Norfolk County Council assessment

How we assess local authorities.

Assessment published:

About Norfolk County Council

Demographics

Norfolk County Council, located in the East of England, is the fifth largest county in England covering approximately 2000 square miles. Norfolk is bordered by the North Sea to the north and east, Suffolk to the south, Cambridgeshire and Lincolnshire to the west and The Wash to the northwest, and with a coastline that runs for 90miles. The county has distinct features, ranging from urban to rural to coastline, more than half of Norfolk is classed as rural.

Norfolk is home to just over 940,000 residents, 94% of Norfolk population is White, 2.1% Asian, 0.9% Black, 1.6% mixed ethnicity, and 0.7% other. The county has an ageing population, with 25% of people aged over 65. The number of people living in Norfolk who are aged over 85 is expected to double to 60,000 by 2040. The life expectancy at birth for women in Norfolk is 83.7 years, compared to 83.2 in England. For men it is 79.8 compared to 79.3 in England

Norfolk has an index of multiple deprivation (IMD) score of 5 (10 is the most deprived) and they ranked 82 out of 153 local authorities, (with 1 being the most deprived and 153 being the least deprived). There were variations to life expectancy for people depending on where people lived with difference between those in a deprived area or affluent area of the county. For example, the life expectancy gap between the most deprived area and the least deprived area is 4.4 years for women and 7.4 years for men.

Norfolk County Council is an upper-tier local authority, and the county covers seven second-tier district councils. These are Breckland, Broadland, Great Yarmouth, North Norfolk, Norwich, King's Lynn and West Norfolk, and South Norfolk.

Norfolk is a Conservative led County Council made up of 84 elected councilors. There are 53 Conservatives members, 10 Liberal Democrats, 9 Labour, 4 Green party, 3 Independent progressive group, 3 independent and 2 reform UK.

Financial facts

The Financial facts for **Norfolk County Council** are:

- The local authority estimated that in 2023/24, its total budget would be **£1,333,271,000.00**. Its actual spend for that year was **£1,402,742,000.00**, which was **£69,471,000.00 more** than estimated.

- The local authority estimated that it would spend **£383,648,000.00** of its total budget on adult social care in 2023/24. Its actual spend was **£432,494,000.00**, which is **£48,846,000.00 more** than estimated.
- In 2023/24, **30.83%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **17705** people were accessing long-term adult social care support, and approximately **6765** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall Summary

Local Authority rating and quality statement scores

Requires Improvement: Evidence shows some shortfalls 56%

Summary of people's experiences

People sometimes experienced waits for Care Act assessments and reviews but these had improved in the two years leading up to this assessment. People's assessments were strengths-based, and staff were implementing approaches that focused on prevention and harnessing community assets to meet people's needs. Unpaid carers experiences were mixed, for example we spoke with unpaid carers who did not feel their needs had been met but we also saw examples of personalised support provided to meet their needs.

There was a growing prevention offer of resources which people could access to prevent and delay future needs from developing, but in some parts of the county this was not yet fully implemented. People faced delays to occupational therapy assessments but these were also starting to improve and access to equipment was usually timely. Some people did not access reablement when they needed it, this was also improving at the time of this assessment. People did not access direct payments as frequently as they could, whilst the local authority overcame challenges to improve their uptake.

The local authority had undertaken work to understand barriers or health inequalities people faced, with further work ongoing. People from marginalised communities could usually access support that was tailored to their specific needs and staff often worked with people to overcome barriers they faced.

People could not always access the care and support they needed, particularly when people required nursing care or supported living for people with a learning disability and autistic people. This had started to improve at the time of this assessment and people had been involved in shaping the services they would use in the future. People had more consistent experiences when they needed homecare, as work to improve capacity was more advanced.

The local authority and partners worked in an integrated way which meant people could easily access health and social care services and information about people was shared well between partners. The local authority had well-established relationships with partners and a good understanding of how people interacted with the system.

People usually moved between services well, such as at hospital discharge. Some people's experiences were less positive but there had been partnership work to improve discharge pathways which had become embedded before this assessment. Young people transitioning to adult services benefited from a collaborative and planned approach that involved people, families and partners at the right time.

When people were subject to safeguarding concern they did not always receive a consistent response, particularly if concerns were placed with providers. Staff took steps to put people at the centre of safeguarding and created a system where partners shared learning. However, we identified instances where people may not have met the threshold for safeguarding but feedback about this was not passed on. There had been significant work undertaken to improve safeguarding but not all the benefits of this were experienced by people consistently.

The local authority was undergoing significant transformation, under a new leadership team and structure. People's experiences were used to plan and implement strategy and measure performance. There was an established approach to co-production which received positive feedback but also highlighted opportunities to involve people and partners more. People's feedback about adult social care was routinely reviewed and learnt from by the local authority.

Summary of strengths, areas for development and next steps

People and partners said delays to assessments, reviews, accessing care provision and safeguarding were consistent themes. Our findings showed whilst there had been significant improvements in most areas, they were sometimes recent and not always fully embedded. Local authority and national data showed there had been improvements, but these were still being implemented at the time of this assessment

Waiting times for Care Act assessments and reviews had reduced consistently over the previous 2 years and there had been extensive work to achieve this. The experiences of unpaid carers were less positive and improvement work in this area was less advanced. The local authority was working to overcome challenges in gathering and monitoring data about the experiences of unpaid carers. People received strengths-based assessments from staff who were committed, competent and were specialists in their roles.

The local authority was implementing a new strategy with a focus on prevention and developing community assets. This had led to the creation of a variety of new preventative

services as well as the development of an artificial intelligence-drive proactive falls prevention tool which received consistently positive feedback from partners. Data supported this, demonstrating positive impacts on hospital admissions and falls. Work was still underway to further develop the wider prevention offer, with challenges in some communities. Feedback from partners and staff showed the strategic approach was improving the local authority's ability to delay and prevent future needs for care and support.

Improving access to reablement was an ongoing challenge. Despite some improvement, there remained gaps in capacity which the local authority was working to overcome alongside partners. However. Local authority data showed there was a reduction in waiting lists for occupational therapy, and access to equipment was timely.

The local authority had taken steps to understand its population and to reduce inequalities, by using data and co-production to inform services. Whist there was engagement with some communities, gaps in data around sexuality and marital status limited the local authority's ability to fully assess and address inequalities. The local authority used demographic and health data alongside equality impact assessments to target interventions, such as suicide prevention work.

There had been a long-standing challenge around ensuring sufficient capacity and quality within the care market. The local authority had a good understanding of the scale of the challenge, using data and engagement to target projects. There was a wide variety of projects underway across specialisms to build market capacity, these would take time to fully develop into new care provision, however data showed these were having a positive impact on shortfalls in supported living and nursing capacity.

Work to develop the homecare market was more advanced and data showed the local authority had overcome significant challenges in homecare capacity. There had also been extensive work carried out to build quality within the provider market, the local authority's integrated quality teams received consistently positive feedback from partners for the impact they had made.

There were well-established partnerships with health and housing, which were evident in the coherence of vision we heard about from leaders, staff and partners. Local authority strategies aligned well with those of partners and the local authority was a system leader in driving much of this work. Partners gave us positive feedback about progress made in achieving shared strategic priorities, such as falls prevention and developing community hubs. The local authority and partners were bought into working together to overcome the challenges faced across the county.

Safeguarding was another area of challenge and improvements were also underway. There had been work to reduce waiting times and to apply risk frameworks more consistently. Urgent safeguarding was acted upon in a timely way and decisions were reached promptly. There was still work underway to improve the timeliness of closing safeguarding cases, but the local authority had increased their oversight of these cases and were implementing actions following a recent external review of safeguarding.

Feedback received from partners showed there were still inconsistencies in experiences of safeguarding, particularly where people were subject to safeguarding when placed in a provider setting. However, we also saw examples of personalised approaches to

safeguarding and local authority data showed people's desired outcomes were routinely gathered and usually met. The local authority worked with the safeguarding adults board to share learning across partners, and we heard positive feedback about this.

The local authority had made significant progress in implementing their 'Promoting Independence' strategy (2024-2029), particularly in enhancing their prevention offer and reducing waiting times for assessment. The local authority had a good understanding of their performance but were still working to address issues in their data around the visibility of unpaid carers and occupational therapy (OT) waiting times. Staff told us senior leadership were visible and responsive and staff had a good understanding of the strategic direction of the local authority.

The corporate leadership team had been restructured to provide better oversight of Care Act duties and the ongoing improvement work. There was a new adult social care leadership team with clear roles, responsibilities and accountabilities. Despite having been in post a relatively short time, feedback about the impact the DASS had made, including their approachability and visibility, was consistently positive. The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and taken into account in decisions across the wider council

The local authority was going through an extensive transformation and was working to overcome significant challenges in a number of key areas. There had been extensive work to address challenges in areas such as waiting lists, commissioning and safeguarding. Action plans and data showed the local authority had made progress in all of these areas but had not yet fully achieved their ambitions.

Local authority staff had ongoing access to learning and support. Staff feedback about the training on offer to them was consistently positive and we heard about how staff had been supported to gain professional qualifications, develop specialisms or build their knowledge base. There was support for continuous professional development and the local authority had a workforce development plan which outlined a number of pathways for staff to develop into leadership roles or specialist areas of social work or occupational therapy. Work to understand the experiences of the workforce was ongoing. The authority was updating its equality strategies and workforce standards.

There were well-established systems in place to learn from people through feedback and co-production. Partners feedback about being able to work with the local authority through co-production was positive and the use of co-production was consistent. Staff gave us positive feedback about the learning offer and the local authority had collaborated with partners to develop this.

Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could access the local authority's care and support services online and by telephone and the local authority had recently developed a self-assessment offer. People's feedback about assessment arrangements was mixed. People told us about the 'fantastic' impact social workers had made on their lives and told us about consistent and timely pathways to assessment. However, other people said it was sometimes difficult to access information about assessments.

The local authority was undergoing a transformation at the time of this assessment, and these were areas of improvement focus. People's feedback showed this work had not yet led to consistent improvement in people's experiences. For example, people told us the information, advice and support about accessing assessment offered by the local authority not always helpful and did not lead to positive outcomes for the people seeking support. National data from the Adult Social Care Outcomes Framework (ASCOF) for 2023/24 showed 65.8% of people were satisfied with care and support. This was similar to the England average (65.4%).

The approach to assessment and care planning was person-centred and strength-based. The local authority told us its strengths-based approach empowered people to live independently for as long as possible and staff described supporting people in strengths-based ways. The examples of assessments we saw focused on people's strengths and what was important to them, such as one example where a care plan captured a person's goal to remain living independently at home. Their care plan then outlined support they needed with personal care and maintaining good mental health through activities, to achieve this goal. The local authority was in the process of implementing a new strategy which focused on understanding people's strengths and focusing on community assets. They told us their vision was, 'Supporting people to be independent, well, and able to deal with life's challenges'. Staff spoke positively about this approach, but also said work was still underway to embed this in practice and build the services needed to support people to remain independent within their communities.

