



Norfolk and Waveney Integrated Care Partnership Agenda

Meeting details

- Date: 03 September 2025
- Time: on the rise of the Norfolk Health and Wellbeing Board meeting
- Venue: **Council Chamber, County Hall, Martineau Lane, Norwich, NR1 2DH**

Voting Membership

Representative from

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, Chief Executive Officer (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

Representative from

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
University of East Anglia

Non-Voting Membership

Representative from

Norfolk Health Overview and Scrutiny Committee (Chair)

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 going to youtube.com](#)

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

1. To receive apologies for absence

2. Minutes

Page 4

To confirm the minutes of the Integrated Care Partnership meeting held on 11 June 2025.

3. Members to Declare any Interests

4. Updates from the Chair

5. Public Question Time

Members of the public are entitled to ask questions at meetings of the Integrated Care Partnership. Please note that all questions must be received by the Integrated Care Partnership Team (norfolkandwaveneyicp@norfolk.gov.uk) by 5pm [insert date]. **by 5pm Thursday 28 August 2025.** [Please go to improvinglivesnw.org.uk for further guidance on submitting a public question.](https://www.improvinglivesnw.org.uk)

Any public questions received by the deadline and the responses will be published on the website from 9.30am on the day of the meeting. [Go to the Integrated Care Partnership Committees details page to view public questions and responses once they have been uploaded.](#)

6. Update on Right Care Right Person initiative and impact on the Integrated Care System Page 14

Report sponsored by ACC Chris Balmer, Ed Garratt, Kyle Hampshire-Smith and Stewart Gee.

7. Driving Integration through Digital, Data and Technology Page 25

Report sponsored by Ed Garratt and Sara Tough

Tom McCabe
Chief Executive
Norfolk County Council
County Hall
Martineau Lane Norwich
NR1 2DH

Date Agenda Published: 26 August 2025



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Health and Wellbeing Board and Integrated Care Partnership Minutes

Meeting details

Time and date of meeting: 09:30 am, 11 June 2025

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

Voting Members Present

Name	Representing
Cllr Jo Rust	Borough Council of King's Lynn & West Norfolk
Ian Hutchison	East Coast Community Healthcare CIC
Chris Workman	East of England Ambulance Trust
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Patrick Peal	Healthwatch Norfolk
Jon Clemo	Norfolk Care Association
Lynda Thomas	Norfolk Community Health & Care NHS Trust
Det Supt Mark Joyce	Norfolk Constabulary
Cllr Penny Carpenter	Norfolk County Council, Cabinet member for Children's Services
Cllr Fran Whymark	Norfolk County Council, Cabinet member for Public Health and Wellbeing
Alison Gurney	Norfolk County Council, Executive Director Adult Social Services
Sara Tough	Norfolk County Council, Executive Director Children's Services
Suzanne Meredith	Norfolk County Council, Deputy Director of Public Health
Lesley Dwyer	Norfolk and Waveney University Hospitals Group
Mark Friend	Norfolk and Waveney University Hospitals Group
Ed Garratt	NHS Norfolk and Waveney Integrated Care Board (Chief Executive)
Cllr Liz Withington	North Norfolk District Council
Cllr Claire Kidman	Norwich City Council
Jonathan Barber	Place Board Chair Great Yarmouth & Waveney
Tracy Williams	Place Board Chair Norwich
Dr Charlotte Florence	Place Board Chair North Norfolk
Allan Petchey	Place Board Chair South Norfolk
Mark Whitmore	Place Board Chair West Norfolk
Dr Gavin Thompson	Police and Crime Commissioner
Cllr Kim Carsok	South Norfolk District Council
Tim Gardiner	Voluntary Sector Representative

Name	Representing
Dan Mobbs	Voluntary Sector Representative
Daniel Childerhouse	Voluntary Sector Representative

Non-voting members present

Name	Representing
Cllr Beccy Hopensperger	Suffolk County Council, Cabinet Member for Adult Care
Nicholas Pryke	Suffolk County Council

Officers and speakers Present

Name	Role
Stephanie Guy	Advanced Public Health Officer
Maisie Coldman	Committee Officer
Diane Steiner	Deputy Director of Public Health, Norfolk County Council
Ben Spratling	Advanced Public Health Officer, Norfolk County Council
Edward Fraser	Assistant Director Communities and Integration, Adult Social Services, Norfolk County Council
Karin Bryant	Associate Director Local Commissioning, NHS Norfolk and Waveney Integrated Care Board
Ed Garratt	Interim Chief Executive, NHS Norfolk & Waveney Integrated Care Board
Steven Course	Executive Director of Finance, NHS Norfolk & Waveney Integrated Care Board

The Minutes of the Health and Wellbeing Board

1. Apologies for absence

- 1.1. Apologies for absence were received from Ian Wake and their substitute Nicholas Clinch (substituted by Alison Gurney), Christine Futter (substituted by Jon Clemo), ACC Chris Balmer (substituted by Detective Superintendent Mark Joyce), Anna Gill and their substituted (Cambridgeshire Community Services NHS Trust would be represented by the member from Norfolk Community Health & Care NHS Trust), Cllr Alison Thomas, Cllr Brenda Jones, Kyle Hampshire-Smith (substituted by Chris Workman), Carly West Burnham (substituted by Mark Whitmore), Sarah Taylor (substituted by Dr Gavin Thompson) and Professor William Pope.
- 1.2. Cllr Tristan Ashby, Cllr Natasha Harpley, Cllr David Beavan and Zoe Billingham were absent.

2. Chair's opening remarks

- 2.1. The Chair shared with members that he was re-appointed as the Health and Wellbeing Board Chair by Full Council on 20 May 2025.
- 2.2. The Chair took the opportunity to express his thanks to Rt Hon Dame Patricia Hewitt and Tracey Bleakley for their contributions to the Health and Wellbeing Board and Integrated Care Partnership.
- 2.3. The Chair welcomed Professor Lesley Dwyer, representing Norfolk and Waveney University Hospitals Group, Professor Will Pope and Ed Garratt representing Norfolk Integrated Care Board, Dr Charlotte Florence representing North Norfolk Place Board, Kyle Hampshire-Smith representing East of England Ambulance Trust, and Cllr Claire Kidman Representing Norwich City Council as new members to the meeting.
- 2.4. The consultation period for the Pharmaceutical Needs Assessment (PNA) would start on 23 June and run for 10 weeks. The Chair noted the importance of the PNA and encouraged members to engage in the consultation. A link can be found on the Norfolk Health and Wellbeing Board website.
- 2.5. The Chair encouraged members to attend the Integrated Care System conference on 12 November 2025. Members should have received a 'save the date'. Formal invitations would be sent in the coming weeks.
- 2.6. Lynda Thomas arrived at 09:36.

3. Minutes of last meeting held on 5 March 2025

- 3.1. The Health and Wellbeing Board minutes of the meeting held on 5 March 2025 were agreed as an accurate record and signed by the Chair. An attendance record would be appended to the minutes (Appendix A).

4. Actions arising

- 4.1. None.

5. Declarations of interest

- 5.1. None.

6. Public Questions

- 6.1. None.

7. Urgent arising matters

- 7.1. None.

8. Election of Vice Chairs

- 8.1. The Chair, seconded by Ed Garratt, proposed Professor William Pope. All in agreement, Professor William Pope was duly elected as Vice-Chair for the ensuring council year.
- 8.2. The Chair, seconded by Jonathan Barber, proposed Cllr Emma Flaxman-Taylor. All in agreement, Cllr Emma Flaxman-Taylor was duly elected as Vice-Chair for the ensuring council year.

