAB subgroups; key of which for learning and impact are the Quality and Assurance subgroup and the Safeguarding Adult Review Group, with the ICB safeguarding lead having been appointed as chair of the group in January 2024

The ICB is committed to continuing improvement in commissioning oversight and in the quality of commissioned services. An example of this would be through full engagement with on-going work and the annual summit ensuring traction on actions arising from SAR Joanna, Jon and Ben, and the resultant Coalition for Change group.



Locality Safeguarding Adults Partnerships (LSAPs)

There are five LSAPs in Norfolk, meeting bi-monthly and covering north, south, east, west, and central Norfolk. 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.

These local networks support NSAB work within those communities, building a culture that does not tolerate abuse, working together to prevent harm, with confidence to know what to do when abuse happens. Deputy board manager Becky provides direct support to all the meetings, including planning and material.

These links between strategic and operational safeguarding continue to support NSAB's evidence based approach, with updates from the LSAPs to the strategic board, and vice versa.

Our biggest change in 2023-24 was a move back to some face to face meetings. We trialled this in June by offering a 'county' event held at Dereham Football Club in place of the individual July meetings. We had a great turn out, and an incredible buzz in the room with discussions focused on Making Safeguarding Personal, and what the differences might be between 'Safeguarding' and 'safety'. There was plenty of time for networking, and cake too – it felt so positive to be 'back in the room' together!

Some direct feedback from the day:



"Thank you to you all and everyone involved for an excellent morning. It was very productive and lovely to see everyone."



"Thank you for a really great morning, it was so good to meet with people face to face and have some 'real' conversations. so valuable in reminding all of us the importance of connecting with people – even though we all know it, it helps to put it into practice."

Some other key points from the day:

- Value of LSAPs = networking / partnership / multi-agency approach, hearing other perspectives, sharing and learning information, discussion of topics and case studies, support for each other
- The main reason for not attending is meeting clashes, also work pressures
- Almost everyone takes the time to read the material and notes even if they cannot attend
- Clear preference to have at least one face to face county event each year
- Would like more case studies especially around SARs etc, more guest speakers (relevant to the locality)

In response to that feedback, we are now holding two county events each year, with the other four meetings virtual for each locality. We hope this gives a good mix for attendees, making the most of the valuable time people commit to our partnerships.

Our program of webinars in 23-24 included Lasting power of attorney and Mental Capacity Act, domestic abuse and older adults, animal hoarding and One Voice for Travellers. We had some fabulous speakers sharing their expert knowledge (huge thanks to them). We evaluate each of the sessions, and while not everyone fills in the form, 99% of responders felt we had met the learning outcomes we set.

We also ask how people think it will help their practice, and for any other comments – here are a small selection:



“New gained knowledge will help me when completing assessments as a community nurse”



“Very clear and useful and great to be able to ask questions”



“Really informative presentation and food for thought when dealing with financial matters with my patients”



“Excellent course and the tutor was very informative and knowledgeable in the field. Great pace and interesting content!”



“.. added to my knowledge and new ways of considering how to deal with these types of cases in my role as a Housing Officer Tenancy Management”



“Be more mindful of the fact that more questions are needed on occasion. To look further and listen more”





The May discussions around financial abuse were wide ranging as ever with lots of interest around scams and romance fraud, in particular. Did you know that if you are worried you are being scammed about your bank, you can ring 159 and be connected quickly to your own bank to check? Thanks to Sargeant Dan Smith from the eastern LSAP for that handy tip!

September's topic was neglect and self-neglect. In one LSAP we talked about lasting power of attorney, some of the barriers to people arranging it, challenges for those holding it, and how it can both safeguard and be an opportunity for abuse to happen. In another we talked about the impact of alcohol and drug dependency on self-neglect, the difficulties this can create for accessing services, and the role of executive capacity when thinking about what a perceived 'lifestyle choice' really is.

We have been without regular administrative support for the LSAPs for much of the year, so thanks to Andrea from NSAB who has been helping in the meantime. Due to those changes in administrative support, this year we said goodbye to Chris who has been such a bedrock for western LSAP for many years. Thank you, Chris!

While Becky continued to chair the western LSAP in 2023-24, we welcome Imogen who will be taking the helm from March 2024. In central, Maria has stepped back for a few months, but Lucy and Alicia have volunteered to take on the role. In the east, Jo has joined Lynn. In southern LSAP Kerrie has also stood down, but Steven remains at the helm, as does Anthea in our norther LSAP. Thank you all for your leadership and commitment to our partnerships.

Self-neglect & hoarding subgroup

The past 12 months have been positive for the group with key achievements including:

- Review of the self-neglect and hoarding practitioner guide, following feedback from providers of support in people's homes.
- Development of a micro provider framework (currently between Norfolk County Council and Norwich City Council but open for other districts and housing providers to join). There are currently 15 providers on the framework who have demonstrated they meet a set of minimum standards. The framework clarifies the skills and geographical area covered as well as pricing making it much easier to arrange pieces of work when the resident is ready to accept assistance.
- Hosting several online events to explore the topic of self-neglect and hoarding, involving people with lived experience.
- Adding to the resources on the NSAB website
- Encouraging engagement and participating in research projects including 'Improving collaborative inter-agency systems and practice in self-neglect: identifying barriers and co-producing solutions, by Dr David Orr and researchers at the University of Sussex, Brighton & Sussex Medical School, and the University of Bedfordshire.
- Engaging with other networks to develop best practice, including the North East Hoarding partnership, which has now become the UK Hoarding Partnership.

We have a dedicated group of professionals from various organisations and disciplines involved in the subgroup but always keen to welcome new members. Please contact nsab@norfolk.gov.uk if you would like to be involved.



Quality & assurance subgroup

The Quality & assurance subgroup of the board has been operational since June 2022. This year the membership has been reviewed and refreshed with the police attending for the first time, health attendance strengthened, and an invitation extended to adult social services' complex review manager who brings insights from SARs and DHRs, helping to drive the topics the board may wish to explore using the data.

The group's time over the last year has largely been given over to the redevelopment of the local authority's data dashboard, with the commitment of a full-time analyst from the Insights and Analytics team to lead this work. There has been close collaboration between the subgroup and the analyst to combine operational and analytical expertise. This has led to the development of a powerful dashboard which is sufficiently flexible to answer a wide range of data queries relating to safeguarding.

The dashboard also simplifies data gathering for the annual data return for NHS England, known as the Safeguarding Adults Collection (SAC – and featured later in this report). The dashboard will eventually contain a separate tab which will be accessible to NSAB members who will be able to view a separate set of anonymised reports so they can track some aspects of safeguarding performance independently.

The subgroup delivered the 2022/23 SAC data to the board and put forward suggestions about areas the board may wish to investigate further which included self-neglect, discriminatory abuse and exploitation. The board wishes to use the early period of 2024/25 to explore the number of safeguarding concerns and enquiries in Norfolk and seek assurance in this area.

The group has also been involved with a peer review with Wigan Safeguarding Adults Board and has supported the development of a self-assessment document and case file audit. The board has also completed a self-assessment for a regional piece of work. Outcomes from the peer review and regional assessment will be known in the early part of the next financial year and will form the basis of some of group's actions for the year ahead.

Safeguarding awareness: Train the trainer

NSAB has commissioned 'Safeguarding awareness: Train the trainer' training from KP Social Care Training for several years now. This one-day, face to face, workshop has always been very popular and has received tremendous feedback from participants. During the pandemic an online version ran successfully, over two half days.

Over the reporting period, 30 participants have attended the workshops, in total. Three workshops took place. We also ran a refresher session in November, where we invited all those who had attended a 'Train the trainer' event in the past few years to share their experiences and take away some examples of best practice.

Here is some of the feedback received from participants (as written) over the past year:



'It was fantastic, thank you so much for your time and effort in delivering this and the way you do it. It felt more like a discussion with peers of knowledge and ideas than a typical training session. I will be recommending this to everyone.'



'The training was very interesting, and the discussions were truly inspiring. The training was absolutely superb and I genuinely enjoyed each and every moment of it.'



'It was as useful and informative as I expected, along with some really good resources and ideas, thank you!'



'Great training and Karen is very knowledgeable. She doesn't make you feel pressured at all.'

We were also interested to find out what happened when participants left the training environment and how they shared what they had learnt in the workplace.

Of the nine people who completed our follow up survey, we found that 245 plus people had been trained in the participants' workplace. They said that they received positive feedback following the training. One said that it had made their volunteers much more confident in speaking up if they have concerns. One of the key points stressed is that they should talk to staff, however small or insignificant they feel that the concern might be. The volunteers have taken this on board now and are reporting concerns much more frequently and whilst almost all of those concerns are not safeguarding issues, it is reassuring that the volunteers are vigilant and feel confident in discussing their concerns.

Coalition for Change

As highlighted in NSAB's annual report last year, the Coalition for Change (C4C) set the following priorities for 2023:

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

Recruitment activity took place during the year and C4C received interest from organisations willing to support campaigns and the work of the coalition. Individual interest in becoming a core group member has been slower than hoped but some individuals with learning disabilities and autistic people have recently expressed interest in joining.

Work to develop networks has been successful and the coalition now has working relationships with the Norfolk Autism Partnership, the Norfolk Learning Disabilities Partnership and Make it Happen, as well as developing direct relationships with individual member organisations of both partnerships, such as Opening Doors. Links have also been made with NHS England, with C4C taking part in the NHS change programme for people with complex needs.

C4C has been successful in getting funding for 2024/2025 to continue its work, including a 'deep dive' audit into the rollout and effectiveness of the new Ethical Framework across Norfolk County Council and ICB teams.

Our website, social media, and comms

We have received a lot of praise for our website, not just from users in Norfolk, but also from our colleagues at safeguarding boards around the UK. Users say that they like the wealth of information that is available, such as guidance documents and access to our animations.

In the reporting year, we have had:



During April and May, November, December of 2023, the most viewed pages were to do with the SAR for Joanna, Jon and Ben and the Coalition for Change project. The SAR Joanna, Jon and Ben page consistently ranks as one of the most viewed pages every month in the reporting year.

In June, we launched our Hidden Harms animation, in partnership with Dewis Choice. The animation highlights the unique challenges that older adults face when domestic abuse occurs. During June and July, we had a high number of visits to our older adults and domestic abuse page – this peaked on 15 June.

Our training pages had a high number of visits during the summer months of August and September, and Walter's September blog, in which he shared his mishap of arriving in the wrong county altogether for a meeting with board chair, Heather, was the most viewed page of that month.

The most downloaded documents from the website include:

- our See something, Hear something, Say something A5 leaflet
- the SAR report in respect of Joanna, Jon and Ben
- our multi-agency safeguarding policy
- the NSAB self-neglect and hoarding strategy
- the executive summary for the SAR report in respect of Joanna, Jon and Ben

X (or Twitter, as it is fondly known) is still a big part of how we share comms. We have 1,774 followers at the time of writing. Unfortunately, due to changes on the platform, we're unable to readily access our performance data anymore.

Safeguarding Matters newsletter

We have been publishing our online newsletter since January 2023 and currently have over 1,000 people who have signed up to receive the newsletter in their inbox each month.

Mailchimp, the platform that we use for the newsletter, shows that:



The graphs below show how much our audience has grown in the year and the number of readers who open the newsletter within 24 hours of delivery. The figures on the vertical axis show the number of people who have opened the newsletter, and the time on the far left of the horizontal axis shows the time that the newsletter was sent out. As you can see, the number of people who opened the newsletter as soon as it was delivered to their mailbox in March 2024 was far higher than the number of people who opened it on arrival back in April 2023.

Is it possible to have SVG files of these two charts?

The purpose of the newsletter is to share information, such as any new SAR reports that have been published, guidance documents that have been produced by NSAB, training events that are taking place, and to tell our readers a little bit more about the board and its business team.

One of the popular features over the last few months has been the questionnaire section in which members of the board are interrogated over subjects such as their reading habits, teenage crushes or what their first job was.

You can sign up to the newsletter from our website.



Newsletter example?

Safeguarding Adults Collection Return 2023/24

Counts of Individuals by Age Band	18-64	65-74	75-84	85-94	95+
Individuals involved in Section 42 safeguarding enquiries	950	328	546	627	136

Counts of Individuals by Gender	Male	Female	Not known
Individuals involved in Section 42 safeguarding enquiries	985	1,601	0

Individuals involved in Section 42 safeguarding enquiries by ethnicity:

Ethnicity	Numbers in 2023/24	Percentage change compared to 2022/23
White	2,139	-1%
Mixed / Multiple	19	-10%
Asian / Asian British	12	+59%
Black / African / Caribbean / Black British	20	+239%
Other Ethnic Group	21	+54%
Refused	8	-24%
Undeclared / Not Known	369	+1%

Total safeguarding contacts received and numbers which progressed to a Section 42 safeguarding enquiry:

Column title	2021/22	2022/23	2023/24
Contacts	4,995	5,904	6,385
Section 42	1,795	1,956	3,069
% converted	36%	33%	48%

Safeguarding concern numbers have grown by 8% in 2023/24 compared to 18% the previous year. There has been a change in the methodology used in 2023/24 to ensure that case types are correctly counted in the social care database and aligns more closely to the Safeguarding Adult Collection methodology than previous years. This has led to the significant increase shown (57%) but is in practice reflective of the work correctly recorded as Section 42 enquiry on the Norfolk County Council system.

Location of abuse	2021/22	2022/23	2023/24
Own home	1,156	1,417	1,095
Residential care home	880	951	1,170
Hospital - acute	61	116	163
Hospital - mental health	227	168	133

The most common location of reported abuse has changed from the person's own home to residential care home. The reduction in safeguarding concerns being reported from mental health hospitals (most likely due to the closure of local private mental health hospitals), and increase in cases from acute hospitals, has continued from last year's figures.

Type of abuse	2020/21	2021/22	2022/23	2023/24
Physical	743	689	715	851
Sexual	154	152	215	231
Psychological	395	410	458	475
Financial	349	365	432	497
Discriminatory	9	6	6	9
Organisational	65	95	87	91
Neglect & acts of omission	814	875	1,055	1,547
Domestic abuse	196	210	322	274
Modern slavery	3	3	6	6
Self-neglect	25	24	10	68

While neglect has been the most common type of risk reported for the last 3 years, it is becoming more common. Neglect made up 38% of total Section 42 enquiries in 2021/22, 43% in 2022/23, and 47% this year. The proportion of self-neglect enquiries remains low at 2%, but the number of enquiries with this type of risk reported has increased by over 5 times year-on-year.

For further information, please see [Safeguarding Adults - NHS England Digital](#)

Financial summary

2023/24

Income source	General funding	Contribution to deputy board manager post
NCC	20,000	10,000
ICB	22,500	10,000
Norfolk Constabulary	20,000	10,000
Other partners		
- District councils x 7 (£5K per District council)		35,000
- Norfolk Suffolk Foundation Trust	3000	
- Norfolk Community Health & Care	3000	
- Queen Elizabeth Hospital	3000	
Income from Train the Trainer	5,975	
Total	77,475	65,000

Costs Breakdown - General budget	Cost (£)
Total staffing	
- Independent chair(s)	42,588
- Deputy manager (incl oncosts)	64,259
- Executive Support Assistant, 0.5 paid by NSAB (incl oncosts)	17,976
Design and publicity costs (incl animation)	5,297
NSAB website costs	2,142
Training costs (incl. Train the Trainer)	5,453
Miscellaneous (venue hire, catering, IT equipment, etc)	1,846
Total	139,561
Total income	142,475
Total expenditure	139,561
Carry forward to 2023/24 (To be transferred to SAR budget)	2,914

SAR costs	Cost (£)
Balance brought forward in 2022/23 from general budget	+ 6,129
SAR report and related costs 2023/24	- 42,679
Balance	-36,550
Transfer from general budget 2023/24	2,914
One-off payment of £40,000 from the CCG (now ICB) in 2021/22 to support their SAR costs, ongoing	+40,000
Final balance for SAR budget for 2024/25	6,364



Strategic plan

Preventing abuse & neglect

To enable safer communities who can recognise abuse and neglect, take action to protect themselves as well as giving confidence to others to respond in a way that prevents, reduces, or removes the risk of harm.

We will:

- coordinate partnership activities using an evidence-based approach, using language and material that is relevant and accessible, that:
 - raises safeguarding awareness amongst the people of Norfolk
 - targets safeguarding awareness for particularly vulnerable groups, using an evidence based approach
 - promotes engagement with the resources of NSAB and its subgroups.
- promote good quality and effective training across the partnership which includes, wherever possible, the voice of lived experience
- Encourage and support our partners to have robust safeguarding awareness within their recruitment processes and throughout their working practice to build a quality workforce delivering safe practice in Norfolk

Managing and responding to concerns and enquiries about abuse and neglect

To promote and improve confidence in reporting safeguarding adult concerns; to be confident that risks are identified and appropriately managed; to develop a more accurate evidence base to identify key safeguarding themes and issues.

We will:

- develop a framework that ensures confidence in, and consistency of, reporting of safeguarding concerns; giving us evidence to demonstrate proportionate responses to individual incidents incorporating the wishes of the adult (Making Safeguarding Personal) – in line with the LGA/ ADASS framework
- promote equity of access / consistent pathways within organisations, supporting positive approaches to reporting and responding to safeguarding adult concerns
- recognise the different needs and barriers to access which vary across our communities and aim to be inclusive in all aspects of safeguarding
- value and respect those who raise a safeguarding concern and expect partners to support the delivery of appropriate and timely feedback
- seek evidence and assurance to demonstrate that people who use safeguarding services have been fully involved in what happens, following the principles of Making Safeguarding Personal
- use the information we gather as a feedback loop to improve practice and promote co-delivery / co-production with partners

Learning lessons and shaping future practice

To improve future practice, by understanding what has worked well as well as what lessons have been learnt, using learning that links back into prevention.

To share good and best practice, supporting our workforce to deliver better quality services across Norfolk, in turn reducing risk and harm in our communities.

We will:

- develop a way to ensure that the findings from Safeguarding Adults Reviews, and other key areas of practice improvement, are implemented promptly and the impact measured
- produce/share relevant insights and guidance across our multi-agency partnership
- collaborate with other partnership boards to identify any recurring themes, to develop and share approaches/ material where learning can be applied more widely
- ensure that actions taken are influenced and advised by the experience of people who have been or may be at risk of harm as well as those communities whose voice is seldom heard, including carers
- build our knowledge of the diversity of Norfolk's people, ensuring that our engagement is inclusive and respectful
- support organisations to improve the quality and impact of their safeguarding adults practice, promoting a skilled workforce confident in their safeguarding responsibilities
- exercise our power to challenge when safeguarding needs are identified and not met; ensure safeguarding outcome measures effectively capture the adult's views and wishes, as well as clearly demonstrating the impact of safeguarding interventions



How we will measure success

Prevention

Develop ways to gather and collate feedback from people providing and using services to measure their confidence/understand their experience of safeguarding

- Number/percentage of people who define what outcome they want at the beginning of a S42 enquiry
- Number / percentage of people whose identified outcome was met
- Access to advocacy
- Proportion of people who feel safe after the safeguarding intervention
- Use partnership data to monitor and review the numbers of safeguarding concerns and enquiries in relation to volume, types, key themes and consistency
- Current data gathered by Q&A subgroup for presentation to board is currently adequate and is considered alongside SAC return

Managing

Develop multi-agency audit processes to identify both qualitative and quantitative data to monitor the reporting of safeguarding concerns and MSP

- Examination of S42 conversion rates – in each abuse type
- Tracking the safeguarding process – time taken to complete S42 enquiry
- Monitor the number of repeat safeguarding concerns reported
- Regular multi-agency audit to examine safeguarding themes – dip samples

Develop a process of feedback from service users that examines whether feedback is timely, useful and appropriate

- Question asked through follow up by local authority at the end of an enquiry - number of people at risk informed of outcomes and percentage of people at risk satisfied with outcomes
- Question asked of referrers at conclusion of enquiry

Use qualitative data to understand the lived experience of those supported by the safeguarding process.