The local authority was consistent with national averages in measures related to peoples' and unpaid carers' empowerment and control over their lives. National data from the ASCS for 2023/24 showed 80.65% of people who use services felt they had control over their daily life which was similar to the England average (77.62%). National data from the Survey of Adult Carers in England (SACE) for 2023/24 showed 26.67% of carers reported that they had as much social contact as desired which was similar to the England average (30.02%).

Pathways and processes ensured that people's support was planned and co-ordinated across different agencies and services. People came through the Social Care Community Engagement Team (SCCE) who were the first point of contact for adult social care. SCCE could implement measures to meet people's needs, such as providing minor equipment or signposting people to community or preventative services. Staff described strong links with local GP practices and housing providers which often found routes to people receiving an assessment or accessing services.

The local authority and partners collaborated on some pathways to ensure people received a holistic and consistent experience. Staff collaborated with partners around hospital discharge and avoiding admission to hospital, through both formal and informal integration arrangements the local authority had with partners. Staff and partners spoke positively about the impact of community hubs, which provided people with a single route into the local authority, as well as access to health or community services. Health partners told us these hubs had helped people avoid hospital admission and there were plans to develop more of them across the county.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. The local authority's highest level of demand was assessments for older people. There were 5 locality teams covering the north, south, east and west of the county and Norwich City. Staff in these teams were trained to assess and meet the needs of older people and people with physical disabilities. Staff told us they received training in specialist areas. Staff said they received specialist dementia training and had colleagues who were specialists in this area that they could work with. Staff told us they sometimes worked alongside voluntary and community sector (VCS) partners to meet the needs of people living with dementia in communities, which had been a positive learning experience.

People's experiences of care and support ensured their human rights were respected and protected. Examples seen showed staff were considerate of any protected characteristics under the Equality Act 2010. Staff also gave us multiple examples of making reasonable adjustments in line with people's needs, including implementing approaches such as social stories, easy-read materials, and tailored communication strategies to enable people to contribute meaningfully to their assessments.

The local authority had a specific team who worked with people who had recently migrated to the county from overseas and we heard how they undertook assessments in line with people's cultural needs. Staff described working in a way that considered trauma people may have experienced through displacement. Staff in this team often worked to protect people's human rights where they had no recourse to public funds, which required a partnership approach and a strong understanding of specialist services that people could access. Staff described working with people over a long period of time, collaborating with other services, such as housing or children's services, to meet the needs of people and their families. This team had recently won an award for the impact of their work.

There were specialist teams who assessed and reviewed people with a learning disability and autistic people. As well as a team who led on assessment and review of people with a learning disability and autistic people, there were teams specifically working with people who needed to move out of long stay hospital or working with people to move into supported living accommodation. These teams had been set up to respond to a particular demand and strategic priorities. Staff in these teams demonstrated specialist knowledge of people's needs and provided multiple examples of delivering assessment and care planning in personalised ways.

People with mental health needs were supported by staff trained to meet their needs. There was a team specialising in the assessment of people living with mental health conditions and supporting those in crisis. People were referred through the community or when discharged from a mental health hospital. Referrals came in through a duty function and staff said they were able to respond promptly. The mental health teams contained specialist social work staff who were approved mental health professionals (AMHPs). An AMHP is a professional who assesses whether there are grounds to detain people under the Mental Health Act. This is where people need urgent treatment for their mental health and are at risk of harm to themselves or others. The AMHP service provides cover day and night and they worked alongside the out of hours team. The local authority had an out of hours team who dealt with a wide range of urgent situations outside of normal working hours and staff said they linked well with all the teams.

Timeliness of assessments, care planning and reviews

People sometimes faced delays to Care Act assessments and reviews, but the local authority had undertaken work to improve this over the previous two years. People and partners told us people sometimes faced extended waits before they received an assessment of their needs. Work was ongoing and had already overcome challenges but would take time to embed further. Local authority data showed average waiting time had reduced significantly at the time of assessment. The feedback from people and partners showed improvement work would take time to consistently impact upon people's experiences over time.

Local authority data showed for the 12 months up to January 2025, the average wait for an assessment was 21 days from referral. By May 2025, this had reduced to an average wait of 17 days. However data also showed some people had waited up to 252 days, but the local authority monitored these and told us there were external factors that often contributed to longer wait times, such as people taking time to respond or unplanned admissions to hospital. The number of people waiting for an assessment had reduced from 508 people in January 2025 to 463 people in May 2025. Whilst this number could appear high, it was not a significant proportion of people in a county the size of Norfolk. For context, the number of assessments completed across the county in May 2025 was 856.

The local authority told us demand for services had increased by 30% over the previous five years. The local authority told us they had taken a strategic approach to managing rising demand and reducing waiting times by improving their prevention offer and strengths-based approaches. They said they had restructured their front door services and improved the quality of information available to people and enabling more people to complete a self-assessment. Staff told us how the new strategy and focus on community assets had helped to bring waiting times down, but staff also said they had sometimes faced high workloads to achieve this.

Staff monitored waiting lists and used tools to prioritise risk. Dashboards showed where people were deemed as high or medium risk, their assessments took place promptly. The people who had faced longer waits were deemed lower risk, but improvement work had not yet shown sustained improvements to these people's experiences of wait times.

People also faced delays with having their needs reviewed, but improvement work had started to reduce waiting times. Partners said reviews did not always happen on time and they sometimes faced delays with requests for reviews when people's needs changed. The local authority told us they were working to reduce the number of people whose reviews were overdue. This had also been an area of long-term improvement focus, but leaders acknowledged remained an ongoing challenge. Staff and leaders said new lead roles had been set up to respond to this challenge.

National data from the Short and Long -Term Support (SALTS) for 2023/24 showed 54.60% of long -term support clients were reviewed (planned or unplanned). This was similar to the England average (58.77%). Local authority data for February 2025 showed 67% of people had received a review within the last 12 months and this had increased slightly to 68.5% by May 2025. Staff and leaders said they prioritised reviews based on risk but acknowledged the progress in addressing the backlog of reviews was not as advanced as work to address assessment waiting lists.

Assessment and care planning for unpaid carers, child's carers and child carers

The experiences of unpaid carers were inconsistent and feedback received from unpaid carers was mixed. Unpaid carers described not being provided with sufficient support after an assessment. For example, unpaid carers told us they struggled with their own wellbeing and this was made worse by delays in support for their loved ones after assessments. Other unpaid carers told us their caring roles were having a negative impact on their physical and mental health and described carers assessments as 'tokenistic and ineffective'. However, we also spoke with unpaid carers who felt they had been supported

well and heard examples of unpaid carers feeling supported and valued. Staff also described supporting unpaid carers with direct payments in personalised ways, for example enabling them to maintain their health and wellbeing through gym memberships or carers break holidays.

The majority of assessments for unpaid carers were carried out by a commissioned carers service. Local authority staff also carried out assessments of unpaid carers in some cases. The local authority said staff would assess unpaid carers if it was the unpaid carers expressed choice. They would also carry out the assessment when there was a particular risk or complexity, such as safeguarding concerns or a risk of carer breakdown. The commissioned carers service offered a variety of services to unpaid carers, including information and advice, support planning and financial support.

The local authority had identified a need to improve how it monitored the experiences of unpaid carers. Leaders told us there were gaps in data because the local authority's database did not capture unpaid carers as distinct from people with care needs. There were quality checks on assessments completed by local authority staff and the commissioned carers service. The local authority also carried out their own surveys and evaluation work to understand the experiences of unpaid carers who were supported by the commissioned carers service. However, our findings showed these did not always identify and address the unmet need expressed to us by unpaid carers.

The local authority had also identified that the data it provided to SACE was incomplete. The local authority was working to resolve this, but at the time of assessment national data measures only reflected the experiences of unpaid carers supported by the local authority. SACE data did not include unpaid carers supported by the commissioned carers service, which made up the majority of unpaid carers in the county. The unpaid carers who were surveyed for SACE were more likely to have complex needs, because this was often the reason why they were supported by the local authority.

The local authority was mostly consistent with national averages in measures relating to unpaid carers, but many of these national averages are low so being consistent with them is not always indicative of positive outcomes for unpaid carers. The local authority performed better than average in measures related to accessing carers' breaks but was lower than average around accessing training or unpaid carers reporting they had enough time for their caring roles.

National data from the SACE for 2023/24 showed 32.21% of carers accessed support or services allowing them to take a break from caring for more than 24 hours. This was significantly better than the England average (16.14%). SACE also showed 16.41% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency. This was somewhat better than the England average (12.08%). However, SACE also said 2.33% of carers accessed training for carers. This was worse than the England average (4.30%). SACE also showed 84.81% of carers had enough time to care for other people they were responsible for. This was somewhat worse than the England average (87.23%).

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. Staff described referring people to a range of community services and there were staff who worked with communities to develop services to meet non-eligible need. We heard examples of staff working creatively with people and partners to develop services to meet non-eligible need in the community, such as walking or social activity groups. Staff and partners said there were sometimes gaps in provision in more rural areas, but work was ongoing to address this as part of the overarching strategy to improve access to community services.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Decisions and outcomes were timely and transparent. The local authority's assessment process included clearly documenting whether a person was eligible or not and people were provided with this information as part of their assessment. National data from the ASCS for 2023/24 showed 65.66% of people did not buy any additional care or support privately or pay more to 'top up' their care and support. This was similar to the England average (64.39%).

The local authority did not have a specific appeals process for eligibility decisions and received appeals through their complaints process. The local authority monitored complaints for themes, including eligibility. February 2025 data showed there had been 22 complaints where eligibility was the main cause for complaint in the previous 12 months. Where people had complained about eligibility, the local authority held discussions with them to make sure decisions were clear and revisited decisions for a second opinion where appropriate. Data provided by the local authority showed there were no complaints recorded as upheld or partially upheld in 2024 where the complaint was about the outcome of a Care Act assessment, including eligibility.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, but there had been instances where charges were incorrectly calculated. Partners said people sometimes felt charges were not correct and local authority data showed there had been 59 appeals against financial assessments in the previous 12 months and most of these were upheld and rectified. There was a process to appeal charges, and we saw in the instances where an error was made the local authority had rectified it. The local authority told us these errors accounted for 0.6% of people who had been financially assessed and that errors could be due to a variety of circumstances outside of their control, such as if important information was not received from people.

Local authority data showed people received a timely financial assessment. Data for January 2025 showed people waited 10.9 days on average but there was a maximum wait for 143 days. The local authority's target time for completion of financial assessments was 28 days and they aimed to complete 90% of assessments within this time. Local authority data showed this target was consistently met and exceeded. Staff and leaders said there were sometimes instances where there were delays caused by delays in receiving information..