- 8.3. The Chair, seconded by Cllr Emma Flaxman-Taylor, proposed Tim Gardiner. All in agreement, Tim Gardiner was duly elected as Vice-Chair for the ensuring council year.
- 8.4. Cllr Hopensperger arrived 09:41

9. Director of Public Health Annual Report for Norfolk 2024/25: Health and Climate Change

- 9.1. Suzanne Meredith, Deputy Director of Public Health, introduced the appended report (9) and highlighted that the Director of Public Health has a statutory responsibility to produce an annual report that focuses on the health of the local population. This year's report explores how climate change may impact the health and wellbeing of Norfolk's residents and was written by the former Director of Public Health, Stuart Lines.
- 9.2. Diane Steiner, Deputy Director of Public Health, Norfolk County Council provided additional information to members, highlighting that the report aimed to highlight both the physical and mental impacts of climate change. Members heard of examples of climate actions already being implemented across the county. Often these actions had co-benefits with climate actions and benefits to health such as improvement in air quality, active travel, and healthier more sustainable diets. The officers and partners involved in producing the report were thanked for their contributions.
- 9.3. The following points and comments were discussed:
- 9.3.1. The Chair thanked officers for the well-written and researched report.
- 9.3.2. A member commented that coastal erosion and flooding have the greatest impact on coastal communities, which typically experience poorer outcomes. The Chair suggested that Ed Garrat, Interim Chief Executive, NHS Norfolk, and Waveney Integrated Care Board connect with the Cabinet Member for Environment and Waste regarding coastal erosion and flooding to support the work he was carrying out nationally.
- 9.3.3. It was suggested that sharing the report with the Voluntary, Community, and Social Enterprise (VCSE) sector, through the VCSE assembly and the Health and Wellbeing Partnerships, would be valuable given VCSE's role within the community.
- 9.3.4. Coastal Communities have been identified as one of the plus groups.
- 9.3.5. A member suggested that the report should be shared and that it could go to the Living and Working Conditions group.
- 9.3.6. Members were in broad support for the report and commented on its relevance.
- 9.3.7. A member raised the importance of local planners engaging with the report and aligning their work accordingly.
- 9.3.8. Members heard that the plans for the two new hospitals in Norfolk would consider how the design of the buildings enabled them to respond to climate change. It was felt that the report provided a framework for this.
- 9.3.9. It was commented that the report would be valuable when addressing health inequalities.
- 9.3.10. In response to the encouragement of healthy and sustainable diets, a member noted that the packing and transportation of food are environmentally unfriendly. They suggested that purchasing local produce should be encouraged, and that support should be provided to teach people to make homemade food.

- 9.3.11. Members discussed building in long-term planning to support how services were delivered as the climate changes, ensuring that provisions can still be provided to the community.
- 9.3.12. Sara Tough arrived at 09:53.
- 9.4. The Health and Wellbeing Board **agreed** to:
 - 9.4.1. Approve the publication of the Director of Public Health's Annual Report 2024/25 on the Joint Strategic Needs Assessment (JSNA) website.
 - 9.4.2. Acknowledge the potential opportunities outlined in the report and encourage partners to reflect on how these may relate to their own work.
 - 9.4.3. Share the Director of Public Health's Annual Report 2024/25 with relevant partners.

10. Better Care Fund (BCF) 2025/26 Plans

- 10.1. Alison Gurney, Assistant Director of Communities and Partnerships, introduced the appended report (10). It was highlighted to members that it was a statutory duty for the Health and Wellbeing Board to oversee and agree on the BCF plans each year.
- 10.2. Karin Bryant, Associate Director of Local Commissioning, NHS Norfolk and Waveney Integrated Care Board informed the board that for 2025-26 they had been asked to submit the BCF plan for a single year. Funding streams within the BCF had been streamlined and allocations to the Better Care Fund NHS Minimum Contribution had increased by 1.7%. The key metrics had been updated for this year and now included three lead metrics and six supporting indicators. The BCF team has engaged with a range of stakeholders in the development of the Norfolk BCF plan for 2025-26.
- 10.3. Edward Fraser, Assistant Director Communities and Integration, Adult Social Services, shared with members that the review work, that resulted in the BCF being more streamlined, had been praised nationally. The government was increasingly interested in metrics and a national dashboard had been developed; access was anticipated soon. The dashboard would enable the BCF team to articulate the data that was currently captured in the planning templates.
- 10.4. The following points and comments were discussed:
 - 10.4.1. The Chair thanked the team and commented on the value of the BCF.
 - 10.4.2. A member remarked on the importance of prevention-based projects and expressed concern that investment was not prioritising this approach, particularly given reduced VCSE funding.
 - 10.4.3. The difficulties in obtaining a blue badge were highlighted by a member, they wondered how this could work alongside the BCF.
 - 10.4.4. Concerning proactive intervention at the place-based level, a member asked for details on the metrics and how outcomes would be managed. Ed Fraser commented that he could discuss the contract management with the members outside of the meeting.
 - 10.4.5. The importance of effectively mobilising the VCSE effort was highlighted.
 - 10.4.6. A member noted that gaining insight into the data and identifying what was working and where, would be beneficial to guiding where adjustments were required.
 - 10.4.7. Following a member's question about the Social Impact Bond Funding, it was shared that NHS England, and the Integrated Care Board had been thinking about creative commissioning. The Social Impact Bond had the benefits of being focused

on outcomes and flexibility for individuals which are informing commissioning decisions, and that flexibility was being considered where applicable.

10.5. The Health and Wellbeing Board **agreed** to sign off the Norfolk BCF 2025-26 Plan, for full and final submission to NHS England.

11. NHS Norfolk and Waveney Integrated Care Board Annual Report 2024/25

11.1. Ed Garratt, Interim Chief Executive, NHS Norfolk, and Waveney Integrated Care Board, introduced the appended report (11) and echoed the Chair's thanks to Rt Hon Dame Patricia Hewitt and Tracey Bleakley. NHS Integrated Care Boards must include a narrative in their annual reports about how they have contributed to the delivery of the priorities of their local Health and Wellbeing Boards.

11.2. The following points and comments were discussed:

11.2.1. Members largely endorsed the narrative.

11.2.2. A member commented that it would be beneficial to see examples of the impact that was a result of the priorities and framework.

11.2.3. Members discussed population health management and agreed that, as a system, there was an opportunity to target people who are most in need. They emphasised the importance of system-wide collaboration. In response Ed Garratt noted that the board could receive a paper on system working, health inequalities, and outcomes.

11.2.4. It was suggested that the narrative could include examples that highlighted the differences in strategy and priorities too.

11.2.5. A member suggested that the work happening in Children's Services was included.

11.3. The Health and Wellbeing Board commented on the draft narrative and suggested the inclusion of examples of outcomes, including in Children's Services, and emphasis on system collaboration and working together.

The meeting ended at 10:20.

The minutes of the Integrated Care Partnership

1. Election of Chair

1.1. With members agreement, items 4 and 5 on the agenda were taken as the first two items.

1.2. Cllr Emma Flaxman-Taylor, seconded by Cllr Penny Carpenter, proposed Cllr Fran Whymark. All in agreement, Cllr Fran Whymark was duly elected as Chair for the ensuing year.