- NCC MSP work; potential thematic analysis of cases

Learning

By asking partners to demonstrate how they have implemented actions/learning. Developing a way to evidence the impact of learning from SARs etc. (corporate / organisational v individual experience - impact of change).

- All action plans developed from SAR recommendations will now have an “impact” column added which will require feedback from partners evidencing the implementation of actions/recommendations and a timeframe.
- SARG to identify past recommendations/actions to revisit and request partners provide evidence of changes/improved practice.
- All NSAB training/awareness events to have evaluation forms/feedback to demonstrate improved practice
- NSAB annual survey – include asking for examples where something NSAB has done over the year has impacted on the person participating’s practice – can then be compared year to year



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www.norfolksafeguardingadultsboard.info

Report title: Better Care Fund 2023-2024 Annual report, the BCF 2023-2025 Submission and the Market Sustainability return (MSIF)

Date of meeting: 04 September 2024

Sponsor

**(HWB member): Debbie Bartlett, Executive Director, Adult Social Services, Norfolk County Council
Tracey Bleakley, Chief Executive, Norfolk and Waveney Integrated Care Board**

Reason for the Report

The Norfolk Health and Wellbeing Board (HWB) is responsible for overseeing the Better Care Fund (BCF), including signing off yearly planning submissions and quarterly update reports. We are now presenting the 2023-24 End of Year (EoY) report to the Board alongside the updated plan for 2024-25, both for sign-off. The Norfolk Market Sustainability Improvement Fund (MSIF) also forms part of the report. This is the first time this has been shared with the Board and gives members an overview of the fund and how the Demand and Capacity plan links in with the BCF work on that same topic.

Report summary

The BCF is a nationally mandated programme, launched in 2013 with the aim of joining up Health and Adult Social Care services, to support people to manage their own health and wellbeing and live independently. Delivered locally under a statutory requirement of HWBs, it is jointly prepared and delivered by Local Authority (LA) and NHS partners. The BCF comprises four funds, the minimum (Core) NHS contribution, the improved BCF (iBCF), Additional Discharge Fund (ADF) and Disabled Facilities Grant (DFG). We have been asked by the National BCF Team to provide an update on the 2024-25 BCF plan and we used this opportunity to update our plan to reflect the initial findings of the BCF review and subsequent financial agreements between Norfolk County Council (NCC) and the Integrated Care Board (ICB).

The End of Year (EoY) report highlights the successes of the year along with the challenges we faced. We ended the year as planned with a balanced budget with three of the five key national metrics being met. The in-year review demonstrated the positive impact the BCF is having across Norfolk and the End of Year report acknowledges that the BCF has improved joint working between Health and Social Care in our system.

The Demand and Capacity reporting sets out our plans to ensure capacity in Health and Social Care services to meet the demands of people being discharged from hospital and those identified in the community as needing additional support to avoid an unnecessary hospital admission. The plan has been jointly planned with Officers responsible for the Market Sustainability and Improvement Fund (MSIF).

The MSIF was announced as part of the autumn statement in November 2022. The primary purpose of the fund is to support LAs to make tangible improvements to Adult Social Care services in their area, with a particular focus on building capacity and improving market sustainability. This links to section 5 of the Care Act 2014 and the LA duty to promote efficient and effective operation of the market for Adult Social Care.

Recommendations

The HWB is asked to:

- a) Sign off the BCF 2023-24 End of Year Report.
- b) Sign off the BCF submission for 2024-25.
- c) To endorse the work of the Market Sustainability Improvement Fund (MSIF) and how the funding has been allocated against the target areas, identified as part of the grant requirements and priorities for Adult Social Care.

1. Background

- 1.1 The BCF is a nationally mandated programme, aiming to join up Health and Social Care services so people can manage their health and wellbeing and live independently in their communities for as long as possible.
- 1.2 The two-year BCF 2023-25 plan was signed off by the Board at the September 2023 meeting. We agreed to return in September 2024 with an updated Year 2 plan.
- 1.3 We now present the EoY report for 2023-24 together with the updated 2024-25 BCF plan. At the time of drawing up the two-year BCF plan the financial awards for the second year, apart from the core funding, had not been agreed. The BCF plan for this second year has been updated to reflect final financial awards.
- 1.4 The MSIF Plan was presented at NCC Cabinet in March 2023, [go to cmis.uk.com to read this MSIF plan in detail \(pages 329 to 361\)](https://cmis.uk.com). This is the first time the MSIF Plan has been presented at the Norfolk HWB and the purpose of doing so is to highlight the join up between these two important funding streams.

2. The Better Care Fund 2023-24 End of Year Report

- 2.1 It has been acknowledged that overall delivery of the BCF has improved joint working between Health and Social Care in our system. This report sets out the key highlights of the year with additional information available in the attached EoY report.
- 2.2 We ended the year as planned with a balanced budget. Overall, our schemes were implemented as planned. One scheme commenced delivery in quarter two allowing for additional investment in intermediate care beds in quarter one.
- 2.3 At the end of the year, we successfully delivered against three key metrics; Avoidable Admissions, Discharge to Normal Place of Residence and Reablement (see Appendix A, 4. Metrics, BCF 2023-24 year end). Whilst Urgent & Emergency care pressures remained high, services such as Network of Escalation Avoidance (NEAT) team, community urgent care response and Community Support service, all contributed to Admission Avoidance figures with improved support from multi-disciplinary teams and the Voluntary Sector, within communities.
- 2.4 Across the year, 92.75% of people were discharged from acute hospitals back to their normal place of residence, be that their own home or a residential setting. Reablement support from Norfolk First Support (NFS), community support and increased financial support for the Home Care market have all contributed to this success using BCF funding. Through our improved reablement offer, NFS supported 8,267 people in 2023-24 compared to 6,489 people in 2022-23. The BCF has also enabled an increase in reablement capacity through commissioning reablement support from Home Support Providers – Commissioning for Better Outcomes (CfBO). Moving forwards, we are looking to scale up this programme to see how a re-abling approach could be built into all home care packages.

- 2.5 Our target for reducing the number of hospital admissions due to falls has not been met. However, there is a system wide programme of work taking place and a focus on ensuring that the falls prevention and response pathways are aligned and offer a coherent response for anyone across the County. Our system ambition is to identify further opportunities to improve the falls prevention and response pathways, making use of support from Emergency Care Improvement Support Team (ECIST).
- 2.6 There were 102 fewer admissions to long term residential care during the year to December 2023 compared to previous years, which demonstrates the success of several key schemes within the BCF. However, we had set an ambitious target for this metric which we did not achieve. Notwithstanding a rising elderly population, challenges of appropriate housing and complexity of need continue to be major issues in Norfolk. A key driver for residential admissions is the use of short-term placements in care homes for hospital discharge, and there are plans in place to reduce the use of these through increased commissioned intermediate care provision (funded through the ADF) in 2024-25.
- 2.7 During the year the joint NCC and ICB BCF Team carried out a review of all the services funded through the core BCF. Schemes were assessed against the BCF criteria, national and local priorities. The report findings were presented at the last Board meeting and recommendations will be implemented in the coming months.

3. Better Care Fund 2024-25 Plan

- 3.1 Whilst there is no doubt that the administration of the BCF and the planning and commissioning of services to meet the fund criteria, has improved working relationships, this year's increased pressure on funding across NCC and the ICB has added a layer of complexity to those joint agreements. The discussions on how to best utilise the national uplift to the BCF have been challenging, however we have ultimately reached an agreed position which is set out in the updated 2024-25 plan.
- 3.2 This work will include implementing changes in line with the recommendations from the review presented to the Board in June, in particular consolidating schemes into the new themes and developing an off-boarding and on-boarding process. This will support future decision making on schemes to include in the BCF to ensure the aims and metrics of the BCF are met whilst working within organisational financial boundaries. A dashboard for the BCF has been drafted, which will facilitate this process.
- 3.3 The updated plan for 2024-25 includes no major changes from the two-year plan that was agreed in 2023. The original plan assumed an indicative uplift for 2024-25 on all services as standard. We have worked closely with the ICB and NCC finance teams to agree the level of uplift applicable to each scheme, reflective of individual service pressures and priorities.
- 3.4 Following on from the review we have updated the numbering of several schemes (to remove duplicates) and added further detail or clarification where required. The formatting of the national template means that some of these schemes are now listed further down in the spreadsheet (Line 272 onwards).
- Excel Template (Appendix B): The Excel Template gives a detailed look at the income and expenditure associated with the BCF, and our expected performance against the metrics. A summary of the information included within each tab;
 - **1 Guidance:** Guidance to completing the document.
 - **2 Cover:** A cover page for the document, including who is submitting the return
 - and contact details of key stakeholders. Please note 6a is showing a 'no', this is a fault with the template and should read 'yes'.

- **3 Summary:** A brief summary of the information within the template document and key metrics.
- **4.2 Capacity and Demand Hospital Discharge:** with data from each of the acute hospitals setting out predicted demand for different settings and the planned capacity of social support at home and in bedded settings.
- **4.3 Capacity and Demand in the Community:** estimated capacity and demand in and for community services.
- **5 Income:** details income from the funding streams that comprise the Better Care Fund including the Disabled Facilities Grant, improved Better Care Fund and Additional Discharge Funding.
- **6a Expenditure:** – each scheme funded is detailed with some schemes giving outcome data for example numbers of expected beneficiaries or packages of care. Please note, new schemes commence on line 272, this is due to the formatting of the national template.
- **6b Expenditure:** guidance on Scheme type / services, sub-types and descriptions to be used in Tab 6a.
- **7 Narrative updates:** Narrative updates on how the plan was developed and how we can demonstrate the impact of the funding
- **8 Metrics for 2024-25:** Key metrics and how these will be met.
- **9 Planning Requirements:** This tab asks for confirmation that the plan is a jointly developed and agreed, that our services support people to stay safe and well at home for longer, that we ensure the right care in the right place at the right time. We are clear that these conditions are met together with the financial commitments to the Additional Discharge Fund and to the NHS contribution to adult social care commissioning and investment in NHS commissioned out of hospital services.

3.5 Demand and Capacity modelling: Initial modelling completed as part of the BCF submission (4. Capacity and demand) indicates that, based on the operational planning returns submitted by local hospitals, there will be an increase in discharge activity this year. The three localities (West, Central and East) aligned to the local acute hospital system is commissioning additional capacity to meet this demand through the ADF, and a system-wide transformation programme is in place to oversee improvements in the delivery of Urgent and Emergency Care before hospital, in hospital and out of hospital.

4. Market Sustainability Improvement Fund

4.1 The Market Sustainability Improvement Fund (MSIF) was announced as part of the autumn statement in November 2022. The primary purpose of the fund is to support local authorities to make tangible improvements to adult social care services in their area, with a particular focus on building capacity and improving market sustainability. This links to section 5 of the Care Act 2014 and the local authority duty to promote efficient and effective operation of the market for adult social care.

4.2 The government identified three target areas of improvement for usage of the MSIF;

- Increasing fee rates paid to Adult Social Care providers.
- Increasing Adult Social Care workforce capacity and retention.
- Reducing Adult Social Care waiting times.

4.3 It is important to note the MSIF Plan which was created and presented to NCC Cabinet in March 2023. This report was produced as part of Social Care Reform and a requirement to publish a Market Sustainability Plan. This plan sets out the key challenges faced by Adult Social Care and the resources/ actions needed to ensure we have a sustainable market for the residents of Norfolk.

4.4 Funding has been received by NCC for 2023-24 and 2024-25 and this is set out below (see table 1), including how it has been spent and allocated against the three targets.

Table 1 Funding

Year	Total MSIF funding*	Fee rates paid	Workforce capacity and retention	Adult social care waiting times	Admin costs for the fund
2023-24	£16,140,144	£14,078,098	£605,660	£1,427,031	£29,355
2024-25	£18,281,716	£15,763,134	£1,080,500	£1,433,082	£5,000

*This is the total allocation received, including the MSIF workforce fund and Fair Cost of Care funding.

- 4.5 As part of the requirements for this funding, every LA must produce two returns. These returns and the content required are summarised below:
- The first is a report that covers spend information including how the MSIF has been allocated against the three target areas. This report also requires a high-level summary of key information related to how this funding is being spent and impact.
 - The second is a Capacity Plan, where Local Authorities are required to submit qualitative and quantitative data on capacity within the Adult Social Care market. This includes projections concerning capacity in 2024-25 and an assessment against this.
- 4.6 The production of the capacity plan was cross referenced against information returned, as part of the Better Care Fund (BCF). This included information on the measures that were put in place during winter 2023 to 2024, to ensure there was sufficient capacity across the social care markets and how successful these measures were.
- 4.7 The information contained in these reports are informed by a variety of actions being taken by Adult Social Care, to ensure there is sufficient capacity and a sustainable Adult Social Care market. Further information on those actions, across both Working Age Adults (18-64) and Older People (65+) can be supplied as requested.
- 4.8 It is important to note that Norfolk County Council has complied with the grant conditions and allocation of funding. This includes meeting the deadlines set by the Department for Health and Social Care for the report submissions.

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.

Better Care Fund 2023-24 Year End Reporting Template

1. Guidance for Year-End

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and spend from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Westmorland and Cumbria (due to a change in footprint).

5. Income and Expenditure

The Better Care Fund 2023-24 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Additional Discharge Fund.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2023-24 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2023-24 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.
- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

6. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to year-end.

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column K.** Enter the amount of spend to date on the scheme.
- **Outputs delivered to date in column N.** Enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns P and Q.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent. These tabs are for reporting actual commissioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates. In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: <https://future.nhs.uk/bettercareexchange/view?objectID=202784293> The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them. Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their PO capacity and demand throughout the year to inform future planning.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 through a set of survey questions. These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2023-24
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.

[SCIE - Integrated care Logic Model](#)

Better Care Fund 2023-24 Year End Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Norfolk

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the year:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

r Care Fund 2023-24 Year End Reporting Ten

4. Metrics

Selected Health and Wellbeing Board:

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	185.7	167.8	184.1	192.8	On track to meet target	Urgent and emergency care pressures in Norfolk and Waveney remain high, impacting on the capacity of services across the system. Work is ongoing to develop system-wide care coordination and single point of access that will identify patients urgent care needs via 999 and 111 calls, and coordinate care to prevent the need for an emergency episode of care. We expect this will reduce emergency admissions for ambulatory care sensitive conditions by facilitating community responses through Urgent Care Response Teams (UCRT), Virtual Ward and Primary Care Network (PCN) teams with planned, urgent secondary appointments such as Same Day Emergency Care (SDEC), where necessary to avoid the need for an emergency admission.	A successful care homes pilot continued over Winter 2023-24. For the pilot, the 111 provider (IC24) and the ICB's Digital Team worked together to enable out of hours virtual clinical support, with supplementary on-the ground support when needed. Care home staff have benefitted from the clinical backup e.g. to give confidence when using the falls equipment (that they are trained to use) to pick up non-injured fallers. An Expression of Interest has been submitted to NHSE to extend the scope of this pilot with additional technology, such as fit-bit style wearable monitors that enable tracking of health conditions/issues e.g. alerting care home staff if the person is unstable on their feet or has had a fall. - The N&W Unscheduled Care Coordination Hub (UCCH) went live in August 2023. UCCH enables ambulance and Urgent Care Response (UCR) resources to discuss cases on the stack as a multi-disciplinary team (MDT), and agree a timely plan to support the person using local UCR resources to address the crisis/avoid an admission. All UCR cases receive a follow-up welfare call and can be referred to other relevant support services. - NEATs (Network of Escalation Avoidance Teams) support urgent cases in the community with complex needs. Each NEAT has MDT resources including social care, integrated care coordinators, a mental health nurse and community healthcare resources. Referrals are from any healthcare professional, often GPs and paramedics. NEAT coordinates an appropriate response to resolve the immediate crisis and address the person's needs. They can refer to 30+ system partner organisations e.g. housing, befriending, assistive technology, Men's Shed, etc. - Long Term Conditions (LTC) - the Enhanced Health & Wellbeing in Care (EHWIC) programme supports care home residents with LTCs by providing support and training to the staff. The need may be identified by the care home staff or following a visit from the Integrated Quality Service (IQS).
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%	93.3%	93.0%	92.7%	On track to meet target	Capacity within NFS and care market to respond promptly to support hospital discharge within 24 hours Therapy capacity to support D2A.	Norfolk First Support provides up to six weeks of support and reablement in a person's home to help people get back to doing things for themselves following a discharge from hospital and work out what help they will need in the future. This can be supplemented with input from the new Community Support Service for non-regulated tasks and wider social support. A new VCSE offer has been commissioned through the decommissioning/refocusing of funding from six legacy BCF VCSE (Voluntary, Community and Social Enterprise), schemes. Known as the "Norfolk & Waveney Community Support Service", it offers short-term, temporary practical support for individuals and aims to link clients with services, groups and support networks in their community. Support can be for 2-12 weeks depending on the complexity needs. The service can support individuals with underlying needs (e.g. multiple health issues, cognitive concerns, poor mobility) and/or help them to adjust and adapt to alterations in their life - such as illness, injury, long term health conditions and issues that affect their mental, social, physical and emotional health and wellbeing. Community healthcare providers and therapy outreach teams from the acute support individuals discharged with healthcare needs to enable their rehabilitation. Individuals with longer term needs beyond the up to 6-week discharge pathway will be assessed under the Care Act and suitable ongoing support will be arranged e.g. a package of care. Where appropriate for the complexity of the individual's needs (e.g. someone living with dementia) and under the NCC Caring for Better outcomes framework, a domiciliary care provider will be allocated to the case who can provide support for the first 6-weeks and beyond (if longer term needs are identified under the Care Act) to avoid a change of provider which could cause unnecessary distress to the person.