Provision of independent advocacy

People could access advocacy services in Norfolk, to help them participate fully in care assessments and care planning processes. The local authority commissioned advocacy services for people, which included supporting them with assessments and reviews. Partners told us people could usually access advocacy when they needed it, and staff described supporting people to access advocates and also approached families for advocacy support where was deemed appropriate to do so. However, staff said people did not always access advocates for decisions about being discharged from hospital into rehabilitation services where people lacked mental capacity to make these decisions. Staff said this was often due to the limited time available to staff during discharge. The local authority's policy stated people should be referred to advocacy in these cases, but staff feedback showed this was not always followed.

Supporting people to lead healthier lives

Score:

2 - Evidence shows some shortfalls

What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority was in the process of enhancing its approach to prevention. This meant there had been a recent increase in the services on offer, but there were gaps in preventative provision in some parts of the county while this work was being implemented. The local authority worked with people, partners and the local community to develop services, facilities and resources to prevent, delay or reduce the need for care and support. The local authority had a broad prevention offer but were working to address identified gaps in it. People said they sometimes struggled to find services to assist them with addressing challenges associated with deprivation.

Leaders acknowledged that the geography of the county and their demographics made developing prevention offers challenging, but shared evidence of a wide variety of initiatives that met most needs. National data from the Adult Social Care Survey for 2023/24 showed 63.01% of people said help and support helped them think and feel better about themselves which was similar to the England average (62.48%).

The local authority's 2024-2029 'Promoting Independence' strategy was underway and we saw evidence of work progressing to enhance prevention, including addressing gaps in services. For example, leaders and staff told us about a variety of current prevention initiatives such as a social impact bond contract to support unpaid carers in Norfolk, which was payment linked to achievement of outcomes targeting specific challenges unpaid carers faced. They also told us about a variety of community-based activities such as dementia cafés and 'men's sheds'.

The local authority were adopting innovative approaches to prevention and keeping people healthy. The local authority told us they were investing in services and technologies that helped people maintain independence and avoid the need for long-term care. Leaders told

us about investment in specialist housing programmes and the use of artificial intelligence (AI) in falls prevention. A pilot of an AI-driven proactive falls prevention tool had led to reductions in admissions to hospital and time spent in hospital. Partners spoke positively about the impact of this work and at the time of assessment this was being rolled out to reach more people across the county alongside the implementation of a similar tool focused on cardiovascular health. The local authority also told us about the use of technology to provide virtual support to people within their homes.

People said there were not always the right services for autistic people, given the wide range of needs associated with the diagnosis. For example, people told us they needed support with medication administration and meal preparation at home to improve their independence and allow them to access community services and employment more easily. The local authority was undertaking work to increase the options of support for autistic people. The local authority told us about preventative resources which were in place for autistic people, such as a 12 week support service to enable autistic people to develop their independence and services to enable autistic people into employment.

People, leaders and staff told us about ongoing work to co-produce services and pathways to support autistic people within the community through a variety of initiatives. For example, the local authority launched a working-age adult day care transformation programme in 2025, which focused on skills, employment, and meaningful opportunities for autistic people and people with a learning disability. Staff and leaders described how they supported autistic people to live independently and access equal opportunities, such as securing their own housing or paid employment. The local authority told us this work was designed to reduce future demand on services while promoting wellbeing and autonomy across the county.

Specific consideration was given to unpaid carers and people at greatest risk of a decline in their independence and wellbeing. Unpaid carers spoke positively about preventative services they could access through the commissioned carers service. National data from the Survey of Adult Carers in England (SACE) for 2023/24 showed 19.23% of carers were able to spend time doing things they enjoy which was similar to the England average (15.97%).

Preventative services were having a positive impact on wellbeing outcomes for people. Staff and leaders told us about multiple examples of prevention strategies receiving positive feedback and outcomes, sharing examples of people using social clubs to become more independent and build their social networks, or working with staff to develop services to improve physical mobility to prevent falls and reduce risk of social isolation.

The local authority had taken steps to identify people with needs for care and support that were not being met. The local authority had used data to target prevention activity to areas of priority they had identified. These included social isolation, falls prevention, and the local authority's Ageing Well commissioning model. The local authority had collaborated with partners and used data to identify and develop a suicide prevention strategy, where data had shown this to be prevalent in the county. This had led to a variety of initiatives and tools to support people and professionals to reduce suicide risk and was underpinned by a suicide prevention partnership board.

Provision and impact of intermediate care and reablement services

People were not always able to access reablement when they needed it, but the local authority was building capacity in its reablement services. The local authority commissioned two reablement services and their data showed capacity was increasing each year. However, leaders acknowledged capacity was not yet where they wanted it to be. Analysis provided by the local authority showed there were between 400 and 500 people who would have benefitted from reablement but did not receive it due to capacity in the 12 months to June 2025.

Partners told us they had been involved in collaborative work to improve the local authority's reablement offer. They said recent increases in capacity had improved timely discharge from hospital and hospital discharge data supported this, but national data showed access to reablement services was lower than England averages.

National data from the Adult Social Care Outcomes Framework (ASCOF) for 2023/24 showed 2.09% of people aged 65 and over received reablement or rehabilitation services after discharge from hospital which was worse than the England average (3.00%). Health partners said reablement capacity had improved and local authority data showed capacity was increasing since the ASCOF data was gathered.

Where people had received reablement, outcomes were usually in line with national averages. National data from the Short and Long-Term Support (SALTS) for 2023/24 showed 82.89% of people aged 65 and over were still at home 91 days after discharge from hospital into reablement or rehabilitation which was similar to the England average (83.70%).

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. People's feedback about Occupational Therapy (OT) was positive, we saw records of OT interventions being holistic and meeting identified need. One person described their OT as 'fantastic', and we saw how OT interventions had enabled people to become more independent with their personal care and remain living at their home through accessing adaptations. For example, a person had received equipment to help them bath themselves and had gone on to receive disabled facilities grant (DFG) funding to adapt their house to enable them to move around their home in a wheelchair.

The local authority had reduced OT waiting lists, but they had only recently started to monitor waiting times for OT assessment. This meant there was a gap in the local authority's understanding of people's experiences of accessing OT assessments. Staff and leaders said people sometimes experienced delays to OT assessment and we noted a delay of 7 weeks in a record we reviewed. Local authority data showed waiting lists were reducing. There were 241 people waiting in December 2024 and this had reduced to 164 by May 2025. The local authority told us how lists had reduced from a peak of 459 people waiting in April 2023.

However, the way the local authority recorded OT referrals meant they were unable to monitor how long people waited. This had been changed shortly before our assessment but there was not enough data to provide detail about the average wait times for OT

assessment. The local authority told us leaders had oversight of waiting times at a local level and they had recently overcome challenges in how OT assessments were recorded to enable them to monitor waiting times at a strategic level.

Local authority data and examples from staff showed people usually received equipment within their homes in a timely way. The local authority commissioned an equipment provider and monitored the timeliness of equipment deliveries. Contract monitoring data for the 12 months to May 2025 showed access to equipment was usually timely, with 98.1% of equipment deliveries within the timeframes agreed between the local authority and the equipment provider. This exceeded the local authority's expectation that equipment would be delivered within timescales 95% of the time.

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs, including for unpaid carers and people who fund or arrange their own care and support. The majority of feedback received about access to information and advice was positive. Partners said people accessed information in a variety of formats, including by telephone, through brochures or leaflets and online. One partner said it could sometimes be difficult to speak to someone due to staff being busy.

The local authority told us they were enhancing their information and advice offer. Staff and leaders described how this was a core component of the 2024-2029 'Promoting Independence' strategy. Examples seen showed the local authority factored access to information and advice into a variety of initiatives. For example, recent work with partners on dementia pathways included measures to ensure people living with dementia and unpaid carers received timely information about how to access services. Additionally there had been work carried out to simplify information in response to feedback. This had led to the creation of short videos to explain independent living to people and campaigns to raise the profile and awareness of adult social care in local magazines and publications.

The local authority was consistent with national averages on measures related to access to information and advice. National data from the Survey of Adult Carers in England (SACE) for 2023/24 showed 58.93% of carers found it easy to access information and advice which was similar to the England average (59.06%). National data from the Adult Social Care Survey (ASCS) for 2023/24 showed 65.45% of people who use services found it easy to find information about support which was also similar to the England average (67.12%).

Direct payments

Direct payment uptake was low, and work was underway to make direct payments more accessible and available to people. People's feedback was mixed, people told us about how they had benefited from direct payments and had found them easy to set up. However partners said people had encountered challenges around employing personal assistants (PAs). Staff also said it could be difficult employing PAs in more rural parts of the county due to travel time and availability.

The experiences of unpaid carers and direct payments was also mixed. The majority of unpaid carers we spoke with had either not heard of direct payments or had not been

offered them. However, we saw evidence of carers receiving direct payments to meet their needs and staff described using them to support the wellbeing of unpaid carers and meet their needs, for example through gym memberships or carers' breaks.

The local authority was below national averages on all measures related to direct payments, for both working aged people and people aged over 65. National data from the Adult Social Care Outcomes Framework for 2023/24 showed 20.90% of people received direct payments which was worse than the England average (25.48%). Local authority data showed the numbers of people in receipt of a direct payment had decreased from 1969 people in January 2025 to 1911 people in May 2025.

The local authority was undertaking work to improve direct payment uptake. People spoke positively about being involved in co-production to improve this. There was an inhouse team who supported and enabled people to use direct payments to employ personal assistants. Staff described using direct payments to meet need in creative ways, such as enabling a person with a mental health condition to access therapeutic services that helped their mood and enabled them to engage better with services.

Equity in experience and outcomes

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority had taken steps to understand its local population profile and demographics, but there were gaps in the data they gathered around sexuality or marital status which could impact on their ability to understand the experiences of people. A partner said the local authority showed strong support to lesbian, gay, bisexual, transgender or queer (LGBTQ+) communities through Pride events, co-production or training they offered.

The local authority understood its local population profile and demographics in most areas, but gaps in data meant there were areas where analysis could not take place. Demographic data and analysis by the local authority showed the ethnicity of people receiving support from adult social care was broadly similar to the ethnic demographics of the county. The local authority also undertook engagement activity to understand the experience of people and communities. For example, a ‘conversations matter’ consultation in 2023 gathered views and experiences through surveys and events. The consultation went out to inclusive settings such as Pride events and a Deaf Club, as well as libraries and public services to ensure a wide reach. The local authority told us how the insights from the consultation work informed strategy, including the current Promoting Independence strategy (2024-2029).

The local authority also commissioned research to understand the experiences of ethnic minority groups. Staff and leaders described research which was commissioned into the experiences of 45 Black women, this had helped inform Equality, Diversity and Inclusion (EDI) strategy and how equality impact assessments (EQIA)s were used. It also led to the development of new e-learning on anti-racist practice.

