Health & Wellbeing Board

Date: **Wednesday 30 October 2019**
Time: **9.30am**
Venue: **Edwards Room, County Hall**

Representing	Membership	Substitute
Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council	Cllr Bill Borrett	
Cabinet member for Childrens Services and Education, NCC	Cllr John Fisher	
Leader of Norfolk County Council (nominee)	Cllr Stuart Dark	
Adult Social Services, NCC	James Bullion	Debbie Bartlett
Borough Council of King's Lynn & West Norfolk	Cllr Elizabeth Nockolds	Cllr Sam Sandell
Breckland District Council	Cllr Sam Chapman-Allen	Cllr Alison Webb
Broadland District Council	Cllr Fran Whymark	Cllr Roger Foulger
Cambridgeshire Community Services NHS Trust	Matthew Winn	
Children's Services, Norfolk County Council	Sara Tough	Sarah Jones
Director of Public Health, NCC	Dr Louise Smith	
East Coast Community Healthcare CIC	Jonathan Williams	Tony Osmanski
East Suffolk Council	Cllr Mary Rudd	Cllr Alison Cackett
Great Yarmouth Borough Council	Cllr Cara Walker	Cllr Donna Hammond
Healthwatch Norfolk	David Edwards	Alex Stewart
James Paget University Hospital NHS Trust	Anna Hills	Anna Davidson
NHS England, East Sub Region Team	Vacancy	
NHS Great Yarmouth & Waveney CCG	Dr Liam Stevens	
NHS Norfolk & Waveney CCGs	Melanie Craig	
NHS Norwich CCG	Tracy Williams	
NHS North Norfolk CCG	Dr Anoop Dhesi	
NHS South Norfolk CCG	Dr Hilary Byrne	
NHS West Norfolk CCG	Dr Paul Williams	
Norfolk Community Health & Care NHS Trust	Josie Spencer	Geraldine Broderick
Norfolk Independent Care	Dr Sanjay Kaushal	
Norfolk Constabulary	ACC Nick Davison	Supt Chris Balmer
Norfolk & Norwich University Hospital NHS Trust	Sam Higginson	David White
Norfolk & Suffolk NHS Foundation Trust	Prof Jonathan Warren	Marie Gabriel
North Norfolk District Council	Cllr Virginia Gay	Cllr Emma Spagnola
Norwich City Council	Cllr Karen Davis	Adam Clark
Police and Crime Commissioner	Lorne Green	Dr Gavin Thompson
Queen Elizabeth Hospital NHS Trust	Caroline Shaw	Prof Steve Barnett
South Norfolk District Council	Cllr Yvonne Bendle	Cllr Florence Ellis
Sustainability & Transformation Partnership (Chair)	Rt Hon Patricia Hewitt	
Sustainability & Transformation Partnership (Executive Lead)	Melanie Craig	
Voluntary Sector Representative	Jonathan Clemo	
Voluntary Sector Representative	Dan Mobbs	Laura Bloomfield
Voluntary Sector Representative	Alan Hopley	

Persons attending the meeting are requested to turn off mobile phones.
For further details and general enquiries about this Agenda please contact the Committee Administrator:
Hollie Adams on 01603 223 029 or email: committees@norfolk.gov.uk

Health & Wellbeing Board

Wednesday 30 October 2019
Agenda
Time: 9:30am to 1:00pm

1.	Apologies	Clerk	
2.	Chairman's opening remarks	Chair	
3.	Minutes	Chair	(Page 3)
4.	Actions arising	Chair	
5.	Declarations of interests	Chair	
6.	Public Questions (How to submit a question) Deadline for questions: **9am, Monday 28 October 2019**	Chair	
7.	Norfolk & Waveney System Plan for Health and Care 2019-2024 **(Presentation)**	Patricia Hewitt & Melanie Craig /Jocelyn Pike	(Page 13)
8.	Norfolk and Waveney Sustainability and Transformation Partnership Update	Patricia Hewitt & Melanie Craig /John Webster	(Page 20)
9.	System Winter Resilience Planning	Melanie Craig & James Bullion/ James Bullion & Ross Collett	(Page 41)
10.	Homes and Health – End of Year Report	Yvonne Bendle/ Jamie Sutterby	(Page 46)
11.	Mental Health Inappropriate Out of Area Placements **(Presentation)**	Jonathan Warren	(Page 54)
12.	Prevention and Early Diagnosis Opportunities for Cancer **(Presentation)**	Patricia Hewitt & Melanie Craig /Dr Linda Hunter & Maggie Tween	(Page 57)
13.	Norfolk's Review of Children's Safeguarding Governance Arrangement - MASA (Multi Agency Safeguarding Arrangements) Plan	Sara Tough/ James Wilson & Abigail McGarry	(Page 59)

Information updates

Merger of the five Norfolk and Waveney CCGs You Said We Will (October 2019)

Joint Health and Wellbeing Strategy Action and Delivery Plan

Norfolk Health and Wellbeing Board LGA Case Study

Further information about the Health and Wellbeing Board: can be found on our website at: About the Health and Wellbeing Board

Health and Wellbeing Board
Minutes of the meeting held on 10 July 2019 at 9.30am
at the Abbey Conference Centre, Norwich

Present:	**Representing:**
Cllr Bill Borrett	Adult Social Care Committee, Norfolk County Council (NCC)
James Bullion	Adult Social Services, NCC
Cllr Elizabeth Nockolds	Borough Council of King's Lynn & West Norfolk
Cllr Karen Davis	Norwich City Council
Chris Balmer	Norfolk Constabulary
Sara Tough	Children's Services, Norfolk County Council
Dr Louise Smith	Director of Public Health, NCC
Cllr Virginia Gay	North Norfolk District Council
Cllr Fran Whymark	Broadland District Council
Cllr Alison Cackett	East Suffolk Council
Tracy Williams	NHS Norwich CCG
Cllr Penny Carpenter	Norfolk County Council
Prof Jonathan Warren	Norfolk and Suffolk NHS Foundation Trust
Steve Barnett	Queen Elizabeth Hospital NHS Trust
Steve James	Breckland District Council
Cllr Yvonne Bendle	South Norfolk District Council
Rt Hon Patricia Hewitt	Sustainability & Transformation Partnership (Chair)
Jon Clemo	Voluntary Sector Representative
Geraldine Broderick	Norfolk Community Health and Care NHS Trust

Officers Present:	
Hannah Shah	Public Health Policy Manager
Nicola Ledain	Committee Officer, NCC

1. Apologies

1.1 Apologies were received from Cllr John Fisher, Matthew Winn, Marie Gabriel, Nick Davison (substituted by Chris Balmer), Marie Rudd (substituted by Alison Cackett), Josie Spencer (substituted Geraldine Broderick), Mark Davies (substituted by Jon Green, Caroline Shaw (substituted by Prof. Steve Barnett) and Sam Chapman-Allen (substituted by Steve James).

1.2 Also absent were Dr Hilary Byrne, Dr Anoop Dhesi, David Edwards, Lorne Green, Anna Hills, Alan Hopley, Dr Sanjay Kaushal, Dan Mobbs, Dr Liam Stevens, Cllr Cara Walker, Dr Paul Williams and Jonathan Williams.

2. Election of Chairman

2.1 Cllr Bill Borrett was duly elected for the ensuing year.

3. Election of vice-Chairman

3.1 Cllr Yvonne Bendle and Tracy Williams were elected as Vice-Chairs for the ensuing year.

4. Chairman's Opening Remarks

4.1 The Chairman invited introductions round the table.

5. Minutes

5.1 The minutes of the meeting held on the 24 April 2019 were agreed as an accurate record and signed by the Chairman.

6. Actions arising from minutes

6.1 Page 6, Paragraph 9.3, 2nd bullet; Better Care Fund: The guidance for the Better Care and Integration Plan for transition year 2019-20 was still awaited. It was noted that it was unlikely that there would be any further news until the outcome of the Conservative leadership contest was known.

6.2 Page 6, Paragraph 9.3, 4th Bullet; Better Care Fund: In April 2019 a letter was sent from the Chairman to the Secretary of State and Minister for Social Care expressing the Board's hope that the Better Care Fund would continue into 2020.

6.3 Page 7, Paragraph 10.3. 1st – 3rd Bullets: Homes and Health: A marketing and communications plan is in development to promote the programme more broadly and target eligible fuel poor Norfolk residents. The discharge from hospital service (led by South Norfolk DC) business case was taken to Joint Strategic Commissioning Executive (JSCE) and it has been agreed to place as a QIPP project.

6.4 Page 8, Paragraph 11.3, 1st – 4th Bullets: HWB Governance: Proposed changes to the governance arrangements were agreed by Council.

7. Declarations of Interests

7.1 Cllr Penny Carpenter declared an interest as a member of the Sustainability and Transformation Partnership (STP) and a nominated Governor for the James Paget Hospital.

8. Public Questions

8.1 No public questions were received.

9. Health and Wellbeing Board Governance Update

9.1 The Health and Wellbeing Board (HWB) received the report (9) which highlighted the changes to the Clinical Commissioning Groups' (CCGs) executive arrangements, with the establishment of a single Accountable Officer, and invited Board members to ratify an amendment to its membership.

9.2 There was concern expressed that with the changes, there would be fewer representatives from each of the individual CCG areas. It was noted as important to have a breadth of representation to reflect the different needs of local areas.

9.3 It was noted that the five Chairs of the Clinical Commissioning Groups would still be members of the HWB.

9.4 The Health and Wellbeing Board **AGREED** to ratify the decision of the HWB Chair and Vice-Chair Group to change the representation of the CCGs' executive membership to reflect the recently appointed single Accountable Officer.

10. Area Special Educational Needs and Disabilities (SEND) Strategy

10.1 Sara Tough, Executive Director of Children's Services, introduced the report (10) which presented the strategy for Special Educational Needs & Disability (SEND):

- Legislative changes made in 2014 with the Children and Families Act brought about new reforms for Area SEND to enable local authorities, schools and health to become more joined up.
- A wide range of organisations, working with carers and parents, were consulted over the past 12 months.
- Feedback was being sought during June-July 2019 from partners and stakeholders (including the HWB), after which it would be refreshed over the summer holiday period for full publication for 1 September 2019.

10.2 Michael Bateman, SEND and AP Transformation Lead, gave a presentation on the SEND Strategy (presentation can be viewed via this link).

10.3 It was noted that implementation of the Strategy is supported by an associated action plan and multi-agency steering group that reports into the Children's Committee and then into the HWB. The annual refresh will be a critical element of monitoring implementation.

10.4 The Health and Wellbeing Board:
a) **PROVIDED** comment and feedback regarding the Area SEND Strategy as part of a current 6-week consultation with all partners and stakeholders
b) **AGREED** to receive a report, at least annually as part of the annual refresh of the strategy, to contribute to monitoring of improvement and impact
c) **ENDORSED** the Area SEND Strategy and promote within member organisations.

11. Norfolk and Waveney Adult Mental Health Strategy

11.1 Dr Tony Palframan, Chair Norfolk and Waveney Mental Health STP Forum, introduced the report (11) on the Norfolk and Waveney Adult Mental Health Strategy which sets out a long-term vision for mental health services available locally, and what is needed to do to get there.

11.2 During discussion the following points were noted:

- The focus on prevention and the approach to supporting those in crisis was welcomed by Board members. It was also noted that the HWB had successfully signed up the Mental Health Prevention Concordat.
- The operational details as to how the wellbeing hub would operate from day to night, were being worked through. Surrey had a similar set up which had been operating for 8 years, so lessons were being learnt from this example.
- It was commented that GP practices were overwhelmed and that this would provide a welcome opportunity to do things in a different way, with the Cambridge PRISM model being closely analysed (A model for mental health in General Practice).
- A joint communications approach between Norfolk County Council and the STP was being explored to support information sharing.

11.3 The Health and Wellbeing Board **CONSIDERED** what additional actions partners could take, both collectively and individually, to support the implementation of the Norfolk and Waveney Adult Mental Health Strategy.

12. Norfolk and Waveney Sustainability and Transformation Partnership Update

12.1 The Board received the report (12) which updated members of the HWB on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in April 2019.

12.2 The STP Chair, Rt Hon Patricia Hewitt, introduced the report highlighting that each system would be developing a 5-Year Plan setting out local priorities to improve health and care services, and deliver the NHS Long Term Plan.

12.3 During discussion the following points were noted:

- The initial draft of the 5-Year Plan needed to be submitted in September, with the final submission in November. Although this was a challenging national timescale, it was noted that engagement had been carried out by Healthwatch Norfolk (HWN) in preparation and following the draft submission there would be time to receive further responses.
- On 31st July a stakeholder event will take place to support this; HWB members' support and attendance would be welcomed.
- Norfolk and Waveney were performing well with the developments of the 17 Primary Care Networks covering five localities. Clinical directors were now in place who will need to engage with district councils and the voluntary sector.

12.4 The Health and Wellbeing Board;

a) **CONSIDERED** what additional actions partners could take, both collectively and individually, to support our health and care system to address the financial challenge we face.
b) **AGREED** to assist with building awareness of our 17 Primary Care Networks across Norfolk and Waveney, and support with their continued development.

13. Autism Strategy Update

13.1 James Bullion, Executive Director of Adult Social Services, introduced the report (13) which provided an update on the Norfolk All-Age Autism Strategy.

13.2 Amanda Dunn, Assistant Director of Learning Disability and Autism, outlined the process to put in place a Norfolk autism strategy to support the implementation of the Autism Act (2009) National Autism Statutory Guidance (2016). This had culminated in the co-production of the Strategy 'My Autism, Our Lives, Our Norfolk' with the autism community and their families.

13.3 The Board asked if the 'Autism Awareness E-learning' link could be shared, and this would be done (included as **Appendix A**).

13.4 The Health and Wellbeing Board **AGREED;**

a) The autism strategy 'My Autism, Our Lives, Our Norfolk'.
b) That all Health and Wellbeing Board members embed the strategy within their own organisations, for example by promoting participation in autism training.
c) That all Health and Wellbeing Board members complete the Autism Awareness e-learning training themselves and campaign to increase its use across the partnership.

14. Physical Health Checks for Adults with a Learning Disability

14.1 The Board received the report (14) which presented to members of the HWB what could be done to help increase the uptake of annual health checks for people with a learning disability.

14.2 Sadie Parker and Parveen Mercer, Associate Directors of Primary Care, gave a presentation (presentation can be viewed via this link) stating that the item had been brought to the meeting following a request from the Board for more information about how members are able to encourage/support provision and raise awareness of Physical Health Checks for Adults with a Learning Disability across the county.

14.3 The HWB was asked to initiate an outcome-oriented discussion on the opportunities to encourage/support provision and raise awareness of Physical Health Checks for Adults with a Learning Disability across the county.

14.4 During discussion the following points were noted:

- Members commented that changing the language of 'Learning Disabilities Health Check' could help to increase uptake as this was not a term used by all those who were eligible. It was noted that this should considered locally as well as nationally.
- District councils would be pleased to work with the service to use some of their venues to help facilitate health checks if patients don't wish to attend the GP for a Health Check.

14.5 The Board acknowledged that the clarity around what everyone was expected to do was helpful, with partners acknowledging the actions required.

15. Joint Health and Wellbeing Strategy 2018-2022 Implementation Update

15.1 Chris Butwright, Head of Performance & Delivery - Public Health, introduced the report (15) which introduced a proposed Strategy Action and Delivery Plan, based on the agreed Strategic Framework and an approach to acknowledging contributions of excellence through the establishment of an HWB Chairman's Award.

15.2 The Health and Wellbeing Board:
a) **AGREED** the draft Implementation Action & Delivery Plan and to commit to working jointly to develop action to deliver the Strategy, as agreed by the Board.
b) **AGREED** the approach to establishing the HWB Chairman's Award.

The Meeting closed at 12 noon.