Checklist Complete:

Yes

Yes

Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1,441.8	Not on track to meet target	<p>There is a considerable focus on falls prevention and response across the system. There is work underway to ensure that the falls prevention and response pathways are aligned, robust and coherent and offer equity of outcome across the system.</p> <p>As the UCCH and the Virtual Ward models mature, and with support from ECIST (Emergency Care Improvement Support Team), it is hoped that the opportunities to improve the falls-response pathways will be identified - this may include the introduction of a single long-lie falls pathway and a pathway for fallers that have sustained a head injury whilst on blood thinners.</p>	<p>There is a Norfolk and Waveney ICS Falls work programme with three workstreams: Care Sector; Acute & Inpatient Settings; and Community (Prevention & Response). The aim is to share learning, innovation and expertise across the system to continually improve the falls offer for the population of Norfolk & Waveney.</p> <p>The Acute & Inpatient Settings workstream is led by the Falls Lead for the NNUH and has seen effective collaborative working between system partners to reduce inpatient falls and increase the knowledge and awareness of staff around falls prevention. Activities include: staff education; Falls, Nutrition & Hydration Champions; an improved DATIX falls reporting system; a live falls dashboard at the JPUH; the introduction of falls alarms; and a monthly falls bulletin at the NNUH which includes graphs that show a steady decline in the number of inpatient falls from April 2023 through to Jan 2024.</p> <p>The Care Homes Falls workstream has been working with the 111 provider to provide direct access to clinical support out of hours and NCC have delivered falls training, falls equipment and access to the I-Stumble app to 200+ care homes. The Ambulance Trust and the UCCH are aware of the location of these care homes with falls equipment/training which supports with triage and planning a response. The Care Homes Power BI data dashboard has shown a steady decline in the number of emergency admissions from care homes due to a fall from July 2023 to Nov 2023.</p> <p>The Community Falls workstream has been collating information and sharing learning with system partners about the services and active projects underway in Norfolk and Waveney to either proactively identify people at risk of falls and/or prevent further falls and/or respond to fallers. Example 1, Norfolk County Council (NCC) has delivered Phase 1 of a Proactive Interventions project which scours social care records to identify 80+ factors that identify individuals at high risk of experiencing a fall. 2000+ letters to this cohort were followed up with a phone call to discuss the risk and offer referrals into a range of falls prevention services. Phase 2 will link the County County records with District Council records to identify further individuals in the cohort. Example 2, an Unscheduled Care Coordination Hub (UCCH) was introduced in August 2023 and has made a significant and positive difference to the falls response by directing 2-hour Urgent Community Response teams to attend clinically-appropriate Level 1/ 2 falls cases, instead of ambulance crews. The UCCH model has contributed to a reduction in the ambulance wait times for Winter 2023-24, in comparison to Winter 2022-23. Future steps for the Community Falls workstream include mapping the falls prevention pathways for Norfolk and Waveney to identify where there are opportunities to improve and developing a Community Falls data dashboard to evidence the current model and the impact of the changes being made to prevent and respond to falls in the community.</p>
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	444	Not on track to meet target	<p>Whilst positive progress has been made, this was an ambitious target. A key driver is the use of short term beds for hospital discharge (linked to Tab 8, Challenge 2) and there are plans in place to reduce this as part of 2024-25</p>	<p>There has been a reduction in rates of admissions into long term residential care, with 102 fewer admissions during year to December 2023. Additional work is being undertaken to further understand drivers for residential placements.</p>
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.0%	On track to meet target	<p>While this is on track, a significant barrier to exceeding target is the increased % of hospital readmissions. This is averaging 15% of hospital discharges for the last 6 months (349 people), which compares unfavourably to both the 6 months prior which averaged 9% (187 people) and the same 6 calendar month of the prior year of 11% (216 people).</p>	<p>For those who aren't readmitted to hospital, average effectiveness in terms of ongoing home support saved was increased over 23/24 for hospital discharges from 5.7 hours p/w to 6.7; and through optimising reablement delivery, case progression and recruitment successes NFS supported 8,267 people in 2023/24 compared to 6,489 people in 2022/23. We have also increased capacity in our post-discharge reablement offer, through commissioning reablement services from our home support providers. This not only gives us additional capacity, but also allows further conversations with the market around how a reabling approach can be built in to all home care packages.</p>

Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board:

Norfolk

Income			
2023-24			
Disabled Facilities Grant	£9,956,888		
Improved Better Care Fund	£39,618,564		
NHS Minimum Fund	£77,165,711		
Minimum Sub Total		£126,741,163	
	Planned		Actual
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding? No
LA Additional Funding	£0		Do you wish to change your additional actual LA funding? No
Additional Sub Total		£0	
	Planned 23-24	Actual 23-24	
Total BCF Pooled Fund	£126,741,163	£126,741,163	
Additional Discharge Fund			
	Planned		Actual
LA Plan Spend	£5,554,461		Do you wish to change your additional actual LA funding? No
ICB Plan Spend	£5,441,490		Do you wish to change your additional actual ICB funding? No
Additional Discharge Fund Total		£10,995,951	
	Planned 23-24	Actual 23-24	
BCF + Discharge Fund	£137,737,114	£137,737,114	
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24			

Expenditure	
2023-24	
Plan	£136,938,008
Do you wish to change your actual BCF expenditure?	No
Actual	
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Norfolk

Checklist													
Yes													
Yes													
Yes													
Yes													
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
2	A Social Impact Bond for Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£1,416,720	£1,062,540	£1,416,720	2,244	2,658	3,539	Beneficiaries	No	
9	ICES (Integrated Community Equipment Service)	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£7,172,953	£5,379,715	£7,709,085	37,450	28,088	37,450	Number of beneficiaries	No	
20	Norfolk First Response	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£10,242,162	£7,681,622	£10,032,002	6,827	6,065	6,827	Packages	No	
51	Caring for Better Outcomes	Home Care or Domiciliary Care	Short term domiciliary care (without	Minimum NHS Contribution	£1,224,000	£918,000	£1,224,000	380	285	380	Hours of care (Unless short-term in which case it is packages)	No	
64	LD, MH and Autism Packages of Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£3,343,270	£2,507,453	£3,343,270	138,610	103,957	138,610	Hours of care (Unless short-term in which case it is packages)	No	
67	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£9,157,782	£7,416,442	£9,956,888	1,400	2,519	3,149	Number of adaptations funded/people supported	No	There was a further £799,106.00 additional DFG funding received for 23/24, make the total DFG funding allocation £9,956,888.00
70	ASC Core Care Services (underlying spend since 2017/18)	Residential Placements	Other	IBCF	£21,586,564	£16,189,923	£21,586,564	245	245	306	Number of beds/placements	No	
70	ASC Core Care Services (underlying spend since 2017/18)	Home Care or Domiciliary Care	Domiciliary care packages	IBCF	£14,524,000	£10,893	£14,524,000	657,789	452	565	Hours of care (Unless short-term in which case it is packages)	No	
40	West Norfolk Carers Project	Carers Services	Other	Minimum NHS Contribution	£19,245	£14,434	£19,245	164	123	164	Beneficiaries	No	
64	LD, MH and Autism Packages of Care	Residential Placements	Other	Minimum NHS Contribution	£13,450,646	£10,087,985	£13,450,646	-	170	212.5	Number of beds/placements	No	Based on the average weekly price for the year.
82	Home Support Enhanced Discharge Incentive Scheme	Home Care or Domiciliary Care	Short term domiciliary care (without	Local Authority Discharge Funding	£1,114,000	£835,500	£1,114,000	380	285	380	Hours of care (Unless short-term in which case it is packages)	No	
84	Provider: CAB and Carers Matters Norfolk: Carers hardship support	Carers Services	Carer advice and support related to Care Act duties	Local Authority Discharge Funding	£35,000	£26,250	£35,000	520	390	520	Beneficiaries	No	
88	Workforce recruitment and retention	Workforce recruitment and retention		Local Authority Discharge Funding	£2,705,216	£2,028,912	£2,705,216		84,117	112156	WTE's gained	No	
7	HomeWard (Norwich)	Home-based intermediate care services	Rehabilitation at home (accepting step up and step	Minimum NHS Contribution	£1,589,803	£1,192,352	£1,610,937	24	18	24	Packages	No	
8	Rapid Assessment Team (RATS) & Virtual Ward (West Norfolk)	Home-based intermediate care services	Rehabilitation at home (accepting step up and step	Minimum NHS Contribution	£2,019,335	£1,514,501	£2,046,179	30	23	30	Packages	No	
11	Intermediate Spot Purchase Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,836,864	£1,377,648	£1,583,491	306	230	306	Number of placements	No	
12	Equipment at home (BOC)	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£8,059	£0	£0	-	-	0	Number of beneficiaries	Yes	This service has not formed part of the BCF this year.
14	Medical Loans Service	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£192,375	£144,281	£140,950	4,861	3,646	4,861	Number of beneficiaries	No	
19	Palliative Beds & Hospice (West Norfolk)	Residential Placements	Nursing home	Minimum NHS Contribution	£883,924	£662,943	£859,570	225	169	225	Number of beds/placements	No	
51	Learning Disability Beds	Residential Placements	Learning Disability	Minimum NHS Contribution	£592,665	£444,499	£592,665	-	-	NA	Number of beds/placements	No	
52	Q1 beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£1,382,627	£1,684,897	£1,752,842	73	55	73	Number of placements	No	Scheme ID 52 (Q1 beds) was reinvested against ICB discharge funding slippage for Scheme ID 54 (Bridging the Gap) (detailed below) which now means Q1 beds (Scheme ID 52) runs above the original Q1 estimate plan.
54	Bridging the Gap	Home Care or Domiciliary Care	Domiciliary care packages	ICB Discharge Funding	£1,694,838	£506,737	£1,324,632	-	-	NA	Hours of care (Unless short-term in which case it is packages)	Yes	The ICB discharge funding had slippage in Scheme ID 54 (Bridging the Gap) was reinvested against scheme 52 (Q1 beds) (detailed above).

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Norfolk

Estimated demand - Hospital Discharge		Prepopulated from plan:								Q2 Refreshed planned demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	471	503	448	475	508	496	548	0	0	0	0	0	
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	304	338	322	309	309	313	321	0	0	0	0	0	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	50	73	80	65	66	73	90	0	0	0	0	0	

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	447	452	420	333	404	390	404	455	431	434	567	471
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	138	132	130	141	166	128	132	138	155	156	160	172
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	63	83	95	87	101	75	81	100	104	111	98	109
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	140	130	115	100	115	105	125	150	125	140	110	120

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board:

Norfolk

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Planned demand. Number of referrals.	1651	1835	1681	1977	2075	1764	2033	0	0	0	0	0
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	272	333	289	274	266	163	280	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	13	11	11	15	6	15	9	0	0	0	0	0
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community		Actual activity:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly activity. Number of new clients.	327	328	328	344	345	388	372	426	391	484	458	443
Urgent Community Response	Monthly activity. Number of new clients.	674	884	922	882	950	892	998	1003	958	999	925	857
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	237	292	299	321	312	309	285	322	274	359	316	321
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist
Complete:

- Yes
- Yes
- Yes
- Yes

Better Care Fund 2023-24 Year End Reporting Template

8. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Norfolk

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The overall delivery of the BCF has improved joint working between health and social care in our system. The introduction of the Capacity and Demand Tracker and the Adult Social Care Discharge Fund has meant we have had to work more closely together to collate the necessary data and make quick decisions about how best to allocate funding. This is supported by the multi-agency oversight of our Norfolk Health and Wellbeing Board.
2. Our BCF schemes were implemented as planned in 2023-24	Agree	Overall, our BCF schemes were implemented as planned in 2023-24. One scheme was ended (scheme ID 12), and another started delivery in Q2 rather than Q1 (scheme ID 54). The funding from these schemes has been reinvested in to other BCF schemes.
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	A key finding of our BCF review, noted as a success below, was that the BCF has a positive impact on the integration of health and social care in Norfolk.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	7. Joined-up regulatory approach	We have carried out a joint review of the BCF schemes funded by the NHS Minimum Contribution, to ensure our BCF schemes are aligned to both national and local priorities, understand how our BCF schemes suitably address inequalities and is used at place, and to look at how we improve performance monitoring and oversight. Recommendations arising from this review to improve our BCF will be reported to our H&WBB in June.
Success 2	2. Strong, system-wide governance and systems leadership	Overall, our Additional Discharge Fund has been well managed, jointly between health and social care, and this has been regionally recognised in the ADASS Eastern Region report "Emerging practice from the use of the Better Care Fund". This highlighted both our Norfolk First Support service, which offers out of hospital reablement services, and our Community Step Down Flats, which supported people out of hospital.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	We have not met our target re: permanent admissions to residential care, with more admissions than planned. A wide range of schemes are underway to reduce the number of admissions, but it must be acknowledged that our target was set very ambitiously, and the figure of 444 was adjusted to 525.6 after our original submission. Challenges around an ageing population, appropriate housing and complexity of need continue to be a major issue in Norfolk.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	There have also been challenges with securing sufficient commissioned capacity for our intermediate beds. This means we have increased use of spot beds in this market. There are plans in place to increase our commissioned capacity for 2024/25.

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

BCF Planning Template 2024-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
6. Please ensure that all boxes on the checklist are green before submission.
7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

4. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

4.2 Hospital Discharge

A new text field has been added this year, asking for a description of the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation. Please answer this briefly, in a couple of sentences.

The capacity section of this template remains largely the same as in previous years, asking for estimates of available capacity for each month of the year for each pathway. An additional ask has now also been included, for the estimated average time between referral and commencement of service. Further information about this is available in the capacity and demand guidance and q&a documents.

The demand section of this sheet is unchanged from last year, requesting expected discharges per pathway for each month, broken down by referral source.

To the right of the summary table, there is another new requirement for areas to include estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways. Please estimate this as an average across the whole year.

4.3 Community

Please enter estimated capacity and demand per month for each service type.

The community sheet also requires areas to enter estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2024-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations, DFG allocations and allocations of ASC Discharge Fund grant to local authorities for 2024-25. The iBCF grant in 2024-25 remains at the same value nationally as in 2023-24.

2. The sheet will be largely auto-populated from either 2023-25 plans or confirmed allocations. You will be able to update the value of the following income types locally:

- ICB element of Additional Discharge Funding
- Additional Contributions (LA and ICB)

If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.

4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet has been auto-populated with spending plans for 2024-25 from your original 2023-25 BCF plans. You should update any 2024-25 schemes that have changed from the original plan. The default expectation is that plans agreed in the original plan will be taken forward, but where changes to schemes have been made (or where a lower level of discharge fund allocation was assumed in your original plan), the amount of expenditure and expected outputs can be amended. There is also space to add new schemes, where applicable.

If you need to make changes to a scheme, you should select yes from the drop down in column X. When 'yes' is selected in this column, the 'updated outputs for 2024-25' and 'updated spend for 2024-25' cells turn yellow and become editable for this scheme. If you would like to remove a scheme type please select yes in column X and enter zeros in the editable columns. The columns with yellow headings will become editable once yes is selected in column X - if you wish to make further changes to a scheme, please enter zeros into the editable boxes and use the process outlined below to re-enter the scheme.

If you need to add any new schemes, you can click the link at the top of the sheet that reads 'to add new schemes' to travel quickly to this section of the table.

For new schemes, as with 2023-25 plans, the table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet, please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn ""yellow"". Please select the Sub Type from the dropdown list that best describes the scheme being planned.

- Please note that the dropdown list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

- A change has been made to the standard units for residential placements. The units will now read as 'Beds' only, rather than 'Beds/placements'

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£)2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend.

This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This was a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2024-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2024-25. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:

<https://future.nhs.uk/bettercareexchange/view?objectId=143133861>

- Technical definitions for the guidance can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

2. Falls

- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.

- This is a measure in the Public Health Outcome Framework.

- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.

- Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.

- We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: <https://future.nhs.uk/bettercareexchange/view?objectID=116035109>

Further information about this measure and methodology used can be found here:

[https://fingertips.phe.org.uk/profile/public-health-outcomes-](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4)

[framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4)

3. Discharge to usual place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. Areas should agree ambitions for a rate for each quarter of the year.

- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.

- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet where available else we will use the previously entered plan data.

4. Residential Admissions:

- This section requires inputting the expected and plan numerator of the measure only.

- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)

- Column H asks for an estimated actual performance against this metric in 2023-24. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.

- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.

- The annual rate is then calculated and populated based on the entered information.

- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.0.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Norfolk
Completed by:	Nicholas Clinch
E-mails:	nicholas.clinch@norfolk.gov.uk
Contact number:	01603 223329
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Wed 04/09/2024 << Please enter using the format, DD/MM/YYYY

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Bill	Borrett	bill.borrett.cllr@norfolk.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Ms	Tracey	Bleakley	t.bleakley@nhs.net
	Additional ICB(s) contacts if relevant	Ms	Karin	Bryant	karin.bryant@nhs.net
	Local Authority Chief Executive	Mr	Tom	McCabe	tom.mccabe@norfolk.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Ms	Debbie	Bartlett	debbie.bartlett@norfolk.gov.uk
	Better Care Fund Lead Official	Mr	Nicholas	Clinch	nicholas.clinch@norfolk.gov.uk
	LA Section 151 Officer	Mr	Harvey	Bullen	harvey.bullen@norfolk.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	Senior Commissioning Manager (Integration)	Ms	Christine	Breeze	christine.breeze@norfolk.gov.uk
	Commissioning Manager (Integration)	Ms	Bethany	Small	bethany.small@nhs.net
	Assistant Director (Communities & Integration)	Mr	Edward	Fraser	edward.fraser@norfolk.gov.uk

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board:

Norfolk

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£9,988,855	£9,988,855	£0
Minimum NHS Contribution	£81,533,291	£81,533,291	£0
iBCF	£39,618,564	£39,618,564	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£9,257,435	£9,257,435	£0
ICB Discharge Funding	£8,340,076	£8,340,076	£0
Total	£148,738,221	£148,738,221	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£23,124,650
Planned spend	£81,259,641

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£40,243,713
Planned spend	£55,040,510

[Metrics >>](#)

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	186.5	168.5	195.8	189.0

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,487.5	1,495.1
	Count	3475	3493
	Population	225266	225266

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.3%	93.3%	93.3%	93.3%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	566	531

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	No
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	0
NC4: Implementing the BCF policy objectives	PR6	No
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board:

Norfolk

Community

Refreshed capacity surplus:

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	162	162	162	162	162	162	162	162	162	162	162	162
Urgent Community Response	932	1057	870	1138	1244	732	983	889	961	1038	745	1108
Reablement & Rehabilitation at home	897	823	635	648	606	641	669	527	599	429	550	589
Reablement & Rehabilitation in a bedded setting	23	22	25	70	72	67	69	69	58	66	61	67
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours	
Full Year	Units
0	Contact Hours
0	Contact Hours
0	Contact Hours
0	Average LoS
0	Contact Hours

Capacity - Community

Please enter refreshed expected capacity:

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	162	162	162	162	162	162	162	162	162	162	162	162
Urgent Community Response	Monthly capacity. Number of new clients.	2973	3068	2988	3028	3144	2860	3057	3008	3068	3059	2880	3063
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	1131	1159	1163	1174	1132	1173	1186	1132	1167	1197	1172	1190
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	32	32	32	78	78	78	78	78	78	78	78	78
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Demand - Community

Please enter refreshed expected no. of referrals:

Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	2041	2011	2118	1890	1900	2128	2074	2119	2107	2021	2135	1955
Reablement & Rehabilitation at home	234	336	528	526	526	532	517	605	568	768	622	601
Reablement & Rehabilitation in a bedded setting	9	10	7	8	6	11	9	9	20	12	17	11
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board:

Norfolk

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Norfolk	£9,988,855
DFG breakdown for two-tier areas only (where applicable)	
Breckland	£1,450,309
Broadland	£1,105,699
Great Yarmouth	£1,470,381
King's Lynn and West Norfolk	£1,944,598
North Norfolk	£1,477,547
Norwich	£1,410,931
South Norfolk	£1,129,390
Total Minimum LA Contribution (exc iBCF)	£9,988,855

Local Authority Discharge Funding	Contribution
Norfolk	£9,257,435

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Norfolk and Waveney ICB	£8,340,076	£8,340,076	
Total ICB Discharge Fund Contribution	£8,340,076	£8,340,076	

iBCF Contribution	Contribution
Norfolk	£39,618,564
Total iBCF Contribution	£39,618,564

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	£0	

NHS Minimum Contribution	Contribution
NHS Norfolk and Waveney ICB	£81,533,291
Total NHS Minimum Contribution	£81,533,291

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	£0	
Total NHS Contribution	£81,533,291	£81,533,291	