However, approaches to understanding people's experiences were less advanced in other areas. The local authority did not have enough data around sexuality or marital status to carry out meaningful analysis in these areas. Leaders and staff told us people did not want to provide the local authority with this information, but there had not been any work to understand why, such as whether there was any opportunity to change how staff asked for this information or providing people with further explanation on what happens with their data. This meant staff completing EQIAs had less access to data to understand potential equality impacts for people from LGBTQ+ communities in the design of new services. A partner told us that whilst the local authority did a lot of positive work with people who were LGBTQ+, they did not think the local authority fully understood the needs of the community or the impact of stigma or hate crime. The absence of data would create barriers to the local authority being able to identify themes or risks people may face in these areas, such as around safeguarding or access to services.

The local authority used data to understand communities and target services to seldom heard groups. For example, leaders told us how the Joint Strategic Needs Assessment (JSNA) had identified increasing prevalence of poor mental health in deprived communities and people from ethnic minority groups. Leaders and staff described a variety of initiatives to address this, including services commissioned specifically to address issues of loneliness and isolation in migrant and minority ethnic communities. This work had also informed the development of a suicide prevention partnership board. Data identified where intersectionality increased risks faced, such as men, autistic people or people from LGBTQ+ communities being more at risk of suicide. Tools and initiatives had been developed to meet the needs of these groups.

The local authority also used EQIAs when commissioning new services or developing new processes. Leaders told us they used EQIAs in developing new provision and gave a recent example of how this had highlighted the need for Polish speaking staff in care homes in a part of the county with a higher Polish population.

The local authority engaged with people to understand their experiences through a wide coproduction offer. People said they valued the opportunity to inform the local authority's strategic approaches, including highlighting their experiences so the local authority understood barriers they faced and how to overcome them. We observed how co-production was provided in inclusive ways, with staff creating plans and agendas in line with people's preferences and accessibility needs.

There were local challenges around equality within the workforce which the local authority was working to address, because local authority staff may not always be reporting their experiences of discrimination. The local authority had implemented an international recruitment programme and we heard how this had helped create a diverse workforce and contributed to culturally competent practice. However, leaders said they had identified low reporting of racism or discrimination within the workforce, which they said could mean staff from minority ethnic backgrounds were not coming forward if they experienced discrimination. The local authority had identified this and had implemented training and support as well as promoting reporting systems to staff. This work had not been fully completed at the time of our assessment.

There were also equality challenges within the provider workforce. Staff and leaders told us care provider staff sometimes faced discrimination or abuse from people they were

supporting. There had been a safeguarding adult review (SAR) in 2021 where a recommendation was made to undertake work across partners to address this to ensure they can better support staff who may be subject to abuse from people they supported. The local authority told us they had worked with partners to implement the recommendation through training and raising awareness so staff knew where to report incidents. However, we heard recent examples of instances where provider staff were at risk of abuse from people who they provided support to. Staff said it was not always clear how best to support providers or their staff, or how to work with people. This showed the work undertaken in response to the SAR had not fully introduced clarity on how to respond to these incidents.

The local authority was also in the process of updating their workforce race equality standard (WRES) which they intended to use as an opportunity to refresh and renew organisational approaches to workforce equality. Leaders were proud to have been an early adopter of the WRES, which was last published in 2022. The local authority was working on a new published WRES, but leaders said it had taken longer than anticipated because they were undertaking work to ensure all staff were engaged in producing it and it was accessible.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions, but our findings showed there was room to enhance the use of data and understand the experiences of people, communities and the workforce. There was a corporate equality strategy in place which was overseen by leaders, however leaders said the department was not always represented at EDI performance board meetings where actions were monitored at a corporate level. The local authority told us this was due to staffing changes and a leader was now in post to attend these meetings on an ongoing basis.

Local authority staff involved in carrying out Care Act duties understood their populations, but sometimes faced challenges to find the right services for people. In some teams staff described services tailored to meet the needs of minority ethnic communities, but in other teams we heard about challenges. This was often mitigated by culturally competent practice or creative problem solving in frontline teams.

People worked with staff who had received training in identifying and addressing inequalities. The local authority's training offer included e-learning as well as specialist training in areas such as legal literacy around equality, cultural competence and LGBTQ+ allyship.

Inclusion and accessibility arrangements

There were inclusion and accessibility arrangements in place so that people could engage with the local authority, but people shared negative experiences with us about accessibility of information they received. The local authority was undertaking work to improve accessibility at the time of this assessment.

People told us they did not always receive information and advice in accessible formats. We heard examples of people who required large print not receiving information in this format and others described receiving a 'deluge' of information in response to a query, which meant they found it difficult to find what they needed. Another person said they

rarely received information in paper formats and they were directed to digital services, but they struggled to use these. The local authority told us they routinely recorded people's communication needs in care records so staff could respond to them. They also told us about a variety of initiatives that were underway to improve the accessibility of information. For example, work to improve the online offer and co-production work to develop easy read materials. However, feedback from people showed this had not consistently improved people's experiences of accessible information.

People could usually access interpreters, but work was underway to improve access. Staff told us about good access to British Sign Language (BSL) or interpreter services and the local authority had a contract in place with a BSL provider. Data for 2023/24 showed staff accessed BSL interpreters in 96.2% of requests made. However, partners told us it could sometimes be challenging to access BSL interpreters, which could impact people's ability to contribute meaningfully to their assessment. The local authority told us about recent work to make their information and advice more accessible, including proactive work with communities to ensure information was digitally inclusive.

There was also a wider support offer for people with sensory needs. The sensory support unit provided specialist sensory assessments and supported people in a variety of ways such as through rehabilitation services, providing specialist input and training.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2 - Evidence shows some shortfalls

What people expect:

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority had developed a good understanding about local need and were using this to address gaps in capacity which had been a longstanding challenge. The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities, including those most likely to experience poor care and outcomes. The local authority and partners had developed a Joint Strategic Needs Analysis (JSNA) which looked at the demography of the county alongside data about health outcomes and people's experiences to understand future need. The JSNA highlighted a number of priority areas which had been used to inform commissioning decisions and strategic approaches.

There were multiple examples of the local authority using data to both implement strategic approaches to commissioning and to evaluate their impact. The JSNA highlighted an ageing population in Norfolk, including a projected increase in people living longer in poor health. Staff and leaders described how this had underpinned the strategic approach to prevention and a wide variety of commissioned initiatives to address this need and develop community services to reduce isolation, encourage active lifestyles and the artificial intelligence-driven falls prevention pilot.

The local authority had also identified they were above the national average for numbers of older people admitted to residential care historically, but were consistent with national averages for numbers of new care home admissions for older people. This showed the

local authority were taking steps to understand the impact of commissioning work and would also demonstrate preventative approaches were keeping people at home for longer. Increasing capacity in specialist housing for older people was a strategic priority, staff and leaders described working closely with district councils on a variety of capital spending programmes to respond to this identified need.

In another example, the JSNA highlighted a projected increase in homelessness between 2020 and 2040. Staff and leaders told us about a variety of initiatives that were taking place to respond to this, alongside partners. The local authority had recently piloted integrated services to respond to these needs, including for people with mental health needs and people who were affected by substance misuse. The local authority shared examples with us of good outcomes being achieved for people, including people accessing housing and treatment through these services. Leaders said there were plans to expand this to reach more people as part of the capital spending programmes. Partners said these initiatives had worked well and they valued the strong integration with housing partners in hospital discharge to support people in a collaborative way.

The local authority used the JSNA, coproduction and partnership approaches to understand the needs of people with a learning disability and autistic people. The JSNA highlighted a number of areas of challenge, including an anticipated increase in children with a learning disability transitioning to adults' services. It also identified poorer health outcomes for people with a learning disability compared to the rest of the population and the impact of factors such as deprivation. These had influenced strategic approaches to developing more housing and care models to respond to demand as well as commissioned services to support people with a learning disability into paid employment. Staff were particularly proud of the outcome achieved in this area and told us about commissioned services they had been able to draw upon to help people into work.

The local authority told us how preventative approaches had meant despite their data showing the volumes of people of working age seeking support having risen by 62.4%, the number of people requiring longer term support had been significantly lower at 19.6%. This indicated a higher proportion of people were not requiring ongoing care in than in previous years, which the local authority attributed to their prevention work.

Market shaping and commissioning to meet local needs

The local authority had identified a need to develop more provision to ensure people had access to a range of local support options that were safe, affordable and high-quality. People, unpaid carers, and partners all told us about gaps in provision. For example, the Market Position Statement highlighted a lot of old and converted care homes which were not always suitable to meet people's needs. This added to quality and staffing concerns and meant 9.4% of all care services had some form of restricted commissioning arrangements in place. Staff and leaders said this had been a long-standing issue and there was work underway to shape the market to meet future demand. National data from the Adult Social Care Survey for 2023/24 showed 73.85% of people who use services felt they had choice over services. This was similar to the England average (70.28%).

Commissioning strategies and market shaping activity was underway to address gaps in the market. Leaders told us about market shaping strategies, such as work to develop the provider market to encourage more choice in housing and care models or engagement

with the older people's care market to pilot new approaches to care and reduce reliance on residential services. Commissioning strategies were aligned to these objectives, the local authority had developed market shaping plans to address these and other priorities, such as improving the quality and capacity of nursing care and to enhance their prevention offer. These plans had started to achieve results and their implementation as ongoing. Leaders acknowledged strategic commissioning took time to deliver new services and overcome long-standing challenges. The local authority was in the process of updating their market position statements (MPS) to align them to these strategic plans. People told us the local authority involved them in the strategic planning of care provision. The Making it Real board was a coproduction group which included people with lived experience and gave feedback and advice to the local authority on people's needs, accessibility arrangements and what people wanted from services in the future.

The local authority had achieved results in priority areas. Commissioning strategies in relation to homecare were better established through work which started in 2023 to develop a principal provider model. In this model a provider would provide 70% of the care demand in an area and the remaining 30% will be delivered through the home care framework. Work on this was due to finish in 2026 but local authority data showed improved access to homecare which was reflected in staff feedback, who told us they were often able to find homecare provision promptly.

In other examples of positive results, leaders and staff also told us about good progress in enhancing their prevention offer through commissioning new community services and starting development on a number of housing and care models which were intended to support people to move to more appropriate models of care. The local authority had placed people with a learning disability and autistic people in residential provision, which did not always align to current best practice. Market shaping activity was making progress to improve options for people, but leaders acknowledged there was more work to do.

The local authority was undertaking work to improve quality and sustainability of one of their largest care providers. One care provider was a local authority trading company and had made up a significant proportion of capacity across the county, across a variety of specialisms. Staff and leaders said there had been challenges in ensuring the provision was modern and fit for the future. There was also a perception amongst provider partners that this organisation was given preferential treatment. The local authority was undertaking work at the time of assessment to address this, including plans to recommission and redesign services. The plans involved partners and the wider market but had not yet been implemented at the time of our assessment.