Bill Borrett, Chairman,
Health and Wellbeing Board

IN TRAN
communication for all

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APPENDIX A

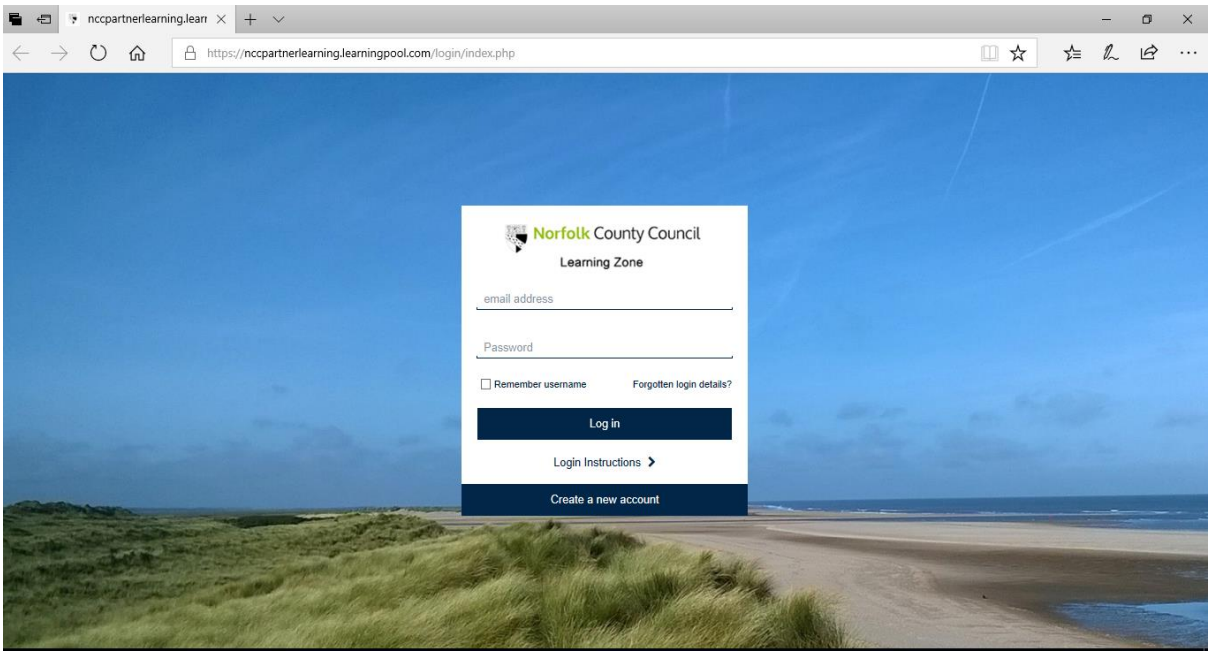
Crib sheet for Autism Awareness External eLearning

1. You can access the Autism Awareness eLearning by holding the 'ctrl' button and clicking on the link below with the left button of the mouse:

URL: nccpartnerlearning.learningpool.com

note Please use internet explorer as there are issues with other web browsers. If the link opens in a different web browser, copy the link by highlighting it and pressing the right mouse button and left click 'copy'. Open internet explorer, right click in the search bar at the top of the screen and right click to give the options menu, then left click 'paste' and press the enter key.

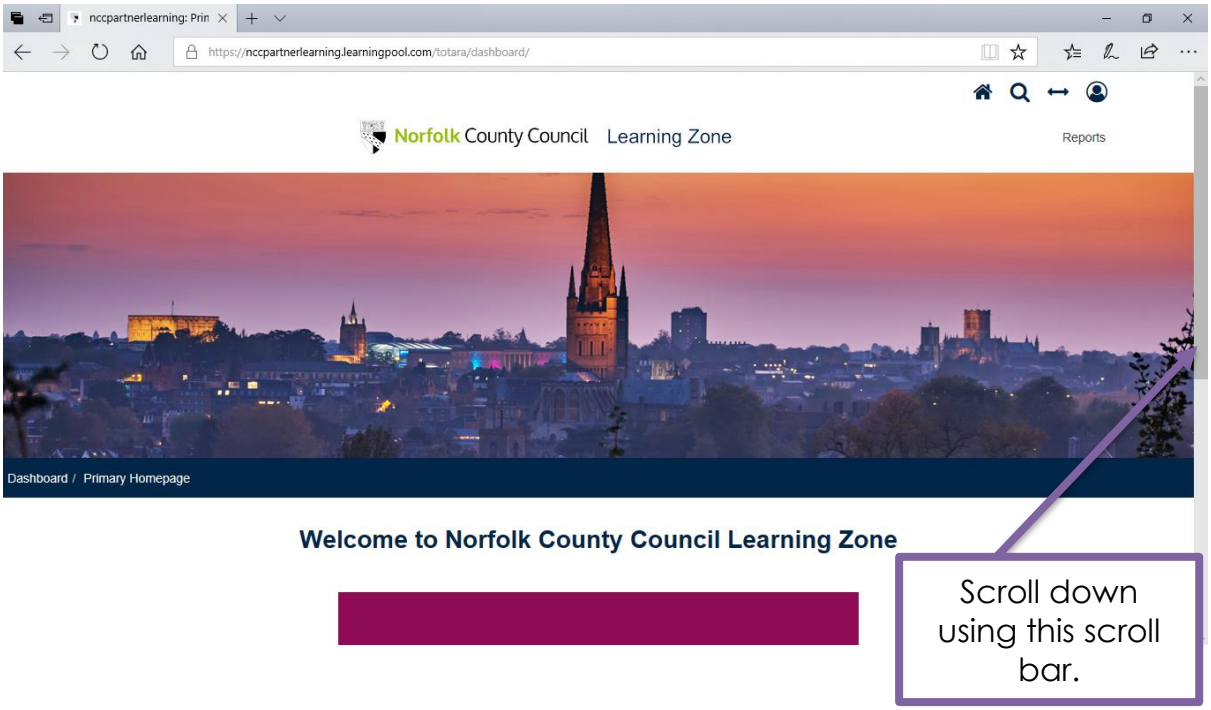
2. You should be presented with a screen like this:



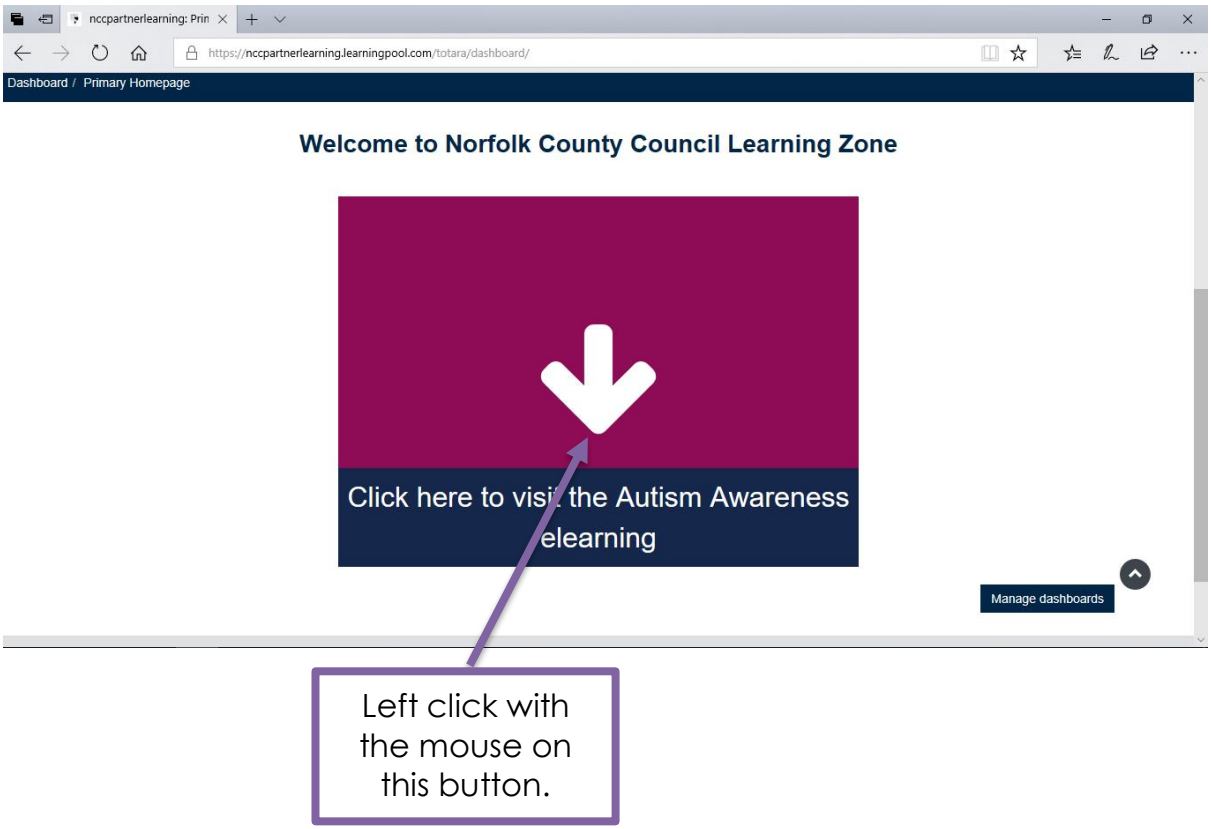
Enter the information below into the email address and password to access the Learning Zone:

Email address	demouser
Password	Welcome1!

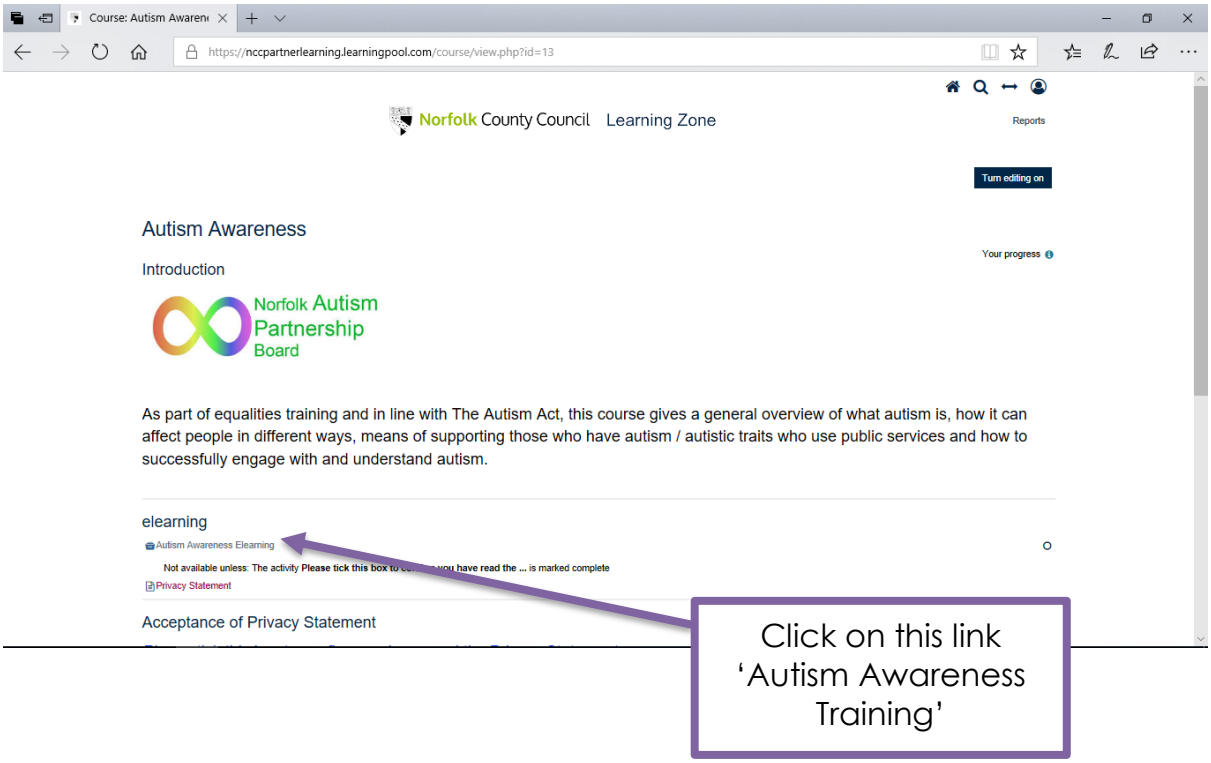
3. You should be presented with this screen:



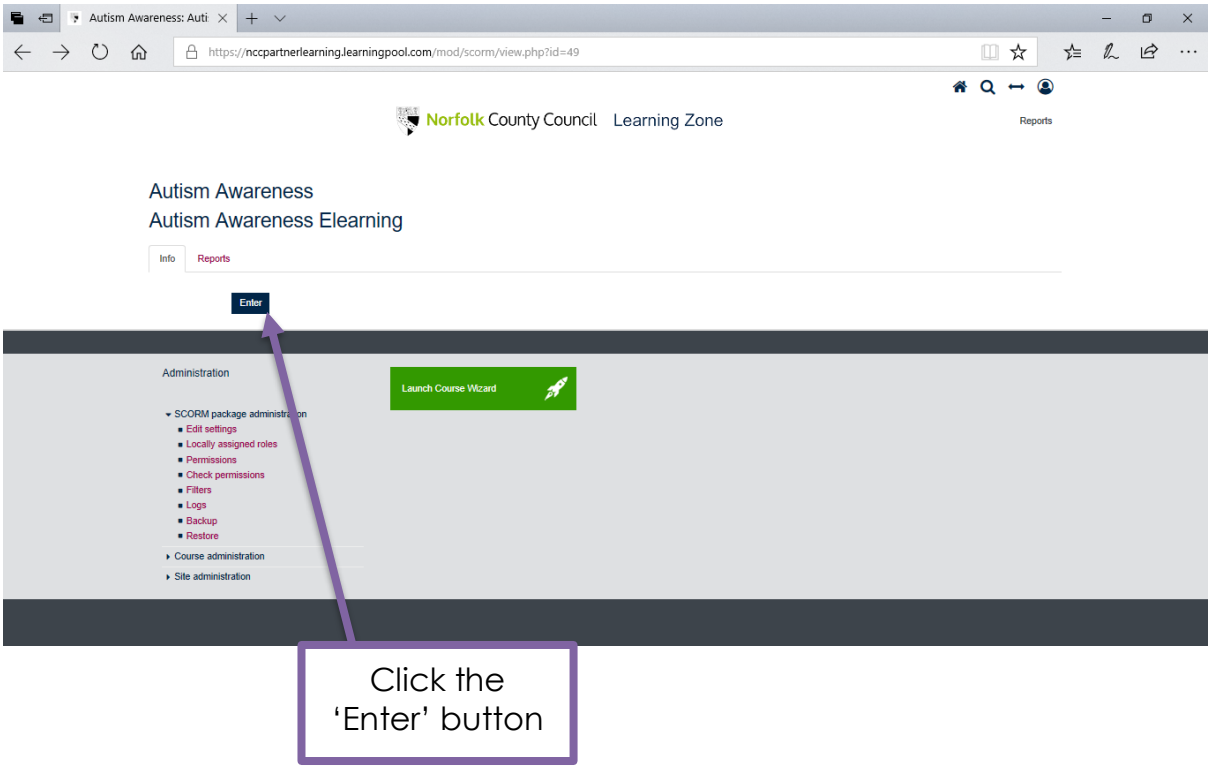
You should then see this:



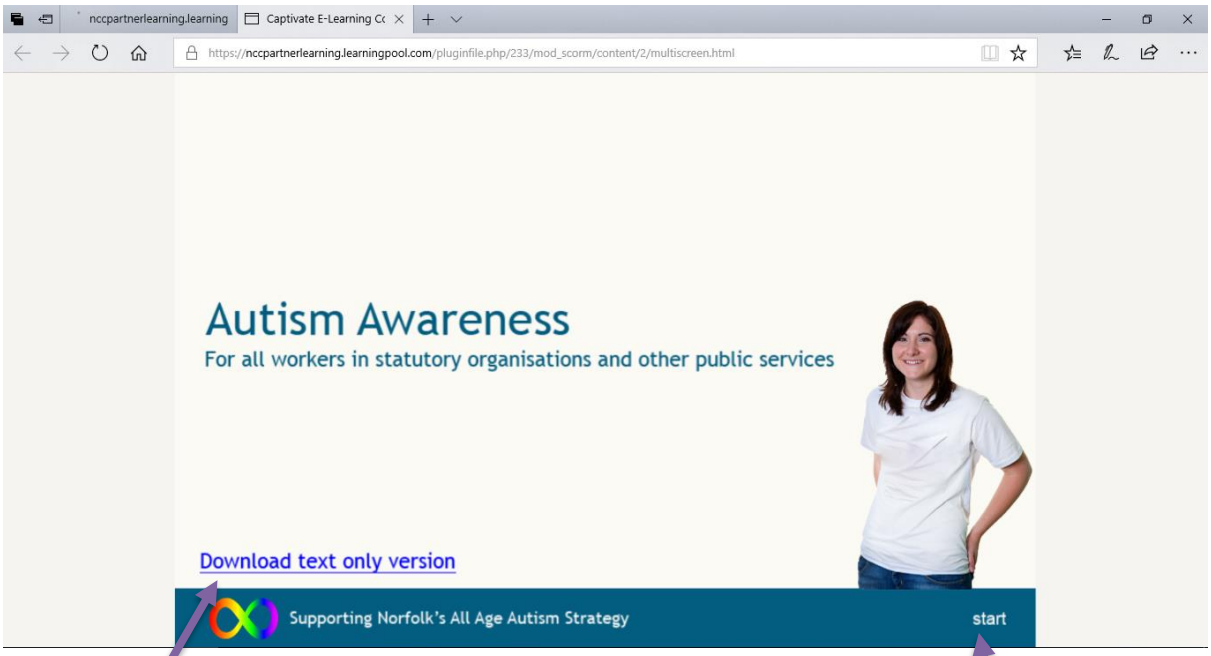
4. You will then see this screen:



5. You will then see this screen:



6. This will bring up another window in your web browser giving you access to the 'Autism eLearning':



For a 'text only' version of the training, left click here with the mouse

To start, press the 'start' button. This is where the 'next' button will appear when pages are completed to move onto the next page of the eLearning

Health and Wellbeing Board Attendance Record 2019/20

Members	23 April 2019	10 July 2019
Adult Social Services, Norfolk County Council	X	X
Borough Council of King's Lynn & West Norfolk	X	X
Breckland District Council	X	X
Broadland District Council	X	X
Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council	X	X
Cabinet member for Childrens Services and Education, Norfolk County Council		
Cambridgeshire Community Services NHS Trust		
Children's Services, Norfolk County Council	X	X
Director of Public Health, Norfolk County Council	X	X
East Coast Community Healthcare CIC	X	
East Suffolk Council		X*
Great Yarmouth Borough Council	X	
Healthwatch Norfolk		
James Paget University Hospital NHS Trust		
NHS Great Yarmouth & Waveney Clinical Commissioning Group	X	
NHS North Norfolk Clinical Commissioning Group	X	
NHS Norwich Clinical Commissioning Group	X	X
NHS South Norfolk Clinical Commissioning Group	X	
NHS West Norfolk Clinical Commissioning Group	X	
Norfolk & Norwich University Hospital NHS Trust	X	X*
Norfolk & Suffolk NHS Foundation Trust		X
Norfolk Community Health & Care NHS Trust		X
Norfolk Constabulary	X*	X*
Norfolk Independent Care		
North Norfolk District Council		X
Norwich City Council	X*	X
Police and Crime Commissioner		
Queen Elizabeth Hospital NHS Trust	X	X
Representative of the Leader of Norfolk County Council		X
South Norfolk District Council	X	X
Sustainability & Transformation Partnership	X	X
Voluntary Sector Representatives (3)	2	1

*Indicates substitute

Report title:	**The Norfolk and Waveney System Plan for Health and Care 2019-2024**
Date of meeting:	**30 October 2019**
Sponsor (H&WB member):	**Patricia Hewitt, STP Independent Chair** **Melanie Craig, STP Executive Lead**

Reason for the Report

The report presents an outline of the draft Norfolk and Waveney Health and Care Partnership five-year plan ('the plan') for approval by the Health and Wellbeing Board.

To note: Due to the timing of the October Norfolk Health and Wellbeing Board (HWB) it is not possible to present the final plan to members for sign off. Engagement events are still being undertaken throughout October the findings of which will further inform the plan. Consequently, it is recommended that final sign-off is delegated to the Chair of the Norfolk HWB at the STP Oversight Group on 7 November 2019.

Report summary

The NHS Long Term Plan (January 2019) and its subsequent Implementation Framework (June 2019) sets out the national direction for health and care. Local systems must respond to the actions stated by articulating their plans for the next five years.

These plans must capture the national ambition as well as, more importantly, local need with a particular emphasis on prevention, reducing health inequalities and unwarranted variation. In addition systems must articulate how they will deliver fully integrated community-based care, reduce pressure on emergency services, better manage long term conditions, and use technology to improve both primary and outpatient care.

Population health is a key driver of the plan alongside an expectation of demonstrable engagement with patients, staff, stakeholders and our public.

Recommendations

The HWB is asked to:

a) Consider and comment on the report on draft Norfolk and Waveney Health and Care Partnership five-year plan.
a) Delegate HWB sign off for the final version of the Norfolk and Waveney Health and Care Partnership five-year plan to the Chairman of the HWB at the STP Oversight Group on 7 November 2019.

1. Background

1.1 The plan has previously been discussed with Norfolk Health and Wellbeing Board (HWB) members at the HWB Chairs and Vice Chairs meeting on 23 September 2019. Our first draft plan was submitted to NHS England/NHS Improvement (NHSE/I) on 27 September 2019 and then subsequently shared with the full HWB membership for comment on Monday 30 September 2019. Comments duly received are being considered in further iterations of the plan.

1.2 Throughout October there remain a number of specific events being conducted for Voluntary, Community and Social Enterprise providers. Upon completion of these the findings will be

collated and used to inform the final version of the plan. Our final plan will be submitted to the STP Oversight Group for sign off at their meeting on 7 November 2019.

2. The Norfolk and Waveney System Plan for Health and Care 2019-2024 – introduction and summary

2.1 Our goals – what we want to achieve as a partnership

i. **To make sure that how healthy you are doesn't depend on where you live**.

There are parts of Norfolk and Waveney where people's health and wellbeing is significantly poorer, and where people on average die younger, than other areas. This is something we must change.

ii. **To make sure you only have to tell your story once**.

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

iii. **To make Norfolk and Waveney the best place for health and care professionals to work**.
Having the best staff, and supporting them to work well together will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

2.2 Our plan – **the five big changes we are going to make**:

i. Our GPs, nurses, social workers, mental health workers and other professionals will work together in teams, in the community to provide people with more coordinated care.

- We have set-up 17 teams made-up of GPs and other health and care professionals to provide you with more coordinated care. These teams will include social workers, pharmacists, district nurses, mental health workers, physiotherapists and colleagues from the voluntary sector. We call these teams Primary Care Networks, or PCNs for short.
- By creating teams of different professionals, and where possible locating them in the same buildings too, this will help to coordinate people's care and reduce how often people have to tell their story. It will also mean our staff spend less time trying to get the information they need from patients, carers and other members of staff.

ii. Our hospitals will work more closely together so people get treated quicker in an emergency and don't have to wait as long for surgery and other planned care.

- We have introduced pioneering 'escalation and avoidance teams' so that health or care professionals working across Norfolk and Waveney can get help for people heading for crisis and prevent them going to hospital.
- Our High Intensity Service User Support Services are now in place and provide support and positive intervention to people who frequently attend A&E and GP practices, and who are also known to other partners such as the police and mental health services.
- On 1 January 2020 we plan to launch a single clinical team for urology services across our three acute hospital trusts, as well as a single team providing ENT (ear, nose and throat) services across the Norfolk and Norwich University Hospital and the James Paget University Hospital. These will be followed by single clinical teams for haematology and oncology working across the Norfolk and Norwich.

iii. We will work together to recruit more staff and we'll invest more in the wellbeing and professional development of our workforce.

- We are currently developing our workforce strategy for Norfolk and Waveney, which will be completed in early 2020. Having one strategy will enable us to work together to address our workforce challenges more effectively than any one organisation could on its own.
- We're creating new opportunities for people living locally to start careers in health and care. These include apprenticeships and jobs at a variety of different levels, so that there are opportunities for anyone who wants to work in health and care.
- We want to expand volunteering opportunities in health and care. We want to create more volunteering opportunities in our GP surgeries and primary care. We are exploring volunteering passports whereby once you are trained as a volunteer you are able to work across a number of organisations and different areas.

iv. We will help people to make healthier choices to prevent them from getting ill and we will treat and manage illnesses early on.

- Modern technology provides us with new ways to provide this kind of proactive care. We are already starting to use software to help us work like this and to make more intelligent decisions that improve the health and wellbeing of local people. This approach is called Population Health Management. Our priorities are to use this approach to diagnose and treat diabetes, respiratory disease and cardiovascular disease early on. Over the next 12 months we will roll out a single approach to Population Health Management and embed it as a fundamental part of how we plan services and care for people.
- To really improve the health and wellbeing of people living locally we need to look at everything that affects our health though, from housing and employment, to loneliness and air pollution. This is why we are working with a much broader range of organisations to address these wider determinants of health, including district councils, schools, voluntary organisations and community groups.
- We are training our staff so that they can better help people to have the knowledge, skills, tools and confidence to manage their own health and wellbeing, and to be active participants in their own care. Over 500 staff have already attended a two-day health coaching programme, with many more training days planned. And social care in Norfolk has a similar way of working called the "three conversation" approach, which is also about helping people to be independent, rather than being referred to services straight away.

v. New technology will modernise our health and care services, making it quicker and easier for people to get the care they need.

- We want to use technology to make sure:
  - People don't have to repeat their story over and over again.
  - Staff all know what everyone else is doing to look after a particular person, so that they don't waste time collecting information or risk prescribing medicines that don't go with the other medicines they are already taking.
  - People can look at their own records and put in details of their conditions and how they prefer to be treated.
  - People can monitor their own condition at home, using simple automatic kits that can alert their doctor or community nurse if there's a problem.
  - We can measure health outcomes, to see if the treatment people received worked.

- One of our top priorities is developing a single digital care record for all health and social care organisations in Norfolk and Waveney to use.
- We are aligning our computer systems so that they work better together. Aligning our computer systems will also support our approach to Population Health Management and enable us to provide people with proactive care, as described above. This is a major programme of work that will have real benefits for people living locally.
- We are increasingly using apps, online support and technology to help people manage their own health, in particular people with long-term conditions. Norfolk and Waveney was the first area in the East of England to launch the NHS App in April 2019.
- All GP surgeries will soon offer online consultations to their patients. Online consultations are a way for people to contact their GP surgery without having to wait on the phone or take time out to go into the surgery. One GP surgery in West Norfolk is already offering patients online consultations enabling patients to see a GP, or an appropriate clinician, either the same day or the following day. Two to four week waits for appointments have stopped.

2.3 Why these goals and why these five big changes?

i. People's health and care needs are changing.

- By 2030 we predict the population of Norfolk and Waveney will have risen to almost 1.1 million people and the largest increase will be in the over 75s.
- In 2030 we estimate there will be over 57,000 more people aged 75 and over living locally compared with 2015.
- As we get older, we are more likely to have several different health conditions at once.
- Between 2014 and 2025 we will see an additional 9,000 people with diabetes, 12,000 people with heart disease and 7,000 people with dementia. 5,000 people have suffered a stroke and survived.
- Our services are also faced with responding to illnesses associated with the less active lifestyles many of us now have and the diet we choose. The long-term impact of obesity and the increase in diseases related to this, such as diabetes, stroke and cancers, continues to grow.
- Smoking is responsible for more than 11,000 hospital admissions each year and remains the single largest risk factor contributing to deaths.
- For younger adults, alcohol consumption is the biggest risk factor of ill-health, premature death and disability.
- We estimate that more than 110,000 people in Norfolk and Waveney are unaware that they have high blood pressure and are at greater risk of developing heart disease, kidney disease, dementia or of having a stroke.

ii. Health and care staff and services are under pressure.

- In March 2019 there were 68,000 patients on our hospitals' waiting lists, which is an increase of 18% over the last five years.
- Locally two of our hospitals and our mental health trust are in special measures and working incredibly hard to make things better, focusing on delivering services to the high standards they and we all want.
- Last year our local NHS organisations overspent by almost £98 million.

- This isn't just a problem for our public services. The voluntary sector is faced with increasing demand, caring for people with more complex needs and limited resources.
- The way we currently work together is too disjointed and this puts pressure on our staff and services. We need to be better at planning together so that we can make sure there aren't gaps in services, that there isn't any duplication or waste, and so that people who need care, can get it easily.

iii. We struggle to recruit and keep people working in health and care.

- We have over 3,000 vacancies locally, of which around 2,000 are in health organisations and 1,300 in social care roles.
- In 2018 we estimated that a quarter of paid carers and 17% of adult nurses could retire in the next five years based on a retirement age of 60. The actual figure might be even higher due to early retirements, especially for nurses and midwives.
- We also need to make the working lives of our staff and for those in caring roles better for people. We need more compassionate and engaging leadership, positive and supportive working environments, more flexible careers and a better work/life balance for our staff.

iv. In some parts of Norfolk and Waveney people have significantly poorer health, and on average die younger, than other areas.

- Across Norfolk and Waveney, life expectancy is not increasing as fast as the rest of England.
- Men living in the most deprived areas of Norfolk and Waveney die, on average, nearly eight years younger than men living in the least deprived areas.
- People living in parts of Lowestoft, Great Yarmouth, King's Lynn and Norwich have poorer health, and on average die younger, than people who live in better-off parts of Norfolk and Waveney.
- There are also significant pockets of deprivation in our rural areas, particularly in the Brecks and the Fens, in coastal villages and market towns.

v. Our technology is out of date and our computer systems don't all work together.

- Locally we know the technology our NHS organisations use is poor. We need to make the most of the opportunities that new technology offers so that we can provide the type of care that people now need, reduce the pressure on our services, make it easier for our staff to get the information they need to care for people, and so people don't have to repeat their story as often.

vi. Via extensive online and face to face engagement with our public we have been told:

- People don't want to have to repeatedly tell their story to different health and care professionals.
- We should do more to keep people healthy and well and prevent people from getting ill.
- We need to make the most of the opportunities that new technology offers to improve people's care.
- Recruiting more people to work in health and care, and supporting our workforce must be a priority.
- People have mixed experiences of being able to get an appointment at their GP surgery.

- Getting different health and care professionals to work together in teams is a real opportunity to improve people's care.
- Improving mental health care is a priority area for Norfolk and Waveney.
- People generally like going to their local hospital for simple procedures and treatments, and attending other hospitals for more complex procedures.
- We should work more closely with local community groups, voluntary organisations and faith groups.
- It's important we consider travel and transport to and from health services and activities which keep people healthy and well.

3. Improving care for major health conditions

3.1 Alongside these five big changes we're making, our plan contains lots of actions we're taking to improve care for major health conditions, such as cancer, diabetes, stroke and mental health, at for people at key points in their lives, such as when they are having a baby and at the end of their life. These include:

i. Introducing a new test to help detect and diagnose bowel cancer earlier, so we can treat people quicker and improve their health outcomes.

ii. Rolling-out the NHS Diabetes Prevention Programme across the whole of Norfolk and Waveney to provide personalised support to people to reduce their risk of developing the condition.

iii. Working with the local Stroke Network to look at how we can improve rehabilitation in the community for people who've had a stroke.

iv. Setting-up mental health support teams in schools to provide therapy and support to children at our primary, secondary and special schools.

v. Creating a Wellbeing Hub in Norwich – at night-time it will be a safe place for people in significant distress, while during the day it will be a walk-in facility and community café, where people can find emotional support when they feel their anxieties or other mental health problems are escalating.

vi. Improving how we support people with a personality disorder by making sure they receive therapeutic care in the community at an early stage, so that they can manage their condition and are less likely to need to go to hospital.

vii. Creating digital maternity care records so that all pregnant women can see their care record on their smart phone, read accurate information about pregnancy and get critical reminders about screening, immunisations and appointments during pregnancy.

viii. Making sure more people with a learning disability have a health check, to help keep them healthy and well, and so any illnesses are picked-up and treated early on.

4. Health and care in 2024

4.1 This is a five year plan for improving the health and wellbeing of people living locally. Many of the actions we are going to take in first couple of years of our plan we are already starting to put into practice.

4.2 At the same time some of our ambitions and goals will take longer, particularly addressing the long-standing health inequalities we have, the causes of which are varied and complex.

4.3 We will review this plan every year, adding to it and amending it where we need to. While we will try to, we may not get everything right first time. But we have to be more creative and innovative, and less afraid of failure and risk than we have been in the past, in order to meet the challenges we face.