	2024-25
Total BCF Pooled Budget	£148,738,221

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

81	The Old Maltings service provision	Housing with Care service	Housing Related Schemes						Social Care	IA		Private Sector	IBCF		£179,000		No	
82	Practice Educator Lead	Practice Educator Lead to support good practice.	Enablers for Integration	Workforce development					Social Care	IA		Local Authority	IBCF		£54,000		No	
84	Technology for agile working	Support agile working for SW Teams	Enablers for Integration	Workforce development					Social Care	IA		Local Authority	IBCF		£34,000		No	
85	Winter Pressures Project Support	Coordinating Winter Planning for ASC	Enablers for Integration	Programme management					Social Care	IA		Local Authority	IBCF		£51,000		No	
38	Eating Matters	Eating Matters provides counselling in the community for people suffering with mild to moderate eating disorders below the criteria for Statutory services. The service can intervene	Prevention / Early Intervention	Risk Stratification		0			Community Health	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£161,288	£158,067	Yes	Updated expenditure.
39	Voluntary Sector MH Services	Dementia support, psychiatric liaison and suicide prevention services provided by MIND.	Prevention / Early Intervention	Risk Stratification		0			Mental Health	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£155,770	£0	Yes	Scheme name and purpose clarified during BCF Review 2023-24. Revised scheme shown in Additional Schemes section.
40	West Norfolk Carers Project	Independent charity supporting unpaid family carers and providing a carer's hub in West Norfolk	Carers Services	Other	Information, advice and guidance	164	164	Beneficiaries	Social Care	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£20,334	£19,928	Yes	Updated expenditure.
41	Care Navigators (West Norfolk)	Care Navigators provide support for people to 'navigate' their way around health, social care, community and voluntary services by providing information, advice and, where needed,	Integrated Care Planning and Navigation	Care navigation and planning		0			Social Care	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£75,485	£0	Yes	Schemes 66, 41 & 18 have merged to the Norfolk & Waveney Community Support Service (Scheme 91)
42	Day Centres / Daycare	Marion Road Day (Norwich) Centre & Glaven Day Centre (North Norfolk)	Prevention / Early Intervention	Risk Stratification		0			Primary Care	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£76,724	£0	Yes	Existing scheme ID 42 closed - this was a combined scheme which has been split into its component services. Each service has been assigned a new
43	Wellfamily Services (West Norfolk)	Well Family is a one-stop health and wellbeing service comprising a suite of health-based services to support individuals and help tackle the health inequalities they face.	Prevention / Early Intervention	Risk Stratification		0			Community Health	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£84,693	£83,002	Yes	Updated expenditure.
44	St. Martin's Hub	Provides emergency accommodation and support for rough sleepers in Norwich.	Housing Related Schemes			0			Mental Health	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£69,298	£67,914	Yes	Updated expenditure.
45	West Norfolk Disability Information	Provides a range of information and support to individuals with disabilities, their carers and professionals - including specialist advice about benefits, disability access and the rights	Integrated Care Planning and Navigation	Care navigation and planning		0			Social Care	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£14,698	£14,404	Yes	Updated expenditure.
46	GP / Medical cover - Int Care Beds (West	GP medical cover to bed-based intermediate care services to help people recover from illness, accident or crisis.	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	Medical cover for IC beds	0			Primary Care	NHS		Private Sector	Minimum NHS Contribution		£21,306	£19,647	Yes	Updated expenditure.
47	ASD / ADHD / Asperger's Support	ASD, ADHD and Asperger's support service offers assistance for individuals with ASD, ADHD and Asperger's and their families/carers by providing a comprehensive and integrated	Integrated Care Planning and Navigation	Care navigation and planning		0			Mental Health	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£324,647	£0	Yes	Existing scheme ID 47 closed - this was a combined scheme which has been split into its component services as agreed during the Norfolk BCF Review 2023-
48	Transport Plus	Provides transport to enable access to health, social care and wellbeing services using volunteer drivers.	Community Based Schemes	Other	Transport	0			Other	NHS		Local Authority	Minimum NHS Contribution		£41,383	£39,401	Yes	Updated expenditure.
49	West Norfolk Community Action Norfolk	CAN is the leading organisation for engagement with the voluntary, community and social enterprise (VCSE) sector in Norfolk. Supports NHS Advocacy Services and Good Neighbour	Enablers for Integration	Voluntary Sector Business Development		0			Primary Care	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£44,377	£43,491	Yes	Updated expenditure.
50	West Norfolk Community Transport	Provides day to day management of a bank of drivers, including recruitment and training as required, to provide the administration and delivery of health-related journeys for	Community Based Schemes	Other	Transport	0			Other	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£28,861	£28,284	Yes	Updated expenditure.
64	LD, MH and Autism Packages of Care	Care services for people with LD, MH and Autism. Number of placements dependent on length of stay and care needs.	Residential Placements	Other	LD / MH / Autism residential care	0	0	Number of beds	Social Care	LA		Local Authority	Minimum NHS Contribution		£14,211,952	£0	Yes	Scheme number has changed to 6401 (detailed below)
79	MH Capacity (evolve and practitioners)	MH Capacity	Care Act Implementation Related Duties	Other	MH Capacity				Social Care	LA		Local Authority	IBCF		£235,000		No	
81	Housing with Care	Provision of alternative accommodation whilst waiting to go home	Housing Related Schemes			0			Social Care	LA		Private Sector	Local Authority Discharge		£201,000	£0	Yes	De-commissioned in March 2024.
82	Home Support Enhanced Discharge	Increased rate for Home Care Providers and additional reabling home support for discharge.	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		380	380	Hours of care (Unless short-term in which	Social Care	LA		Private Sector	Local Authority Discharge		£1,114,000	£1,988,000	Yes	Increased funding following positive outcomes in 2023-24 (making use of uplift in 2024-25)
83	Evolve - Discharge Supported Living Scheme	Mental Health - 6 units for discharge	Housing Related Schemes						Social Care	LA		Private Sector	Local Authority Discharge		£114,423		No	
84	Provider: CAB and Carers Matters Norfolk: Carers	Advice and support services for carers	Carers Services	Carer advice and support related to Care Act duties		520		Beneficiaries	Social Care	LA		Charity / Voluntary Sector	Local Authority Discharge		£35,000		No	
85	New Step up/down model of support on	Support for individuals to enable them to stay safe at home, linking them in to community activities	High Impact Change Model for Managing Transfer of Care	Housing and related services		0			Social Care	LA		Charity / Voluntary Sector	Local Authority Discharge		£150,000	£0	Yes	Updated to a new scheme number 9101 and new scheme name Norfolk and Waveney Community Support Service as this contribution goes to Scheme
86	Provider NCC: staffing costs to administer ADF	Costs associated with distributing / reporting on the funding (1%)	Enablers for Integration	Programme management					Social Care	LA		Local Authority	Local Authority Discharge		£34,822		No	
87	Discharge Hubs	To facilitate the Discharge Process	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care	LA		Local Authority	Local Authority Discharge		£1,200,000		No	
88	Workforce recruitment and retention	Home Care rate increase to support providers in their recruitment and retention work	Workforce recruitment and retention			0		WTE's gained	Social Care	LA		Local Authority	Local Authority Discharge		£2,705,216	£0	Yes	Some spend now reflected in scheme 82. New scheme opened below to reflect scheme type more accurately.
89	Community Based Schemes	2024/2025 schemes	Community Based Schemes	Other	Schemes are yet to be confirmed	0			Social Care	LA		Local Authority	Local Authority Discharge		£3,665,944	£0	Yes	Schemes are now confirmed and outlined as additional schemes 8901, 8902, 8701
36	SOS Buses - Kings Lynn and Norwich	The SOS buses provide a first point of contact, support and first aid to people who are experiencing health, social and emotional problems that may be causing their wellbeing to be	Prevention / Early Intervention	Risk Stratification		0			Other	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£131,252	£0	Yes	Existing scheme ID 36 closed - this was a combined scheme which has been split into its component services. Each service has been assigned a new
3	Community Nursing and Therapy (CN&T)	Community nurses, therapists and clinical support staff provide physical health support for household individuals to help maintain quality of life and independence.	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0			Community Health	NHS		NHS Community Provider	Minimum NHS Contribution		£11,525,794	£0	Yes	Existing scheme ID 3 closed - this was a combined scheme which has been split into its component services. Each service has been assigned a new
4	Dementia / Alzheimer's Support Service	DSS is a three tier step-up / down system providing: Information, Advice & Guidance; non-clinical Dementia Support Workers; and Admiral Nurses. DSS works closely with	Integrated Care Planning and Navigation	Care navigation and planning		0			Mental Health	NHS		Charity / Voluntary Sector	Minimum NHS Contribution		£1,218,011	£1,400,974	Yes	The funding for this scheme has been updated. It now incorporates the funding from the previous BCF Schemes ID 30 (for Dementia / Alzheimer's Support
5	Great Yarmouth Early Help hub	The GY Early Help Hub is multi-agency model with 20+ system partners supporting individuals at an early stage with issues such as social care, homelessness, welfare benefits and mental	Integrated Care Planning and Navigation	Care navigation and planning		0			Social Care	NHS		Local Authority	Minimum NHS Contribution		£13,313	£0	Yes	Scheme 5 has a name change to Great Yarmouth Community Hub (detailed below)
7	HomeWard (Norwich)	HomeWard provides urgent short term care, nursing and therapy support. The MDT resources in HomeWard - help individuals in an acute health crisis to stay safely at	Home-based intermediate care services	Rehabilitation at home (accepting step up and step down users)		24	24	Packages	Community Health	NHS		NHS Community Provider	Minimum NHS Contribution		£1,679,786	£1,675,374	Yes	Updated expenditure.
8	Rapid Assessment Team (RATS) & Virtual Ward	West Virtual Ward provides short-term care/support to enable individuals who have experienced a health/social care crisis and are at risk of an emergency hospital admission to remain	Home-based intermediate care services	Rehabilitation at home (accepting step up and step down users)		30	0	Packages	Community Health	NHS		NHS Community Provider	Minimum NHS Contribution		£2,133,629	£0	Yes	Updated scheme is listed in the Additional Schemes section - updates include name, description and scheme type/sub-type.
90	Independent Mental Health Advocacy and	Independent Mental Health Advocacy and Independent Mental Capacity Advocate Service level agreements	Integrated Care Planning and Navigation	Care navigation and planning		0			Social Care	LA		Charity / Voluntary Sector	Minimum NHS Contribution		£907,662	£901,992	Yes	Updated expenditure.
37	Social Prescribing	A community wellbeing service that focus' on improving wellbeing. A free and confidential service that provides support to get healthier and feel better.	Prevention / Early Intervention	Social Prescribing		0			Social Care	NHS		Private Sector	Minimum NHS Contribution		£2,321,816	£2,184,823	Yes	Updated expenditure.
11	Intermediate Spot Purchase Beds	Accommodation based commissioning.	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		306	306	Number of placements	Community Health	NHS		Private Sector	Minimum NHS Contribution		£1,940,830	£1,681,667	Yes	Updated expenditure.

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other 	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Independent Mental Health Advocacy 2. Safeguarding 3. Other 	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> 1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other 	<p>Supporting people to sustain their role as carers and reduce the likelihood of crisis.</p> <p>This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.</p>
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other 	<p>Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)</p> <p>Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'</p>
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other 	<p>The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.</p> <p>The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate</p>

6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other 	<p>Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.</p> <p>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.</p>
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other 	<p>The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.</p>
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other 	<p>A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.</p>
9	Housing Related Schemes		<p>This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.</p>

10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> 1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other 	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.</p>
12	Home-based intermediate care services	<ol style="list-style-type: none"> 1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other 	<p>Provides support in your own home to improve your confidence and ability to live as independently as possible</p>
13	Urgent Community Response		<p>Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.</p>
14	Personalised Budgeting and Commissioning		<p>Various person centred approaches to commissioning and budgeting, including direct payments.</p>

15	Personalised Care at Home	<ol style="list-style-type: none"> 1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other 	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> 1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other 	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> 1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other 	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> 1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other 	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board:

Norfolk

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.

The demand and capacity figures provided in this document are based on 2023-24 profiles. These are recognised as draft. As agreed with Isla Rowland, further work is being completed within our UEC system to confirm final demand and capacity figures within the next 2 weeks. This will include linking into other data returns. To note this also applies to further information that has been requested this year e.g. LOS and Contact Hours.

Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?

Gaps in commissioned intermediate care support (both home-based and bed-based) have been identified through learning in operational management and via demand and capacity modelling. Each locality (acute hospital footprint) has commissioned through the ADF to mitigate these gaps. This includes expanding access to reablement support for pathway 1 and developing provision in a care home setting for people with moderate dementia - the recovery ambition is still a priority in these beds and there is a multi disciplinary team (social care, therapy, medical) which supports these people to optimise their outcomes.

What impacts do you anticipate as a result of these changes for:

i. Preventing admissions to hospital or long term residential care?

Through expanding access to commissioned intermediate care, we aim to reduce the usage of spot purchased services. This will ensure that local people are being supported through a recovery-focused approach. This will lead to improved outcomes and reduce hospital (re)-admissions and the requirement for long-term residential care.

ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?

Through expanding access to commissioned intermediate care, we aim to reduce the usage of spot purchased services. This will ensure that local people are being supported through a recovery-focused approach. This will lead to improved outcomes and reduce hospital (re)-admissions and the requirement for long-term residential care.

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.

The demand and capacity figures provided in this document are based on 2023-24 profiles. These are recognised as draft. As agreed with Isla Rowland, further work is being completed within our UEC system to confirm final demand and capacity figures within the next 2 weeks. This will include linking into other data returns.

Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?

Yes

Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.

The demand and capacity figures provided in this document are based on 2023-24 profiles. These are recognised as draft. As agreed with Isla Rowland, further work is being completed within our UEC system to confirm final demand and capacity figures within the next 2 weeks. This will include linking into other data returns.

Approach to using Additional Discharge Funding to improve

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.

Linked KLOEs (For information)

Checklist

Complete:

Yes

Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?

Yes

Does the plan describe any changes to commissioned intermediate care to address gaps and issues?

Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?

Yes

Has the area described how shared data has been used to understand demand and capacity for different types of immediate care?

Yes

We are prioritising our ADF allocations to expand existing recovery and reablement services that are proven to deliver positive outcomes for local people. This includes expanding bed based capacity to complement our existing health rehabilitation beds and also increasing access to reablement for people with complex needs. Alongside expanding discharge pathways, we are investing further in staff supporting the triage and discharge process, including Community Hospitals and Transfer of Care Hubs. These Hubs ensures the principle of HomeFirst is always considered and support a true discharge to assess process. The ADF also includes investment in District Councils and voluntary services supporting admission avoidance and discharges through pathway 0.

Please describe any changes to your Additional discharge fund plans, as a result from

- o Local learning from 23-24
- o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk))

Recurrent funding to support discharge has enabled longer-term plans and contracting arrangements to be put in place. This has enabled a more strategic approach to commissioning between health and social care and an opportunity to develop a sustainable model of care. For example, during 23/24 we have consolidated 3 existing VSCE grants into one which has expanded the capacity available to support individuals on their discharge home. Looking ahead we will be further increasing our investment in community services. Longer-term funding has also provided VFM as short term/non recurrent solutions tend to be more expensive and has helped with recruitment. We continue to be flexible to overcome challenges, for example we are using exercise therapists to complement our recovery model in light of national/local therapist shortages. These exercise therapists support with the recovery journey in line with the therapist and patient agreed plan and goals. There are still areas where we need to improve and each UEC Alliance now has a clear work programme with associated metrics in support.

Ensuring that BCF funding achieves impact

What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?

The BCF in Norfolk is overseen by a joint BCF team made up of colleagues working across the ICB and Local Authority with integrated governance through the Joint Social Care & Health Assurance Board and Health and Wellbeing Board. In line with quarterly reporting requirements, we regularly review schemes to ensure they meet current BCF and system priorities. We have recently completed a full review of Norfolk's core BCF schemes. This work has improved our understanding of how each of the core BCF schemes contributes to the national BCF objectives/metrics and the Norfolk priorities, such as addressing health inequalities. We met with the lead commissioners to collate information on how each scheme was meeting Key Performance Indicators showing impact and value for money. Recommendations and next steps from reviews are signed off by the Health and Wellbeing Board and will be addressed in the coming months. They include a process for onboarding and offboarding schemes and the development of a BCF dashboard. A key theme from this recent review is that core BCF schemes should be re-focused on 'core integrated services running at scale in Norfolk requiring joint commissioning and joint oversight. New strategic categories are being proposed to the Health and Wellbeing Board: Place-based initiatives; Prevention & Community Support; Admission Avoidance; Discharge & Recovery; Enablers for integration; and Mental Health, LD and Autism. Whilst the system response and successes over winter are indicative of the impact and value for money from IBCF and ADF funding, future work will include considering the totality of the BCF including DFG impact, and how the BCF can be used as a whole, to help achieve the strategic ambitions for the Norfolk system, whilst also delivering the national BCF objective and metrics.

Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?
Is the plan for spending the additional discharge grant in line with grant conditions?

Yes

Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"

Yes

Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?

Yes

Better Care Fund 2024-25 Update Template
7. Metrics for 2024-25

Selected Health and Wellbeing Board: Norfolk

8.1 Avoidable admissions

		*Q4 Actual not available at time of publication				
		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	
		Actual	Actual	Plan	Plan	
Indicator value	Number of Admissions	199.3	169.7	184.1	192.8	<p>Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.</p> <p>2023/24 FY baseline, seasonally applied, demographic growth applied, reductions linked to operational planning submission which includes impacts of counting and coding changes as well as growth reduction projects jointly agreed between all acute trusts and the ICB.</p>
	Population	918,369	918,369	-	-	
		2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	
		Plan	Plan	Plan	Plan	
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)						<p>Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.</p> <p>The system has a range of multi-disciplinary teams that focus on providing an Urgent Community Response (UCR) and coordinating services around an individual to avoid hospital admission in a crisis. The Unscheduled Care Coordination Hub (UCCCH) was introduced in 2023 to identify and transfer appropriate cases from the ambulance stack to a local UCR team for an admission avoidance response, with clinical oversight where needed. The UCCCH will continue to develop and mature over 2024-25 and work with system partners to optimise the use of UCR resources to support conveyance and admission avoidance across the system.</p>
Indicator value		186.5	168.5	195.8	189	

>> link to NHS Digital website (for more detailed guidance)

Complete

Yes

Yes

8.2 Falls

		2023-24	2023-24	2024-25	
		Plan	estimated	Plan	
Indicator value	Count	1,441.8	1,487.5	1,495.1	<p>Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.</p> <p>2023/24 FY baseline, demographic growth applied, reductions linked to operational planning submission which includes impacts of counting and coding changes as well as growth reduction projects jointly agreed between all acute trusts and the ICB. The reductions will only be achieved by robust pathway design, proportionate usage and access to alternative pathways and frailty support teams.</p>
	Population	225,266	225,266	225,266	
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.					<p>Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.</p> <p>There are multiple falls projects underway in the Norfolk & Waveney system aimed at reducing the likelihood of a first fall in the community, preventing falls and responding in a timely way to fallers in need of professional assistance. Norfolk County Council is delivering a 'Proactive Interventions' project using AI to interrogate social care case notes for 80+ factors that indicate a falls risk. In Phase 1, 700 people were offered interventions to reduce their falls risk - with a 10% contact to intervention rate. Analysis of the 12-month period following these interventions indicates that people who received intervention(s) had a £175 per week lower social care cost than those who had no contact with the programme, and a £64 per week lower social care cost than those who engaged with the programme but did not receive an intervention. Phase 2 has included District Council data: with 550 individuals in high, medium and low falls risk groups from South Norfolk being contacted. Initial findings show that the low/medium risk groups are most receptive to referrals. Phase 3 is being scoped and will include NHS data from the ICB's Hub. A systemwide initiative called Active Now was launched at the end of 2023. This is a professional referral scheme for free falls-related exercises - which range from strength and balance classes through to 1:1 coaching at home. This is receiving excellent feedback and results, particularly from residents receiving 1:1 personal training in their home. Total referrals for falls prevention were 368 to 3rd June, 151 from non-clinical organisations and 217 from clinical professionals. East Norfolk and Waveney have been focusing on their frailty and falls pathway through system partner workshops. Colleagues from the acute hospital and community providers have worked together to improve the model. Outcomes have included the introduction of GaitSmart in the acute hospital (as presented to the NHE MSK Forum 18/4/24), more frequent use of the Clinical Frailty Score and increased access to the Shared Care record which contains important information for assessing/handling over care between providers, particularly useful for the care of frail patients. In Central Norfolk, a new project is underway between the NNUH and system partners. Individuals who have been to ED due to a fall and returned home without the need for an admission, will be contacted by District Council colleagues within 7 days of their visit to ED and offering falls and frailty prevention support/interventions. In West Norfolk, a falls and frailty project is underway to proactively identify individuals with a high risk of falls using Council and NHS acute data sources, alongside advertising the offer to the public via posters in the frailty waiting room, wards and some GP surgeries. The Rapid Assessment Frailty team at QEH will also receive data on and follow up with any fallers who come to ED but are not conveyed. To the end of April, 72 people have received a referral to adaptation services and 46 have received an Active Now referral. From a falls response perspective, the Unscheduled Care Coordination Hub was launched in 2023 and oversees UCR to appropriate cases that come through to the ambulance stack. The Ambulance Trust are working through practicalities of dispatching a Community First Responder falls crew to some fallers directed by UCCCH, which could result in a faster response to some fallers. Capacity continues to be a challenge, however all teams are engaged and supportive of doing something different to enable a faster response to fallers.</p>
Public Health Outcomes Framework - Data - DHD (phe.org.uk)		225,266	225,266	225,266	

Yes

Yes

Yes

8.3 Discharge to usual place of residence

		*Q4 Actual not available at time of publication				
		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	
		Actual	Actual	Actual	Actual	
Quarter (%)	Numerator	93.3%	93.2%	93.0%	92.7%	<p>Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.</p> <p>The % of patients being discharged to usual place of residence has gradually increased in Norfolk following a big decrease during Covid, where performance dropped to 88.4% during April 2020. Performance has now recovered and exceeds pre-Covid levels and the ICB would consider maintaining the performance seen during 23/24 to be a suitably ambitious target.</p>
	Denominator	18,062	17,998	18,295	18,510	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)						<p>Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.</p> <p>A number of long standing services including the Home from Hospital service, have been recommissioned with providers coming together to provide a cohesive offer across the County, to better support people in their own homes following discharge from hospital.</p>
Quarter (%)		93.3%	93.3%	93.3%	93.3%	
Numerator		17,553	17,478	17,856	18,224	
Denominator		18,805	18,725	19,130	19,524	

Yes

Yes

Yes

8.4 Residential Admissions

		2022-23	2023-24	2023-24	2024-25	
		Actual	Plan	estimated	Plan	
Annual Rate	Numerator	566.0	597.7	574.5	531.0	<p>Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.</p> <p>The reduced admissions rate takes account of the reduction achieved this year as a result of the transformation programme, extending it into 24/5. The target is ambitious as it represents a marked reduction and is dependent on reduced use of STB with reduced LoS, with lower resultant conversion into long term residential.</p>
	Denominator	225,266	236,901	236,901	240,865	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population						<p>Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.</p> <p>We have increased our investment in home and bedded capacity to support discharge. Our ambition is that all discharges on P1-2 have recovery focused support and the services we are expanding through the BCF/ADF will help to meet this ambition. For example, we have commissioned beds in care home settings for patients with moderate dementia, with a wrap around multi-disciplinary team of therapy, medical and social care to optimise the patient outcome. We are also expanding access to home-based reablement for people with complex needs.</p>
Denominator		225,266	236,901	236,901	240,865	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England: <https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland018busee>

Please note, actuals for **Cumbria** and **Westmorland and Furness** are using the **Gumby** combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.