There was specific consideration for the provision of services to meet the needs of unpaid carers, but feedback from unpaid carers about access to services was mixed. We heard positive feedback about availability of preventative resources available through the commissioned carers service, but unpaid carers also said they had difficulty accessing short breaks. National measures around carer breaks were better than national averages, but the local authority told us these measures did not include unpaid carers who received support through the commissioned carers service. This meant these measures were not accurate because they did not reflect the experiences of all unpaid carers. National data from the Survey of Adult Carers in England (SACE) for 2023/24 showed 16.41% of carers accessed support or services allowing them to take a break from caring at short notice or

in an emergency. This was somewhat better than the England average (12.08%). SACE also showed 32.21% of carers accessed support or services allowing them to take a break from caring for more than 24 hours. This was significantly better than the England average (16.14%). Leaders also said there was work underway to improve how the local authority captured carers in data, which meant the data used to inform market shaping activity for carers' services was not complete at the time of assessment.

Ensuring sufficient capacity in local services to meet demand

There were gaps in provision across all service types, which the local authority were working to address. A partner told us how access to day services for autistic people and people with a learning disability was a current challenge. Another partner described how there was limited capacity within housing and care models for young people, particularly those with mental health needs. A partner said there was a shortage in specialist provision for people with a learning disability, particularly where people had higher needs. Staff told us people with a learning disability were sometimes placed outside of the county whilst they awaited new placements closer to home. They also told us about ongoing work to enable people to be discharged from long stays in specialist hospital.

Local authority data for February 2025 showed 534 people were placed out of county at the time of this assessment. The data also said 184 of those were placed out of county in the previous 12 months. Norfolk was a large county, which meant being placed outside of county was not always an indicator that someone was far from home. Staff told us people would often get placed within the county, but further from home than some out of county placements due to the geography of the patch. A placement outside the county could also be closer to a person's home area than many districts within the county.

The local authority monitored the location of out of area placements and dashboards showed the majority of out of county placements were close to the border. Dashboards did not capture the reason people were placed out of area, including people's wishes to move back home. The local authority said this was discussed in reviews with people on an individual basis, but there was not an overview of this to help inform strategic commissioning activity.

The local authority faced long-standing challenges in ensuring sufficient capacity of specialist services for people with a learning disability and autistic people. Staff and leaders described how there had been quality issues within existing services and told us attracting new providers into the market was a long-standing challenge. Work was underway to address this, including the development of new provision but this work was ongoing and it would take time for housing projects to reach completion.

The local authority faced similar challenges in ensuring there was specialist provision in place for people with mental health needs. Staff told us they were often unable to find suitable provision for people and that there was a lack of housing in areas people wanted to live, such as near Norwich city centre. Staff also described a lack of specialist provision for people affected by substance misuse who also had mental health needs.

The local authority acknowledged the lack of capacity in specialist provision had been a long-standing and complex challenge. There had been extensive work to understand the scale of the challenge and a number of initiatives were underway to address the current

shortages in capacity. This included intensive work with district housing partners, to address gaps in provision. Leaders told us the local authority were working with housing providers to create a further 180 supported living flats in Norfolk by 2029.

Local authority data for the 12 months to February 2025 showed there were 97 instances of people having to wait for supported living and 26 occasions where people waited for residential services for autistic people or people with a learning disability. At the time of assessment, data for June 2025 showed 135 people were waiting for supported living or independent living. Local authority data showed 58 new supported living places opened up in 2025. There were 164 supported living places anticipated to open in 2026/27 and 154 in 2027/28. This showed commissioning activity was opening up capacity but it would take time to achieve the local authority's ambition of providing more choice for people.

The use of data to understand waiting times was under development at the time of assessment. Staff told us they were finding there were fewer delays but said they still faced waits in certain districts and for certain specialisms, like nursing care. The local authority told us they were usually able to offer 7 options to older people seeking residential placements, but they did not monitor waiting times. The local authority told us they did not record waiting times for residential care but had plans to incorporate this into their reporting in 2026.

Where data was available to monitor waiting times at hospital discharge, it showed an improvement trajectory. Local authority data for June 2025 showed steady reductions in the numbers of people facing delays to hospital discharge due to requiring residential and nursing home placements over the previous two years. Health partners spoke positively about the impact of improvement work on the timeliness of hospital discharge.

Data around homecare performance provided a clearer picture of performance. Local authority dashboards for June 2025 showed how work to improve capacity in the homecare market had led to reductions in people who received 'interim care'. The local authority told us people on the interim care list often had a homecare package in place whilst awaiting their preferred choice of provider.

Local authority dashboards showed that over the course of 2023/24, 1069 people required an interim care package and this reduced to 637 people over the course of 2024/25. Data for June 2025 showed 38 people were awaiting care packages at the time of our assessment. February 2025 data showed the average wait for people on the interim care list was 18.8 days. Data also showed people were more likely to wait for homecare in the north and south of the county, and staff told us there were challenges in certain districts, such as rurality or difficulty sustaining the provider workforce. The local authority was working to improve access to homecare through their homecare strategy which started in 2024 and was due to end in 2027. The local authority supported people through their principal provider model and data showed they had positively impacted waiting times for homecare.

People could not always access reablement and work to address this was underway. The local authority told us they estimated between 400 and 500 people who had reablement potential did not access reablement in the 12 months to June 2025. The local authority and partners used Better Care Funding (BCF) to commission reablement services, which were

predominantly delivered through Norfolk First Support (NFS). There was a framework of providers commissioned to deliver reablement where NFS did not have capacity.

Local authority data showed increases in capacity for reablement across the previous three years. Data showed 5636 people received reablement in 2022/23 increasing to 7908 people by 2024/25. This showed improving capacity but the shortfall of up to 500 people unable to access reablement showed capacity was not yet where they intended it to be.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned and had started to address long-standing quality challenges within the county. There had been challenges with quality within the provider market, particularly in nursing care, but our findings showed actions taken by the local authority in response to this challenge were having a positive impact on provider quality. Partners said quality had been a concern for a long time and approaches were sometimes inconsistent. Staff and leaders expressed pride in the results they had achieved through recent improvement work whilst recognising work was still ongoing.

There was an integrated quality team who worked with providers across the county. The team completed regular checks on providers and had a well-established Provider Assessment and Market Management Solution (PAMMS) process. PAMMS is a tool local authorities use to assess quality and monitor contracts within their provider market. Staff described how the PAMMS tool had evolved in response to local challenges, developing into a robust process where staff routinely checked 80 quality standards. Providers received regular PAMMS checks, as well as ‘light touch’ approaches and ad-hoc support in response to safeguarding or concerns. The team also regularly produced guidance and updates to providers in response to themes. Staff described good links with frontline teams, with two-way communication and the ability to raise concerns or provide feedback.

The team were well-versed in best practice across specialisms. Staff described how the integrated quality team benefitted from an element of separation from commissioning teams, which enabled them to reach independent judgements. The team were also piloting more intensive approaches to provider improvement, where staff spent extended periods of time with providers who were facing significant quality challenges. Staff shared examples of seeing providers who had experienced long-standing issues being able to overcome them and sustain good quality and improved CQC ratings. Staff, leaders and provider partners spoke positively about the impact of this team, the supportive nature of their role and the impact they had made which was evidenced in data.

Data showed a reduction in the use of embargoes or restrictions within nursing care. The local authority told us that there were 15 nursing homes who were subject to restrictions in February 2025, but this had reduced to 4 by June 2025. Staff and leaders spoke positively about the impact of the improvements to the quality of nursing care in the county. The team included quality improvement nurses, and we heard positive feedback about their impact from staff. Staff routinely drew upon each other’s expertise and helped providers seek out solutions from health partners in areas such as medicines management and clinical risk, which had supported improvement for nursing providers.

There had been reductions in the numbers of restrictions across all service types between February and June 2025. In supported living, the local authority moved from 20 services facing restriction to 16, in homecare from 10 services to 7 and in residential care from 67 care homes to 34. This demonstrated a consistent improvement trajectory over a short period of time, but also showed long-standing challenges would take time to address.

Ensuring local services are sustainable

The local authority undertook work to establish if the cost of care was fair and sustainable but feedback from partners was mixed. Partners spoke positively about recent market engagement sessions, but others described inconsistencies in how uplifts were agreed and said they sometimes ran at a loss. A partner said they often had to fundraise to meet need because local authority funding for preventative services did not cover all the costs of delivery.

The local authority had undertaken work to understand market sustainability. These included a cost of care exercise and a fair cost of care exercise. These involved activity such as engagement with the provider market and benchmarking costs against other local authorities. The local authority used surveys and webinars, alongside strategic meetings and engagement with provider groups to establish an uplift they understood to be fair. Partners and the local authority were facing significant financial challenge, but inconsistent feedback from partners on the support offered to service providers showed there was some opportunity to improve how costs were understood across the market.

Local authority data showed that in 2024, 6 supported living or homecare providers handed contracts back to the local authority. In residential and nursing care, 13 providers ended their contracts. In CQC data, there were 503 registered locations across the county and 22 had closed in the 12 months to June 2025. The local authority told us reasons for contracts being handed back varied and included financial pressures, changes in providers' circumstances or quality issues.

The local authority understood its current and future social care workforce needs. It worked with care providers to maintain and support capacity and capability. Partners told us they received support around staff recruitment and retention, including recruitment events and the local authority paid for providers to have access to the 'Care Friends' App, which was workforce recruitment and retention tool.

The local authority set out their aims to support the provider market to develop a strong workforce within their MPS and had implemented a variety of initiatives to support providers to recruit and retain staff. The local authority had established the Norfolk care careers team which supported providers with recruitment campaigns, consultancy and developing career pathways to support retention of staff.

There were initiatives in place to address workforce challenges. For example, in the east of the county there were high numbers of overseas staff and the local authority had identified a challenge in retaining staff within the wider workforce when sponsorships were revoked. This team provided dedicated resources to support these staff and enable a multi-agency response to sponsorship revocation.

The local authority was consistent with national averages on measures relating to recruitment and retention of staff. National data from the Adult Social Care Workforce

Estimates (ASCWE) for 2023/24 showed 7.66% adult social care job vacancies. This was similar to the England average (8.06%). The ASCWE for 2023/24 showed 0.24 ASC staff turnover rate. This was similar to the England average (0.2477).

Partnerships and communities

Score:

3 - Evidence shows a good standard

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans, and responsibilities for people in the area. The local authority were system leaders and had developed the Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy (2024). This strategy included shared objectives that were clearly tethered to the local authority's strategy around adopting a preventative approach to social care.