4.4 We will test and learn from different approaches, see what people are doing in other parts of England and indeed across the world, as all developed countries are facing the same kinds of challenges we are. Almost certainly in the next five years new medicines and technology will be developed that again change our understanding of what we can do and what is possible.

4.5 We believe that together we really can make a difference. So that come 2024, people's health and wellbeing is better, our health and care services are better, and we get better value for money for every pound people contribute towards the running of the NHS, social care and public services.

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Report title:	**Norfolk and Waveney Sustainability and Transformation Partnership (STP) update**
Date of meeting:	**30 October 2019**
Sponsor (H&WB member):	**Patricia Hewitt, STP Independent Chair Melanie Craig, STP Executive Lead**

Reason for the Report

The purpose of this report is to update members of the Health and Wellbeing Board (HWB) on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in July 2019.

Report summary

The report provides an update on the progress of the Norfolk and Waveney STP.

Recommendations

The HWB is asked to:

a) Support the continued development of a Voluntary Sector Health and Social Care Assembly.
b) Support the Home First communications campaign and the development of a Home First ethos across both our paid and unpaid workforce.

in good health
The Norfolk and Waveney Health and Care Partnership

1. Managing the finance and performance of our health and care system

1.1 Key to our success as a partnership of health and care organisations is to work more closely together to manage our finances and performance. To use our money to best effect, we need model having 'one budget' for providing services. This is why we produce a report that look at the finances of all of our local NHS organisations and another about the performance of our whole health and care system.

1.2 The financial position for the Norfolk and Waveney health system at month 5, excluding one-off supplemental income we may receive, is a deficit of £47.3m against a planned deficit of £44.7m deficit – a £2.6m adverse position. However, all NHS organisations in our partnership are formally forecasting delivery of their financial plans and control totals for 2019/20.

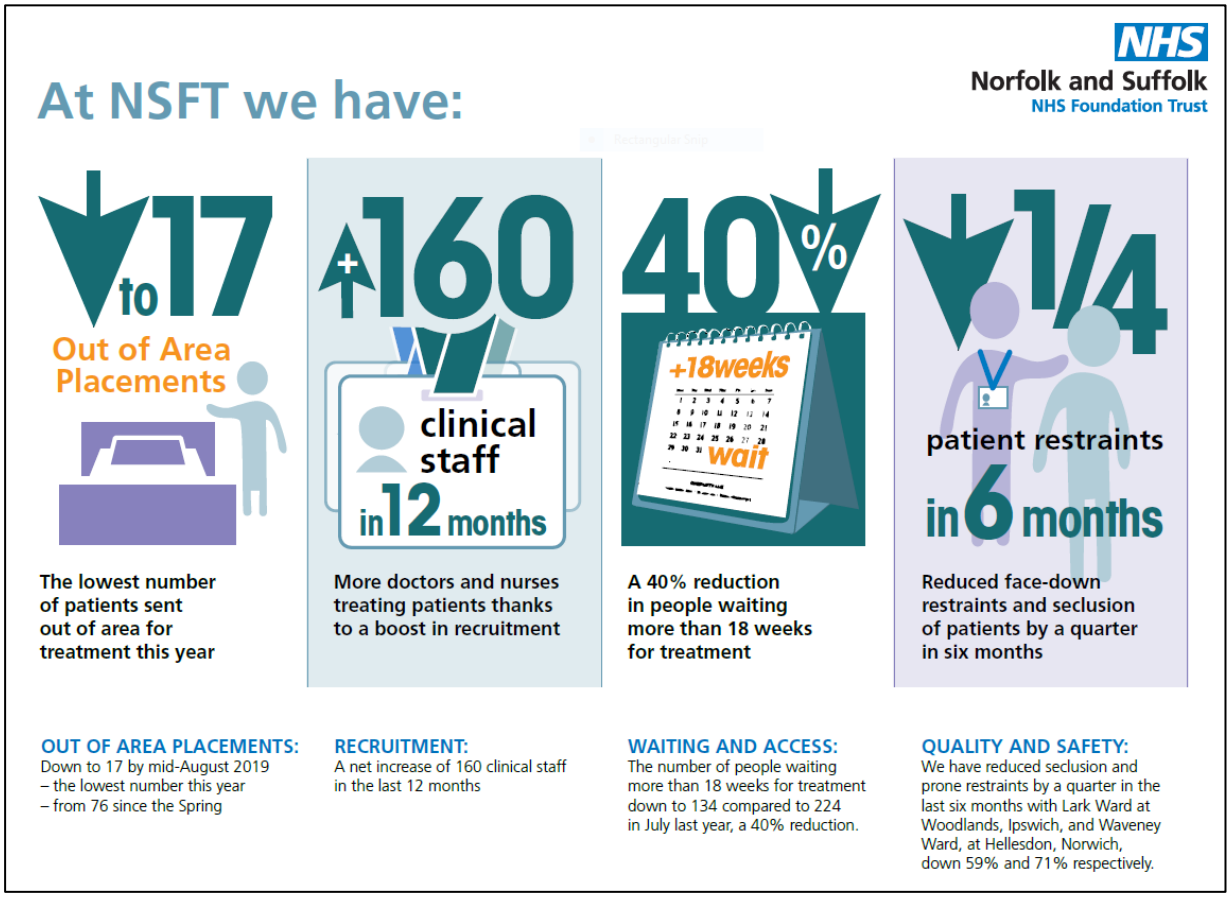
1.3 Since the last report in July, health and care services in Norfolk and Waveney have been awarded £133 million of capital funding to improve care. We have been awarded:

- £70 million for three new Diagnostic and Assessment Centres, which will increase our capacity at our three hospitals to support earlier diagnosis of cancer, in particular for lung, prostate and colorectal cancers, as well as non-cancerous diseases.
- £38 million to build four new in patient wards at Hellesdon (mental health) Hospital in Norwich, to increase and improve provision, and reduce the number of patients who have to travel out of area for treatment.
- £25 million for primary care developments in each of the five NHS Clinical Commissioning Group (CCG) areas of Norfolk and Waveney.

1.4 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust has also been allocated £1.5m of capital funding for urgent and emergency care. This funding will be used to:

- increase the space for same-day emergency care
- increase capacity in their discharge lounge
- introduce point of care testing in their Emergency Department and Assessment Zone.

1.5 In terms of performance, Norfolk and Suffolk NHS Foundation Trust is continuing to improve in key areas as this infographic shows. The Trust is down to its lowest number of patients sent out of area this year and recruited an extra 160 clinicians in the last 12 months. Meanwhile 18 week waits are down 40% and patient restraints have fallen by a quarter.



1.6 Further information about our **financial position is included in Appendix A**.

1.7 Further information about our **performance is included in Appendix B**.

2. Proposed merger of the five Norfolk and Waveney CCGs

2.1 The five CCGs in Norfolk and Waveney have submitted an application to merge by April 2020. All 105 GP practices, which form the membership of the CCGs, were asked to formally vote on the proposal. 79 votes were cast and 72 voted in favour (91%), which is regarded as a very high 'turnout' and a positive response.

2.2 The CCGs are committed to maintaining locally-focussed commissioning of health services and strong leadership and guidance from doctors and nurses. Creating one large CCG will help us to address some of the bigger issues in Norfolk and Waveney, such as demand on our hospitals and improving quality of services.

2.3 If NHS England and Improvement supports the application in principle, the CCGs would begin the formal process to come together and create "NHS Norfolk and Waveney Clinical Commissioning Group", from the beginning of April 2020.

2.4 Allied to creating a single CCG, the five CCGs are well on their way towards creating a single management team. The CCGs launched a 45-day consultation period with staff on 9 September. In the draft team structure there are roles to provide programme and administrative support to each of the STP workstreams.

3. Closer working between our hospitals

3.1 To improve the care people receive our hospitals are starting to join-up the teams that provide some specialist services. Like other areas of the country, our hospitals struggle to recruit the right staff for some specialties, so they are creating single clinical teams that will work across more than one hospital. Our aim is to make these services more resilient and sustainable.

3.2 On 1 January 2019 we plan to launch a single clinical team for urology services across our three acute hospital trusts, as well as a single team providing ENT (ear, nose and throat) services across the Norfolk and Norwich University Hospital and the James Paget University Hospital. These will be followed by single clinical teams for haematology and oncology working across the Norfolk and Norwich University Hospital and the James Paget University Hospital from 1 April 2020. Once these teams are established they will share expertise and equipment across the hospitals. Patients will see no significant change in how they access these clinical services.

3.3 Our next step is to develop a Joint Clinical Strategy for our three hospitals. Whilst we have undertaken reviews of a number of services in recent years and have agreed to integrate several specialties, we are now going to develop an 'umbrella' hospital services strategy. We'll be talking with patients, carers and clinicians to develop our strategy, focusing on how we can get the best care for people, regardless of organisational boundaries.

4. Setting-up a Voluntary Sector Health and Social Care Assembly

4.1 Local voluntary, community and social enterprise (VCSE) organisations have been talking with us about how we can work more closely together. The role of the VCSE sector within our emerging Integrated Commissioning System (ICS) is key, and throughout October we have held a series of events with local VCSE organisations to discuss our five year plan and how by working more closely together we could:

- Do more to improve the health and wellbeing of local people
- Build the resilience of the VCSE sector and address some of the challenges facing VCSE organisations

4.2 Specifically, we have been exploring the development of a Voluntary Sector Health and Social Care Assembly, so that VCSE groups and statutory services have a mechanism in place to enable us to better plan for the future together. In other parts of the country, having an assembly has given the VCSE sector an opportunity to discuss priorities with statutory services and to make real improvements to people's health and wellbeing.

4.3 We are at the start of developing this idea – we know that creating an assembly will take time, and needs to be built on the skills and experience of everyone involved. We have set-up an assembly steering group to develop the idea and they will consider the feedback from all our engagement events – the final event is on 31 October in King's Lynn. A report about the outcome from these events and an update on the development of an assembly will be included in the STP update report to the next meeting of the Health and Wellbeing Board.

5. Home First

5.1 We are launching a new Home First campaign across our system to improve how professionals work across health and social care to ensure patients are discharged from hospital in a timely fashion. This has been led by Norfolk County Council, with support from all colleagues from across the system.

5.2 For the public, a communications campaign has been designed to ensure patients, family members and carers are aware of the need to ask – on admission to hospital – for an Expected Discharge Date (EDD). They are then being asked to make sure plans are in place so there are no avoidable delays to a patient being discharged on that date. A range of different communications materials and channels have been developed.

homefirst

5.3 For staff across the STP, there is a need to create a 'Home First' culture from an understanding that most patients (particularly, but not specifically, older patients) are more likely to recover better and more quickly from surgery/hospital treatment at home, in their own bed. Most of the changes which need to be made through Home First will be relatively small and simple, and are largely about helping people to move away from long-held views and embrace the evidence-based approach that your bed is the best bed to recover. We are going to develop a single 'Home First' training package that can be rolled out across all organisations. This will ensure the 'Home First' ethos is considered at all points in a patient's journey from living independently, to admission to hospital, to discharge and to living independently once more.

6. Children and young people's mental health

6.1 Sustained work has continued to develop the emerging mental health service model for 0 – 25 year olds in Norfolk and Waveney, pulling together ideas and feedback from the wider workforce, children, young people and families.

6.2 The core of the proposed model is a very different way of working and communicating together, a different conception of how children, young people and families access the help they need, and a foundational outcomes framework that will help us focus on the difference we're making in children and young people's lives.

6.3 Service design has progressed to the point of preparing for testing and implementation, in what will continue to be an iterative and developmental process. The Alliance Board – a new governance body – will be operational from the end of this month.

6.4 Over the last few months Norfolk and Waveney has been awarded in excess of £700,000 in funding for four important areas of development for children and young people's mental health and wellbeing support. This extra funding complements changes we are making across our system to the way we support the mental health and wellbeing of 0 to 25 year olds:

- Four new Children and Young People's Wellbeing Practitioners (CWPs), to add to the existing two cohorts of CWPs.
- Trailblazer funding from NHS England for two Mental Health Support Teams to provide enhanced targeted support to children and young people, families and staff in education settings.

- The UEA submitted a successful bid to deliver accredited training for eight new Emotional Mental Health Practitioners who will be recruited to the two Mental Health Support Teams. This enables specialist training to be delivered locally and build local training capacity.
- Development funding to work up a larger bid to embed trauma informed practice across Norfolk and Waveney.

7. Adult mental health services

7.1 We have won national funding to improve services (and support the priorities established in Norfolk and Waveney's Adult Mental Health Strategy, launched earlier in 2019). The funding will boost mental health services in the following areas:

- Over £1.9m in 2019-21 to increase and bolster mental health liaison services at both the James Paget University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, bringing both hospitals in line with the Norfolk and Norwich University Hospitals NHS Foundation Trust to provide 'Core 24' standards for patients with mental health needs. Core 24 is a standard within hospitals dedicated to providing 24 hours, 7 days a week mental health support at hospitals by recruiting staff that are focused on a patient's mental health needs – this can be a mix of liaison psychiatrists, mental health nurses, therapists and administrative staff.
- £1.1m over two years to increase staffing levels across Norfolk and Suffolk Foundation NHS Trust's Crisis Resolution and Home Treatment Teams, focusing on developing 7-day, 24-hour provision across Norfolk and Waveney.
- £540,000 over two years to develop a 'Crisis House' service located centrally in Norfolk, aimed at enabling people to access support to prevent a mental health hospital admission and support a rapid return to their everyday living. This project is being prioritised to ensure a Crisis House can be established and start benefitting local people rapidly. (This is in addition to the Community Wellbeing Hub being planned at Churchman House in Norwich for later in 2019/20.)
- £177,000 of non-recurrent funding in 2019-20 to further develop perinatal mental health services locally, building on the Community Perinatal Mental Health Service launched in 2017. The funding will focus on developing a cross-agency triage system to stream patients into appropriate mental health services that meet their needs, as well as continuing outreach work through local partners Get Me Out The Four Walls.

7.2 NSFT has also reopened Yare Ward at its Hellesdon site, a 16-bed acute ward that will be used as an assessment and inpatient unit, and allow patients to receive care closer to their homes and families.

7.3 Beds on Yare are being opened gradually to allow staff to get up to speed, and it is expected to have all 16 in operation very soon. The new team supporting the ward includes a psychiatrist, junior doctor, ward manager, nurses, assistant practitioners, clinical support workers, an art therapist, activity co-ordinator and occupational therapist. They also have a discharge co-ordinator working with them, which will speed up assessments so service users get the treatment they need as soon as possible.

7.4 Local NHS commissioners will continue to fund these developments after the funding from NHS England has been spent.

8. New personality disorder pathway

8.1 Intensive training is also underway at Norfolk and Suffolk NHS Foundation Trust to facilitate the roll-out of the personality disorder pathway across Central Norfolk from October onwards. This is the result of the development of NSFT's personality disorder strategy and working with commissioners to implement a pathway for people with personality problems locally.

8.2 Mental health commissioners have agreed an investment of just over £800,000 to develop a pathway, initially covering the Central Norfolk area. Early implementation will take place principally in Norwich and will involve NSFT's three city community mental health teams, Central Norfolk CRHT, and Thurne Ward and Waveney Ward at Hellesdon Hospital.

8.3 The personality disorder pathway will ensure people receive therapeutic care at an early stage so that they can manage their condition without the need for a hospital admission. If someone does need inpatient care, NSFT will work towards short-term crisis admissions of about 72 hours (in line with NICE guidelines), which will help staff focus on what has caused the person's crisis and put a suitable plan in place to help.

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Subject:	Item 8. Appendix A: Norfolk and Waveney System Finance Report (August 2019)
Prepared by:	John Hennessey, STP Chief Finance Officer, Russell Pearson STP Deputy Chief Finance Officer, and Julie Cave, STP Chief Operating Officer

1. Executive Summary

Month 5 Financial Position

- The financial position for the Norfolk and Waveney health system at month 5, excluding PSF, FRF, MRET & CSF, is £47.3m deficit against a plan of £44.7m deficit, a £2.6m adverse position.

- All organisations are formally forecasting delivery of their financial plans and control totals for 2019/20.

Capital Expenditure and N&W CDEL (Capital Delegated Expenditure Limit)

- Draft month 5 forecasts indicate that Norfolk and Waveney NHS organisations are planning capital expenditure that will deliver the original 2019/20 CDEL estimate of £72.9m.