2. Election of Vice Chair

2.1 The Chair, seconded by Ed Garratt, proposed Professor William Pope. All in agreement, Professor William Pope was duly elected as Vice-Chair for the ensuing council year.

2.2 The Chair, seconded by Cllr Penny Carpenter, proposed Cllr Emma Flaxman-Taylor. All in agreement, Cllr Emma Flaxman-Taylor was duly elected as Vice-Chair for the ensuing council year.

2.3 The Chair, seconded by Dan Mobbs, proposed Tim Gardiner. All in agreement, Tim Gardiner was duly elected as Vice-Chair for the ensuing council year.

3. Minutes of last meeting held on 5 March 2025

3.1 The Integrated Care Partnership minutes of the meeting held on 5 March 2025 were agreed as an accurate record and signed by the Chair. An attendance record would be appended to the minutes (Appendix A).

4. Actions Arising

4.1. None.

5. Declarations of interest

5.1. None.

6. Public Questions

6.1. None.

7. Norfolk & Waveney NHS System Capital Distribution for 2025/2026

7.1 Steven Course, Executive Director of Finance, NHS Norfolk & Waveney Integrated Care Board introduced the appended report (10) and outlined how the £173.5 million of available capital resources would be distributed.

7.2 The following points and comments were discussed:

- 7.2.1 Following a member's question about funding for primary care, it was noted that £3 million had been allocated. £2 million of the designated funding would support digital services. Additional funding for primary care was provided through revenue funding.
- 7.2.2 A member commented that a large proportion of the funding had been allocated to the acute hospitals; they questioned how the funding could be allocated to prevention work in the community. In response, it was highlighted that the funding must be allocated based on the priorities and ensuring patient safety. There was an ambition for capital expenditure and the prioritisation of resources to be aligned with the broader strategy.
- 7.2.3 It was noted that the 10-Year Plan could help address the issues with the estates.
- 7.2.4 Concerning capital resources, the partnership heard of the importance executing the plan effectively and utilising all available resources to establish trust.
- 7.2.5 A member discussed a planning application in Caister and asked for confirmation on health provision would be provided. Steven Course commented that he would follow up on this query with the member.
- 7.2.6 It was suggested by a member that there was an opportunity to develop a plan that was relevant to a local population and to align funding with population needs.
- 7.2.7 Understanding how the capital funding was being spent and in which areas was noted by a member as being important to understand. Having an understanding would enable the system to coordinate funding. The member suggested that all funding should be pooled together to develop this understanding leading to a more joined up approach.

- 7.2.8 Mark Friend left the meeting at 11:00.
- 7.3 Having noted the sums assigned to Norfolk & Waveney NHS organisations for the 2025/26 central NHS programmes, the Integrated Care Partnership **agreed** to:
- 7.3.1 **endorse** the proposed NHS distribution of the NHS system Capital Departmental Expenditure Limit (CDEL) resource to deliver organisational and system capital plans.
- 7.3.2 **endorse** the proposed NHS distribution of the notional CDEL resource for Critical Infrastructure Risk, Return to Constitutional Standards, Primary Care Utilisation and Mental Health out of Area Placements.

8. Health Inequalities Strategic Framework for Action

- 8.1 Suzanne Meredith, Deputy Director of Public Health, introduced the appended report (8) and highlighted that the report was to provide assurance on progress regarding the Integrated Care System Health Inequalities Strategic Framework for Action, as well as to update on the commitments made.
- 8.2 Tracy Williams, Norwich Place Board Chair NHS Norfolk, and Waveney Integrated Care Board, outlined the plans for year two of the Health Inequalities Strategic Framework for Action. The priorities were shared with the partnership, these included an Integrated Care System resource hub, financial resources, communication and pledges, place-based working, an action plan and an advocacy programme. It was noted that the rollout of a wider advocacy programme for Health Inequalities Champions and Advocates, as well as Core20Plus Ambassadors within organisations, would include wave 4 of the Core20Plus Ambassadors. This would be announced shortly and a communication plan would follow outlining how people could sign up.
- 8.3 The following points and comments were discussed:
- 8.3.1 A member asked for clarification about what was meant by embedding community voices. In response, it was explained that members of the community engage with and discuss issues with the organisations they trust. The insight they provide helped to deepen understanding and ensure that community voices were embedded.
- 8.3.2 Members discussed the importance of health inequalities being at the centre of the work being carried out. Members acknowledged how far the conversations around health inequalities had come and that it was vital to keep health inequalities as a priority.
- 8.3.3 The Health Inequalities Strategic Framework for Action was in its first year and plans, such as collaborative commissioning, would be shared with the partnership.
- 8.3.4 Some members raised concerns about the language used in the report.
- 8.3.5 A member highlighted the importance of accountability in ensuring the outcomes of the framework were achieved. It was suggested that the Place Board Chairs could play a role in the accountability process.
- 8.3.6 A member shared that the Health Inequality Tool Kits had been helpful and that getting these resources into the wider community would aid integration.
- 8.3.7 Kings Lynn and West Norfolk was a Marmot Place and the recommendations from the interim report would be shared to support the framework.
- 8.3.8 Whilst data was a helpful tool in guiding understanding, local voices and insight could provide understanding that the data does not show.

- 8.3.9 It was commented that the workforce needed to feel empowered to allocate resources where it was most needed rather than always take a universal approach.
 - 8.3.10 Local Government Reorganisation, and reform across the wider system, could present an opportunity to refine the system approach and strengthen joint work to address health inequalities.
 - 8.3.11 The Chair shared with members that he was working towards Norfolk County Council adopting a health-in-all policies approach. He suggested that district councils could adopt a similar approach to put health at the centre across the whole of Norfolk.
 - 8.3.12 Sara Tough left at 11:24
- 8.4 The Integrated Care Partnership **agreed** to:
- 8.4.1 The proposed year 2 actions and support implementation, delegating oversight to the Health Inequalities Steering Group
 - 8.4.2 Receive bi-annual progress reports.

The meeting ended at 11:35.

Councillor [insert name]