Health partners described how the local authority had helped drive the development of integrated community hubs and the development of preventative community services delivered both through local authority and Better Care Funding (BCF). Staff leaders and partners all highlighted the innovative falls prevention service as a key recent success. They all described how sharing data and information between partners enabled them to build the tool as well as to measure its impact. Data showed the work had positively impacted on hospital admissions, which enabled partners to make the decision to extend the pilot and influenced decisions to develop a similar tool to proactively identify people at risk of cardiovascular disease.

The local authority chaired a number of key strategic partnership boards. These included the Integrated Care Partnership Health and Wellbeing Board, the ICB Population Health Management Oversight Group and the Health Improvement Transformation Group. The local authority also jointly chaired the Primary Care Commissioning Committee and Social Care and Health Assurance Board. As well as the prevention work, we heard how the local authority had been system leaders in driving and developing a new autism strategy, a new dementia strategy, improving digital inclusion and addressing workforce challenges. These initiatives had all delivered improvements which contributed to achieving both the local authority's and partners priorities. Partners spoke positively about the local authority's collaborative approach to overcoming shared challenges and our findings showed partnership relationships were at a mature stage.

A strong relationship with district and housing partners was key to early progress the local authority had made on addressing gaps in care provision. Staff and leaders spoke positively about the relationship they had with partners, in particular how the seven district councils worked together coherently, meaning the local authority could adopt a consistent approach with them all. Leaders described how the implementation of the Supported Housing Regulatory Oversight Act had led to closer partnership working, including the development of a strategic forum which met regularly and closer working on the frontline between commissioning teams and housing.

Leaders and staff regularly met partners, planners, and housing developers to support the development of new independent living models. Staff and leaders said planning decisions could sometimes be a challenge but the regularity of meetings and forums allowed opportunity to problem-solve. This had led to 58 new places opening up in 2025 and 318 places across new developments being in the pipeline. This represented significant progress but also showed it would take time to deliver on this shared objective.

Partnership working with partners supported the local authority in improving their performance in relation to occupational therapy (OT). The local authority was represented at a strategic group with seven district councils to review disabled facilities grant (DFG) decisions and share learning. Staff and leaders told us about being flexible and viewing both partners' OT waiting lists as a shared waiting list. This meant local authority staff picking up district cases when they had waited longer than those on the local authority waiting list, and vice versa.

Leaders, staff and partners also told us how strong relationships had led to the development of services or processes to improve approaches to prevention, safeguarding or homelessness. Our findings showed these were mature relationships in which there was trust and a good understanding of each other's priorities and challenges.

Health partners were also key to delivering Care Act duties in relation to OT and the local authority chaired the health and social care OT meeting, which brought partners together to discuss performance, themes and best practice. The local authority and partners delivered some of their OT functions under a section 75 agreement. A section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners.

The local authority had integrated a variety of functions under a section 75 agreement, such as equipment, admission avoidance and community hubs. There was a director who oversaw integrated approaches, jointly funded by the local authority and health partners as part of a section 75 agreement.

There was a shared strategic approach to integration agreements, which were reviewed regularly to align with current priority areas. Leaders told us the Section 75 agreements had been updated to focus on prevention, including the new neighbourhood team models. Leaders and partners talked about sharing information around performance and there had been recent work by all partners to self-assess themselves to ensure accountability for performance and share learning.

Arrangements to support effective partnership working

When the local authority worked in partnership with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. For example, the local authority and health partners had recently set up an urgent care co-ordination hub which partners said had been seen as the 'best in the country'. The hub included co-location of staff from several partners including the local authority, integrated care board (ICB), GP and care providers.

Arrangements to support partnership working were advanced and we heard about a variety of examples of arrangements being in place which the local authority and partners were bought into. For example, leaders told us the 'district direct' model, which was chaired by elected members and leaders and brought together partners such as the VCS, ICB, and Healthwatch to address inequalities and steer resources using public health data. In another example, health partners had recently co-located a nurse and paramedic with the local authority's people from abroad team to ensure people seeking asylum had their health needs met in a timely way.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. The local authority and partners used Better Care Funding (BCF) to commission reablement services, which were predominantly delivered through Norfolk First Support (NFS). BCF funding was also used to deliver on shared strategic priorities around prevention and a 24 hour urgent support community service. There were governance structures in place to monitor this through shared action plans and measures, which were overseen by the Health and Wellbeing Board. The local authority had recently reviewed 60 BCF funded schemes to understand their impact.

There were governance arrangements in place to monitor and measure the impact of BCF work, which was overseen by the health and wellbeing board. The local authority and partners used data to target BCF and measure its impact, such as recent impacts showing a reduction in delayed hospital discharge, increase in use of reablement, improved winter planning that led to no waits for homecare in winter 2024.

There was good partnership working on the front line. Staff in hospital discharge or mental health teams described good working relationships with their health counterparts, with good understanding of each other's roles and expectations. Staff said discussions about shared or health funding were constructive with fair challenge. Health partners and staff both said the introduction of health system one, a shared database allowing local authority staff and health access to some records, had been impactful in both improving information sharing and making processes more efficient.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. For example, the local authority and partners shared data to measure the impact of partnership working and we saw multiple examples of this. Around hospital discharge, there were a variety of initiatives funded through BCF which had ensured the local authority and partners were on target to meet key performance indicators around the timeliness of hospital discharge and admission avoidance. For

example, the Caring for Better Outcomes scheme had used BCF monies to expand the reablement capacity for local people leaving hospital. A pilot was launched in December 2023 and expanded in October 2024, supporting an additional 482 people to maintain or improve their independence.

Partners told us joint strategic work included the launch in 2024 of a joint health inequalities commitment and contributed toward the local authority's Ageing Well strategy. Senior leaders told us how partnership working was improving people's access to digital advice and information through the Digital Transformation Strategic Roadmap which included shared cared records, population health data management, and digital inclusion work in local communities. The Norfolk Initiative for Coastal and Rural Health Inequalities programme established workforce intelligence networks across the ICS through 'world café' discussions and newsletter publications for frontline teams.

People told use how community initiatives provided positive outcomes for their care and support needs. For example, tailored physical exercise activities for people accessing mental health services improved people's physical and mental wellbeing whilst providing opportunities for advice and signposting to further support options.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and community sector (VCS) partners to understand and meet local social care needs, but feedback from partners about partnership working was mixed. Partners said local authority representation on certain or local boards was limited, whilst other partners described this as an area of strength. VCS partners feedback about funding was also mixed, some described difficulty making up shortfalls whilst others told us they felt funding processes were fair and enabled them to deliver what they had been commissioned to do.

The local authority had developed commissioning principles for partners and staff described working with small local groups as well as larger VCS providers to develop provision in communities in response to demand. The local authority had worked with health partners and a neighbouring local authority to develop a community support service to help people when they were discharged from hospital or when they needed support within the community. The local authority told us how this service supported around 2000 people per year and had impacted positively on older people living alone and those from more deprived communities within the borough.

The local authority were part of the Voluntary, Community and Social Enterprise (VCSE) Assembly Board's which worked to develop integrated approaches, partnerships, and place-level and themed projects. The local authority supported partners with tools to recruit more volunteers.

Theme 3: How the local authority ensures safety within the system

This theme includes these quality statements:

- *Safe pathways, systems and transitions*
- *Safeguarding*

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score:

2 - Evidence shows some shortfalls

What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority understood the risks to people across their care journeys and there were systems and processes in place to assess and mitigate risks. However, partners told us about instances where people had to remain in unsafe placements longer than their notice period because of no alternative options to move them on. The local authority was aware of the need to increase options for people and had increased capacity in the care market to reduce the likelihood of this happening again in the future. However, this work was still ongoing at the time of our assessment.

The local authority had systems and processes to provide oversight of safety, including data shared between partners. There was a governance structure in place which routinely monitored data and quality measures to understand performance when it came to safety and learning was shared across teams and at a senior level. The local authority told us this included performance data, feedback from people or partners and quality audit reviews. Staff and leaders were able to tell us about themes identified in safety reviews, such as recent work to respond to a safety alert around bed rails which the local authority led on and shared with health partners. However, the gaps in care provision sometimes impacted on safety in the system because it meant people remained placed in inappropriate

placements longer than the notice periods within contracts. The local authority was undertaking extensive work to address this systemic issue, but the feedback from partners showed the remaining gaps were sometimes impacting on the safety of some pathways.

Safety during transitions

Care and support interventions were planned and organised with people, together with partners and communities, in ways that ensured continuity in care. This included referrals, admissions, and discharge, as well as transitions between services.

The local authority had a well-defined process for young peoples' transition from children's to adults' services. People and partners spoke positively about their experiences of this pathway. Unpaid carers said this process had been handled well and this matched our observations of care records we reviewed. Partners said people benefitted from a process that started early and staff who supported families at a time of potential anxiety.

The local authority had a 'preparing for adult life' team who worked with people from the age of 14. Records showed work took place in a planned way, involving partners at the right time and centered on the person and their family's wishes throughout. Staff told us about supporting young people in considerate and personalised ways, alleviating worry and often responding to complex family dynamics.

Hospital discharge was usually timely and coordinated. Staff coordinated support with health and voluntary and community sector (VCS) partners to meet people's needs holistically. Health partners described positive performance in hospital discharge following improvement work undertaken over the previous 3 years. Data showed reductions in delays due to access to care provision as well as increased access to reablement and community support which staff said contributed to smooth hospital discharge. There was still room to increase reablement capacity, which the local authority was continuing to undertake at the time of our assessment.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. The local authority monitored placements of people placed outside of the county and ensured these people received regular, timely reviews. Staff told us they carried out additional checks at review when people were placed outside of the local area, including liaising with host local authorities and using CQC reports to understand quality. The local authority also regularly worked with neighbouring local authorities around transitions across borders.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios. Plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing.

There was a detailed preparedness plan in place to respond to provider failure and this had been updated in response to learning from a supported living provider leaving the market in 2023, which was the first provider failure of its type in the county. The local authority had in-house services it had earmarked to respond in the event of sudden closure and we saw examples of where this had been used effectively to ensure continuity of care.

Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support. Staff and partners told us people's needs were always met in the first instance, even where discissions related to funding were ongoing. Staff and leaders described constructive and pragmatic responses to these situations.

Safeguarding

Score:

2 - Evidence shows some shortfalls

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were systems, processes, and practices in place to ensure people were protected from abuse and neglect, but data showed improvement work was only recently taking effect. National data from the Adult Social Care Survey for 2023/24 showed 90.75% of people who use services said that those services made them feel safe and secure. This was somewhat better than the England average (87.82%). National data from the Survey of Adult Carers in England for 2023/24 showed 80.00% of carers felt safe. This was similar to the England average (80.93%).

Feedback about the local authority's systems and processes was mixed. Whilst some partners told us about positive experiences of safeguarding where they received a timely response and learning was shared, other partners described not always receiving a response or any outcome to referrals they had made. They said this meant there were sometimes missed opportunities to share learning from concerns they raised.