- Current CDEL forecasts indicate that there may be some additional capital flexibility within the Norfolk and Waveney system for 2019/20.

Five Year Financial Trajectories (2019/20 to 2023/24)

- Five year financial recovery trajectories have been issued by NHSE/I. The trajectories indicate the requirement of a £47m phased financial improvement by 2023/24 (£72m deficit in 2019/20 to £25m deficit by 2023/24).

- Organisations have undertaken a rapid review of their individual proposed recovery trajectories. The overall improvement by 2023/24 is considered challenging but appropriate. The level of financial improvement required between 2019/20 and 2020/21 is significant.

- Feedback has been provided as per NHSE/I deadline highlighting the specific challenges and requesting further dialogue, especially with regard to the phasing of the trajectories.

LTP Financial Projections

- Updated assumptions of organisational financial projections are being incorporated into the next version of our five year plan consolidated financial position. A finance workshop planned for the 17th September will consider and review the latest draft and assess against the financial trajectories.

- Next steps will be to incorporate financial recovery actions and prepare a final draft to enable appropriate review and consideration in advance of the draft submission on the 27th September.

2. Financial Position: Month 5

The month 5 financial position is based on the day four "heads up" call that organisations have with the regulator. The reported position to NHSE/I, at organisational level, is as follows:

Norfolk & Waveney STP
2019/20 Month 5 YTD Financial Performance

Adjusted financial performance surplus/(deficit) **excluding** PSF, FRF, MRET, CSF

	Month 5			FOT			CT		
	Actual	Plan	Variance	FOT	Plan	Variance	FOT	CT	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
NNUH	(28,717)	(25,800)	(2,917)	(54,339)	(54,339)	0	(54,339)	(55,340)	1,001
QEH	(13,808)	(13,946)	138	(25,589)	(25,589)	0	(25,589)	(25,898)	309
JPUH	(5,340)	(5,340)	0	(6,081)	(6,081)	0	(6,081)	(6,381)	300
NCH&C	(1,379)	(1,491)	112	(2,475)	(2,475)	0	(2,475)	(2,775)	300
NSFT	(1,251)	(1,253)	2	(3,317)	(3,317)	0	(3,317)	(3,517)	200
Subtotal Providers	(50,495)	(47,830)	(2,665)	(91,801)	(91,801)	0	(91,801)	(93,911)	2,110
North Norfolk CCG	258	250	8	600	600	0	600	0	600
Norwich CCG	321	291	30	700	700	0	700	0	700
South Norfolk CCG	1,008	1,008	0	2,420	2,420	0	2,420	2,120	300
GY&W CCG	981	950	31	2,880	2,880	0	2,880	2,200	680
West Norfolk	642	642	0	1,640	1,640	0	1,640	1,040	600
Subtotal CCGs	3,210	3,141	69	8,240	8,240	0	8,240	5,360	2,880
TOTAL STP	(47,285)	(44,689)	(2,596)	(83,561)	(83,561)	0	(83,561)	(88,551)	4,990

Plan figures as per regulatory submissions.

Month 5 actuals/FOT from Trust & CCG Draft "Heads Up" regulatory call

The table above shows that at the end of month 5, excluding PSF, FRF MRET & CSF, Norfolk and Waveney STP has under delivered against plan by £2.6m (month 4 £0.9m adverse), a £1.7m adverse movement in the month. The material deterioration between month 4 and month 5 has occurred in the financial position of NNUH, £2.9m.

Norfolk & Waveney STP
2019/20 Month 5 YTD Financial Performance

Adjusted financial performance surplus/(deficit) **including** PSF, FRF, MRET, CSF

	Month 5			FOT			CT		
	Actual	Plan	Variance	FOT	Plan	Variance	FOT	CT	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
NNUH	(17,972)	(15,055)	(2,917)	(20,690)	(20,690)	0	(20,690)	(21,691)	1,001
QEH	(6,736)	(6,874)	138	(2,287)	(2,287)	0	(2,287)	(2,596)	309
JPUH	(2,566)	(2,566)	0	1,859	1,859	0	1,859	1,559	300
NCH&C	(593)	(705)	112	300	300	0	300	0	300
NSFT	(255)	(257)	2	200	200	0	200	0	200
Subtotal Providers	(28,122)	(25,457)	(2,665)	(20,618)	(20,618)	0	(20,618)	(22,728)	2,110
North Norfolk CCG	258	250	8	600	600	0	600	0	600
Norwich CCG	321	291	30	700	700	0	700	0	700
South Norfolk CCG	1,008	1,008	0	2,420	2,420	0	2,420	2,120	300
GY&W CCG	981	950	31	2,880	2,880	0	2,880	2,200	680
West Norfolk	642	642	0	1,640	1,640	0	1,640	1,040	600
Subtotal CCGs	3,210	3,141	69	8,240	8,240	0	8,240	5,360	2,880
TOTAL STP	(24,912)	(22,316)	(2,596)	(12,378)	(12,378)	0	(12,378)	(17,368)	4,990

Plan figures as per regulatory submissions.

Month 5 actuals/FOT from Trust & CCG Draft "Heads Up" regulatory call

The table above shows the month 5 financial performance including PSF, FRF, MRET & CSF. The tables show that all organisations at the end of month 5 are forecasting delivery of their financial plans and control totals and hence receipt of full PSF, FRF, MRET & CSF. Also that the organisations in the Norfolk and Waveney system are still forecasting to overachieve and provide the financial support to the Cambridgeshire and Peterborough system.

Whilst formally reporting that NNUH will deliver the forecast outturn, the year to date position indicates a level of risk associated with this delivery. In addition, NSFT are currently reviewing their risks with regard to delivery of their control total. Whilst not quantified at the time of writing, these issues indicate a level of risk to overall Norfolk and Waveney STP 2019/20 financial performance.

3. CIPs & QIPPs Month 5

The month 5 Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) delivery as reported to NHSE/I is shown in the table below.

CIP & QIPP delivery

	Month 5			FOT		
	Actual	Plan	Variance	FOT	Plan	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
NNUH	7,694	7,694	0	28,558	28,558	0
QEH	1,220	1,088	132	6,015	6,015	0
JPUH	2,185	1,633	552	9,298	9,298	0
NCH&C	1,541	1,541	0	4,017	4,500	(483)
NSFT	3,380	4,023	(643)	10,862	10,862	(0)
Subtotal Providers	16,020	15,979	41	58,750	59,233	(483)
North Norfolk CCG	2,237	3,517	(1,280)	8,192	9,100	(908)
Norwich CCG	5,011	4,135	876	11,911	10,100	1,811
South Norfolk CCG	3,256	5,657	(2,401)	10,681	15,025	(4,344)
GY&W CCG	6,371	6,714	(342)	16,538	16,136	402
West Norfolk	4,874	5,102	(229)	12,173	12,461	(288)
Subtotal CCGs	21,749	25,125	(3,376)	59,495	62,822	(3,327)
TOTAL STP	37,769	41,104	(3,335)	118,245	122,055	(3,810)

Plan figures as per regulatory submissions.

Month 5 actuals/FOT from Trust & CCG Draft "Heads Up" regulatory call

At month 5 Norfolk and Waveney NHS organisations achieved £37.8m of CIPs and QIPPs against a plan of £41.1m, £3.3m adverse to their plans (Month 4 £1.4m adverse). Overall CCGs are forecast to under deliver £3.3m of QIPPs and providers (NCH&C) are forecasting to under deliver their CIPs by £0.5m, a total of £3.8m (3.1%) adverse to plan (Month 4 £7.9m adverse).

At the end of month 5 all Norfolk and Waveney NHS organisations are forecasting achievement of their control totals, therefore other mitigating factors are generating favourable variances that offset the £3.8m forecast under delivery of CIPs and QIPPs.

4. Capital

Norfolk and Waveney NHS organisations have provided revised forecasts for capital expenditure to enable system wide management of CDEL (Capital Delegated Expenditure Limit). Original financial plans submitted in May 2019 indicated a combined Norfolk and Waveney system CDEL of £72.9m.

Subsequently in July a prioritisation process was undertaken, as requested by NHSE/I, and Norfolk and Waveney NHS organisations prioritised capital expenditure down to the revised CDEL target of £63.1m. The revised CDEL target was relaxed and Norfolk and Waveney NHS organisations are working to the original CDEL target.

Current (draft) projections show that Norfolk and Waveney health organisations are planning expenditure within 2019/20 CDEL as per the table below:

	Forecast Cap Prog 1st Sep £m	Less: Donated Cont. £m	Add: PFI residual Interest £m	Revised CDEL (DRAFT) £m
JPUH	9.7	(0.5)		9.2
NNUH	27.3	(2.3)	0.3	25.3
NSFT	8.7	0.0	1.3	10.0
NCH&C	5.0	(0.2)		4.8
QEH	16.2	(0.5)		15.7
CCGs				0.0
	66.9	(3.5)	1.6	65.0
Original CDEL (15th May)				72.9
Capital Slippage (DRAFT)				7.9

On the basis of the draft figures it would indicate that Norfolk and Waveney NHS organisations will deliver capital expenditure within CDEL. Whilst these are draft forecasts at month 5, they indicate that some additional capital flexibility may be possible in 2019/20.

5. Five Year Financial Plans

Five Year Financial Trajectories (previously referred to as Control Totals)

NHSE/I have issued financial trajectories for each organisation within the Norfolk and Waveney STP. The table below shows these trajectories and the required improvement by organisation over the five year period 2019/20 to 2023/24.

The current combined Norfolk and Waveney health system deficit (including MRET funding, but excluding PSF/FRF) for 2019/20 is £72m. By the end of the five year period the trajectories require the Norfolk and Waveney health system to improve from a £72m deficit to a £25m deficit by 2023/24, a £47m improvement.

Organisation	Financial Recovery Trajectory Pre Central Funding				
	2019/20	2020/21	2021/22	2022/23	2023/24
James Paget University Hospitals NHS Foundation Trust	(2.4)	0.2	1.1	1.1	1.1
Norfolk And Norwich University Hospitals NHS Foundation Trust	(46.2)	(37.3)	(32.1)	(27.5)	(22.9)
Norfolk And Suffolk NHS Foundation Trust	(3.5)	(1.2)	(0.1)	1.3	1.4
Norfolk Community Health and Care NHS Trust	(2.8)	(1.5)	(1.0)	(0.3)	0.4
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	(22.4)	(19.4)	(17.4)	(15.4)	(13.6)
NHS Great Yarmouth and Waveney CCG	2.2	1.8	1.9	2.0	2.1
NHS North Norfolk CCG	-	1.3	1.3	1.4	1.4
NHS Norwich CCG	-	1.5	1.5	1.6	1.6
NHS South Norfolk CCG	2.1	1.5	1.5	1.7	1.8
NHS West Norfolk CCG	1.0	1.4	1.4	1.5	1.6
SYSTEM TOTAL	(72.0)	(51.8)	(41.9)	(32.7)	(25.0)

As can be seen in the table below the proposed trajectories are weighted toward significant improvement by 31st March 2020/21, a total improvement across Trusts & CCGs of £20.3m. In subsequent years the requirement to improve year on year is reduced to £9.8m for 2021/22, similar improvement, £9.3m for 2022/23 and then £7.6m improvement between 2022/23 and 2023/24.

	Financial Trajectory 2019/20	Financial Trajectory 2020/21	Year on Year Improvment	Financial Trajectory 2021/22	Year on Year Improvment	Financial Trajectory 2022/23	Year on Year Improvment	Financial Trajectory 2023/24	Year on Year Improvment
PROVIDERS	£m	£m	£m	£m	£m	£m	£m	£m	£m
NNUH	(46.2)	(37.3)	8.9	(32.1)	5.2	(27.5)	4.6	(22.9)	4.6
QEH	(22.4)	(19.4)	3.0	(17.4)	2.0	(15.4)	2.0	(13.4)	2.0
JPUH	(2.4)	0.2	2.6	1.1	0.9	1.1	0.0	1.1	0.0
NCH&C	(2.8)	(1.5)	1.3	(1.0)	0.5	(0.3)	0.7	0.4	0.7
NSFT	(3.5)	(1.2)	2.3	(0.1)	1.1	1.3	1.4	1.3	0.0
Subtotal Providers (inc. MRET only)	**(77.3)**	**(59.2)**	**18.1**	**(49.5)**	**9.7**	**(40.8)**	**8.7**	**(33.5)**	**7.3**
COMMISSIONERS									
North	0.0	1.3	1.3	1.3	0.0	1.4	0.1	1.4	0.0
Norwich	0.0	1.5	1.5	1.5	0.0	1.6	0.1	1.6	0.0
South Norfolk	2.1	1.5	(0.6)	1.5	0.0	1.7	0.2	1.8	0.1
GY&W	2.2	1.8	(0.4)	1.9	0.1	2.0	0.1	2.1	0.1
West	1.0	1.4	0.4	1.4	0.0	1.5	0.1	1.6	0.1
Subtotal Commissioners	**5.3**	**7.5**	**2.2**	**7.6**	**0.1**	**8.2**	**0.6**	**8.5**	**0.3**
N&W System Wide Financial Improvement	**(72.0)**	**(51.7)**	**20.3**	**(41.9)**	**9.8**	**(32.6)**	**9.3**	**(25.0)**	**7.6**
(Including MRET but excluding all PSF & FRF)									

LTP Five Year Financial Plan - Progress Towards 27th September Submission

Progress continues with the development of the Norfolk and Waveney STP five year financial projections. By the 13th September N&W NHS organisations are required to return the next draft of their five year financial projections. The main areas of update are:

- Triangulate demand, activity, specific investment and contract expenditure between CCGs and individual organisations. The objective being to identify and resolve any significant mismatches between CCG and Trust expectations of expenditure and income respectively.
- Update clinical income projections with demand, activity and current tariff assumptions.
- Update organisational cost increases and inflation assumptions as per latest NHS guidance.
- Consider the use of non-recurrent issues in 2019/20 and how these will impact on the 2019/20 to 202/21 expenditure run-rate.

Once the revisions have been received they will be consolidated into the latest NHSE/I formal template and presented to the Directors of Finance and Chief Finance Officers in a finance workshop on 17th September.

The main focus of the workshop will be to:

- Identify and quantify risks to 2019/20 financial performance
- Consider the latest draft consolidated financial projections and the impact of the NHSE/I financial trajectories.
- Ensure alignment between organisations with regard to demand, activity, capacity and CCG expenditure compared to Trusts' clinical income expectations.
- Identify and quantify specific financial recovery schemes to incorporate into the next version of draft organisational plans.

The next steps will be agreed in the workshop on the 17th September with the expectation of final draft organisation plans being prepared by the 20th September.

These organisational plan updates will be consolidated into the final draft version on the 23rd September for incorporation into the draft LTP documentation. The week of the 23rd will be used for appropriate review and consideration prior to the submission deadline for the draft LTP on the 27th September.

Subject:	Item 8. Appendix B: Norfolk and Waveney System Performance Report (July / August 2019)
Prepared by:	Paul Martin, PMO, STP, Jon Fox and Will Kelly, Business Intelligence, CCGs

Summary:

The following dashboard provides an overview of the key performance indicators across the system.

Unplanned Care

James Paget University Hospital (JPUH) – A&E performance remained consistent with August at 86.2% Factors include a high volume of attendances at 7,775 which is significantly higher than previous months. There is concern about the high number of ambulance attendances in month. In addition there were medical workforce gaps at night and at weekends. Recovery plans include the continued enhanced review of long stay and medically optimised patients along with system partner engagement in primary and community and social care. In addition the Winter plan with system partners is in development.

Norfolk and Norwich University Hospital (NNUH) – A&E Performance has decreased to 78.1% in August from 80.6% in July. 60 minute handover delays remain flat for a third month at 2.3%. Delayed Transfers of Care have also increased to 4.4%. Key factors impacting performance are Consultant, Nursing and Junior Doctor shortfalls, discharge planning and adherence to SAFER. A recovery action plan and enhanced support calls remain in place with NHSI/E.

Queen Elizabeth Hospital (QEH) – Performance in August was 79.0% compared to 81.1% in July. Challenges to performance include a sustained increase in the average number of attendances. For example there hass been a 3% increase in attendances in August 2019 compared to August 2018. There was also a 5% increase in emergency admissions in August 2019 compared to August 2018. Overcrowding in ED has been a factor and flow in and out of the department has been challenged during the month. Further to this, ED medical and nurse staffing capacity and rota pattern has not always matched with demand.