Better Care Fund 2024-25 Update Template
8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	
	Code							
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan, jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? <i>*Paragraph 11 as stated in BCF Planning Requirements 2023-25</i></p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph 11</i></p> <p>Have all elements of the Planning template been completed? <i>Paragraph 11</i></p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p> <p>Cover sheet</p>	No	<p>2023-25 Narrative plan: Page 2 describes how we engaged with partners across the system and the conversations we have had with them about the BCF over the past year as part of our BCF review work.</p> <p>Whilst there remains commitment to the BCF plan we have developed together, the LA and ICB are in discussions regarding the financial arrangements for 2024-25. This particularly relates to schemes that are categorised as "social care".</p> <p>We have agreed with the BCF regional team (Isla Rowland) to include the financial details as they currently stand in this submission. This is on the understanding that these figures are draft and further revisions will be made over</p>	<p>Commissioning and Finance teams from the LA and ICB are working together to review and finalise the financial profile over the next 1-2 weeks. There is oversight at Executive Director level.</p>	<p>w/c 24th June 2024 - specific date to be agreed with Isla Rowland.</p>
		Not covered in plan update - please do not use	A clear narrative for the integration of health, social care and housing	Not covered in plan update				
		PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?</p>	<p>Cover sheet</p> <p>Planning Requirements</p>	Yes	<p>This is detailed on page 12 of the 2023-25 narrative plan.</p>	
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	<p>A demonstration of how the services the area commissions will support the BCF policy objectives to:</p> <ul style="list-style-type: none"> - Support people to remain independent for longer, and where possible support them to remain in their own home - Deliver the right care in the right place at the right time? 	<p>Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?</p> <p>Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?</p> <p>Have gaps and issues in current provision been identified?</p> <p>Does the plan describe any changes to commissioned intermediate care to address these gaps and issues?</p> <p>Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans?</p> <p>Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?</p>	<p>Cover sheet</p> <p>Planning Requirements</p>	Yes	<p>This is primarily detailed in our 2023-25 narrative plan, and tab 7 - narrative updates.</p>		

Complete:

Yes
Yes
Yes

Additional discharge funding	PR5	A strategic, joined up plan for use of the Additional Discharge Fund	<p>Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges?</p> <p>Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?</p> <p>Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?</p>		Yes	This is detailed in tab 7 - narrative updates.			Yes
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time	PR 4 and PR6 are dealt with together (see above)						
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution?</p> <p>Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?</p>		No	There are ongoing discussions relating to spend on social care services as per PR1	Commissioning and Finance teams from the LA and ICB are working together to review and finalise the financial profile over the next 1-2 weeks. There is oversight at Executive Director level.	w/c 24th June 2024 - specific date to be agreed with Isla Rowland.	Yes

Agreed expenditure plan for all elements of the BCF	PR8	<p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p>	<p>Do expenditure plans for each element of the BCF pool match the funding inputs?</p> <p>Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives?</p> <p>Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable)</p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend?</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions?</p> <p>Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area?</p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12 		Yes	This is detailed in tab 6a - expenditure. The ICB has confirmed it's distribution of the ADF, through a return submitted earlier this year.			Yes
Metrics	PR9	<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this? 		Yes	This is demonstrated in tab 8 - metrics.			Yes

Report title: Norfolk Health Protection Assurance Board Report 2024

Date of meeting: 04 September 2024

Sponsor

(HWB member): Stuart Lines, Director of Public Health, Norfolk County Council

Reason for the Report

In its Terms of Reference, the Norfolk Health Protection Assurance Board (HPAB) agrees to submit an annual report to the Norfolk Health and Wellbeing Board. This report seeks to update the Board on local health protection assurance arrangements and give some examples of health protection post the Covid pandemic.

Report summary

Health protection is an integrated approach to infectious diseases and environmental hazards to health. Post pandemic, the refreshed Health Protection Assurance Board (HPAB) covers the wider breadth of health protection issues for the county of Norfolk, providing assurance to the Director of Public Health that robust health protection systems are in place.

The scope of the HPAB includes vaccinations, screening, environmental threats to health, infectious disease prevention and control, antimicrobial resistance and healthcare associated infections. The Board includes representation from local councils, the UK Health Security Agency, NHS England, Norfolk and Waveney Integrated Care Board and the Laboratory Medicine and Eastern Pathology Alliance.

Some insights into health protection post pandemic are included. A greater focus on health inequalities is planned for the coming year.

Recommendations

The HWB is asked to:

- a) Endorse the work of the Health Protection Assurance Board.
- b) Support appropriate representation on the HPAB from key agencies.
- c) Agree to receive annual reports from the HPAB.

1. Background

1.1 Health Protection became more visible during the Covid pandemic. The previous health protection arrangements were replaced by a focus on the response to Covid-19, with a Health Protection Board providing oversight. Post pandemic, a refreshed Health Protection Assurance Board was reinstated in November 2022 to cover the wider breadth of health protection issues for the county of Norfolk.

2. Norfolk's Health Protection Assurance Board (HPAB)

2.1 Health protection is an integrated approach to infectious diseases and environmental hazards to health. It aligns with the Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy goal to make sure that people can live as healthy a life as possible.

- 2.2 The protection of the health of the population is one of the mandated responsibilities given to local authorities as part of the Health and Social Care Act 2022. The Director of Public Health (DPH) for Norfolk is responsible under legislation for the oversight and discharge of these functions. [Go to Gov.uk to read the guidance on Directors of Public Health in local government: roles, responsibilities and context.](#)
- 2.3 The HPAB provides collective assurance to the DPH in his statutory role to ensure that robust arrangements are in place and implemented appropriately to protect the local population and to provide challenge where this is not the case. The HPAB provides an opportunity for joint action and reduction of health inequalities, as well as building a professional network. The HPAB also provides a forum for horizon-scanning and coordination of mutual support.
- 2.4 The HPAB meets three times per year. The terms of reference are included in Appendix A. The scope of the HPAB includes prevention programmes (vaccination and screening), environmental threats to health, infectious disease prevention and control, antimicrobial resistance, healthcare associated infections and health protection incident plans (see detailed scope in Appendix A). A dashboard of key metrics is under development.
- 2.5 The Board includes representation from:
- Norfolk County Council Public Health,
 - UK Health Security Agency (UKHSA),
 - NHS England (prison health commissioning, screening and immunisations),
 - Integrated Care Board (ICB) (emergency planning, infection prevention and control, senior leadership),
 - Laboratory Medicine and Eastern Pathology Alliance,
 - Environmental Health District Council representative.
- 2.6 The HPAB sits within the wider context of related groups, for example the Norfolk Resilience Forum (NRF) and the Local Health Resilience Partnership (LRPH) which focus on emergency planning, preparedness and response, the immunisations board etc (see the diagram in Appendix A).
- 2.7 **Some insights into health protection in Norfolk post pandemic:** Prevention programmes (screening and vaccinations) are key to effective health protection. Norfolk performs well in many areas, for example on recent Covid-19 and flu vaccination programmes and diabetic eye screening. There are also areas for improvement, eg for some screening and immunisations programmes, where national targets aren't yet met both in Norfolk and nationally.
- 2.8 Sexual health services are free and confidential, covering HIV and sexually transmitted infections, condom provision, vaccination and pre and post-exposure prophylaxis (PrEP and PEP). Some STIs, such as gonorrhoea, are increasing both locally and nationally. Vaccination played a crucial role in reducing cases of mpox and the Norfolk mpox intervention pathway was shared nationally as best practice.
- 2.9 While the risk from avian influenza is currently low (as of July 2024), during winter 2022/23, more than a fifth of all avian flu cases in animals occurred in Norfolk with 65 outbreaks. Nationally, there were only a handful of human cases reported. The Norfolk avian influenza intervention pathway and toolkit for potential human cases was shared nationally as best practice.
- 2.10 Tuberculosis (TB) is a preventable and curable disease, with most cases in the UK affecting people born outside of the UK. A paper for the HPAB on the impact of TB from the changing international workforce profile has been escalated to the national UKHSA-NHSE TB team.

- 2.11 Antimicrobial resistance (AMR) occurs when pathogens no longer respond to antimicrobial medicines – this is a significant and increasing threat to public health globally. Antibiotic prescribing in Norfolk’s three acute hospitals features well in the East of England.
- 2.12 A greater focus on health inequalities is planned for the coming year, looking at which populations are more susceptible to harm and what more the local system can do to address those inequalities.

Officer Contact

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

Name: Diane Steiner Tel: 01603 638417 Email: diane.steiner@norfolk.gov.uk



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 Health Protection Assurance Board (HPAB)

Terms of Reference

Updated June 2023

Background

The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012¹.

The Director of Public Health (DPH) is accountable to the Secretary of State/Chief Medical Officer and requires assurance that appropriate plans and necessary action plans are in place to protect the Norfolk population against a range of threats and hazards.

Purpose

HPAB will act as a forum for system partners to come together to collectively provide assurance that the arrangements to protect the health of the communities we serve are robust and are implemented appropriately².

All agencies will work collaboratively to exchange information and share knowledge and work together through effective leadership and coordination, ensuring appropriate capacity and capability to detect, prepare, prevent and respond to a range health protection issue.

The Health Protection Assurance Board will provide strategic direction and assurance on matters relating to health protection policy, risks, and incidents to protect the public's health and those effective arrangements are in place and implemented to protect Norfolk residents, the workforce, and visitors.

In Scope

- Antimicrobial resistance
- Environmental, chemical and radiation hazards
- Environmental health
- Foodborne illnesses
- Healthcare associated infections
- Health threats
- Immunisation
- Laboratory trends
- Outbreaks
- Plans and exercises
- Port health
- Prison health protection
- Screening
- Seasonal vaccinations
- Sexual health infections

¹ [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2012/2411/contents/made)

² [Health Protection in Local Authorities Final.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101111/Health_Protection_in_Local_Authorities_Final.pdf)

Out of scope

- Outbreak management
- Case management
- Animal health (only in relation to relevant zoonoses)

Objectives

To provide a forum for professional oversight and assurance on health protection plans, risks, and opportunities for joint action.

The HPAB will ensure:

1. Health threats are prepared for and prevented wherever possible through assuring there are robust plans in place (based on relevant local and national guidance and regulations) and that their implementation is exercised regularly.
2. Epidemiological surveillance information and programme quality assurance are reviewed regularly. All data and reports submitted to the HPAB will include analysis and interpretation of areas of concern including mitigation for being an outlier, widening inequalities, failure to meet targets, unwarranted variation in practice and outcomes.
3. Relevant intelligence is shared between partners and that the HPAB is fully appraised of risks, incidents, areas of concern, including national and regional horizon-scanning and workforce issues.
4. Oversight and assurance of service planning and commissioning, including adequate and robust arrangements for access to services for groups at higher risk and that help reduce health inequalities.
5. The Local Health Resilience Partnership (LHRP) and the Norfolk Resilience Forum (NRF) have due regard for health protection in the conduct of regulatory and statutory functions of emergency planning and response arrangements.
6. The development, monitoring and review of an East of England Memorandum of Understanding (MoU) that outlines the roles and responsibilities of the UK Health Security Agency (UKHSA), Local Authority, NHSE and Integrated Care Boards (ICBs).

Governance and Reporting

The Health Protection Assurance Board will produce an annual work programme to ensure effective health protection risk systems are in place for escalating major health protection concerns.

Exception reports will be sent to the DPH:

- (a) following each Health Protection Assurance Board meeting,
- (b) as and when a significant health protection incident or concern has arisen (this report can also act as a briefing for the portfolio holder).

The Health Protection Assurance Board will sign off the annual report for the Health & Wellbeing Board.

The DPH (or delegate) will report health protection issues to the Local Health Resilience Partnership as necessary.

Frequency of Meetings

The Health Protection Assurance Board will meet 3 times per year and at other times as directed by the Director of Public Health or when the situation necessitates its convening.

Items to be received 14 days prior to meeting.

Agenda and meeting papers will be circulated at least 7 days in advance of the meeting date.

Minutes with agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

Standing agenda items will include the following:

- Introductions
- Conflicts of interest
- Minutes and actions from the last meeting
- Risk register and action plan review
- Performance reports
- Exception reporting
- Policy/evidence/guideline updates (All)
- Any other business (All)
- Confirm date next meeting

Chair

Director of Public Health or delegated representative.

Quoracy

Chair or delegated representative and at least 3 other members from different agencies or organisations.

Administration

Public Health Norfolk, Health Protection Lead and secretariat support.

Membership

Director of Public Health, Norfolk CC

Deputy Director/Consultant Public Health, Norfolk CC

Health Protection Lead, Public Health Norfolk CC

Senior Epidemiologist, Public Health Norfolk CC

CCDC/Health Protection Consultant, UKHSA

Senior Protection Practitioner, UKHSA Commissioning

Lead for Health and Justice, NHSE

NHSE Commissioning Leads, Section 7a Screening & Immunisation

Chair, Local Health Resilience Partnership (LHRP)

Norfolk Resilience Forum (NRF) Representative

Emergency Planning Resilience & Response Officer, Norfolk and Waveney Integrated Care Board (ICB)

Infection Prevention and Control Nurses, Norfolk and Waveney Integrated Care Board (ICB),

Chief Nursing Officer, Norfolk and Waveney Integrated Care Board

Chief officer, Laboratory Medicine and Eastern Pathology Alliance Third sector representative

(If the named member or deputy cannot attend, a designated substitute may attend the Forum with the prior agreement of the Chair).

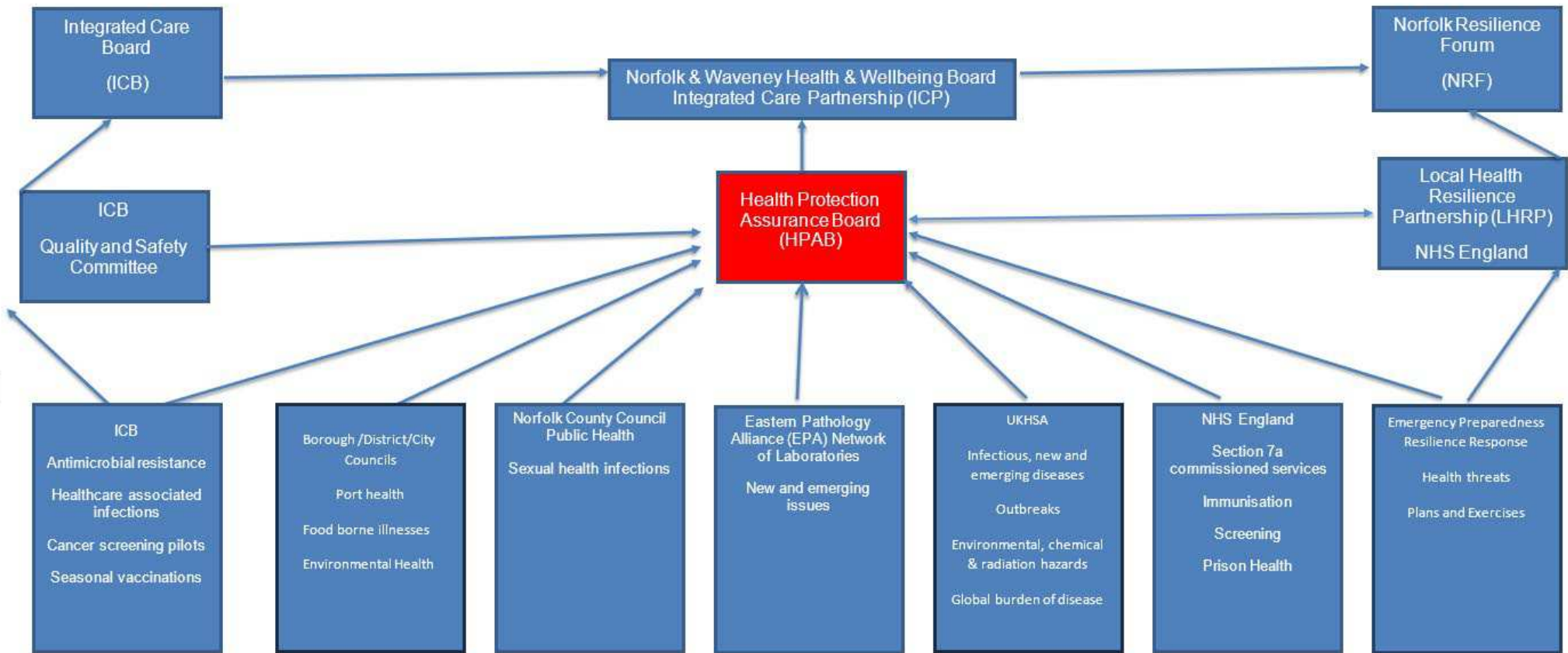
Review

Terms of Reference are reviewed annually at the first meeting of the year.