Provider partners told us they often had to wait to hear back from the local authority after raising safeguarding concerns. The local authority told us they received high volumes of safeguarding referrals which did not meet the threshold for safeguarding and they were undertaking work to educate partners. This included the introduction of a new portal which would make it easier to receive and share information with partners who made referrals.

The local authority had commissioned an independent review into their safeguarding processes in January 2023 and 3 follow-up reviews had taken place since then. The final follow-up review was January 2025 and the local authority had implemented the recommendations by the time of this assessment. These included improving how safeguarding was triaged, providing additional support to staff, increasing oversight of performance and raising the profile of the support offered by the safeguarding team.

Staff and leaders told us these measures had improved clarity on how to prioritise risk and reduced waiting lists but confirmed that high risk referrals had always been acted upon immediately before the improvement work was implemented. Staff told us they worked in a risk-based way but also said people who were placed with providers could be deemed lower risk and may not receive an immediate response. This meant partners and people who they supported did not receive timely clarity about the outcome of referrals they made that did not meet the threshold for safeguarding.

Local authority data showed in the 12 months to June 2025, 15% of safeguarding referrals received from providers progressed to an enquiry. The local authority carried out an analysis of 44 referrals received in one day and 6 of them met the threshold for a section 42 enquiry. Those that did not meet the criteria were incidents such as falls or medicines errors. Local authority data for the 12 months to June 2025 showed 42% of referrals went on to become section 42 enquiries.

The local authority told us they had identified a need to improve their approach to feedback to providers when concerns were raised that did not meet the threshold for safeguarding. They told us about engagement work they had undertaken with provider forums, providing training and the introduction of new staff lead roles specifically to work with provider partners around this. They were also introducing changes to their portal to make it easier to share learning in a timely way. However, the feedback we received showed responses to these concerns were not always timely.

The local authority worked with the Norfolk Safeguarding Adults Board (NSAB) and partners to deliver a coordinated approach to safeguarding adults in the area. The NSAB monitored safeguarding performance and themes and used these to inform strategic priorities. The NSAB strategic plan for 2023-26 focused on preventing neglect and abuse, managing concerns, and learning to shape future practices. Partners said the NSAB received data on a quarterly basis and described a transparent and accountable approach from the local authority. Leaders and staff described a variety of tools developed in response to NSAB priority areas, such as training materials for providers and toolkits around self-neglect.

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place so that concerns were raised quickly and investigated without delay. Staff said there was good partnership working and they often worked with health partners or police to respond to concerns. Partners described a collaborative and timely approach to safeguarding concerns raised by health partners.

All staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. Staff told us about good access to training and support, including regular mandatory training appropriate to their roles. For example, staff who answered the phones spoke positively about the level of training they had, to enable them to identify potential safeguarding concerns and make timely referrals to the safeguarding team. Social work staff who undertook safeguarding investigations received more intensive ongoing training to support them in these roles. Partners also provided positive feedback about safeguarding training available to them.

The local authority performed well in national measures regarding training for safeguarding and the Mental Capacity Act. National data from the Adult Social Care Workforce Estimates (ASCWE) for 2023/24 showed 48.12% of independent/LA staff completed MCA DoLS training. This was significantly better than the England average (37.58%). National data from the ASCWE also showed 60.90% of independent/LA staff completed safeguarding adults training. This was significantly better than the England average (48.70%).

Responding to local safeguarding risks and issues

There was understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. Staff and leaders gathered and shared information about safeguarding themes. Staff told us these often prompted reflective discussions in team meetings as well as targeted training in response to themes.

The Norfolk Safeguarding Adults Board (NSAB) shared learning about local safeguarding risks and issues across partners. Partners said they received data which contained good detail on themes of safeguarding referrals from the local authority that enabled the NSAB to make informed decisions about local risks and priorities. Partners said they received regular updates through the NSAB and could access training and tools developed by the local authority to support them to respond to local safeguarding issues and risks.

Lessons were learned when people experienced serious abuse or neglect and action was taken to reduce future risks and drive best practice. Where there were safeguarding adults reviews (SARs), the learning was shared from these. Leaders said there was continuous work through the NSAB to ensure learning from SARs was always embedded and monitored across partners.

There had been 4 SARs published in the 12 months to June 2025 and in these there was learning and recommendations shared between partners following each case. Partners told us about learning from SARs, such as a recent SAR that had prompted training for frontline staff around skin integrity and equipment at hospital discharge. In another example, staff told us about training and tools they received to record where people lived alone, to ensure their safety. SARs and outcomes were published on the NSAB website and disseminated across partners and staff at the local authority through meetings, learning events and updates.

The local authority worked closely with the police, housing, health and VCS partners to raise awareness of local issues and risks such as country lines, cuckooing, and financial abuse. Partners described a joined-up approach in which NSAB was a central point of oversight and accountability. We saw evidence of awareness campaigns, tools and training being developed to support partners in these areas.

Responding to concerns and undertaking Section 42 enquiries

There was clarity on what constituted a section 42 enquiry amongst staff and leaders, but there was work underway to improve awareness amongst partners. The local authority identified they were receiving high volumes of referrals that were not safeguarding. Local authority data showed that in 2024, 43.1% of concerns received met the threshold for a section 42 enquiry and 12% were repeat alerts. Staff and leaders described work being undertaken directly with partners and through the NSAB to ensure partners understood how and when to raise a concern.

Safeguarding adult concerns came through a variety of routes, usually email or telephone. Staff who answered the local authority's telephones were trained to identify potential safeguarding concerns and these staff described how they would often hold a discussion with a practitioner if there was a potential concern. Safeguarding concerns were passed to the local authority's safeguarding adults team who triaged them and identified whether they met the threshold for a section 42 enquiry. A section 42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. Managers in frontline teams also made these decisions and could consult with the safeguarding team.

If the person was known to a local authority team then that team took the lead on undertaking the section 42 enquiry, which was the case for most safeguarding referrals. The local authority told us every adult safeguarding concern had input from a manager or practice consultant, to support staff with decision making at the initial review stage. Before staff closed any safeguarding, the decision was also reviewed by a manager. The local authority monitored quality and performance through audits and data dashboards, which monitored the timeliness of safeguarding across teams. Staff told us they received support in making consistent and timely decisions.

Staff told us they were able to action safeguarding referrals in a timely way and they had time to undertake this work. The local authority told us all safeguarding referrals were triaged within 1 hour and allocated promptly. Local authority data for May 2025 showed safeguarding was always allocated the same day. The data also showed that 81.9% of people had interim measures put in place within 3 days, in line with the local authority's process and expectation that staff would make efforts to reduce risk within the first 3 days, whilst gathering information and evidence about the concern. The same data showed 96.2% of people overall had interim measures in place whilst enquiries were conducted. Data showed staff had also gathered information and made a decision about whether to progress to a section 42 enquiry within 3 days on average. The average time to complete a section 42 enquiry was 127 days. The local authority told us this was a longer average wait than they would like, but they introduced additional oversight and monitoring of cases which were open longer than expected.

The local authority told us they undertook analysis of any section 42 enquiries that took over 90 days to complete and there was additional reporting and oversight of these cases at a senior level. The local authority monitored these through increased reporting through safeguarding managers to senior leadership. They also undertook audits and dip samples to check people were being kept safe. The local authority told us recent audits showed delays were often due to the involvement of other agencies, such as the police, or courts. People were kept under review and if their situation had changed, staff checked to see if any additional measures were required to keep them safe.

The local authority were working to reduce their waiting list of applications to deprive people of their liberty, made under deprivation of liberty safeguards (DoLS). Staff took a risk-based approach to reduce risk. DoLS data was visible on dashboards and provided staff and leaders with oversight of risk and progress. Data showed waiting lists were decreasing over time, from just under 2500 in July 2024 to 2089 by May 2025. In May 2025 the average wait for a DoLS application was 199 days, but staff and leaders described a risk-based approach in which higher-risk cases, such as those where the person objected to the placement or was expressing a wish to leave, were treated urgently. Staff followed a nationally recognised tool to understand risk but our findings showed work to reduce waiting times had not yet achieved the local authority's ambitions.

Making safeguarding personal

People's experiences of making safeguarding personal (MSP) were mixed. Partners said people they worked with did not always receive feedback or a response to safeguarding concerns that were raised. Partners described more than one example of local authority staff not speaking to the person subject to potential abuse, or requesting their desired outcomes, in a timely way.

Staff told us they worked with people and identified their preferences in relation to safeguarding at the start of the process. Leaders said data was monitored through dashboards to check people's wishes were documented and then that these had been met. Staff also described taking steps to ensure people's voices were heard, including using communication tools and spending time with people to understand what was important to them. National data from the Safeguarding Adults Collection for 2023/24 showed 94.74% of individuals lacking capacity were supported by an advocate, family, or friend. This was better than the England average (83.38%).

An annual report by Norfolk Safeguarding Adults Board (NSAB) dated 1 April 2023 to 31 March 2024 included analysis of how well the local authority identified and met the preferred outcomes of people subject to safeguarding. The report showed 83.4% of people were asked their preferred outcome at the start of a s42 enquiry, and 94.9% of outcomes were met.

Theme 4: Leadership

This theme includes these quality statements:

- *Governance, management and sustainability*
- *Learning, improvement and innovation*

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score:

2 - Evidence shows some shortfalls

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management and accountability arrangements to provide oversight of the delivery of Care Act duties. People we spoke to said they had not had to raise any issues with the leadership but felt their links with social work staff were good. Partners said it could be difficult to know who to contact to influence decision-making because of changes in leadership roles.

There was a new adult social care leadership team with clear roles, responsibilities and accountabilities but some of these roles were held on an interim basis while recent changes to structure became embedded. There had been significant progress made in addressing challenges, but these were not yet consistently embedded. Leaders were visible, capable and compassionate. Staff feedback about senior leadership was consistently positive, they described leaders as visible and accessible. We saw evidence of engagement events and learning in which leaders had collaborated with frontline staff to understand their experiences.

There had been changes to the leadership team, including the director of adult social services (DASS) who had been in post since October 2024. Despite having been in post a relatively short time, feedback about the impact the DASS had made, including their approachability and visibility, was consistently positive. The corporate leadership team had been restructured to provide better oversight of Care Act duties and the ongoing improvement work. There had been extensive work to address challenges in areas such as waiting lists, commissioning and safeguarding. Action plans and data showed the local

authority had made progress in all of these areas but had not yet fully achieved their ambitions.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. The local authority had recently changed their data dashboards to provide increased oversight of Care Act duties and measure the impact of improvement activity. Data showed improvement trajectory in waiting lists for assessments and safeguarding as well as reduced delays in finding care provision as strategies were implemented in these areas. However, the improvements in people's experiences were not yet sustained and there was still significant work underway to build capacity in the care market. The local authority was also working to improve their recording systems to make them easier to complete, in response to staff feedback.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and taken into account in decisions across the wider council. Leaders described effective scrutiny. Data was shared with elected members and political leaders to understand performance and we heard how a variety of new strategies and plans were going through political scrutiny at the time of our assessment.