Performance will be improved by increased capital investment in the ED and emergency floor to increase capacity and improve the environment, due for completion in February 2020. This includes plans to minimise delays between ED and assessment areas; embed the SAFER bundle across the Trust and improve discharge planning. A review of the medical and nursing staff establishment and rota will be complete by the end of October 2019. The above factors have also impacted 60 min ambulance handover delays. Further work is ongoing to standardise the ambulance handover process. Joint work is in progress with the ambulance service; this will be embedded by the end of quarter 4.

Cancer – All August data remains provisional at 24/09/2019

JPUH – The Trust has seen a large increase in referrals across a range of specialties. Compounding this, the Trust has had clinical capacity challenges (vs demand), particularly for two week wait referrals. Recovery action plans are in place for breast and endoscopy to reduce the number of patients not being seen within two weeks. These include daily cancer date reports by body site being provided to DOM's & SOM's so that

they are able to monitor the demand and to use the information to create additional clinic / endoscopy capacity in advance. Additional one stop clinics and twilight clinics are being undertaken (with further weekend endoscopy sessions) and this has supported the increase in performance seen across all failing metrics. Revised job planning has been undertaken to increase the DCC activity and increase availability of senior middle grade staff. Further support from breast imaging services is being provided from other trusts.

NNUH – Trust had previously met the GP two week wait target however an increase in colorectal referrals and under-delivery of activity in Skin means that recent performance has been affected. Plans are in place to address both. 31 day surgery continues to be challenging due to the small patient numbers and capacity constraints due to continued bottleneck on Melanoma pathway. A solution is dependent on the Nuclear Medicine capital project. The main areas of underperformance on the 62 day target are Urology and Gynaecology due to delays in the diagnostic stage of the pathway, and lower GI due to delays in initial two week wait appointments. The Trust expects to meet the standard by the end of Q4.

QEH – Provisional August data shows that two week wait breast did recover as forecast in August with the target now being met for the first time in 7 months. 62-day GP referral to treatment performance has worsened to 64.2% against the standard of 85%. A cancer improvement plan is in place and the quarterly update is provided to the Trust Board. In addition to the cancer improvement plan, performance will be improved by the provision of additional, operational support to urology and lower GI. This additional support will be in place for three months (October – December) and will increase the pace in improvement work in these tumor sites.

Planned Care

JPUH – July 18 week performance has worsened to 81.5% and there has been an increase in the overall backlog by 349 patients. A comprehensive RTT plan is in place with key focus to address data entry issues and increase inpatient activity to reduce admitted backlog of patients. Capacity in challenged specialties is predominantly workforce related. Detailed Recovery Action Plans with trajectories against waiting list size have been developed for T&O, Ophthalmology, Dermatology, ENT and Gynaecology. The RTT plan is monitored via the Trust Access Group and Divisional Performance Committee.

NNUH - Overall performance continues to be compromised by the urgent focus on cancer work and increasing demand. August has seen a marginal decrease in performance to 81.8%. The overall backlog has increased for the 8th month in a row due to increasing demand and lack of capacity, with pension tax issues also impacting. Intensive waiting list management is in place to reduce the risk of 52 week breaches however 40 week breaches have increased from 557 in July to 667 in August. Capacity remains a key challenge and NNUH is working with commissioners and NHSE/I to seek further demand management schemes. Diagnostics continues to be challenged, with the MRI and CT standard now recovered, but increase in inpatient and outpatient demand in Non-Obstetric Ultrasound and reduced workforce and capacity at Global impacting on August delivery of the standard. Plans are in place to recover but conversations are ongoing with Global for additional support.

QEH – Good performance in August with 80.69% against the recovery trajectory of 80.96%. At the end of August 2019, the total Trust waiting list was 13,814 against a trajectory of 13,861 and the total backlog of patients waiting over 18 weeks was 2,667 against a trajectory of 2,639. Performance remains in line with the agreed trajectory and will be maintained by performance management at specialty level. Diagnostics performance for August was 90.90%, against a standard of 99%. There were 362 breaches in the month, of which 341 were in ultrasound. This is largely down to an increase in demand of c.10% and an inability to increase capacity due to radiographer and radiologist vacancies. Performance will be improved by recruitment to two consultant posts; one starting in September and the other in October along with additional training of radiographers to undertake sonography work; one member of staff is currently being trained. Performance is forecast to recover by October 2019.

Mental Health

Inappropriate Out of Area Placements – performance has improved since the beginning of August, with a continued focus on the tightening of admission processes. A Mental Health deep dive to support a system response to Delayed Transfers of Care is planned for late October. At the time of writing, Yare Ward remains on track to open which will provide additional local capacity.

Improving Access to Psychological Therapies (IAPT) – the service continues to ensure only patients who meet the criteria are accepted, in line with NHSE/I expectations and best practice nationally. Actions from last month's update remain in train as follows:
• Workshop taking place on 3rd October 2019 to agree the final improvement plan for IAPT Access; CCGs and NSFT.
• Align the development of IAPT services with the emerging PCNs, to maximise integration and service exposure;
• Assistant PWPs have been recruited to reduce drop-out rate;
• More Step 2 capacity has freed up Step 3 workers from carrying out assessments and focus on treatment capacity;
• A choose and book system has been introduced;
• Service number appears on service user phones, previously appeared as unknown number.

Dementia - The STP remains within the 95% confidence limits of the dementia diagnosis rate.
• The STP is continuing to develop the dementia community support offer for Norfolk and Waveney.
• CCGs continue to share individual work across the existing action plans, to aid progress.
• Actions are being taken forward by individual CCGs to increase the diagnosis rate, including practice visits and data cleansing.

STP High Level System Dashboard - Summary

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Acute Unplanned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH unless otherwise stated)																
A&E 4 hr performance (whole trust. NNUH includes WIC)	Validated	95%	87.5%	86.9%	88.3%	86.0%	83.9%	78.4%	77.2%	79.5%	78.3%	84.2%	83.3%	82.0%	80.2%	
A&E Total Attendances (as above)	Validated	-	31,309	29,033	29,162	28,331	28,983	29,123	27,204	30,226	29,891	31,210	30,302	32,746	32,330	
A&E Total Breaches (as above)	Validated	-	3,916	3,801	3,409	3,961	4,679	6,292	6,206	6,211	6,478	4,921	5,069	5,890	6,411	
Emergency admissions (N&W CCGs only)	Validated	-	7,889	7,538	8,127	8,150	8,169	8,595	7,578	8,394	8,129	8,219	7,901	8,382		
DTOC - delayed days (includes acute + non-acute trusts. Norfolk patients)	Validated	-	2,944	2,738	2,709	2,551	2,681	2,974	2,150	2,530	2,153	2,981	2,748	2,704		
% of A&E Ambulance handover delays > 60 min	Validated	-	8.5%	8.2%	5.2%	10.7%	11.6%	15.2%	14.0%	6.6%	4.9%	3.3%	4.7%	5.7%	2.8%	
Acute Cancer Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																
Two week wait GP referral (%)	Provisional	93%	87.5%	79.6%	82.3%	79.3%	92.2%	88.8%	91.0%	87.5%	91.4%	91.0%	84.6%	85.0%	81.6%	
Two week wait breast symptoms (%)	Provisional	93%	96.1%	97.8%	97.3%	63.7%	53.3%	54.8%	47.4%	47.7%	82.5%	80.0%	87.4%	93.9%	91.6%	
31 days from diagnosis to first treatment (%)	Provisional	96%	97.0%	97.3%	96.3%	97.1%	97.6%	95.3%	96.9%	97.2%	96.9%	96.7%	98.3%	98.6%	97.3%	
62 days from GP referral to first treatment (%)	Provisional	85%	77.6%	76.9%	77.0%	76.4%	76.7%	70.5%	73.4%	77.4%	77.6%	72.6%	77.1%	72.4%	68.9%	
Acute Planned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	84.7%	83.4%	82.9%	83.0%	81.8%	81.7%	82.2%	82.5%	82.2%	83.4%	83.2%	82.4%	81.5%	
Total number incomplete pathways	Validated	-	70,713	70,828	71,166	70,567	69,990	68,983	68,302	67,794	68,523	70,186	70,509	72,067	72,495	
Total number of 40 week breaches	Validated	-	730	756	651	649	770	758	681	633	653	700	697	674	782	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	14	22	17	22	29	29	13	0	0	2	0	1	1	
Diagnostic tests within 6 weeks	Validated	99%	99.3%	99.3%	99.3%	99.3%	98.2%	95.4%	98.3%	99.1%	98.2%	97.0%	98.0%	98.2%	95.9%	
Number of patients waiting > 6 weeks	Validated	-	118	109	122	122	306	852	332	178	352	588	385	353	761	
GP acute referrals (all CCGs)	Provisional	-	16,996	16,137	18,377	17,942	14,697	17,998	17,006	18,190	17,272	18,800	17,084	19,190	18,384	
Non-GP acute referrals (all CCGs)	Provisional	-	9,264	8,912	10,410	10,239	8,380	10,397	9,289	10,456	9,688	10,288	9,524	10,791	10,174	
Avoidable emergency admissions (N&W CCGs only)	Validated	-	1,711	1,704	1,919	2,115	2,231	2,366	2,136	2,154	1,986	1,901	1,760	1,815		
Mental Health Metrics (all NSFT other than Dementia)																
IAPT: access rates (local target)	Provisional	1.58%	1.04%	1.00%	1.37%	1.57%	1.36%	1.60%	1.44%	1.55%	1.41%	1.22%	1.27%	1.65%	1.20%	
IAPT: recovery rates	Provisional	50%	46.0%	52.7%	50.6%	51.2%	51.4%	59.0%	59.4%	55.5%	58.3%	59.5%	58.8%	57.9%	56.4%	
IAPT: first treatment <6 weeks	Provisional	75%	94.9%	91.1%	86.8%	84.7%	86.6%	92.0%	98.7%	99.4%	99.2%	98.5%	98.0%	98.1%	97.5%	
EIP: treatment started <2 weeks (local target) (3 month rolling)	Provisional	56%	74.2%	79.9%	82.7%	83.0%	81.7%	82.0%	84.6%	83.5%	93.2%	88.4%	72.1%	70.7%	67.1%	
CYP: eating disorders - Urgent (seen in 1 wk) (3 month rolling)	Provisional	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
CYP: eating disorders - Routine (seen in 4 wks) (3 month rolling)	Provisional	90%	89.7%	79.3%	80.0%	85.7%	73.9%	64.0%	58.3%	84.2%	100.0%	95.5%	96.0%	90.5%	83.3%	
Out of area placements (bed days - 18-65, in month)	Provisional	-	460	625	755	755	765	1,100	1,025	1,421	1,715	1,440	1,369	1,704	1,176	
Out of area placements (bed days - 65+, in month)	Provisional	-	65	50	30	0	30	45	105	16	0	31	73	87	31	
Dementia diagnosis (non-NSFT)	Validated	66.7%	62.8%	64.2%	63.3%	63.5%	63.5%	63.4%	63.4%	64.1%	63.6%	63.8%	64.1%	64.3%	64.2%	
Primary and Community Metrics																
Proportion of older people still at home 91 days after discharge	Validated	90%	86.9%	86.6%	86.6%	86.4%	84.1%	90.0%	85.7%	86.1%	78.9%	81.8%	84.2%	85.7%		
18 Week 'Incomplete' Waiting Times	Validated	92%	87.3%	87.9%	89.3%	87.9%	86.4%	88.6%	89.9%	90.8%	91.8%	93.3%	94.8%	95.6%		

STP High Level System Dashboard - JPUH

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Metrics	Status of latest data	Current target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (whole trust)	Validated	95%	91.4%	92.7%	90.3%	94.3%	87.2%	84.7%	80.1%	83.7%	86.4%	90.1%	89.9%	86.0%	86.2%	
A&E Total Attendances (as above)	Validated	-	7,401	6,561	6,617	6,266	6,541	6,613	6,046	6,978	7,041	7,133	7,040	7,710	7,775	
A&E Total Breaches (as above)	Validated	-	633	481	641	358	834	1,012	1,203	1,140	960	705	713	1,075	1,088	
Emergency admissions (N&W CCGs only)	Validated	-	1,569	1,476	1,603	1,635	1,683	1,671	1,623	1,699	1,615	1,603	1,410	1,699		
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	3.9%	1.8%	1.5%	3.0%	1.0%	2.2%	1.4%	1.2%	0.8%	1.1%	1.5%	1.5%	1.5%	
# DTOC - NHS (Norfolk patients)	Validated	-	105	42	39	42	7	48	35	28	0	21	42	56	35	
# DTOC - Social Care (Norfolk patients)	Validated	-	328	155	141	296	98	215	126	126	92	105	133	126	133	
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	0	0	0	7	14	0	0	0	0	0	0	7	
% of A&E Ambulance handover delays > 60 min	Validated	-	0.5%	0.3%	0.5%	0.0%	1.1%	2.6%	7.1%	5.5%	1.2%	0.4%	0.1%	4.0%	2.8%	
Cancer Performance Metrics																
Two week wait GP referral (%)	Provisional at 20/09/19	93%	94.4%	97.4%	97.5%	96.4%	97.4%	94.5%	94.1%	90.9%	94.6%	84.0%	85.3%	94.3%	92.1%	
Two week wait breast symptoms (%)	Provisional at 20/09/19	93%	96.8%	96.7%	95.8%	96.3%	93.4%	87.2%	82.5%	62.7%	88.9%	47.7%	73.0%	85.2%	69.8%	
31 days from diagnosis to first treatment (%)	Provisional at 20/09/19	96%	99.2%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.0%	100.0%	99.1%	99.1%	98.1%	
31 days subsequent treatment - surgery (%)	Provisional at 20/09/19	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
31 days subsequent treatment - drug treatment (%)	Provisional at 20/09/19	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional at 20/09/19	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional at 20/09/19	85%	79.3%	85.6%	86.7%	87.0%	83.5%	80.7%	78.3%	89.8%	89.8%	73.1%	76.3%	65.8%	83.3%	
62 days from screening to first treatment (%)	Provisional at 20/09/19	90%	100.0%	100.0%	90.9%	100.0%	92.3%	96.3%	100.0%	100.0%	100.0%	100.0%	95.5%	100.0%	88.9%	
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	86.9%	86.9%	87.1%	87.5%	85.7%	83.8%	84.0%	84.4%	83.0%	82.6%	83.5%	81.9%	81.5%	
Total number incomplete pathways	Validated	-	13,269	13,191	12,904	13,211	13,073	13,117	13,101	12,904	12,673	13,038	13,254	13,105	13,454	
Total number of 40 week breaches	Validated	-	116	84	43	26	36	42	48	48	32	52	46	36	37	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	1	0	0	0	0	0	0	0	0	2	0	0	0	
Diagnostic tests within 6 weeks	Validated	99%	99.8%	100.0%	99.8%	99.9%	99.1%	98.5%	99.3%	99.4%	99.2%	98.9%	99.1%	99.4%	99.4%	
Number of patients waiting > 6 weeks	Validated	-	7	1	7	2	29	51	27	23	30	45	36	24	51	
GP acute referrals (all CCGs)	Validated	-	3,766	3,537	4,133	4,008	3,133	3,997	3,725	3,911	3,742	4,009	3,582	3,947	3,651	
Non-GP acute referrals (all CCGs)	Validated	-	2,540	2,326	2,619	2,611	2,156	2,648	2,276	2,746	2,490	2,633	2,323	2,939	2,113	
Avoidable emergency admissions (N&W CCGs only)	Validated	-	426	378	446	490	594	549	543	517	470	430	382	446		