Chair

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

Member Organisation Represented	Named Member	04 Dec 2024	05 Mar 2025	11 June 2025
Borough Council of King's Lynn & West Norfolk	Cllr Jo Rust	X	X*	X
Breckland District Council	Cllr Tristan Ashby	X		
Broadland District Council	Cllr Natasha Harpley	X	X	
Cambridgeshire Community Services NHS Trust	Anna Gill	X		
East Coast Community Healthcare CIC	Ian Hutchison	X	X	X
East of England Ambulance Trust	Jason Gillingham Kyle Hampshire-Smith	X	X*	X*
East Suffolk Council	Cllr David Beavan	X		
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor			X
Healthwatch Norfolk	Patrick Peal	X*		X
Norfolk Care Association	Angela Steggles Christine Futter	X*	X	X*
Norfolk Community Health & Care NHS Trust	Lynda Thomas		X*	X
Norfolk Constabulary	ACC Chris Balmer	X	X*	X*
NCC, Cabinet member for Adult Social Services	Cllr Alison Thomas	X*	X	
NCC, Cabinet member for Childrens Services	Cllr Penny Carpenter	X*		X
NCC, Cabinet member for Public Health and Wellbeing	Cllr Bill Borrett Cllr Fran Whymark	X	X	X
NCC, Executive Director Adult Social Services	Ian Wake	X	X*	X*
NCC, Executive Director Children's Services	Sara Tough		X	X
NCC, Director of Public Health	Stuart Lines	X	X	X*
Norfolk & Suffolk NHS Foundation Trust	Zoe Billingham	X*		
Norfolk and Waveney University Hospitals Group (Chief Executive)	Prof Lesley Dwyer	n/a	n/a	X
Norfolk and Waveney University Hospitals Group (Chair)	Mark Friend	X	X	X
NHS Norfolk and Waveney Integrated Care Board (Chair)	Rt Hon Patricia Hewitt Prof Will Pope			
NHS Norfolk and Waveney Integrated Care Board (Chief Executive)	Tracey Bleakley Ed Garratt	X	X	X
North Norfolk District Council	Cllr Liz Withington	X	X	X
Norwich City Council	Cllr Adam Giles Cllr Claire Kidman	X		X
Place Board Chair (Great Yarmouth & Waveney)	Jonathan Barber	X	X*	X
Place Board Chair (Norwich)	Tracy Williams	X	X	X
Place Board Chair (North Norfolk)	Dr James Gair Dr Charlotte Florence	X*		X
Place Board Chair (West)	Carly West-Burnham	X	X	X*
Place Board Chair (South Norfolk)	Allan Petchey		X	X
Police and Crime Commissioner	Sarah Taylor	X		X*
South Norfolk District Council	Cllr Kim Carsok	X	X	X
Voluntary Sector Representative	Tim Gardiner	X	X	X
Voluntary Sector Representative	Dan Mobbs	X	X	X
Voluntary Sector Representative	Daniel Childerhouse	X	X	X
Norfolk Health Overview and Scrutiny Committee (Chair)	Cllr Brenda Jones	X		
Suffolk County Council, Cabinet member for Adult Care (Guest)	Cllr Beccy Hopfensperger	X		X
Suffolk County Council Representative (ICP)	Nicholas Pryke	X	X	X
University of East Anglia Representative (Guest)	Prof Nicole Horwood	X*		

X member attended, * Indicates Substitute attended

Report to Norfolk and Waveney Integrated Care Partnership

Item No: 6

Report title: Update on Right Care Right Person initiative and impact on the Integrated Care System

Date of meeting: 03 September 2025

**Sponsor: Chris Balmer, Assistant Chief Constable, Norfolk Constabulary
Stewart Gee, Chief Transformation Officer, Norfolk & Suffolk NHS Foundation Trust
Kyle Hampshire-Smith, Head of Clinical Operations, East of England Ambulance Trust
Ed Garratt, Interim Chief Executive, NHS Norfolk and Waveney Integrated Care Board**

Reason for the Report

Right Care Right Person (RCRP) aims to ensure that vulnerable people get the right support from the right agency. This report provides a progress update on Right Care Right Person (RCRP) in Norfolk, supporting the delivery of services between health, Social Care and the police and looks to inform members on the impact this initiative has had on the wider Integrated Care System (ICS).

Report summary

RCRP was developed by Humberside Police, and focusses on partnership working between police forces, health providers and the Government. This national initiative is recognised as good practice by the College of Policing and National Police Chiefs' Council (NPCC) and aims to provide the public with the best care by the right professionals.

One of the key principles of RCRP is that the public have the right to receive the right care from the right agency when they are in need. National Guidance highlights there are situations where the police should not be the lead agency in providing care to that person and should not be the default first responder.

For example, in Norfolk in 2023, Norfolk Constabulary received 22,959 welfare calls (12% of overall demand), with officers attending 12,638 of those calls (55%). These calls included supporting people with medical health needs, mental health needs and social care needs. A review by the NPCC recently found police officers nationally are spending just under one million hours sat with mental health patients in hospitals waiting for assessment, taking them away from core policing functions which are:

- Preventing & Detecting Crime: It is believed that a crime has been committed or is about to be committed.
- Keeping the King's Peace: The attendance of a police officer is necessary to prevent a breach of the peace and

- **Protecting Life & Property:** There is an identifiable and immediate risk to life or property and/or a vulnerable person or child is suffering or are at risk of suffering immediate and significant harm.

The force remains committed to protecting the most vulnerable and will continue to attend incidents where there is a risk to life or serious harm. Where reports do not meet the threshold for police intervention, callers will be signposted to the most appropriate agency.

RCRP is a new approach in Norfolk but has already been running successfully in several other forces and is set to be rolled out across all forces in the UK. RCRP has been live in Norfolk since 29 May 2024. Elements of RCRP have been live in Waveney since October 2023, which is covered by Suffolk Constabulary. As a result, we are beginning to understand the impact implementation has had on the Integrated Care System (ICS).

Norfolk has seen a marked improvement, with a significant reduction in police handovers at Section 136 suites. This progress ensures that individuals in distress are receiving timely care from the appropriate professionals. On average, officers are now attending 12 to 15 fewer concern-for-welfare calls each day, allowing valuable time and resources to be redirected toward strengthening core policing functions and enhancing public safety. Overall, the implementation has gone smoothly, with good communications and relationships between the partners involved and having the right fora in place to deal with operational strategic issues that need escalating.

Two key areas of focus are, first, ensuring that police call handlers consistently and accurately signpost to the EEAST, and second, strengthening the availability of appropriate support services for individuals requiring welfare checks that do not meet the threshold for an emergency response. These efforts are central to our commitment to delivering a more joined-up, proportionate, and person-centred approach to public safety and wellbeing.

Recommendations

The ICP is asked to:

- a) Provide support and direction to help the RCRP board ensure there are adequate services available for people where a welfare check is required, but the concern does not meet the threshold for an emergency service response.
- b) Consider if there is suitable representation at the relevant RCRP boards (RCRP executive board and the RCRP oversight & implementation group) and if the membership needs to expand to ensure that the impact of RCRP is understood across all elements of the system.

1. Background

- 1.1** In July 2023 the National Partnership Agreement Right Care, Right person was released; this agreement sets out a collective national commitment from the Home Office, Department of Health & Social Care, the National Police Chiefs' Council (NPCC), Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in

responding to incidents involving people with mental health needs. [Go to www.gov.uk to view the National Partnership Agreement: Right Care, Right Person Policy Paper](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/national-partnership-agreement-right-care-right-person-policy-paper.pdf). As a result all Integrated Care Boards (ICB) in England and Wales were expected to implement the RCRP initiative.

- 1.2 RCRP is designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet those needs. As such RCRP was developed in relation to mental health as well as wider health and social care issues.
- 1.3 For RCRP as an approach, partnership working is crucial between police and local health and social care agencies, including ambulance services, mental health services and acute hospitals, along with voluntary, community, faith and social enterprise (VCFSE) sector services. Partners need to work together to ensure that patients receive timely care from the most appropriate agency which can best meet their needs. Where it is appropriate for the police to be involved in responding, this will continue to happen, but the police should only be involved for as long as is necessary, and in conjunction with health and/or social care services.
- 1.4 While each police force is operationally independent, many forces across England have adopted the RCRP approach. To supplement this strategic approach the NPCC, College of Policing (CoP), and NHS England have produced detailed guidance to support local areas with the operational delivery of RCRP.