HPAB TOR Appendix A: Glossary of Terms

District, Borough, and City Councils	Local government is responsible for a range of vital services for people and businesses in defined areas. such as social care, schools, housing and planning and waste collection, licensing, registrar services, environmental health, port health and pest control.
Eastern Pathology Alliance (EPA) Network	A managed pathology network providing clinical biochemistry, immunology, haematology, blood transfusion, andrology, virology, and microbiology services to primary and secondary care providers across Norfolk and Waveney.
Emergency Preparedness, Resilience and Response (EPRR).	Part of NHSE planning for, and responding to, a wide range of incidents and emergencies that could affect health or patient care including business continuity and hazardous materials
Integrated Care Board (ICB)	A statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in a geographical area.
NHS England (NHSE)	leads the National Health Service (NHS) in England Directly commissioning 'specialised' services (such as treatments for rare conditions and secure mental health care), military and veteran health services and health services for people in prisons (including youth offender institutions). Immunisations and screen
Norfolk Resilience Forum (NRF)	Make Norfolk residents aware when there is a risk of an emergency and what our planned response will be and also to provide you with information and advice as necessary at the time of an emergency.
Norfolk Public Health	Supports local action to promote and protect health and wellbeing and create a health care system which improves health and reduces inequalities. Commissioned services include sexual and reproductive health
UK Health Security Agency (UKHSA)	Government agency in the United Kingdom, responsible since April 2021 for England-wide health protection and infectious disease capability and executive agency of the Department of Health and Social Care

HPAB TOR Appendix B: Governance for the Health Protection Assurance Board



Report title: Driving Integration Through Digital, Data and Technology including a deep dive into Digital Inclusion

Date of meeting: 04 September 2024

Sponsor

**(ICP member): Debbie Bartlett, Executive Director of Adult Social Services, Norfolk County Council
Tracey Bleakley, Chief Executive, Norfolk and Waveney Integrated Care Board**

Reason for the Report

This paper is to provide an update on how we continue to work collaboratively as a system and some of the progress that has been made since our last update in June. It also provides an overview of the work we have been carrying out on Digital Inclusion

Report summary

This report provides an update on the work we have progressed on the Electronic Patient Record (EPR) and Shared Care Record (ShCR) since we last updated in June. It also provides an overview on how we are working collectively as a system to tackle digital inclusion.

Recommendations

The ICP is asked to:

- a) Note the updates on the progress taken around the collaboration as a system and raise any potential gaps or priorities to further inform the plan.
- b) Review, comment, and advise on the potential impact and actions which are being taken to support digital inclusion in the county.
- c) Consider how as a partnership we can continue to raise awareness of the digital switch for our vulnerable residents.
- d) Consider how we can obtain permanent funding in order to make the Digital Inclusion offer into a business as usual service.

1. Background

1.1 This paper is brought to the ICP to update on how we are working collaboratively as a system to enable data sharing and what we are doing to drive integration through our digital, data and technology systems (DDaT). The report provides an update on the Norfolk and Waveney ShCR, the EPR and a deeper dive into the work we are doing to support digital inclusion.

2. Update on the Digital Overview

2.1 The ICS Digital Transformation Roadmap remains unchanged since last presented but is included here again for ease of reference (see Image 1) and to show how the various initiatives fit together. It should be noted that the ShCR system has developed incrementally over time to include more partners providing data feeds and consuming the data (see image 2). The introduction of the EPR when it is implemented will further enhance the breadth of data shared and ability for hospital staff to benefit from the system.

Digital Transformation Strategic Roadmap

Digital will enable transformation across all care settings, including outpatients.

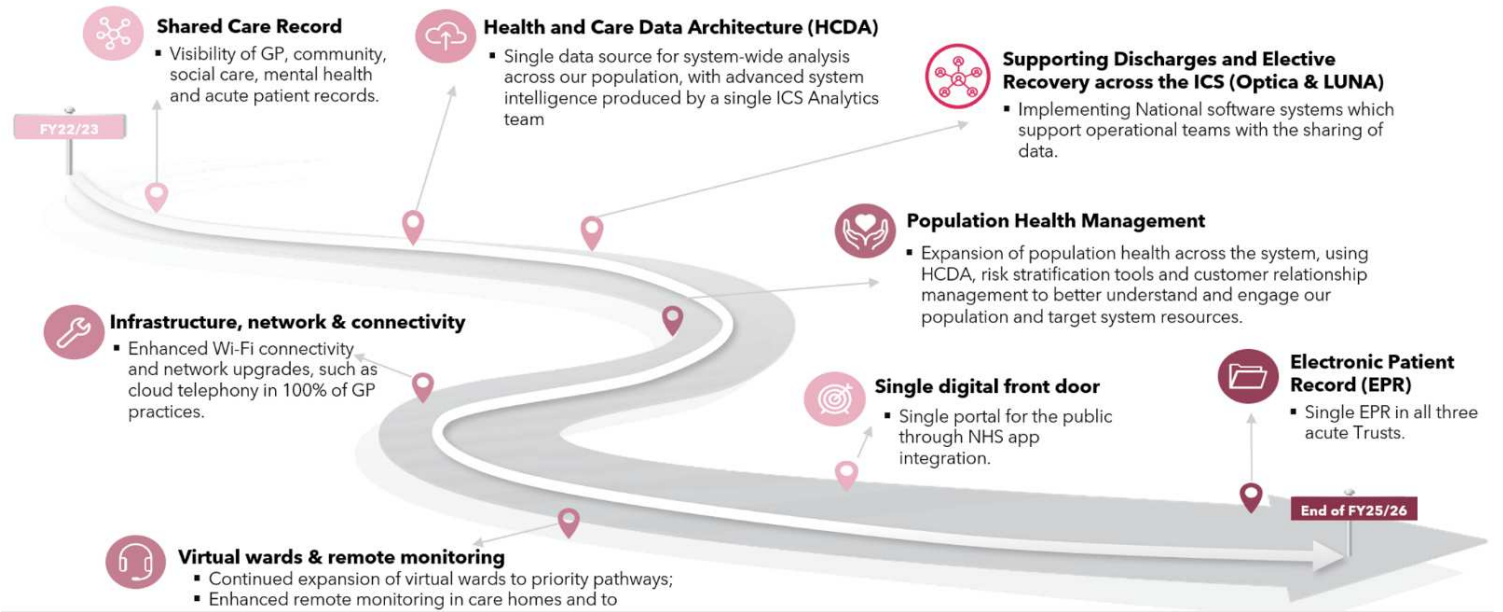


Image 1: Digital Road Map

ShCR Delivery Phases 1 and 2

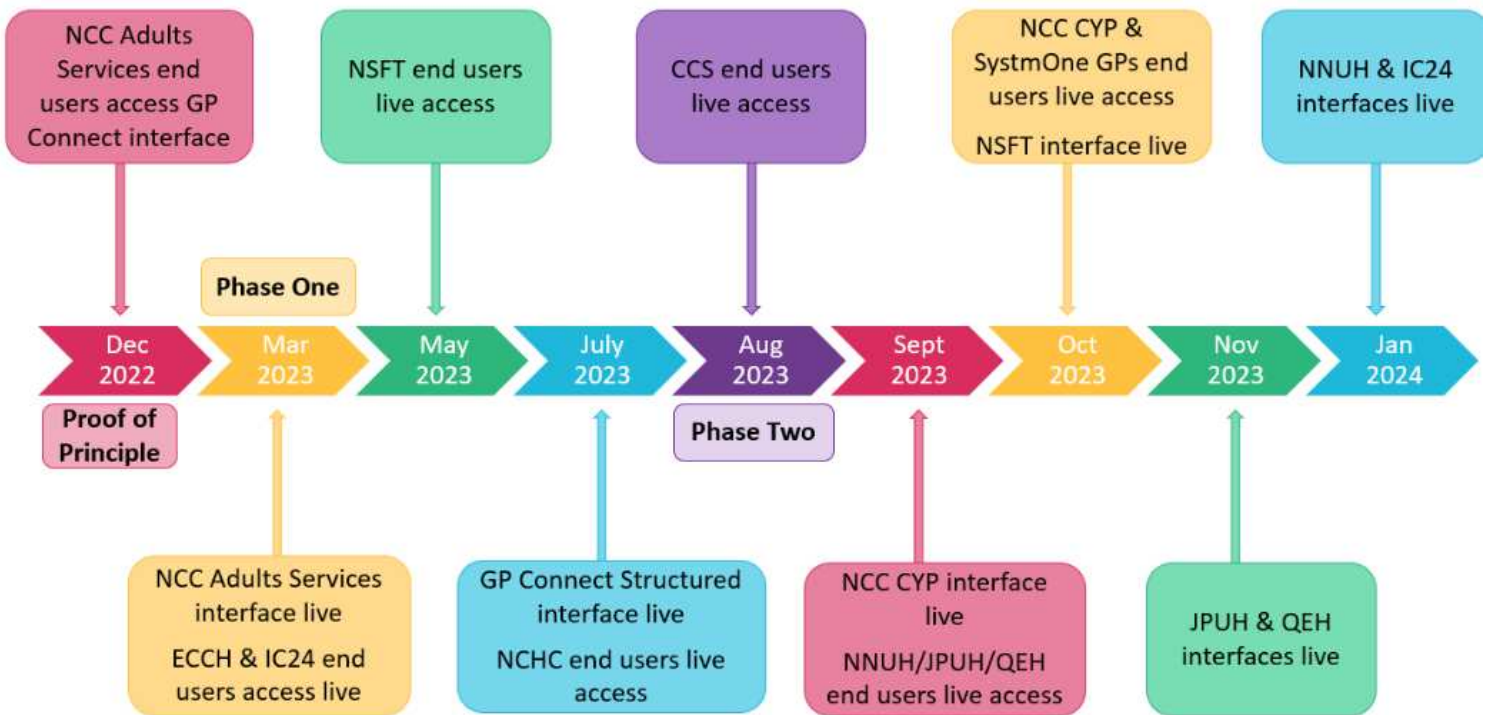


Image 2: ShCR Delivery Phases 1 & 2

2.2 Who can access the ShCR?

- East Coast Community Services : Trust Wide
- Norfolk Community Health and Care: Trust Wide
- Cambridgeshire Community Services: All Norfolk and Waveney Services
- Norfolk and Suffolk Foundation Trust: Trust Wide
- Norfolk and Waveney Primary Care: All SystmOne practices & All EMIS practices
- Norfolk and Norwich University Hospital: Trust Wide
- The Queen Elizabeth Hospital: Trust Wide

- James Paget Hospital: All front door services – full roll out in progress
- Integrated Care 24: All Norfolk and Waveney Services
- Norfolk County Council – Adults: All Norfolk and Waveney Services
- Norfolk County Council – Children’s: All Norfolk and Waveney Services

*Please note access is correct as of April 2024.

- 2.3 The Full Business Case for the EPR has received Treasury approval. The new system, worth £88million, will benefit patients across Norfolk and Waveney. The EPR will enable the acute hospitals in Norfolk and Waveney to change the way they operate. Below summarises the benefits of the system and how it will enhance the ShCR system.
- 2.4 The new EPR’s (for both Acutes & MH) will grant health and care professionals instant and secure access to the information they need, precisely when and where they need it. This instantaneous access will ensure better coordination and smoother experiences for our patients across the hospitals in our region.
- 2.5 With this information we will have a greater level of data insights that we need to run an effective integrated care system and understand the needs of our citizens and move towards managing geographic, demographic and disease specific populations.
- 2.6 The EPR, supplied by provider Meditech, will be a strong foundation for the use of more advanced technology systems for patient care. It will bring an end to an array of paper-based records and disjointed systems and herald a new era of cutting-edge technology across the region’s three acute hospitals, that will give clinicians instant access to real time health and care information in one secure place.
- 2.7 The new solution is planned to launch in 2026 and will transform acute hospital healthcare by storing patient information electronically and streamlining communication between patients and staff. The EPR will introduce time-saving features and facilitate safer, more personalised care, ultimately enhancing the overall quality of care provided by the three Trusts. The EPR also minimises the potential for human error, ensuring that patients receive the right care at the right time.
- 2.8 Development and use of the ShCR continues to grow. Roll out phases 1 and 2 are complete, with the record now accessible in Norfolk County Council, all three Acute Hospitals, the community providers, Norfolk & Suffolk Foundation Trust (NSFT), NHS 111, GP Practices and Out of Hours services.
- 2.9 A contract has now been put in place that will enable the flow of community data. Access to the ShCR is being scoped for Hospices and Continuing Health Care and work is in progress for Voluntary, Community and Social Enterprise (VCSE) access via the Social Prescribing system.
- 2.10 Initial conversations have been held with NSFT for IAPTUS (the digital system used mainly in Talking Therapies within the mental health service) to join the ShCR.
- 2.11 The record is accessed by over 5,000 staff a month, accessing records for 33,000 patients.

3. Digital Inclusion Deep Dive

- 3.1 The councils Digital Inclusion Strategy was agreed in 2018 and updated and refreshed in December 2021. A programme was launched in January 2022 to implement this strategy. The strategy is focused on 5 key objectives aimed at providing “Every Norfolk resident is provided with the appropriate digital access opportunities to meet their needs and enable them to be digitally included in all aspects of their lives”.

- 3.2 We aim to do this by:
- Working in partnership to target activity and make best use of resources.
 - Enabling universal access to connectivity in the county.
 - Supporting access to devices and equipment.
 - Increasing digital skills and confidence in key cohorts.
 - Developing the skills of our staff to understand how to support residents to access and use technology to improve their lives.
- 3.3 It's a partnership programme and includes representation from colleagues from the council, the Integrated Care Board (ICB), VCSE and District colleagues at a Digital Inclusion Programme Board which is chaired by the County Council.
- 3.4 The Digital Inclusion programme has had many significant achievements since its launch including:
- Securing over £900,000 of external funding.
 - Refurbishing and gifting over 2400 devices since 2022.
 - Launching a successful laptop loaning scheme from our libraries with over 1300 loans since August 2023.
 - 97.51% of properties now have access to Superfast broadband and 60.27% Gigabit capable broadband.
 - 1500 plus residents supported with free or subsidised connectivity by way of SIM cards, mi-fi devices and refurbished smart phones.
 - Implemented a successful staff digital skills onboarding programme for new staff which is now mandatory with over 770 plus new staff members trained to date. Feedback from staff and managers has been excellent.
 - Adult Learning have supported 5194 learners with digital skills course.
 - 2200 plus young people have attended Digital Technology Events.
 - 3400 small businesses and self-employed have been supported through Go Digital and our Business and Intellectual Property Centres based in our libraries.
 - Our Silktime WCAG 2.1 AA compliance score now stands at 98.2%.
 - Ongoing communications to staff, customers, residents, and partners about the digital switch in light of the UK's telephone network upgrade and potential impact on those who use technology that are reliant on analogue telephone connections.
- 3.5 A paper was brought to the ICP in June which gave a more detailed account of the actions the council had and was continuing to take in respect of the telephone network upgrade. We know from the work that our Community Tech Coaches are doing with residents in the local community that vulnerable residents are being impacted, as they are unaware of these changes and what they need to do in terms of notifying their telecoms provider that they are vulnerable and need a flag put against their record to show this. As a partnership we need to continue to raise awareness with our vulnerable residents.
- 3.6 Following a successful bid for funding in 2023 through the Norfolk Investment Fund, an innovative proof of concept pilot was launched. The pilot service was called Tech Skills for Life – West Norfolk. This was a place-based approach working with residents and partners in the local community to improve access to and use of technology.
- 3.7 Tech Skills for life went live on 10 July 2023 with one Team Manager and four Community Tech Coaches. It has surpassed all targets and expectations as far as the metrics go. Since its launch we have:
- Engaged and supported over 5000 people aged between 5 and 96 with information, devices, data, tech, and skills this includes over 1180 referrals.
 - 1018 devices gifted, mainly refurbished laptops and tablets but also sims, smartphones, mi-fi devices (mobile WiFi) etc.
 - Nearly 200 people have attended a short basic digital skills course in the community.

- 25 plus people have been supported back into employment.

3.8 Tech skills for Life has already had a huge impact on people's lives. Enabling people to learn new skills and improve their confidence using tech, providing young people with a laptop to study and complete their homework. Showing people how to fill in online forms, job applications or attach files to emails. How to video call using WhatsApp or use a tablet to do their grocery shopping online or banking. How to add contact details to their smartphone, access services both social care and health. Tech has been used as a voice and ears and even to maintain sobriety by accessing online AA meetings. It's been used to combat social isolation and loneliness enabling people to speak to and see family in far off countries, applying for jobs, blue badges, and carers allowance.

3.9 Digital inclusion is an enabler, and the impacts and benefits are wide reaching from:

- Financial impacts of finding employment.
- Wellbeing impacts from combatting social isolation and loneliness.
- Improved health literacy and better access to information and services.
- Contributing to Net Zero targets through CO2 reduction and more efficient processes.
- Reduction in health inequalities, our Community Tech Coaches work with and support many of the Core20plus groups with some amazing results.

3.10 Since launching Tech Skills for Life we have been successful with a bid for funding to the Department of Health and Social Care Accelerating Reform Fund. This has enabled the pilot to continue and expand during 2024/25. We have doubled our team to eight community Tech Coaches and expanded to North Norfolk, Great Yarmouth and Waveney and some parts of Breckland such as Thetford and Swaffham. We still cover West Norfolk. There is an added emphasis this year on supporting unpaid carers through the use of tech to provide information, advice and guidance.

3.11 Over the last two years the council has made great strides in reducing digital exclusion in the county. Working towards its ambition of every Norfolk resident has the appropriate digital access opportunities to meet their needs and enable them to be digitally included in all aspects of their lives if they should choose to do so. This is not just a benefit to the individual but to society as a whole.

3.12 Over the next few months we will be building on the Tech Skills for Life approach with the ambition to turn this offer into a "business as usual offer". Whilst we have been successful in obtaining short term funding we now need to look at securing permanent funding.

3.13 If we can succeed in obtaining permanent funding we will not only meet the challenges as set out under the NHSE 5 Urgent actions to address Health Inequalities ([Go to www.england.nhs.uk to view the NHSE's approach to reducing health inequalities in detail](https://www.england.nhs.uk)), but will also support the NHS England framework for digital inclusion ([Go to www.england.nhs.uk to view the Inclusive Healthcare publication](https://www.england.nhs.uk)).

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Report title: ICS Health Inequalities Strategic Framework for Action Update

Date of meeting: 04 September 2024

Sponsor

(ICP member): Stuart Lines, Director of Public Health, Norfolk County Council

Reason for the Report

To update the ICP on progress made on the implementation of the Integrated Care System (ICS) Health Inequalities Strategic Framework for Action, particularly the governance recommendations made at the June Integrated Care Partnership (ICP) meeting.

Report summary

This report provides an overview of the proposed governance and oversight arrangements to implement the Health Inequalities Strategic Framework for Action (Health Inequalities Framework).

It sets out the proposed arrangements for a **Strategic Steering Group** to oversee implementation, as well as the **leadership groups** that will support and enable the system to agree priority outcomes and drive change in the agreed priority areas:

- Living and Working Conditions (i.e. the wider determinants of health),
- Lifestyle Factors (i.e. primary prevention),
- Healthcare Inequalities (i.e. avoidable differences in access to care and outcomes) and
- Creating the Conditions for Success (i.e. underpinning structures to enable delivery).

Terms of reference (ToR) for each of the leadership groups are in varying stages of development and in order to move forward at pace it is proposed that authority to agree these ToRs is delegated to the Strategic Steering Group, which will also have responsibility for bringing regular progress updates to the ICP.

Recommendations

The ICP is asked to:

- a) Agree delegation to the Strategic Steering Group to approve proposed governance structures and Terms of Reference as they develop.
- b) Agree to receive regular progress updates from the new ICP Health Inequalities Strategic Steering Group.
- c) Agree that representation from partner organisations within the governance structures will be determined with a view to having local council, Voluntary Community and Social Enterprise (VCSE) and NHS provider representation distributed across the structure and that representatives will have responsibility for onward communication.

1. Background

- 1.1 On 12th June 2024, members of the Integrated Care Partnership (ICP) agreed and endorsed the Norfolk and Waveney (N&W) ICS Health Inequalities Framework for Action, including the first 10 actions for the first year of implementation.
- 1.2 The ICP also agreed to establish a Strategic Steering Group as a working group of the ICP and supported the proposed governance structures.

- 1.3 Partners were tasked with coming together to develop a Living and Working Conditions Group, as proposed in the governance structure, and provide an update on progress at the September 2024 meeting.