STP High Level System Dashboard - NNUH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (whole trust, inc. WIC)	Validated	95%	87.7%	86.3%	88.9%	85.6%	82.5%	77.1%	76.0%	76.9%	72.7%	82.1%	80.1%	80.6%	78.1%	
A&E Total Attendances (as above)	Validated	-	17,857	16,800	16,973	16,425	16,764	16,829	15,847	17,264	16,900	18,046	17,194	18,727	18,256	
A&E Total Breaches (as above)	Validated	-	2,196	2,307	1,879	2,367	2,936	3,852	3,800	3,992	4,606	3,239	3,426	3,624	3,998	
Emergency admissions (N&W CCGs only)	Validated	-	4,259	4,093	4,481	4,313	4,401	4,649	4,006	4,468	4,373	4,383	4,321	4,537	4,301	
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Provisional	3.5%	4.7%	5.0%	4.3%	3.3%	3.8%	4.0%	2.2%	3.1%	2.7%	4.2%	3.4%	4.1%	4.4%	
# DTOC - NHS (Norfolk patients)	Provisional	-	628	533	326	274	281	429	262	354	298	247	253	314	466	
# DTOC - Social Care (Norfolk patients)	Provisional	-	530	644	739	500	564	686	267	514	380	830	534	666	637	
# DTOC - Both NHS / Social Care (Norfolk patients)	Provisional	-	27	47	47	55	132	0	26	7	32	65	119	147	108	
% of A&E Ambulance handover delays > 60 min	Validated	-	10.3%	11.0%	5.0%	12.9%	16.4%	18.6%	15.0%	2.1%	2.8%	0.3%	2.3%	2.3%	2.3%	
Cancer Performance Metrics																
Two week wait GP referral (%)	Provisional	93%	81.2%	68.5%	71.9%	67.0%	88.1%	84.4%	88.1%	87.0%	94.9%	93.0%	79.7%	76.3%	72.2%	
Two week wait breast symptoms (%)	Provisional	93%	96.1%	97.9%	98.1%	44.9%	28.6%	36.5%	28.4%	47.1%	98.6%	94.2%	92.5%	96.7%	96.3%	
31 days from diagnosis to first treatment (%)	Provisional	96%	96.2%	96.4%	94.7%	96.6%	97.0%	93.3%	96.6%	96.6%	96.5%	96.9%	97.4%	98.9%	96.9%	
31 days subsequent treatment - surgery (%)	Provisional	94%	83.5%	77.8%	79.8%	86.4%	84.5%	79.0%	89.6%	83.9%	83.0%	84.2%	88.8%	89.0%	86.5%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	100.0%	100.0%	99.4%	100.0%	99.0%	98.5%	99.2%	99.2%	99.1%	98.4%	98.2%	99.2%	98.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	98.4%	97.7%	97.2%	98.9%	97.4%	94.5%	100.0%	95.3%	96.6%	97.0%	96.3%	96.4%	97.3%	
62 days from GP referral to first treatment (%)	Provisional	85%	75.8%	72.0%	70.8%	71.5%	73.5%	62.9%	71.7%	68.2%	76.3%	76.5%	75.6%	73.5%	66.2%	
62 days from screening to first treatment (%)	Provisional	90%	93.6%	78.3%	66.7%	81.0%	81.4%	89.8%	82.9%	96.8%	84.6%	82.6%	79.5%	72.6%	93.9%	
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	84.3%	83.1%	82.6%	82.6%	81.9%	82.1%	82.5%	82.8%	82.6%	83.9%	83.5%	82.9%	81.8%	
Total number incomplete pathways	Validated	-	42,000	42,053	42,460	41,864	41,444	40,979	41,120	41,328	42,159	43,390	43,625	44,493	45,227	
Total number of 40 week breaches	Validated	-	456	483	423	429	465	466	465	455	485	552	559	557	667	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	8	15	16	21	28	28	12	0	0	0	0	1	0	
Diagnostic tests within 6 weeks	Validated	99%	99.1%	99.1%	99.0%	99.1%	97.6%	93.5%	97.7%	98.8%	97.5%	96.8%	98.2%	98.9%	96.9%	
Number of patients waiting > 6 weeks	Validated	-	93	93	101	98	256	769	287	142	290	382	210	129	348	
GP acute referrals (all CCGs)	Provisional	-	10,095	9,575	10,888	10,648	8,993	10,706	10,229	10,942	10,682	11,377	10,305	11,633	10,662	
Non-GP acute referrals (all CCGs)	Provisional	-	5,051	4,987	5,842	5,889	4,764	5,850	5,278	5,791	5,442	5,763	5,376	5,966	5,559	
Avoidable emergency admissions (N&W CCGs only)	Validated	-	815	853	992	1,060	1,110	1,226	1,067	1,105	1,026	982	927	924	880	

STP High Level System Dashboard - QEH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (whole trust)	Validated	95%	82.0%	82.1%	84.0%	78.1%	84.0%	74.9%	77.3%	82.0%	84.7%	83.8%	84.7%	81.1%	79.0%	
A&E Total Attendances (as above)	Validated	-	6,051	5,672	5,572	5,640	5,678	5,681	5,311	5,984	5,950	6,031	6,068	6,309	6,299	
A&E Total Breaches (as above)	Validated	-	1,087	1,013	889	1,236	909	1,428	1,203	1,079	912	977	930	1,191	1,325	
Emergency admissions (N&W CCGs only)	Validated	-	2,061	1,969	2,043	2,202	2,085	2,275	1,949	2,227	2,141	2,233	2,170	2,146	1,998	
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	2.0%	2.8%	2.6%	2.4%	2.5%	1.4%	1.3%	1.4%	1.2%	1.5%	1.9%	1.3%	0.9%	
# DTOC - NHS (Norfolk patients)	Validated	-	255	277	274	249	242	142	120	138	118	160	200	109	65	
# DTOC - Social Care (Norfolk patients)	Validated	-	6	73	47	33	73	41	32	42	27	37	37	62	44	
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	0	0	0	0	0	0	0	0	0	0	0	0	
% of A&E Ambulance handover delays > 60 min	Validated	-	14.3%	12.1%	11.6%	18.1%	13.3%	22.0%	20.2%	18.6%	14.6%	14.2%	15.2%	16.6%	11.9%	
Cancer Performance Metrics																
Two week wait GP referral (%)	Provisional	93%	94.6%	93.2%	98.3%	97.3%	97.4%	95.9%	95.1%	86.0%	81.0%	91.9%	95.9%	96.7%	95.9%	
Two week wait breast symptoms (%)	Provisional	93%	95.6%	98.5%	96.9%	100.0%	100.0%	91.3%	86.3%	29.8%	20.9%	66.1%	83.3%	91.5%	96.2%	
31 days from diagnosis to first treatment (%)	Provisional	96%	97.5%	97.3%	97.7%	96.2%	98.8%	97.2%	95.3%	96.5%	96.1%	93.2%	100.0%	97.2%	98.0%	
31 days subsequent treatment - surgery (%)	Provisional	94%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	83.3%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	100.0%	100.0%	97.9%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional	85%	80.7%	80.3%	85.9%	82.4%	80.0%	79.7%	74.6%	85.9%	70.9%	63.7%	81.1%	75.8%	64.2%	
62 days from screening to first treatment (%)	Provisional	90%	93.3%	96.0%	100.0%	85.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	83.7%	81.2%	79.9%	80.1%	78.5%	78.8%	79.5%	79.8%	80.4%	82.5%	81.8%	81.1%	80.7%	
Total number incomplete pathways	Validated	-	15,444	15,584	15,802	15,492	15,473	14,887	14,081	13,562	13,691	13,758	13,630	14,469	13,814	
Total number of 40 week breaches	Validated	-	158	189	185	194	269	250	168	130	136	96	92	81	78	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	5	7	1	1	1	1	1	0	0	0	0	0	0	
Diagnostic tests within 6 weeks	Validated	99%	99.4%	99.4%	99.5%	99.3%	99.3%	99.0%	99.5%	99.6%	99.1%	95.5%	96.4%	94.8%	90.9%	
Number of patients waiting > 6 weeks	Validated	-	18	15	14	22	21	32	18	13	32	161	139	200	362	
GP acute referrals (all CCGs)	Validated	-	3,135	3,025	3,356	3,286	2,571	3,295	3,052	3,337	2,848	3,414	3,197	3,610	4,071	
Non-GP acute referrals (all CCGs)	Validated	-	1,673	1,599	1,949	1,739	1,460	1,899	1,735	1,919	1,756	1,892	1,825	1,886	2,502	
Avoidable emergency admissions (N&W CCGs only)	Validated	-	470	473	481	565	527	591	526	532	490	489	451	445	450	

STP High Level System Dashboard - data sources, notes and caveats

Metrics	Data sources, notes and caveats
Unplanned Care Performance Metrics	
A&E 4 hr performance	*Source: A&E Attendances and Emergency Admissions, NHS England* Comprises whole provider figures including MIU and WIC for NNUH. Apr-18 NNUH figures adjusted using local WIC data as the nationally published figures did not include WIC.
A&E Total Attendances (as above)	
A&E Total Breaches (as above)	
Emergency admissions (N&W CCGs only)	*Source:* SUS+. Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit.
Delayed transfers of care (DTOC) - % of delayed days vs available bed days	*Sources: Monthly Delayed Transfers of Care Data, NHS England & Bed Availability and Occupancy Data – Overnight, NHS England* Norfolk only. There is no official denominator to agree DTOC rates, so the latest KH03 quarterly return for overnight occupied beds has been used. As such these figures will not reconcile with any other reported figures. Prior to Jun-18, JPUH were only submitting delay codes to NHS delays and not including social care.
# DTOC - NHS	
# DTOC - Social Care	
# DTOC - Both NHS / Social Care	
% of Ambulance handover delays - 60 min	*Source: Contract Files, East of England Ambulance Service NHS Trust* It's important to note that there is a discrepancy between EEAST and QEH views of handover delays at QEH.
Cancer Performance Metrics	
Two week wait GP referral (%)	*Source: Cancer Waiting Times, NHS England* Figures for the most recent month are submitted directly by providers and are provisional only. Comprises whole provider figures.
Two week wait breast symptoms (%)	
31 days from diagnosis to first treatment (%)	
31 days subsequent treatment - surgery (%)	
31 days subsequent treatment - drug treatment (%)	
31 days subsequent treatment - radiotherapy (%)	
62 days from GP referral to first treatment (%)	
62 days from screening to first treatment (%)	
Planned Care Performance Metrics	
Incomplete - RTT % waiting treatment <18 weeks	*Source: Consultant-led Referral to Treatment Waiting Times, NHS England* Comprises whole provider figures.
Total number incomplete pathways	
Total number of 40 week breaches	
Incomplete - RTT no. waiting treatment >52 weeks	
Diagnostic tests within 6 weeks	*Source: Monthly Diagnostics Data, NHS England* Comprises whole provider figures.
Number of patients waiting > 6 weeks	
GP acute referrals (all CCGs)	*Source: Monthly Activity Return, NHS England* Includes activity from all CCGs to afford a whole proivider view.
Non-GP acute referrals (all CCGs)	
Avoidable emergency admissions (N&W CCGs only)	*Source: SUS+* . Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit. Avoidable Admissions have not been aggregated to STP level for the latest month due to low clinical coding completeness at JPUH, which shows an artificial reduction.
Mental Health Metrics	
IAPT: access rates (local target)	*Source: NSFT PI01 – Dashboard.* 2018/19: 16.8% locally agreed target; 2019/20: 19% locally agreed target. Clarification required around 19/20 locally agreed target.
IAPT: recovery rates	*Source: NSFT PI01 – Dashboard.* 50% national target. Also published nationally - local data more timely
IAPT: first treatment <6 weeks	*Source: NSFT PI01 – Dashboard.* 75% national target. Also published nationally - local data more timely.
EIP: treatment started <2 weeks (local target)	*Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney.* RAG rated against 2018/19 - 53%; 2019/20 - 56% national target. Also published nationally - local data more accurate
CYP: eating disorders - Urgent (seen in 1 wk)	*Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney.* RAG rated against 90% local target. Also published nationally - local data more accurate
CYP: eating disorders - Routine (seen in 4 wks)	
Out of area placements (bed days - 18-65, in month)	*Source: NSFT PI07B – Dashboard.* Trajectory to be agreed. Apr-18 to Feb-19 Nationally Published, Mar-19 onwards NSFT report. Data reconciliation project currently in progress with NSFT.
Out of area placements (bed days - 65+, in month)	
Dementia diagnosis	*Source: NHS Digital Dementia Diagnosis publication* - based on NHS Digital Reports that are taken from the GP's QOF register.

Report title:	**System Winter Resilience Planning**
Date of meeting:	**30 October 2019**
Sponsor (H&WB member):	**James Bullion Executive Director Adult Social Care Melanie Craig, CCG Accountable Officer**

Reasons for the Report

There are extreme pressures on health and social care during the winter months – and increasingly at other times in the year. This report outlines the joint planning across the health and social care system which has improved significantly, and the contribution that Adult Social Services makes towards supporting a stable system over winter is fully recognised.

Report Summary

Planning for winter is well-established across the Norfolk and Waveney health and social care system and there is a strong collaborative approach which recognises and values the strengths and contributions of different organisations within the system.

This joint report summarises the learning to date, the challenges for this winter and the shared objectives for health and social care for winter and all-year round resilience.

Recommendations

The HWB is asked to:

a) Consider the challenges set out and agree the joint objectives (3.2) for Winter and all-year resilience.

1. Background

1.1 The impact of an ageing population combined with increasing numbers of people with a long-term health condition means that demand for health and social care is increasing all the year round. However, across the winter months these pressures are exacerbated, particularly across the urgent care system and primary care.

1.2 Long term condition prevalence, co-morbidity, frailty and risk of emergency admission increase with age. The more co-morbidities that a person has, the more likely they are to require care across diverse settings, and the higher the requirement for care resources. Norfolk is a predominantly rural county, with North Norfolk and South Norfolk Clinical Commissioning Groups (CCGs) amongst the most rural areas in the country. This poses a significant challenge to the delivery and accessibility of health and social care services.

1.3 Across the wider Sustainability and Transformation Partnership (STP) footprint of Norfolk and Waveney it is estimated that there are about 38,000 people with 4 or more long term conditions and that over the next ten years by 2026 this might increase to about 48,000. This in part will be driven by the aging population and if trends continue by increasing numbers with obesity

2. Review of Winter 2018/19

2.1 The Norfolk and Waveney health and social care system further strengthened its system-wide resilience planning for 2018/19 with a range of interventions, including the appointment

of a single Winter Director for the whole system, and single 'winter room' to provide strategic co-ordination across the system.

2.2 A comparison between March to April 2016/17 and March to April 2017/18 highlight the following increases in demand:

- Emergency admissions across the five Norfolk and Waveney CCGs increased by 4.7% - short stay admissions (0-1 day) rose by 8.2%, compared to a rise of 1.5% for long stays.
- Ambulance call outs rose by 4.3%, with conveyances increasing by 2.5%, it should be noted that call outs showed the highest increase in January (up 10.4%), however the YoY increase for March was a more modest 5.1%.
- Although 111 calls rose by only 0.6%, calls where an ambulance was dispatched have increased by 9.5% and calls recommended to attend A&E have risen by 12.0%. Other call outcomes have fallen by -3%.
- Despite the increase in other forms of urgent care activity, walk in centre attendances dropped by almost -10%.

2.3 A review by the Winter Director for the period identified a better culture – through improved communication, stronger working relationships, genuine collaboration, a positive problem-solving approach. This delivered:

- Improved ambulance response times across Norfolk and Waveney compared to last year
- Improvement in ambulance handover performance, particularly at the Norfolk and Norwich University Hospital (NNUH).
- Successful implementation of agreed system winter plans, particularly additional out of hospital capacity.
- Improved system co-ordination and 'team-work'.
- Improved 'operational grip' across the N&W Urgent and Emergency Care System.
- Daily N&W System 'Gold' Calls for rapid information exchange and identification of system support actions.
- Reduced 111 driven demand on 999 and A&E services in 2019.
- N&W system able to more effectively escalate, mobilise and co-ordinate recovery actions at times of increased pressure.
- Older People's Emergency Department (OPED) / Older People's Assessment Service (OPAS) at the NNUH – direct access to Consultant for advice.
- Collaborative approach to developing new pathways.

2.4 The challenges highlighted for the system were – and remain:

- All Norfolk acute hospitals remained under significant strain over the winter period and 4 Hour A&E performance did not meet the 95% standard at any of the Norfolk Acute hospitals.
- Significant demand increases (A&E attendances and emergency admissions) witnessed at all three acute hospitals.
- Mental Health capacity across the system (locally, regionally and nationally) did not always meet the level of demand.
- Care home and home care providers struggled to cope with the level of demand across the system.
- Workforce – ensuring that staffing levels within the NHS and social care are sustained remains challenging – and within the independent care sector, the issues of attracting and retaining staff is an on-going challenge.