2. Implementation of Right Care Right Person in Norfolk

- 2.1 All elements of RCRP went live in Norfolk on the 29 May 2024. Norfolk Constabulary used the CoP toolkit to support the partnership approach for preparation and implementation of RCRP in Norfolk <https://www.college.police.uk/guidance/right-care-right-person-toolkit>. To enable this, system partners had been working together on this since June 2023, in which one of the first steps was our engagement with system partners through a coordinated workshop in partnership with the ICB. The Police provided data and analysis to support the wider system's preparation of the initiative, including predictions on the potential impact based on the experience of other forces.
- 2.2 In preparation for this initiative to 'go live' a range of activities took place: Equality Impact Assessments were completed separately by police and the ICB and then shared with the RCRP to ensure the potential impacts on different communities were considered. Weekly partnership meetings were set up where several processes were established, notably a new missing person policy for the acute hospitals to align with RCRP, an escalation document for agencies and a review of case studies to prepare for the potential impact when live. People with lived experience attended the weekly partnership meetings, providing useful challenge to processes and contributing to the development of joint policies and best practice from other areas of England & Wales was discussed at the meetings to help Norfolk prepare.

2.3 Norfolk Constabulary introduced call scripting into the forces' contact and control room, this software provides dynamic question sets for the call takers to use to help aid their decision making. A call script for RCRP was produced and has enabled the service to callers to remain consistent.

2.4 The Norfolk RCRP Oversight and Implementation Partnership Board was established as part of the broader implementation and plays a crucial role in coordinating the transition to RCRP. It involves various stakeholders and key representatives from the following:

- **Norfolk & Waveney Integrated Care Board (NWICB)**
 - Adult mental health collaboration senior lead
 - Commissioning senior lead
 - Mental health collaborative programme manager
 - Director of children & young persons, maternity and safeguarding
 - Senior lead for primary care commissioning
 - Communications & engagement manager
- **Norfolk & Suffolk NHS Foundation Trust (NSFT)** (Representation from:)
 - 111 Mental health option
 - Service Director
 - Deputy Chief Operating Officer
 - Crisis Resolution and Home Treatment team
- **Acute hospitals**
- **Norfolk Community Health & Care (NCHC)**
- **Norfolk Constabulary**
 - Representatives from the Contact & Control Room
 - Project manager
 - Mental health Inspector
- **Suffolk Constabulary** (to cover the Waveney element of the system)
- **Norfolk Office of the Police & Crime Commissioner**
- **Norfolk Office of Data Analytics** (Norfolk County Council)
- **East of England Ambulance Service NHS Trust (EEAST)**
 - Mental health advanced practitioner
 - Regional clinical lead for mental health
 - Business & partnerships lead
- **Norfolk County Council (NCC)**
 - Approved mental health practitioner service manager
 - Service manager social care community engagement
 - Policy officer on behalf of district councils
 - Director of North Place (Adult Social Care & Norfolk Community Health & Care)
- **Department of Work and Pensions**
- **Change, grow, live**
- **Future projects**

2.5 There are regular agenda items at this meeting for members to raise concerns on behalf of colleagues or for other organisations. Members of the board are encouraged to share issues and to provide data to evidence concerns. Complex case reviews are discussed in partnership and, where appropriate, additional

organisations are invited to the meeting to provide detail and context. It is through this partnership work that strategic gaps are identified and workstreams initiated.

3. Findings one year on from RCRP initiation

- 3.1 All elements of RCRP went live in Norfolk on the 29 May 2024, since implementation Police data indicates that police handovers at s136 suites in Norfolk took on average 1 hour and five minutes. Prior to RCRP this was two hours and sixteen minutes. It was evidenced that there were previous significant delays to handovers of care between police and mental health services, when accessing Mental health expertise and when detained under section 135 or 136 of the Mental Health Act. As a result, a key objective of RCRP was that these delays would be reduced working towards a timeframe of one hour, as these delays were detrimental to the person and their family and friends supporting them and impacted the polices capacity to fulfil wider policing duties. Consequently, a reduced handover time in Norfolk meant that those in need got access to care and professionals quicker.
- 3.2 Norfolk Constabulary has dealt with 23,204 concern for welfare calls between June 2024 and July 2025. The police deployment rate was 55% before RCRP was live and is now at 47%. This is the equivalent of an average of 12-15 fewer concern for welfare calls a day. Norfolk Constabulary still deployed to 10,900 RCRP concern for welfare calls since going live. A gap in the system's understanding is how these issues are being serviced if police are not attending.
- 3.3 The time saved has been used alongside other workstreams to improve core policing functions. The forces' investigation detection rates have improved (in some crime areas Norfolk has some of the best detection rates in the country) and more officer hours are being made available for visible patrols and hotspot policing.
- 3.4 The call scripting and richness of data produced has indicated that there are situations where police call takers are inappropriately signposting callers to ambulance for non-emergency issues. New guidance to the call takers has been provided to prevent this and a new round of RCRP training was initiated back in April 2024.
- 3.5 Norfolk Constabulary's data reporting on RCRP has been identified as national best practice and multiple police forces have approached Norfolk to learn the methodology we are using.
- 3.6 **From a police perspective**, RCRP has been implemented positively, partners have been engaged from the beginning of the work, and it is clear there is appetite to provide a better service for the people of Norfolk. RCRP in its nature involves police not seeking to assist with health and social care issues that do not require core policing functions such as investigating crime, safeguarding children or attending to deal with an immediate risk to life. Norfolk has been commended nationally by the NPCC for our approach to RCRP implementation,

but we recognise there is more to be done to ensure we provide the best possible service to the county.

- 3.7 The RCRP initiative has provided a valuable platform for system partners to collaborate more effectively, while concurrently illuminating longstanding gaps within the system that have historically been addressed with inconsistent approaches across partner organisations. For example, a frequently encountered scenario for Norfolk Police involves a concerned neighbour or family member, often residing outside Norfolk, seeking a welfare check on someone they believe may be vulnerable. Under the current RCRP framework, a police response is not triggered unless there is an imminent threat to life or safeguarding concerns involving a child. Meanwhile, the EEAST rightly prioritises acute medical cases, and without specific indicators of a medical emergency, ambulance dispatch is not appropriate. This leaves a critical gap in the system where neither public safety nor clinical pathways offer a viable response raising questions about how well our services are equipped to support individuals facing non-acute yet concerning situations.
- 3.8 The RCRP Oversight and Implementation Partnership Board has identified four areas where further development could enhance system responsiveness and coordination:
- **Opportunity to establish a designated welfare check service:** Currently, there is no formal service in place to conduct welfare checks for individuals who may not meet emergency service thresholds, for example, those who leave hospital unexpectedly. While some regions have engaged third-sector providers to fill this role, provision varies and is often dependent on available funding. A more consistent approach could help ensure timely support for those at risk.
 - **Scope for reviewing emergency service response criteria:** Norfolk Constabulary and EEAST operate within clearly defined thresholds for intervention. In cases where individuals do not meet criteria for a missing person report, safeguarding referral, or emergency medical response, alternative pathways are limited. Exploring flexible options could help bridge this gap and support more holistic care.
 - **Support for remote concerned parties:** When individuals such as family members living at a distance, raise concerns but are unable to attend in person, there is currently no structured mechanism to facilitate welfare checks. Providing clearer guidance and support in these situations could help ensure concerns are addressed appropriately and compassionately.
 - **Clarifying escalation processes:** In instances where emergency services are unable to attend but concerns remain, the escalation pathway is not always well defined. It may also be unclear whether a case warrants safeguarding consideration. Strengthening these processes could improve clarity for professionals and ensure that concerns are managed effectively.