Work was ongoing to improve data visibility to understand performance against all Care Act duties. At the time of assessment waiting times for occupational therapy had only just become measurable at a strategic level and the local authority had not yet fully overcome a challenge around the visibility of unpaid carers within their database.

The principal social worker (PSW) role had recently been re-graded to sit within the directorship and leaders told us this helped ensure social work practice was always core to decision-making. The PSW had influenced and driven change in a number of areas, including improvements to safeguarding practice and changes to how the local authority maintained oversight of quality. There was also a principal occupational therapist (POT) in post who reported to the PSW, who was also director of social work practice. Leaders described how the POT role had been crucial in building strong partnerships with housing leads as well as developing training and support for OT and improving how OT performance was monitored and understood.

The local authority had a good understanding of quality. There were a variety of audits undertaken at team level to check individual practice, as well as audits undertaken across the department to maintain oversight across teams as well as to follow up on thematic issues or challenges. A quality assurance board had recently been set up to provide consistent oversight and identify any themes through triangulating audits, compliments, complaints and feedback from surveys with data. For example, this work had recently led to an increased focus on the experiences of unpaid carers in response to feedback.

Strategic planning

The local authority used information about risks, performance and outcomes to inform its adult social strategies and allocate resources. At the time of assessment, the local authority was implementing its 'Promoting Independence' strategy (2024-2029). Feedback from partners was mostly positive, we heard that the ability to influence strategy had improved in the months prior to our assessment and how partners had recently been involved in work to develop strategies to support autistic people, people living with dementia and at hospital discharge. Leaders described how strategies were tethered to the integrated health and wellbeing strategy. Leaders and partners described a mature relationship in which partners regularly collaborated to deliver in shared priorities.

Alongside this strategy, the leadership team were in the process of introducing a transformation plan designed to outline in detail how they would embed the strategy and overcome challenges. Leaders described how this was designed to run alongside the strategy and it was going through governance at the time of assessment.

Staff were bought into the local authority's strategic direction which helped to ensure timely and consistent implementation of strategy on the front line. Staff articulated the strategic direction well and were able to provide multiple example of how they contributed to its' delivery and the impacts seen so far. For example, staff talked about increasing people's independence, with a focus on developing and building community assets. This showed staff understood the current strategy and gave us a variety of examples of how they enacted it, through community development work and examples of how they had supported people in strengths-based ways. Staff spoke positively about the improvements seen so far, in particular the reduction in waiting times for assessment.

The local authority's corporate and local strategies were coherent with the adults' strategy as well as current risks and issues. For example, there were a variety of commissioning strategies which were underpinned by a need to commission services with a preventative agenda but also responded to challenges around provider quality and capacity in the county. Whilst strategies required time to deliver due to the nature of developing new provision, data dashboards showed the local authority were making progress and increasing capacity. The local authority also used data to ensure they were prioritising the areas of most unmet need, such as to increase options for people with a learning disability within the county.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. The local authority ensured all staff were trained in information security and data protection and there were clear processes in place to ensure people's information as stored safely and only shared with consent.

The local authority also provided information security training to providers, which was a requirement when they commissioned them and checked this as part of quality checks. There had also been work with partners to set up 'health system one' which shared certain information about a person's interactions with partners to provide staff with a holistic view of a person's needs. Leaders and partners described how there had been work undertaken to ensure this was lawful and the appropriate protections of people's information were in place.

Learning, improvement and innovation

Score:

3 - Evidence shows a good standard

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement, but the challenges being addressed around visibility of people's experiences in data created some barriers to continuous learning. For example, whilst the local authority had used data to inform improvement work around waiting lists and safeguarding, the approach to data in understanding occupational therapy waiting times or the experiences of unpaid carers was not yet consistent. The local authority was in the process of addressing these areas and the use of data.

The use of feedback to inform learning was becoming well established. For example, the 'real care deal' initiative was well underway and included coproduction and engagement to draw upon the experiences of people to embed people's experiences into commissioning decisions and communicate outcomes of these in a clear 'you said, we have done' format.

Coproduction was routinely used by the local authority but we heard from partners they did not always feel included. Feedback about opportunities to get involved in co-production was mixed. Partners said they did not always know how to get involved in coproduction work and those that did said it could take a long time for the local authority to act on their contributions. However, other partners gave examples of recent co-production work they were involved in. People we spoke with who were working with the local authority also spoke positively about the local authority's approach to co-production.

The local authority had a detailed co-production policy in place which outlined expectations and principles for co-production. There were a variety of groups who were embedded in co-production such as making it real, Norfolk autism partnership, Norfolk learning disability partnership, and the older people's forum. We observed how co-production was delivered in line with the co-production policy, which highlighted a collaborative approach based on fairness and inclusion. Groups had clear charters that set out people's expectations and how to get the best out of co-production.

People engaged in co-production told us they had engaged in co-producing a variety of new services, processes and strategies. For example, people had worked extensively with

the local authority on the Norfolk All Age Autism Strategy 2024–2029 over one year of co-production, which involved approximately 260 people. Unpaid carers had been involved in the renewal of the commissioned carers service contract through a task and finish group, where their views were included in the contract proposal.

Local authority staff had ongoing access to learning and support. Staff feedback about the training on offer to them was consistently positive and we heard about how staff had been supported to gain professional qualifications, develop specialisms or build their knowledge base.

There was support for continuous professional development. The local authority had a workforce development plan which outlined a number of pathways for staff to develop into leadership roles or specialist areas of social work or occupational therapy. All staff undertook an induction which was specific to their roles and staff gave positive feedback on this and the ongoing training on offer.

A variety of programmes were run through the Norfolk institute practice excellence (NIPE) team; dedicated staff who acted as assessors, mentors and facilitators for staff. The local authority also had links with education providers to develop their workforce and support staff to become registered social workers or occupation therapists through apprenticeship programmes. Staff gave positive feedback about the support they received when they were newly qualified, stating they were given the time and space to learn whilst working. They also said leaders took time to work with them individually and in groups to embed learning. The local authority had a variety of professional development routes. As well as apprenticeships, there was an option for unregistered staff to retain substantive posts whilst undertaking professional training. There was also training for unregistered staff to expand their knowledge, skills and expertise where they did not wish to undertake a professional qualification.

There were robust systems in place to share learning when things went wrong. The local authority used organisation wide learning (OWL) briefings to share learning across the department from a range of sources. Staff and leaders told us how themes were taken from a variety of places, such as safeguarding adult reviews, serious incidents, complaints or coroners reports. These briefings included information about the cases that had been reviewed and where learning points had been identified, staff gave us examples of where these had supported their learning.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improve people's social care experiences and outcomes. The artificial intelligence-led falls prevention tool was spoken about consistently positively by staff, leaders and partners. The initial pilots had shown a positive impact on hospital admissions and outcomes for people. This showed a clear learning culture and had generated enthusiasm amongst staff, leaders and partners which had led to the pilot being extended to cover more districts and the creation of a new pilot to use similar approaches to proactively identify people at risk of cardiovascular disease. This showed a commitment to evaluating new ideas and processes to learn from them and inform strategy.

The local authority had shown innovation in other areas, such as a varied assistive technology offer and the use of technology to improve people’s experiences. Staff and

leaders told us about the use of virtual reality systems to help people visualise housing adaptations, to improve understanding and reduce barriers to making changes in the home. The local authority had been embedding a human learning systems (HLS) approach to innovation and improvement. HLS is an approach to public services that focuses on creating systems which are human, relational, and adaptive. We heard how HLS had been used experimentally to support people to develop skills and access the right partners or equipment to achieve outcomes. HLS had also informed development and delivery of neighbourhood hubs and proactive falls prevention.

The local authority shares learning, best practice and innovation with peers and system partners to influence and improve how care and support is provided. The local authority worked closely with partners and the wider system and were strategically aligned to the health and wellbeing board and their 2024 strategy. Partners spoke positively about a variety of shared initiatives and the local authority's role in delivering on them. For example, partners told us about collaborative work on a nurse leadership scheme in which the local authority had supported in providing placements in social care to help them understand the sector to build understanding in future leaders. Integration was a focus of continuous learning and innovation and the local authority had recently won an award for their integrated OT services.

Staff and leaders engaged with external work, including research, and embed evidence-based practice in the organisation. For example, the local authority's sensory team had recently worked with a university to contribute to a research project exploring digital technologies for the social wellbeing of older adults receiving social care.

The local authority actively participated in peer review and sector-led improvement activity. The local authority drew upon external support to improve when necessary. The local authority had commissioned external reviews to inform improvement activity and had taken up peer challenges to understand itself better. For example, in January 2025 the local authority had commissioned an external review of how it approached safeguarding which had informed how they set up their safeguarding team and had also led to actions around the leadership structure to improve oversight and learning from safeguarding. Leaders described how the learning from external reviews fed into departmental action plans and had informed the strategy and transformation plan, which was going through governance at the time of assessment.

Learning from feedback

The local authority had systems in place to gather feedback and act upon learning from feedback or complaints but feedback from partners was mixed. Partners said they were sometimes able to provide feedback and heard how this had influenced change. People also told us about how their feedback had been used in areas such as to improve accessibility and partners said feedback had informed approaches to commissioning. However other partners said people did not always feel able to raise complaints and that complaints were not always responded to.

The local authority gathered feedback through surveys, complaints or compliments and used these to inform learning and improvement activity. The local authority had recently introduced 'universal feedback' which was a tool to allow the public to provide general feedback about their experiences of adult social care. This had been developed in

collaboration with people and partners and leaders described how feedback gathered through this was informing their understanding of performance in the department and across partners.

There were systems in place to identify themes from complaints and the local authority used these to update and inform staff or encourage reflective learning. For example, there had been a noted theme of complaints relating to hospital discharge and financial assessments and there had been messages disseminated to staff and these had informed work to improve the financial assessment process. Staff told us about this work which showed themes were being passed on as intended by leadership.

Data from the Local Government and Social Care Ombudsman (LGSCO) showed there had been 13 complaints referred to the LGSCO, which was the same as the average for a local authority of this type. The data showed the LGSCO upheld 92.31% of complaints.

The local authority also engaged its workforce to gather and act upon feedback from staff. There were regular staff surveys and events staff contributed their views to and we saw evidence of how these informed improvement work. For example, the 2023 staff survey identified communication and culture as key themes and a 2024 conference highlighted a wish for more visibility from senior leaders. Leaders told us about additional shadowing they undertook alongside staff and increased frequency of in-person contact from working in local offices and being present at more meetings. Improved visibility of senior leadership was a consistent theme we heard about from staff.