2. How we are organising ourselves

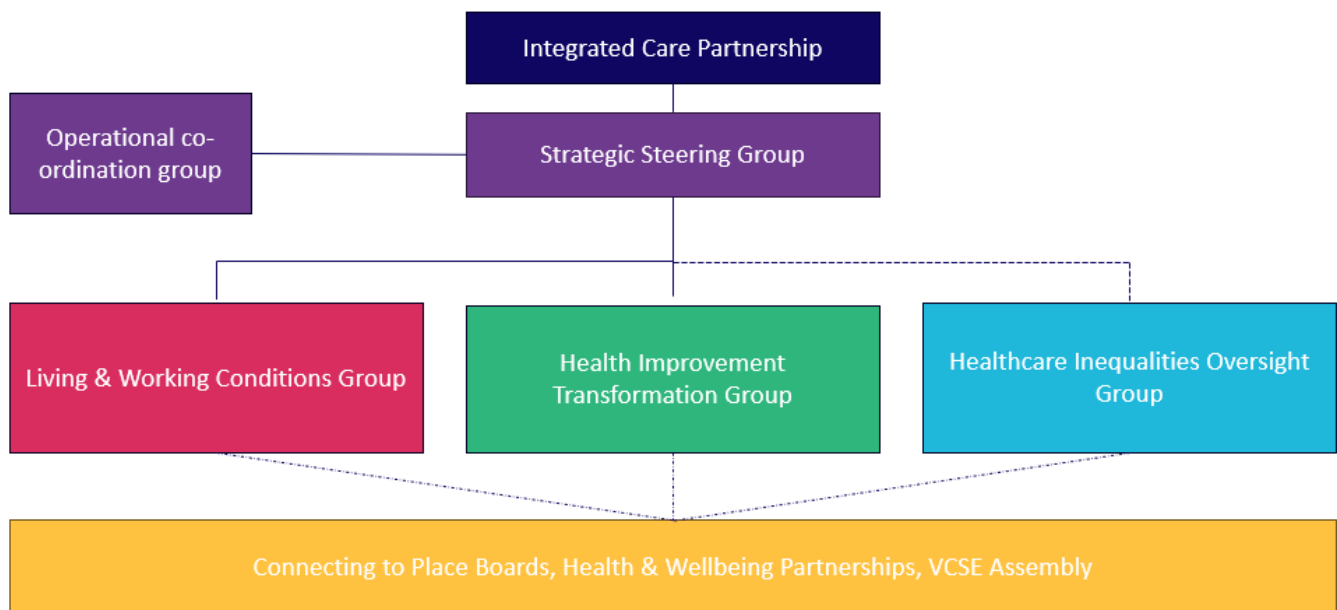
- 2.1 The ICS Health Inequalities Framework seeks to clearly identify **who** in our Norfolk and Waveney system is most likely to experience health inequalities, as well as **how** we can best organise ourselves to take action to reduce these inequalities, and **what** first steps need to be undertaken.
- 2.2 The Framework recognises a need for a broad scope that considers the role of prevention and the wider determinants of health and wellbeing, and we are organising our leadership around four priority ‘building blocks’ as illustrated below:



- 2.3 The ‘Building Blocks’
1. Living and Working Conditions (i.e. the wider determinants of health / ‘primordial prevention’),
 2. Lifestyle Factors (i.e. primary prevention),
 3. Healthcare Inequalities (i.e. avoidable differences in access to care and outcomes) and
 4. Creating the Conditions for Success (i.e. underpinning structures to enable delivery).
- 2.4 In June the ICP agreed leadership groups for each of the building blocks, as well as an overarching Strategic Steering Group, which is a formal sub-group of the ICP.
- 2.5 The leadership groups will work towards the common vision as outlined in the Health Inequalities Strategic Framework for Action:

‘We will come together to tackle unfair and avoidable differences in health outcomes. We will do this by listening to communities, prioritising prevention, and taking action together, making health inequalities everybody’s business.’

- 2.6 In accordance with the 10 commitments set out in the Health Inequalities Strategic Framework for Action to be implemented in the first year, each leadership group will be tasked with developing a clear outcomes framework that sets out priorities, what it is seeking to achieve and how it will measure success.
- 2.7 Each group will be responsible for developing an annual action plan for the priority area. In our first year of implementation each group has 2024/25 to develop these plans, to allow time for mapping, scoping, alignment and coordination.
- 2.8 It is recognised that each of these leadership groups need to align and integrate with place-based arrangements (Place Boards and Health and Wellbeing Partnerships) as well as our Voluntary, Community and Social Enterprise (VCSE) forums through the VCSE Assembly, as illustrated below.



2.9 Living and Working Conditions Group

- 2.9.1 This is a new group, formed and developed as result of the Health Inequalities Framework.
- 2.9.2 Following the June ICP a small 'developmental group' was formed with representation from each of our 8 local councils, the VCSE sector, ICB and Norfolk County Council (NCC).
- 2.9.3 A workshop was held on Friday 2nd August which facilitated discussion around principles, roles and responsibilities, membership, and programme management and Senior Responsible Officer capacity.
- 2.9.4 A draft ToR is in development, and partners will be reconvening to further develop and confirm arrangements in September 2024.
- 2.9.5 *It is recommended that authority to agree the ToR for the Living and Working Conditions Group is delegated to the Strategic Steering Group, to enable the group to form in early autumn and report further progress via the Strategic Steering Group updates.*

2.10 Health Improvement Transformation Group (HITG)

- 2.10.1 This group existed prior to the development of the Health Inequalities Framework, having been formed to build collaboration around primary prevention activity.

- 2.10.2 This group has agreed to take a leadership role for the implementation of the 'lifestyle factors' building block and take responsibility for the development of the corresponding work programme for primary prevention activity, including smoking, physical activity and diet.
- 2.10.3 The group has been reviewing its ToR and considering how it will enable more robust links to the Health and Wellbeing Partnerships and Place Boards.
- 2.10.4 The Senior Responsible Officer for primary prevention and Chair of this group is the Director of Public Health, NCC. The ICB Clinical Lead for Healthcare Inequalities and Inclusion Health acts as Vice-Chair.
- 2.10.5 *It is recommended that authority to agree the ToR for the Health Improvement Transformation Group is delegated to the Strategic Steering Group. This would enable the group to form in early autumn and report further progress via the Strategic Steering Group updates.*

2.11 Healthcare Inequalities Oversight Group (HIOG)

- 2.11.1 This group existed prior to the development of the Health Inequalities Framework, having been formed to oversee and support the work in the system around healthcare inequalities, as well as initially oversee the development of the Framework itself.
- 2.11.2 This group has agreed to take a leadership role for healthcare inequalities, with a particular emphasis on the implementation of the Core20plus5 health improvement frameworks and the five priority actions outlined in NHS operational planning guidance.
- 2.11.3 The group has been reviewing its ToR in light of the Health Inequalities Framework recommendations. Local council and VCSE Assembly representation is already included, and the ICB Heads of Place Development are supporting alignment with Place Board arrangements.
- 2.11.4 The Senior Responsible Officer for healthcare inequalities has been agreed as the ICB Executive Director for Patients and Communities. Healthcare Inequalities Oversight Group (HIOG) is Chaired by the ICB Clinical Lead for Healthcare Inequalities and Inclusion Health, and Vice-Chaired by the joint Deputy Director of Public Health for NCC and Associate Director for Population Health Management for the ICB.
- 2.11.5 *The ToR will be agreed by the Population Health and Inequalities Board of the ICB, as this is part of formal ICB governance arrangements. The Strategic Steering Group will endorse these ToRs and reports will be disseminated to both groups to enable alignment.*

2.12 Strategic Steering Group

- 2.12.1 It is intended that the core membership of the Strategic Steering Group be made from the Senior Responsible Officers, Chairs and Vice Chairs of each of the leadership groups.
- 2.12.2 A draft ToR has been developed for the Strategic Steering Group (see Appendix A), with the initial Chair of the group having been identified as the Director of Public Health, NCC.
- 2.12.3 *It is recommended that the Strategic Steering Group coordinate and report progress to the ICP on implementation of the Health Inequalities Strategic Framework for Action and that they have delegated authority to agree/endorse the ToR for the other groups.*

- 2.12.4 It is important to note that the structure is not intended to be hierarchical or provide oversight/governance to all activity relating to health inequalities. The structure is in place to enable systems leadership, provide clarity of purpose, priorities and function, to support sharing and learning and to enable approaches and alignment of resources across our system, including at the closest level possible to our communities.
- 2.12.5 The Strategic Steering Group will be supported by a small **Operational Coordination Group** that will develop the tools and resources that enable the other groups to develop and thrive.
- 2.12.6 The Coordination Group will be led by the newly appointed ICB Head of Health Inequalities and VCSE Partnering and an NCC Public Health Principal for Prevention. It will form a team of individuals from across different agencies and be responsible for coordinating implementation of the 10 priority actions for the first year of the Health Inequalities Strategic Framework for Action.
- 2.12.7 An update report on the progress of the Coordination Group is included in Appendix B.

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Terms of Reference

ICS Health Inequalities Strategic Steering Group

1. Introduction

- 1.1 In May 2024 the Norfolk & Waveney ICS published a **Health Inequalities Strategic Framework for Action**, which was co-designed by system partners following an extensive engagement exercise.
- 1.2 This Framework acts as a starting point for a whole system approach to tackling health inequalities, uniting the system around a common vision.
- 1.3 The Vision is, *'We will come together to tackle unfair and avoidable differences in health outcomes. We will do this by listening to communities, prioritising prevention, and taking action together, making health inequalities everybody's business'*.
- 1.4 The Norfolk and Waveney Integrated Care Partnership (ICP) will be accountable for overseeing implementation of the Framework and have agreed the creation of a formal sub-group of the ICP to act as a **Strategic Steering Group**.
- 1.5 The Strategic Steering Group will provide oversight and assurance on the developing plans for implementation, ensuring alignment with ICS priorities and deployment of resources where appropriate.
- 1.6 The Strategic Steering Group will oversee a programme management approach with oversight groups established and further developed to help it perform its system role and responsibilities in the delivery of programmes of work that support implementation of the Framework.
- 1.7 The Strategic Steering Group will employ a collective model of accountability with partners holding each other mutually accountable for shared and individual organisational contributions to objectives.

2. Principles

- 2.1 The Strategic Steering Group will operate under the guiding principles agreed by the Integrated Care Partnership:
1. Partnership of equals – to find consensus and make decisions including working through difficult issues, where appropriate.
 2. Collective model of accountability – partners hold each other mutually accountable for shared and individual organisational contributions to objectives.
 3. Improving outcomes for communities – including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities, and tackling the underlying social determinants.
 4. Collaboration and integration – a culture of broad collaborations and integration at every level of the system to improve outcomes and reduce duplication and inefficiency.

5. Co-production and inclusivity – create a learning system which makes decisions based on evidence and insight.

2.2 The Strategic Steering Group will also be cognisant of the Guiding Principles outlined in the Health Inequalities Strategic Framework for Action.

3. Membership and organisation

3.1 The Strategic Steering Group membership has been selected to ensure that each represented senior leadership member will be able to authorise plans and commit resources on behalf of their organisations.

3.2 The Strategic Steering Group will comprise of the agreed Senior Responsible Officers (SROs) for the priority areas, as well as the Chair and Vice-Chair of each of the priority oversight groups outlined in Appendix 1.

3.3 The Strategic Steering Group is comprised of both members and attendees who have different voting rights.

3.4 Members with voting rights as described at 5:

- Director of Public Health, NCC (SRO for Lifestyle Factors and Primary Prevention, Chair of HITG)
- Exec Director Patient and Communities, NWICB (SRO for Healthcare Inequalities)
- TBC - SRO for Living and Working Conditions
- Clinical Lead for Health Inequalities & Inclusion Health, NWICB (Chair of HIOG and Vice-Chair of HITG)
- Deputy Director Public Health/Associate Director for Population Health Management, NCC/NWICB (Vice Chair of HIOG)
- TBC (Chair of Living & Working Conditions)
- TBC (Vice Chair of Living and Working Conditions)
- Representative from NCC Adult Social Care
- Representative from NCC Children's Services

3.5 Steering Group attendees who will not have voting rights:

- Head of Health Inequalities & VCSE Partnering, NWICB (Chair of Coordination Group)
- Policy Manager HWB, NCC Adult Social Care

3.6 In the event of a member being unavailable to attend, they will have an agreed named substitute or have ability to substitute to an individual to attend on their behalf.

3.7 Other representatives will be invited as the need arises to support specific agenda item discussions.

3.8 An administrator will attend to support agenda planning as well as the maintenance and distribution of supporting materials, including an Action Log and Risk Register.

3.9 Workstream/ project leads may attend by invitation to present updates on their work.

4. Remit and responsibilities

4.1 The Steering Group has delegated decision making authority from the ICP to act to lead implementation of the Health Inequalities Strategic Framework for Action.

4.2 The Group currently has no dedicated budget responsibility, but as the Group matures the ambition is that it may coordinate delegated budgets and funding from partners to support programmes of work.

4.3 The remit of the Steering Group is therefore to:

- Agree the priorities for implementation of the ICS Health Inequalities Strategic Framework for Action, based on data, insights and system intelligence.
- Oversee the development of the system action plans for the 4 priority areas defined in the Health Inequalities Framework:
 - Living & Working Conditions
 - Lifestyle Factors and primary prevention
 - Healthcare Inequalities
 - Creating the Conditions for Success (10 year-one actions)
- Agree the TOR of the 4 oversight groups detailed in Appendix 1 and empower, enable and support their development to deliver programmes of work.
- Monitor implementation and progress and ensure impact is captured and demonstrated.
- Receive reports from each of the 4 priority area oversight groups, including escalation of risk and issues and seek opportunities to collaboratively mitigate.
- Align the planning of local services and resources around shared system objectives, priorities and outcomes.
- Seek opportunities to align and share resources, including workforce and budgets.
- Provide regular progress reports to the Integrated Care Partnership, including the escalation of key system risks and 'asks' of system partners.

5. Meetings of the Health Inequalities Strategic Steering Group

5.1 Introduction

5.1.1 The Steering Group will meet **monthly** in order to maintain focus and momentum. There may be occasions where this is amended as determined by the Group, such as summer holidays or Christmas.

5.1.2 These meetings shall not be open to the public.

5.1.3 Agenda, supporting papers and business to be transacted:

- Items of business for inclusion on the meeting agenda shall be notified to the administrator at least seven working days before the meeting takes place. The supporting papers shall be submitted at least six working days before the meeting takes place. The agenda and supporting papers will be circulated electronically by email to all members of the meeting at least five working days before the meeting will take place.

- Agendas and papers for the Steering Group, including details about meeting dates, times and venues will be provided email.
- Workstream reports (Appendix 1) will be provided by leads for each meeting. These will be submitted sufficiently in advance for the update to be reviewed before sending out with the papers.
- Steering Group meetings will be held via a combination of Teams and in person as agreed.

5.2 Chair of the Health Inequalities Strategic Steering Group

5.2.1 The Chair of the Steering Group will be the Norfolk County Council Director Public Health.

5.2.3 The Chair will be appointed annually at the first meeting of the financial year each year thereafter.

5.2.4 The Vice Chair will be appointed by the same process as the Chair.

5.2.5 The Vice Chair will be from a different organisation to the Chair.

5.2.6 At any meeting of the Board the Chair of the Steering Group shall preside. If the Chair is absent from the meeting, the Vice Chair shall preside.

5.2.7 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice Chair shall preside. If both the Chair and Vice Chair are absent or are disqualified from participating another member shall be chosen by the majority of the members present and shall preside at that meeting.

5.3 Quoracy

5.3.1 For the meeting to be quorate there must be 60% attendance and include the Chair or Vice Chair.

5.3.2 Where a decision is being made relating to funding, the member from the organisation with appropriate delegated authority must be present.

5.4 Decision making

5.4.1 The Steering Group will operate as a consultative forum.

5.4.2 There will be a partnership of equals at the Group, necessitating decisions to be by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

- Eligibility – each member as provided in section 3.2 who is physically present at the meeting or present in accordance with section 6 above is entitled to one vote.
- Majority necessary to confirm a decision – each question put to the vote at a meeting shall be determined by a majority of votes of those members voting on the question.
- Casting vote – in the case of an equal vote, the Chair of the meeting shall have an additional and casting vote.
- Dissenting views – should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

5.5 Minutes

5.5.1 Full minutes will not be taken, key decisions, actions and risks will be captured and circulated electronically within 5 working days of the meeting taking place.

5.5.2 The secretariat function will be provided by Norfolk County Council.

5.6 Conflicts of interest

5.6.1 A conflict of interest may be defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.

5.6.2 The Steering Group specifically recognises and acknowledges that its members have legal responsibilities to the organisations which they represent and that this may give rise to conflicts of interest being present. However, discussions at the meetings are to be focussed on the needs of the Norfolk and Waveney population and health and care. Therefore, members will not be excluded from engaging in discussions that will benefit the system as a whole.

5.6.3 Members of the Steering Group shall adopt the following approach for managing any actual or potential material conflicts of interest:

- To operate in line with their organisational governance framework for managing conflicts of interest/probity and decision making.
- For the Chair to take overall responsibility for managing conflicts of interest within meetings as they arise.
- To work in line with the ICS system objectives, principles, and behaviours.
- Members are to ensure they advise of instances where the register of members interest for the Norfolk and Waveney system requires updating in relation to any interests that they have.

5.6.4 In advance of every Strategic Steering Group meeting consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This action will be led by the Chair and any action captured in the decision log.

5.7 Delegation and governance

5.7.1 The Strategic Steering Group is accountable to the Integrated Care Partnership.

5.7.2 The Strategic Steering Group will oversee the activities of the Coordination Group, as well support and enable the activities of the Living & Working Conditions Group, Health Improvement Transformation Group and Healthcare Inequalities Oversight Group. .

6. Conduct of the Health Inequalities Strategic Steering Group

6.1 The Steering Group will, review its membership and terms of reference after 6 months in the first instance. The Integrated Care Partnership shall consider and approve any amendments proposed to these terms of reference.

6.2 The Steering Group will abide by the seven Nolan Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.

Date ToRs agreed:

Norfolk & Waveney ICS Health Inequalities Framework for Action

Update August 2024

Launch and endorsement

Following agreement from the Integrated Care Partnership our first ICS Health Inequalities Strategic Framework for Action was launched on Monday 13th May 2024. The Framework was developed following a 'Health Inequalities Conversation' engagement programme which ensured we captured the voices of our communities and stakeholders across health, local government and the Voluntary, Community & Social Enterprise (VCSE) sector.