3.9 An example of system learning occurred in April 2025, when further targeted training was introduced for Police call takers. This training sought to strengthen signposting capabilities to partner organisations and reinforce consistent decision-making across teams countywide.

4. Impact of RCRP

4.1 For residents of Norfolk and Waveney, if the situation does not meet a core policing function as highlighted above, they will be signposted, if applicable, to contact another agency to assist. The constabulary has a directory of services that is updated regularly, and the call handlers are provided guidance and training to help make good signposting decisions. If the caller is a child or the call handler perceives the caller may have difficulties in contacting another agency for a variety of different reasons, the call handler may help arrange contact with the agency.

4.2 **From the perspective of EEAST:** EEAST has been actively helping roll out the RCRP initiative across Norfolk and Waveney. They've worked closely with Norfolk Constabulary and other local organisations to make sure people in a mental health crisis get help from the right team. They have highlighted a recurring concern across Norfolk and neighbouring regions: that the current approach to responding to calls involving individuals who may require assistance, but are not in immediate danger, lacks consistency and could benefit from greater coordination.

4.3 They noted they have received more NHS 111 calls regarding mental health support since RCRP was introduced. EEAST and police services are still receiving calls about people who missed appointments, left treatment early, or stopped engaging with services, often from other agencies or members of the public. These situations usually don't require an emergency response, but there's no agreed system in Norfolk for how to handle these kinds of lower-risk welfare concerns when someone doesn't show obvious signs of mental health issues.

4.4 Thanks to joint efforts to reduce unnecessary ambulance referrals, EEAST data shows that calls from Norfolk Constabulary about mental health concerns have steadily gone down since November 2024.

4.5 **From the perspective of NSFT:** they noticed more people using the NHS 111 helpline for mental health support. Within NSFT at times there haven't been enough staff available to do in-person assessments for people in crisis. Consequently, at the beginning of the year, EEAST looked at around 50 of these calls with NSFT to understand this further. They found that EEAST staff and NSFT mental health teams often had different interpretations of what qualifies as an emergency or urgent mental health situation, which led to confusion about the appropriate response. This demonstrated the need for clearer communication and agreed guidelines between the services, so that people get the right help at the right time.

- 4.6 From the perspective of NSFT, the rollout of the RCRP initiative was suitably managed with Norfolk Police taking the lead. NSFT was actively involved alongside other partners in the planning of RCRP as coordinated by NWICB. Once underway NSFT received a rise in the number and frequency of welfare checks they had to carry out. Mainly because of updated policies that outlined what needed to happen before asking for police help.
- 4.7 NSFT and all the organisations involved continue to track how the initiative is affecting services and have a process in place to raise any serious concerns. There's a shared understanding across the system that working together is key and ongoing collaboration will help us keep improving and responding to new challenges as they arise.
- 4.8 **From the perspective of NWICB:** they have been a key partner in bringing partners together from across our ICS. They have brought organisations together for regular meetings to help improve support for people with complex needs within our system. These meetings created opportunities to look at service level data, review detailed cases and share important updates. By working together teams have been able to take a closer look at individual cases to better understand how people are using different services in Norfolk and Waveney.
- 4.9 This joint work has helped highlight ongoing issues between services whilst promoting areas of opportunity to link services more effectively and to step in earlier with support, allowing partners to take shared responsibility and solve problems together. We note the gaps identified in the report and are working with all partners over the course of this coming year to look at how we can address these. Focusing on making sure that people's needs and voices are at the heart of decisions, making care more coordinated to improve people's experiences and building a stronger and more responsive system.
- 4.10 Appendix A highlights some specific case studies from Norfolk Constabulary on the RCRP initiative, whilst Appendix B provides data on how often Norfolk Constabulary refer callers to non-emergency partners. This is one of the indicators that might help understand the impact of RCRP on the wider system.

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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.

Appendix A

Example 1

This example shows that there is no provision available when there is no real and immediate threat to life under Article 2. The issue appears mental health related but not at the threshold for Ambulance to attend as an emergency.

It demonstrates the limitation in emergency service powers/response criteria and a lack of structured escalation policy.

A person presented to the emergency department suffering with mental health issues. They were not open to mental health services and the hospital declined to complete a mental health act assessment, instead advising the person to go to their GP.

The person had no GP and no permanent residence and had therefore been sleeping in the grounds of the hospital. The person called the police as they had nowhere else to turn. They were signposted to NHS 111 mental health option and to local Housing for support.

The person called a second time stating that they had tried NHS 111 mental health option and had been advised to go back into the Emergency Department. They stated that they had been refused further treatment and left outside in a wheelchair.

The person advised the police Control Room that they had a small penknife in their possession which they were going to use to self-harm as they were receiving no support.

Signposting was given to various mental health charities and Ambulance, who stated it was not suitable to attend.

Example 2

This example shows that there is no provision available when there is no real and immediate threat to life under Article 2 and the matter is purely mental health related. The person is not a “missing person” by definition and is engaging with mental health services.

There is an obvious concern but not a core policing duty. Please note that no-one actually attended this incident. Follow up checks were made as a result of this case example being raised, to ensure that the female was safe and well.

It demonstrates the limitation in emergency service powers/response criteria and a lack of structured escalation policy.

Person called NHS 111 mental health option stating that they were suffering with their Mental Health. They were on a road in Norwich. The person was in possession of tablets but had not taken them.

NHS 111 mental health option contacted the Police. NHS 111 mental health option were advised to contact Ambulance as this is a medical matter. Ambulance declined to attend as the exact whereabouts of the person were not known.

Example 3

This example demonstrates the challenges that occur when the concerned party is remote, the lack of structured escalation process and the lack of designated welfare check service.

Person contacted NHS 111 mental health option with concerns for their son who was in Mental Health crisis overnight. He was sending concerning texts, but the texts and contact stopped in the early hours of the morning. The caller was deaf, making communications slightly more challenging. The caller was unable to travel to his son's address.

Police were contacted at 13.22hrs. NHS 111 mental health option were referred to as well as Ambulance as a mental health /Medical matter inside an address. Ambulance declined to attend as the whereabouts of the son could not be confirmed. After escalation with Ambulance, Police attended to ensure that someone responds. Entry was forced and the son was located alive and well upstairs in the property.

Example 4

This example demonstrates the challenges that occur due to the lack of designated welfare check service.

A person walked out of an Emergency Department whilst awaiting a Mental Health bed. They had been taken into hospital voluntarily by Ambulance 2 days earlier. They had agreed to an informal admission and were awaiting a bed at Hellesdon. The person had been going outside, unescorted, for a cigarette. They failed to return on the last occasion.

No checks had been done at the home address as there was no-one available to do so. Whilst there were concerns about the person's mental health and fluctuating capacity there was no real and immediate threat to life.

Appendix B

The data below highlights how often Police signposted a RCRP call to non-emergency partners* for the period 1st January 2025 to 30th June 2025.

Non-emergency partners include the following organisations:

- NHS 111 Mental Health option
- NHS 111 health option
- Hospital
- GP Practice
- Child/Adult Social Care
- Local Authority
- Other (third party organisations/ charities)

Signposting will take place where the person needs some form of support, but it is assessed that they do not require an emergency service response (police, ambulance or fire service) to assist.

It should be noted there is little information in the partnership space to identify how successful the signposting is. While the police record who the caller has signposted to, the resolution of the incident is rarely provided to the police. This is the situation for many calls into police which require signposting, not just RCRP calls.

Data in the table is for the time period 1st January 2025 to 30th June 2025

Data type	Number of calls	Average calls a day
Number of RCRP related calls	9652	54
Police attendance	4505	25
Police non-attendance	5147	29
Calls signposted to a non-emergency agency	620	3

The table does not include calls where police have decided not to attend, and no signposting has been made. This can happen when partner agencies are calling police 'for information only' or the issue is resolved while on the call (a person is concerned for a neighbour who has since made contact and is safe and well). The data also does not include signposting made to ambulance which is one of the key partners that the police will signpost to.

Report to Norfolk and Waveney Integrated Care Partnership

Item No: 7

Report title: Driving Integration Through Digital, Data and Technology

Date of meeting: 03 September 2025

**Sponsor: Sara Tough, Executive Director of Children's Services, Norfolk County Council
Ed Garratt, Interim 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 March. It also includes a deeper dive into the digital improvements we are working on in Childrens Services.

Report summary

This report provides an update on the digital overview across the system and for the first time we want to share with partners the great work we are progressing within Childrens Services.

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 digital work within Childrens Services.
- c) Review, comment and advise on the proposed forward plan.

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).

2. Update on the Digital Overview

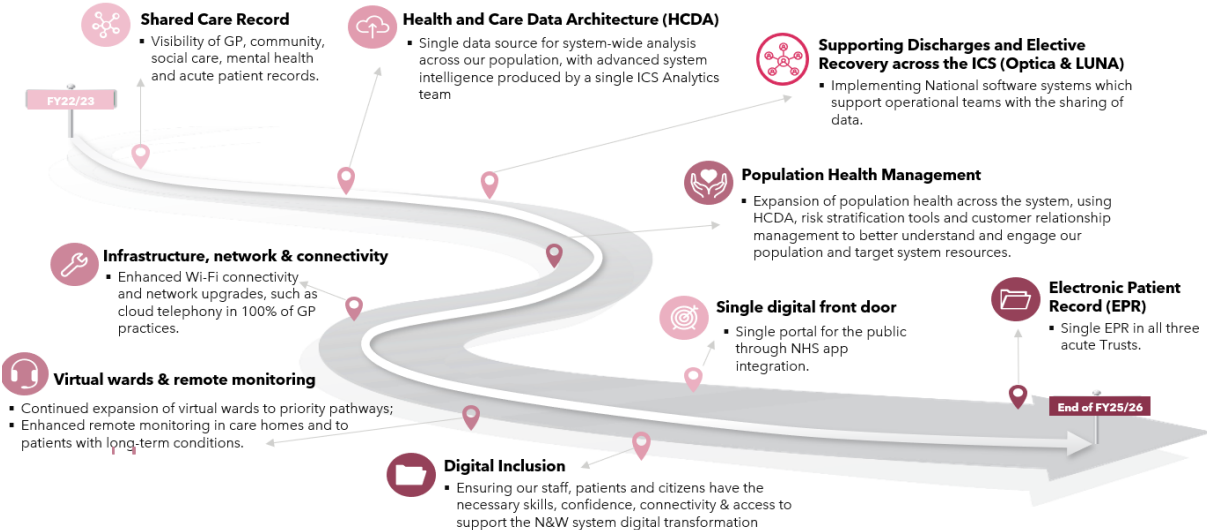
2.1 The programme to reduce costs and staffing in Integrated Care Boards (ICBs) is already having an impact on the Digital programme. Work with the Care Home sector has been scaled back and new projects put on hold due to a lack of resources. With plans to lose 60% of the digital staffing resource, the pace of delivery will slow. The recent improvement in patient satisfaction with GP Access is being attributed to various digital initiatives such as cloud telephony and digital access systems and signposting.

- 2.2 The Digital Connect event held on 7th May 2025 at the Norfolk Showground was a great success and provided an opportunity for all digital enthusiasts in the region to visit supplier stands and hear an interesting range of speakers, including the Rt Hon Dame Patricia Hewitt who delivered a talk along with Feebris, a remote technology supplier, and a Care Home Manager, on the benefits of proactive monitoring for the elderly and the positive impact this has throughout the health and care system. NCC colleagues also provided an update on the Digital Inclusion work including Tech Skills for Life and gave an overview of the Proactive Intervention work and how it's being taken forward.
- 2.3 The Norfolk & Waveney proactive monitoring in Care Homes project is drawing to a close. The evaluation is complete and the final report is being compiled for the ICB EMT. Engagement in the programme from Primary Care was poor, but the observations were valued by East of England Ambulance Trust (EEAST), paramedics and the 111 and urgent care teams and there is evidence of conveyance to hospital being avoided. The kit is live in 39 homes in the area.
- 2.4 The NHS App uptake is now 60% across Norfolk & Waveney. The NHS App is a key feature of the NHS 10 Year Plan. Funding has been made available for provider organisations to undertake work to link their patient portal systems and appointment details to the NHS App. Practices continue to run NHS App engagement events and are supported in this through toolkits. The ICB is also providing practices with tablet devices to use in patient engagement events for the App and other Digital tools. Healthwatch recently produced the report for Year 4 of the project on patient and professional engagement with digital tools in primary care, which gives excellent insights into barriers to uptake of the NHS App in two of the least engaged groups and ideas for shaping future promotional activities.
- 2.5 The GP Practice Wi-Fi and networking upgrade is now complete, providing staff and patients with reliable, resilient, fast connectivity. The Wi-Fi also supports IoT (Internet of Things) devices such as CCTV systems, alarm systems, card payment machines without having an effect on the network speed for clinical applications. This work gives practices smart foundations on which to grow their use of digital technology.
- 2.6 The Joy social prescribing platform implementation has been beset with technical problems. The company are now working directly with the GPIT provider to provide a packaged version of the software that can be deployed to multiple devices. Much of the contract time has been used trying to get to a point where the software can be deployed.
- 2.7 The Shared Care Record continues to grow in both usage and content. Usage figures are growing each week across the provider organisations, Norfolk County Council (NCC) and GP Practices. Connectivity for community data remains a challenge and is not yet completed. The Shared Care Record is now available in Norfolk & Waveney Hospices.

- 2.8 The Robotic Process Automation for prescriptions is now live in 43 GP Practices. The robot has issued over 240,000 repeat prescriptions which has released over a year's equivalent of time back to practices. Roll out is continuing, and a new automation is underway for patient registration. Auto filing of pathology results is also at the planning stages.
- 2.9 The Electronic Patient Record (EPR) programme has an Amber status. The June highlight report notes that this is with the backdrop of a delay in P2, and a growing number of significant risks that place the programme in a highly challenging position, with a strong probability that the March 2026 target may not be reached. The programme is looking at costed options to rescope the delivery plan.
- 2.10 The Integrated Care System Digital Transformation Roadmap highlights the great joined up work across the Norfolk and Waveney System:

Digital Transformation Strategic Roadmap

Digital will enable transformation across all care settings, including outpatients.



- 2.11 As we approach the end of 25/26 we need to work collectively to ensure we continue to review, deliver and improve all of the areas that we set out when we pulled the roadmap together.
- 2.12 We are in the process of reviewing the Adult Social Services Digital Strategy making sure we build upon the outcomes achieved as part of the ICS Digital Roadmap and we consider continued joined up working as set out in the NHS 10 year plan. We will share the revised strategy at a future ICP meeting.