You can find the Health Inequalities Strategic Framework for Action here www.improvinglivesnw.org.uk/our-work/working-better-together/health-inequalities/

The Framework sets out 4 key areas of priority:

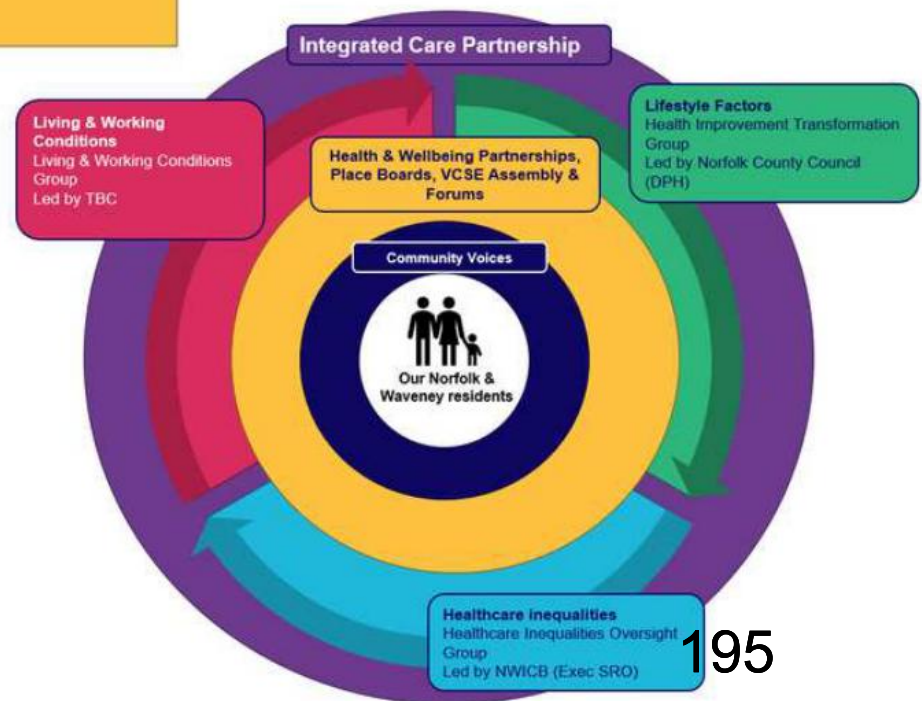
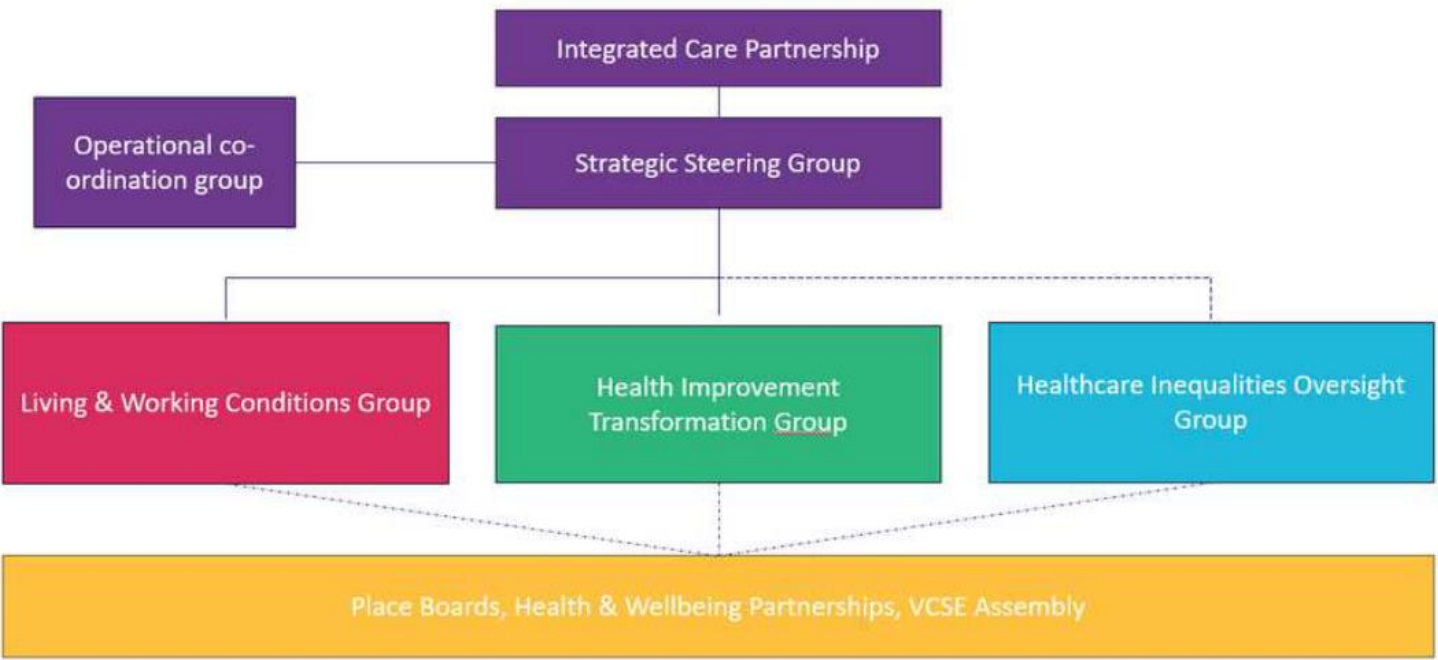
- Living and Working Conditions
- Lifestyle Factors
- Healthcare Inequalities
- Creating the Conditions for Success

In the Framework we set out 10 key actions for the first 12 months. These 10 actions mainly focus on how we create the conditions for success, so that we can strengthen our foundation and the way that we work, to in turn increase our impact in the future. Much of our activity in the first 12 months needs to focus on how we organise ourselves, how we equip others to act and how we understand and build on our existing assets and resources.

Action updates

ACTION	UPDATE
Governance	<p>How we organise ourselves has been a key initial focus. Our landscape is complex and it is recognised that we need to come together to better coordinate existing activity, share learning, improve accountability and identify opportunities for future collaboration. The Integrated Care Partnership have agreed a structure as outlined below and the Terms of Reference (TOR) for each of these groups (some of which already exist) are in development. These TORs will be presented at the September Integrated Care Partnership for agreement by all partners, and are being developed by the respective leadership/oversight groups for the priority areas for action.</p> <p>In developing these TORs we are thinking through how we better connect with our place-based structures such as our Place Boards and Health and Wellbeing Partnerships, our VCSE Assembly & forums and our communities as well as how we connect to all the existing activity underway. These links will be key to driving implementation, once we have our foundations firmly in place.</p> <p>Key has been the initiation of a Strategic Steering Group, which will be a formal sub-group and therefore accountable to the Integrated Care Partnership. This group will be made up of Senior Responsible Officers allocated to each of the priority areas for action, as well as representation from across the system. They will be accountable for the implementation of the Framework and will be supported by a multi-agency Coordination Group led by the recently appointed Head of Health Inequalities & VCSE Partnering and Norfolk County Council Public Health teams.</p>

How we organise ourselves



Leadership

Meeting	SRO	Chair	Vice Chair
Health Inequalities Strategic Steering Group	N/A	TBC	TBC
Health Inequalities Coordination Group	N/A	Shelley Ames, Head of HI & VCSE, NWICB	Nadia Jones, Public Health Principal - Prevention, Norfolk County Council
Healthcare Inequalities Oversight Group	Mark Burgis, Exec Director Patient & Communities, NWICB	Tracy Williams, Clinical Lead HI & Inclusion Health, NWICB	Suzanne Meredith, Deputy Director Public Health/Associate Director PHM, NCC/NWICB
Health Improvement Transformation Group	Stuart Lines, Director Public Health, NCC	Stuart Lines, Director Public Health, NCC	Tracy Williams, Clinical Lead HI & Inclusion Health, NWICB
Living and Working Conditions Group	TBC	TBC	TBC

Action updates

ACTION	UPDATE
Commitments and Communications	<p>The Coordination Group is developing a ‘Health Inequalities Commitment’ which will set out what we are specifically asking all parts of the system to do in response to the Framework. This will include commitments to identifying leads and advocates, improving data quality, rolling out training and reporting progress. We intend to launch this Commitment at the ICS Conference on 16th October.</p> <p>Our Health Inequalities Conversation continues, with a new Health Inequalities & VCSE team established in the ICB’s Patient & Communities directorate from 1st July. This team will have dedicated capacity to work with the wider system and support this work into the future.</p>
Self Assessment	<p>As part of the Commitment we will be asking all organisations across Norfolk & Waveney to undertake a ‘self assessment’, which is under development and will be launched at the ICS Conference. This will help us to understand our baseline - where we are currently, where there is good practice, and where we need to improve. It will also help us to demonstrate our impact in the future, but also ensure we develop the right tools to support the system with future action. Board maturity assessments are already underway within NHS Trusts and ICB.</p>
Monitoring	<p>Our County Council and Integrated Care Board colleagues are working together to create dashboards for each of the priority action areas - Living and Working Conditions, Lifestyle Factors and Healthcare Inequalities.</p> <p>Initially we will pull together a Norfolk & Waveney wide picture to ensure our system oversight groups are able to plan and monitor progress, but the second phase of this work will be to create dashboards that contain local data to support local planning and monitoring, where possible.</p>

Action updates

ACTION	UPDATE
Intelligence	<p>Our Norfolk & Waveney Population Health Management Strategy was published on 1st April 2024 which you can find here www.improvinglivesnw.org.uk/our-work/healthier-communities/population-health-management</p> <p>An implementation plan is in development which will set out the first steps of delivery, including the key priority areas.</p>
Organisational development	<p>Our self-assessment process will help to determine what is needed from the system to enable action. In the meantime a number of actions are underway:</p> <ul style="list-style-type: none"> • Review of Health Inequalities Toolkit and consideration for how this can enable future place-based delivery • The development of a Norfolk & Waveney Health Inequalities training programme • Scoping a Norfolk & Waveney Health Inequalities Advocate network
VCSE Integration & Volunteering	<p>A new plan for VCSE integration has been in development with the VCSE Assembly, with a new Assembly model to be launched at the ICS Conference in October following the recruitment of a new Chair as our current Chair has reached the end of their term. A new multi-agency VCSE Integration strategy group is being initiated which will drive implementation of this plan which can be made available on request pending formal publication. Following the initiation of a Volunteering for Health steering group we have been successful in a £540k funding application to support volunteering pathways for those experiencing health inequalities.</p>

Action updates

ACTION	UPDATE
Participation	<p>We are continuing to develop our Community Voices programme to ensure we embed the voices of seldom heard communities into our decision making processes. We are keen to create a development plan for Community Voices with our partners across the system, so that we may maximise its potential.</p> <p>We are mapping existing work in the coproduction space to better understand the work already underway, with particular emphasis on the forums that engage with our Core20plus populations.</p>
Resources	<p>Once the Strategic Steering Group is established we plan to map system resources against the priority areas so that we may better understand how it flows currently.</p>
Action plans	<p>We need to develop action plans for each of the priority areas. Work is underway to determine system priorities, which will then enable us to work alongside our place-based structures to further develop our plans.</p> <p>Action planning will be led by the oversight groups for Healthcare Inequalities (HIOG), Lifestyle (HITG) and the new Living and Working Conditions Group (LWCG) once established and we have committed to developing action plans in the first 12 months. We will be asking our place-based structures to support developing, particularly through mapping existing activity that can be built upon.</p> <p>More information about where these groups are in their development on the next page.</p>

Priority area updates

ACTION	UPDATE
Healthcare Inequalities	<p>This is being led by Norfolk & Waveney ICB, and overseen by the Healthcare Inequalities Oversight Group which is an existing group.</p> <p>An SRO has been identified - Mark Burgis, Exec Director of Patient & Communities, NWICB</p> <p>Terms of reference are being reviewed in light of the Framework and further consideration being given to the connectivity with place-based arrangements and VCSE forums.</p> <p>Four key workstream areas have been agreed - Core20plus5 Programme, NHS Anchors, Inclusion Health and Access & Support.</p> <p>Mapping templates are being created for all workstream areas which we will be asking our system colleagues to complete, so that we can better understand existing activity, where we have gaps and inform our action plan as it develops.</p>
Lifestyle Factors	<p>This is being led by Norfolk County Council Public Health and overseen by the Health Improvement Transformation Group which is an existing group.</p> <p>An SRO has been identified - Stuart Lines, Director of Public Health</p> <p>Terms of reference are being reviewed in light of the Framework and consideration being given to the connectivity with place-based arrangements and VCSE forums.</p> <p>Key workstreams have been identified - healthy eating/diet, smoking, physical activity</p> <p>There is an ambition to connect to Health and Wellbeing Partnership strategy refreshes.</p>
Living and Working Conditions Group	<p>This is a new group and not yet developed - the ICP are taking responsibility for creating it.</p> <p>A planning workshop is taking place on 2nd Aug where TOR will be discussed and priority areas determined.</p> <p>An £89k Work Well grant has been secured to support leadership capacity around health and work and a new whole system group established to drive this work forwards.</p>

Report title: Update on driving integration through system wide training opportunities

Date of meeting: 04 September 2024

Sponsor

**(ICP member): Debbie Bartlett, Executive Director of Adult Social Services, Norfolk County Council
Tracey Bleakley, Chief Executive, Norfolk and Waveney Integrated Cared Board**

Reason for the Report

This is an update on the report presented to the Integrate Care Partnership (ICP) in March 2024 which highlighted integration opportunities through system wide training. The March 2024 paper followed the ICP development session on the 31 January 2024 at which ICP members discussed considerations in creating effective system training, education, and leadership.

Report summary

This report provides an update on current activities taking place within the Integrated Care System (ICS) and highlights progress on the subjects that were identified as further areas for development.

Recommendations

The ICP is asked to:

- a) Consider the ongoing activities taking place across the ICS in respect of educational and training opportunities.
- b) Consider the update on shared apprenticeship opportunities across the ICS.
- c) Consider the joint approach to system leadership and training for the ICS being developed as part of the “Improving Lives Together” transformation programme.
- d) Endorse the Initial conversation to scope out the development of a system “skills passport”.
- e) Consider the need for further work on an approach to pooling training resources including all ICS partners.
- f) Acknowledge that the ongoing work between health and social care is not yet inclusive of other partners.

1. Background

- 1.1 Norfolk and Waveney ICS recognises the need to provide opportunities for system wide leadership and training programmes.
- 1.2 Professionals/employees in partner organisations need a shared understanding of:
 - Practice
 - Processes/responsibilities across partners
 - How we engage with service users/patients
- 1.3 Joint training and leadership opportunities foster a shared leadership culture, which is essential for delivering better quality services and achieving cost efficiencies.

2. Joint Learning, Leadership and Development / Education Updates

- 2.1 **Apprenticeships:** Norfolk County Council (NCC) have put in place a procurement framework that can be accessed by NHS and other public sector organisations including district councils in Norfolk and Suffolk. There is also a portal that allows NHS organisations to share their levy with other providers in the system. In the future, joint training needs analysis/delivery of apprenticeships could be achieved. NCC, alongside Broadland and South Norfolk Councils, built on the success of the 2023 local government work experience pilot by delivering the scheme in 2024, with twenty Year 10 students from mainstream schools across Norfolk attending. The aim was to encourage more young people to find employment in the local authority. The next steps will be to develop a proposal for a Norfolk Graduate Management Scheme and consider other graduate opportunities and build on and roll out a wider local government work experience scheme as part of a wider Early Careers Strategy that is under development. Opportunities to engage with partners to identify potential for collaboration and alignment of strategies will form part of this development work.
- 2.2 **Social Care and Health Sector Skills Plan:** The Social Care and Health Sector skills plan will ensure social care and health's needs are represented in the wider skills ecosystem in Norfolk and Suffolk. It has already enabled strategic links with initiatives such as the Local Skills Improvement Plan and DfE-funded Skills Boot Camps and will enable effective working with colleagues planning the anticipated devolution of the Adult Education Budget. It prepares Norfolk to work with the National Workforce Strategy for Adult Social Care (launched in July 2024) to leverage it for Norfolk's needs and to effectively roll out the new Adult Social Care and Development Fund, which replaces the Workforce Development Fund.
- 2.3 **Care Workforce Pathway for Adult Social Care:** Published in January 2024 the pathway sets out an incremental route to build skills and experience for the adult social care workforce. In conjunction with the Adult Social Care and Development Fund, it includes provision for hundreds of thousands of training places to be made available, and a new Care Certificate Level 2 qualification, with the aim to have this become the baseline standard for all new care and support workers. By spring 2025 a digital skills passport will be introduced and a website to support workforce with information on careers linked to the pathway being developed. We are anticipating the launch of Phase 2 in summer 2024 which expands on the links between social care and health and includes leadership roles. Further work will be undertaken to understand the opportunity for the Norfolk and Waveney system.
- 2.4 **The Health and Care Academy and careers pathways programme:** Norfolk and Waveney Integrated Care Board (ICB) have convened the Norfolk and Waveney Careers Faculty to coordinate and allow system wide oversight of a range of initiatives that are designed to support the local population in Norfolk and Waveney to engage with employment and volunteering in the Health and Social Care sector. The Careers Faculty also links to the work of the Health and Care Academy and the Strategic Board that is being convened to oversee the Academy and provides a platform for FE partners to feed into our plans. The Health and Care academy invites individuals to experience a programme that aims to promote a range of health and care careers. The programme supports individuals to develop the skills required to apply for appropriate courses and pathways.
- 2.5 **Norfolk and Waveney Primary Care Connect NoW:** The ICB's new Primary Care intranet will launch in October 2024 and will aim to revolutionise the communication dynamics between the NWICB and Primary Care. This innovative solution is designed to combat the challenge of duplication and establish an efficient, centralised platform for swift access to all necessary information. The solution aims to enhance the visibility of crucial information and ensure that all important content is effectively highlighted and accessible for stakeholders to self-serve content anytime anywhere. This is currently being piloted for primary care

providers, but the ambition will be to expand to other NHS and system partners where feasible.

- 2.6 **A systemwide approach to leadership development:** The work on leadership development which forms part of the “Improving Lives Together (ILT)” HR services programme in the ICS continues to progress to plan. Mapping of existing organisational leadership offerings against pre-agreed ILM standards identified three key areas for system development:
- Development of Line Manager Fundamentals Training offer.
 - Senior Manager Leadership Development.
 - Career Competency Framework for leaders.
- 2.6.1 In addition to the 3-core spine elements there will be a focus on the development of the Norfolk and Waveney Leadership Way to support further the development of “One Workforce”. The aspiration is also to share resources when delivering the training. The ILT-HR workstream builds on existing NHS initiatives and Adult Social Services at Norfolk County Council is involved in tailoring the proposals and co-producing the development of the Fundamentals Training for Line Managers.
- 2.7 **NHS Digital Skills passport:** Initial conversations are taking place with the ICB innovation team and with the ICS clinical education forum about developing a skills passport between NHS organisations in the first instance, with a view to confirming a minimum viable product that can potentially be developed for third party users. Initial conversations have concluded that there is a significant case for developing a clinical skills passport, but it requires strong leadership, project management, stakeholder engagement, and data sharing. It is recommended that the project should start with nursing roles and align with the NMC standards of proficiency. The complexity and challenges of implementing such a large-scale change should be noted, in addition to the lack of ring-fenced project support.
- 2.8 **The Collective Resilience Programme:** aims to develop a methodology and a set of resources to allow ICS partners to enhance their wellbeing approach. This will support and maintain group resourcefulness, resilience and the ability to adapt to change, in order to foster a safe, healthy, compassionate, and inclusive culture. Progress to date includes:
- An initial cohort of 30 facilitators trained across 5 NHS organisations.
 - Two primary care support circles have been delivered.
 - Drop in “clinics” given by Tricordant to support facilitators.
 - A Transformational leadership module developed.
- 2.9 **Restorative Just Culture programme:** A training programme for the Restorative Just Culture initiative has been designed in collaboration between NHS (corporate and clinical) Health and Social Care, Voluntary Community and Social Enterprise (VCSE) and County Councils. The training package will be linked with key programmes of work such as the NHS People Plan, the national Patient Safety agenda and the County Council Quality Programme and will be formally rolled out across ICS in late 2024.
- 2.10 **Oliver McGowan Training:** the ICB-led Oliver McGowan Mandatory Training steering group have scoped the workforce numbers to be trained for tier 1 and tier 2 face to face training, with tier 1 due to commence in the Autumn. The Steering Group are now prioritising the system workforce into phases and comms for roll-out of the training are being prepared.
- 2.11 **Cross Sector training platform** (learning management system): some initial conversations have taken place with ICB colleagues in central Norfolk about the desirability of a multi-agency training platform, but funding, resource and capacity are formidable barriers. The challenge of working across organisations with broader workforce remits than health and social care also needs to be considered.

3. Next steps

- 3.1 The ICS L&D/Education Community will continue to explore joint initiatives wherever appropriate.
- 3.2 We also request that the ICP consider the following challenges:
- Work is focused on and shaped by NHS partners, with some social care and County Council input. This could be strengthened by input from VCSE, district or other stakeholder involvement, and would allow the development of a system forum for collaboration on OD initiatives in which all stakeholders are represented.
 - There are several wide-ranging initiatives across the system, driven mainly through local, system or national requirements. The approach would be strengthened by an overarching strategic plan that supports integration across all system partners.
 - Whilst some of the initiatives described above are currently funded through pre-existing arrangements, the financial challenges facing all partners mean that limited progress is likely for the foreseeable future on key strategic approaches.
 - Whilst there is an ambition to pool and share learning resources, it is proving challenging to put this into practice.

Officer Contact

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

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