3. Deep Dive into Childrens Services Digital Improvements and benefits

- 3.1 The use of digital solutions and technology to enable further integration of Childrens services is playing an important role to help realise our partnership

vision for Norfolk to be a place where every child and young person can flourish. The vision has been inspired by what young people have told us is most important to them: their family and friends, access to learning, opportunities to lead a good life, being understood, building resilience, respect for their individuality, feeling safe and being healthy. Whether it is by enabling children and young people to live safely at home, to thrive in education or be valued members of their communities, we are committed to prioritising the voices, needs and ambitions of children so they can live their happiest, most rewarding lives and meet their potential.

- 3.2 Nationally there are a wide range of public sector reforms underway across health and local government that are moving us toward greater integration across the public sector enabled by effective use of technology. This includes implementing the Families First Partnership programme to deliver the Keep Children Safe, Helping Families Thrive social care reforms, NHS neighbourhood working multi-disciplinary teams for children and young people, and the upcoming SEND and Alternative Provision reforms, due to be published in the Autumn. All these reforms move us towards integrated multi-disciplinary working with a focus on prevention, community-based working and digital solutions.
- 3.3 In line with the national reforms we want the Children's System in Norfolk is to be as easy as possible for families to access the right help at the right time. Overtime increased multi-agency and multi-disciplinary working will ensure families receive a joined up and coherent response. Resources will move fluidly with the child, family and their education setting, with specialist teams working flexibly alongside earlier help professionals to provide support as needed whilst ensuring continuity of relationship with the professionals that know the family best. This will prevent the need to step through tiers of support and reduce unnecessary hand-offs between teams, services and agencies.
- 3.4 We recognise that schools are at the heart of communities for children and so we have developed fifteen School and Community Zones. Over time, services for families will increasingly be delivered through local partnerships who deliver direct support to families, based on a holistic understanding of need, as close to home as possible.
- 3.5 Specifically, in Children's Services we have five strategic objectives including; embedding prevention and earlier intervention, improving inclusion and achievement, reinforcing effective practice, managing the market and creating capacity and maximising technology. We want to use technology to its fullest potential to help our staff be as effective as possible and to support every child and young person in Norfolk to flourish.
- 3.6 To help realise our strategic objective to maximise technology we have established the "Making Better Use of Technology" programme which is a multi-year transformation initiative (2024–2027) led by Children's Services, aimed at enhancing service efficiency, effectiveness, and quality through digital innovation. It encompasses a portfolio of projects leveraging tools such as

SharePoint, Power Automate, Co-pilot, Synergy, Liquid Logic, MS Forms, Power BI, and Robotic Process Automation (RPA).

- 3.7 A formal governance structure has been approved, with monthly programme boards convened to review progress, prioritise resources, and monitor benefit delivery. The programme has already embedded AI-driven transcription and action tracking via Copilot to streamline meeting outputs. Other areas of focus include:
- Deployment of **Copilot licences** across multiple service areas, with early adopters reporting significant time savings and improved documentation quality.
 - Multistrand options approach of utilising Azure AI to create first draft of reports in Children's Services to increase the time practitioners can work directly with families.
 - Business process automations using tools such as SharePoint, exploitation of E5 licence products and Robotic Process Automations to reduce manual heavy processes and free up worker time to interact directly with service users.
 - Development of Liquid Logic LCS portals and wider system reforms to enhance user experience, reduce data breaches, and streamline case management.
- 3.8 To ensure the successful implementation of new solutions, the programme is actively engaging staff by conducting surveys and workshops to assess readiness and gather feedback on technology use, providing training and support to enhance digital confidence and capability, and working with HR and Finance on structured benefit realisation planning to embed changes and track outcomes.
- 3.9 Through this approach the programme has also identified several opportunities that will contribute to the strategic objectives of the department and help realise the medium-term financial strategy for the Council. For example:
- **Automation of the Disability Register** – utilising available Microsoft products within enterprise licencing to fully automate manual recording processes to realise cashable savings.
 - **Copilot deployment in Care Services** – continued deployment and associated change management with Copilot licences to realise business benefits and process efficiencies. This has allowed staff to spend more time on working directly with families to improve outcomes through reduced bureaucracy.
 - **Azure report drafting tool** - Exploring options around Azure AI to review source documents and appendices to complete first drafts of reports which would previously have taken significant time for staff to complete. Importance being placed on cultural element of retaining a human in the loop and owner products drafted using AI.

- 3.10 Complementing this programme we have established the Family Connect project that consolidates information on children and families from various Norfolk partnership systems into a single dashboard, enabling early identification of household issues to offer timely support. The dashboard saves time by offering user-friendly visuals and graphs, provides a wide breadth of information, and shows contact details for lead workers, leading to better family support, and prevents families from having to repeatedly share their stories.
- 3.11 The project is overseen by the Partnership Data Governance Board, which meets quarterly to monitor progress as well as individual meetings with partners to define data sharing specifications (data items, legal gateways, and transfer methods). Progress has been shared at various board meetings, for example- Joint Strategic Analysis Group, and school leaders via Local First Inclusion reference group.
- 3.12 Recent public engagement on data sharing has been overwhelmingly positive, with 89% of respondents believing sharing data is beneficial. Currently, c.200 internal users at Norfolk County Council have been trained, and data specifications have been worked up by two district councils, Norfolk Constabulary, and the Integrated Care Board. Once their data is integrated into the dashboard, these partners will also receive training and access to the dashboard.
- 3.13 Synergy is Children's Services main business system for Education Services, Early Childhood & Family Service, Schools and Community Teams and a number of other teams. The system has been in place for over 20 years. The current contract expires in March 2026 and cannot be extended further. There is a legal obligation to review the marketplace to ensure we have the best value solution to meet the needs of the council, and the Education System Programme has been established to take forward this work.
- 3.14 The programme will be split into three phases. Phase 1 will identify and document requirements for the Education System. These will be compiled into a Statement of Requirements and demo scenarios to rigorously evaluate and select the best supplier. In Phase 2, following the selection of a supplier, a detailed implementation plan will be developed to take forward the programme, maintaining current functionality and providing comprehensive training, where required. Phase 3 will focus on enhancing the system by adding new functionalities, replacing peripheral systems, and optimising internal processes to maximise the solution's benefits.

3.15 In conclusion the “**Making Better Use of Technology**” programme, Education System Programme and Family Connect project represents a strategic commitment to digital transformation within Children’s Services. It is delivering tangible improvements in service delivery, operational efficiency, and financial sustainability. Looking ahead, the programme will continue to expand AI and automation across Children’s Services, with particular focus on wider Copilot implementation and the development of an Azure-based report drafting tool. Ongoing process mapping and future-state analysis will ensure additional opportunities for automation are identified and realised. Further integration of data and systems is also a priority, with efforts to improve data quality, enhance performance monitoring through Power BI, and streamline business processes to reduce data silos and enhance the efficiency of core systems. Collaboration with key partners will underpin the development of a comprehensive technology roadmap to support these ongoing improvements.

4. Forward Plan for further discussion at the ICP

4.1 To ensure the partnership is aware of all of the digital activities being carried out across the ICS please find below the forward plan proposing the items to be covered over the remainder of the year:

Item topic to be discussed	Meeting date
Overall Digital Roadmap	Included in all meetings/papers
Childrens Services Digital Improvements	Included in today’s paper
Assistive Technology and Virtual Wards	March 2026
Data Hub and Population Health Management	September 2026

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