3. Winter Planning and improvement for 2019/20 – shared objectives

3.1 The health and social care system has continued to be extremely intense over recent months, with high volumes of people helped and supported across all tiers of health and social care. It is generally recognised that there is no longer winter planning, but all-year round resilience planning.

3.2 Whilst pressures are inevitably most high profile at acute hospitals, short-term mitigation and longer term sustained changes are needed much earlier 'upstream' to prevent unnecessary hospital admissions, and to help people stay independent for longer. To this end, the shared objectives for the NHS and Adult Social Care are:

i. Continuing to embed **prevention in the community**, including social prescribing, public health advice and awareness, promotion of the flu jab, the work of Integrated Care Co-ordinators. We are also continuing to develop the 17 Primary Care Networks (PCNs) that have been established in Norfolk and Waveney that are bringing GP Practices together supporting more joined up working and sharing of resources with a focus on prevention. The PCNs are further enhancing access for patients through improved access and extended access which has is giving patients the ability to see primary care clinicians, early morning, evening and weekends enhancing our overall capacity for winter.

ii. Establishing and embedding across Norfolk and Waveney a consistent model that provides our residents with a **2-hour community crisis response** service. Our model is called NEAT or the Network Escalation Avoidance Team. These teams comprise highly experienced clinicians and social care professionals who receive referrals predominantly from GPs, social care and the Ambulance Service. Upon receipt of a referral they conduct a detailed triage of need and then work with community teams to deploy rapid support within 2 hours that is most appropriate to that individuals need. This approach has already been very successful in Norwich particularly for the over 65 age group in reducing avoidable admissions to hospital and is now being rolled out across our 3 localities with a team planned for each 'place' or CCG. We have seen further benefits of this fast crisis response, triage and rapid deployment in reducing the pressure on core services and in delaying / reducing the need for long term social care.

iii. Embedding **a 'home first' way of working** across the system, which aims to support people at home where possible, and work towards getting people home from hospital quickly and restoring as much independence as possible. This includes initiatives such as District Direct.

iv. Further strengthening **integrated discharge planning** in hospitals, adhering to agreed ways of working and implementing improved communications and flow of information between the community, primary care, social care and our hospital teams.

v. Liaison with **independent providers** – in particular care homes implementing initiatives as part of the Enhanced Care in Care Homes programme.

vi. During winter pressure periods we often see the impact of mental health patients attending our emergency departments (EDs) is magnified when they are seeing increased volumes of other patients. To mitigate the impact and to reduce the time our mental health patients spend in ED, when they should be in a more appropriate setting, we have commissioned an **additional 16 adult acute beds** on Yare Ward and are increasing the staffing levels in our Crisis Resolution and Home Treatment teams. For

the first time this year we are also trialling a "perfect week" with our Mental Health provider, NSFT, an initiative routinely used in our three Acute Trusts to improve flow and discharge supported by the wider system.

vii. **Investing in reablement**, delivered by Norfolk First Support, and jointly funded by social care and health.

viii. Ensuring **staffing capacity and patterns** are matched – where possible – to demand. Attracting and retaining staff across the whole system – including the independent sector – remains a big challenge.

3.3 As previously reported, despite the improvements last winter, it remained the case that the system struggled to meet challenging discharge of care targets – a measure which will continue to put the Norfolk and Waveney system under intense scrutiny. This is challenging when the sheer volume of people through our system remains high, and the main measure focuses on delays. Stronger joint working is vital to avoid the unintended consequence of more people going into short-term or long-term residential care, based on decision made at a time of crisis, which then turn into permanent residential care.

3.4 Further detail about Adult Social Services plans can be viewed **here** (which was submitted to Cabinet in October 2019) and those of the NHS **here** (which was considered by the STP Executive in October 2019).

4. Funding for winter 2019/20

4.1 Additional funding has come into the system to provide us with additional capacity and resilience as we head into a period increased pressure on a wide range of services.

4.2 From local health budgets each of our 3 localities has created a winter fund totalling c£2m. This funding has allowed a continuation of schemes from last vear that were evaluated and deemed effective. The priority areas are:

- **West Locality has prioritised:**
  - Pre-Hospital - NEAT social work support to improve admissions avoidance, High Intensity Users project
  - Post Hospital – increasing bed-based support for End of Life, non-weight-bearing, residential and resolving delirium patients to improve discharge and flow with in the hospital, District Direct.

- **East Locality has prioritised:**
  - Pre-Hospital – NEAT rollout, High Intensity Users project
  - Post Hospital – Integrated Discharge team, District Direct.

- **Central Locality has prioritised:**
  - Pre-Hospital – Enhanced wrap-a-round support for NEAT within EEAST and within HomeWard, Consultant led respiratory clinics in the community
  - Hospital – Acute Paediatric additional cover, additional cover for front door admissions avoidance and discharge
  - Post- Hospital – District Direct, Community Ops centre to improve community bed flow.

4.3 A continuation of the £4.1m winter pressures grant to Adult Social Services was announced last month. This money ensures continuation of one-off funding last year, so will allow schemes put in place last year to continue, where they are effective. The priority areas are:

- Purchasing additional packages of care, due to increased complexity of need
- Invest in market capacity to support care sector in the event of market failure.
- Investing in staff capacity to support Home First
- Extend Assistive Technology offer to Hospital Teams.
- Support for District Direct Service. (based within the three acute hospitals and offering fast-track minor adaptations and wider housing advice)
- Additional investment in Enhanced Home Support Service.
- Additional assistant mental health capacity
- Investment in Swifts.

5. Conclusion

5.1 This report sets out the System approach to winter, detailing the key challenges but also describing how the System is, year on year, improving how it is working together to support the population to stay well but also reduce reliance on acute care.

5.2 Despite best efforts however the risks detailed within this report remain. These known risks, coupled with factors outside our control, particularly the weather and the impact of flu, mean that the winter period is a critical time for people managing, working within and accessing Health & Social Care Services.

Officer Contact

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Report title:	**Homes and Health**
Date of meeting:	**30 October 2019**
Sponsor (H&WB member):	**Cllr Yvonne Bendle (on behalf of the Health and Wellbeing Board District Councils' Sub Committee)**

Reason for the Report

The report updates the Health and Wellbeing Board (HWB) on the past 12 months' activities through the HWB District Councils' Sub Committee of the Board.

Report summary

Actions were agreed across three key housing themes at the HWB in October 2018. This report identifies key levels of success and challenge alongside activity taken to support longer term prevention priorities.

Highlights across the three themes is included in section 2 and includes:

Warm and healthy homes:

- Delivery of the Warms Homes Fund is ongoing – actions are in place to ensure delivery is on target including a new communications and marketing delivery plan.

Workforce joint working:

- Pilots were established in three areas across the County. Planning is underway for an innovative solution to share learning outcomes with partners.

Discharge from hospital:

- Health and social care funding has been agreed until March 2020 for all acute trusts and central mental health trusts and community hospitals. Evaluation funded and due March 2020.

Recommendations

The HWB is asked to agree the following final steps in the Homes and Health programme proposed by the Sub Committee that HWB Board members and organisations:

a) Endorse and facilitate uptake of the e-learning by their frontline workforce.
b) Promote the Warm Homes Fund within their organisations, drawing on support from Spring communications.
c) Agree to more fully develop a mode, based on learning from the 3 Multi-Disciplinary Team (MDT) pilots, to look at how housing and health can be better aligned within MDTs for consideration at the Primary and Community Care and Workforce STP workstream.
d) Agree to support embedding District Direct funding into member organisations budgets from April 2020, to include work with acute, mental health and community trusts.

1. Background

1.1 Previous reports in October 2018 established a formal sub-committee of the HWB comprising districts councils. It also agreed a 12 month focus on homes and health.

1.2 This approach supports the Joint Health and Wellbeing Strategy and aligned itself to tackling winter pressures via the STP Prevention work programme. It builds on the work with district councils outlined in a report to the HWB in February 2017 highlighting the opportunities to

maximise their preventative role and impact of their work within localities. It also supports the Norfolk and Waveney STP whose governance was also reviewed and established five key workstreams including "Primary and community care" (which includes prevention) and "Acute transformation".

1.3 In April 2019, the HWB Board agreed three recommendations for further action:

i. Promote existing initiatives such as messages to stay well in winter, providing energy and money saving advice and installing central heating systems to fuel poor households.

ii. Build housing interventions into with Multi-Disciplinary Team activities and improve awareness of potential housing solutions to health and care needs.

iii. Establish a sustainable model and to extend the district offer to include discharge from mental health and community hospitals

2. Homes and Health - update

Warm and Healthy homes

Promote existing initiatives such as messages to stay well in winter, providing energy and money saving advice and installing central heating systems to fuel poor households.

2.1 The Norfolk Warm Homes Fund (WHF) has now been running for a year and has been able to support many households in fuel poverty by improving their financial position and making their home warmer with new central heating. With still over a year to run steps are in place to ensure the scheme meets all the intended outcomes. The WHF team:

- Have commissioned 'Spring' a market and communication consultant to help promote the programme more widely across Norfolk through a planned marketing plan including social media activity.

- Have requested engagement from all district councils in identifying vulnerable residents who would benefit from the scheme.

- Are in active conversation with the National Warm Homes funders regarding the removal of Energy Company Obligation funding for oil heating on how to mitigate any impact.

- Are in discussion with Clarion Housing Group and Saffron Housing Trust to deliver uptake of the grant in their properties.

- Are keen to engage Health & Wellbeing Board partners to maximise uptake of the grant to reduce fuel poverty across Norfolk.

Outcomes

2.2 The Warm Homes Team has received a total of 194 applications for first time central heating with £468,300 grant funding committed. In addition, 49 households have been supported with £87,400 emergency funding for boiler repairs. The value of additional benefits that have been secured for fuel poor residents through energy advice and income maximisation is £602,000.

2.3 The new communications campaign is being designed and will be launched at the beginning of September in time for the autumn period, which will increase the demand for new central heating systems going forward. At the end of July an additional nine installers were engaged by the Warm Homes Fund to increase the rate of completion of boiler installs.

2.4 Positive feedback on progress was received at a recent meeting with Affordable Warmth Solutions, the grant funders.

2.5 Switch & Save – in the two offers in Nov 2018 and Feb 2019 in BDC, NCC and SNC nearly 2,900 switched average saving pa of £120 (£350k total). For the May 2019 action, there were 295 registrations in SNC and BDC. 71% of the registrations could make a saving which equated to an average saving of £130.83. In total 119 switched. Currently a Big Switch and Save campaign is open and will close 26th November 2019.

2.6 District attendance at Flu Clinics in place for Autumn/Winter 2019. Targeted engagement at those surgeries that experience the greater levels of fuel poverty.

Case Study

Case study 1:
Mrs D had a visit from a Warm Homes Fund Support officer regarding her energy bills. She was paying £99 per month direct debit for her gas and electricity. The support officer called her energy company on her behalf and her tariff was changed, reducing her payments to £66 per month plus they sent her a refund of £1,300 as she was in credit.

Case study 2:
Mrs C originally contacted the WHF for help with their energy bills. A Warm Homes Support Officer helped Mrs C with claiming Attendance Allowance, and also suggested that Mr C was also eligible for attendance allowance. These additional benefits mean that they also received pension credit and council tax reduction, increasing their annual income by more than £10,000 per year. Mrs C said “The Support Officer was brilliant, absolutely brilliant, a lovely lady. Her help has had a massive impact, we were really struggling before. Our bills are now much more manageable. We can spend much more on weekly groceries and petrol than before. It’s had a really big effect on us. If someone is struggling since they retired, then the Warm Homes team can really help”

Case study 3:
Mr R in his late 70s, was living in a cold bungalow and struggling to heat his home with a solid fuel stove. Due to his ill health he was finding it increasingly difficult to bring in coal and wood to light the fire and so he applied for a WHF grant for central heating. As Mr R was receiving benefits he was eligible for a grant for a new oil central heating system and working with a WHF support officer he was successful in securing an additional £3377 charitable funding to bridge the gap in oil grant funding to enable him to have new central heating in time for winter.

Integration with Multi-Disciplinary Teams (MDTs)

Build housing interventions into with Multi-Disciplinary Team activities and improve awareness of potential housing solutions to health and care needs.

2.7 In 2018, £36,000 was received from Health Education England to support closer work with health and social care professionals. This funding was split equally across 3 district councils (South, Broadland and West) to pilot 3 projects to develop MDTs and involve primary,

community and social care staff with district council housing officers and other community organisations to prevent hospital admission.

2.8 As part of this programme, funding was allocated to share learning on housing and health, drawing on the pilots. This was also sighted as a recommendation by the HWB in April 2019 - “To hold a county-wide learning event to increase knowledge of potential housing solutions to health and care needs.”

2.9 A steering group with representatives from Norfolk County Council public health, South, Broadland and West Norfolk District Councils is working to deliver “A suitable response to this recommendation which will maximise the sharing of knowledge between professions”.

Outcomes

2.10 Pilots undertaken in Broadland, South Norfolk and Kings Lynn & West Norfolk:

- Broadland DC - Attendance at MDT meetings within GP surgeries and community mental health hospital wards. Further plans to reprint council information to support surgeries but has to be shaped by GP/surgery feedback. The current City 2 Community FICS (Fully Integrated Care & Support) meetings are hosted by Broadland at the Council Offices.

- King’s Lynn at QEH – 98 referrals received, e-form developed, and remote working enabled; training and marketing materials distributed across the acute trust. Reported increased activity within the hospital and report improved referrals into the home adaptation service and link with broader dementia care services.

- South Norfolk Council - Working within one larger surgery to provide tailored personal budget-based interventions for 11 patients as well as training for 11 staff within the practice.

2.11 The three key overarching learning outcomes remain as follows:

- Duty to Refer under the Homelessness Reduction Act beyond statutory minimum across health and social care.

- Better understanding of the impacts of homes on health and social care and with particular reference to spotting and referring potential category 1 health hazards as defined in law.

- Testing the timing of early intervention e.g. when in the elective surgery cycle is best time the intervene if there will be a need post-surgery for example and how potentially do we "front load" support address future increasing frailty in target populations.

2.12 The group have consulted with colleagues in Public Health and have developed an idea to deliver the wider learning outcomes by creating an E-learning/training resources enhanced with webinars and integration with existing events.

2.13 This would help to overcome some of the challenges in engaging with frontline staff such as accommodating work patterns and cover of provision and will ensure greater reach and longevity of sharing knowledge from the three pilots. The involvement of frontline healthcare workers in the development of the package would be essential.

2.14 An established working group are undertaking investigative work with NCC partners, learning pool, and colleagues who have worked on similar packages to establish feasibility and cost.

Case Study

Ms B is an 87-year-old woman who lives in a two bedroom privately rented bungalow. She is in receipt of housing Benefit but there is a £200 shortfall each month as her Housing Benefit was considerably lower than the cost of the rent. Ms B was having to cut back on food etc. to meet the rent cost. Ms B's health is declining and is now housebound as daughter who lives locally doesn't drive. However, she is in receipt of low rate Attendance Allowance which is used to pay a friend to take her out and also clean.

A referral was made from the Integrated Care Coordinator (ICC) based in the GP surgery to the Home Improvement Agency Officer to look at whether current property meets B'S needs and look at their finances. The HIA visited and completed a budget sheet. High rate attendance allowance was applied for and a blue badge so when Ms B is taken out by her friend they can park near to the shops. The HIA Officer discussed housing options with Ms B who decided she wanted to apply for sheltered housing. The HIA Officer completed a sheltered housing application and carried out a housing needs report identifying Ms B's need for a level access property and level access shower.

Discharge from Hospital

Establish a sustainable model and to extend the district offer to include discharge from mental health and community hospitals

2.15 The District Direct (DD) service is a dedicated Housing Officer resource working over the Norfolk and Waveney Sustainability and Transformation Partnership (STP) footprint, in the Norfolk and Norwich University Hospital (NNUH), the Queen Elisabeth Hospital (QEH), the James Paget University Hospital (JPUH), and across the district and borough council offices in Norfolk and Waveney. The service works with patients who are identified as those who could potentially experience a delayed transfer of care or bed block, or who can be supported at the Emergency Department (ED), preventing admission.

2.16 The combined DD schemes have dealt with around 30 referrals per week, almost one thousand in total.

2.17 Around 20 percent of this activity has been at the front door and prevented an admission, the remainder has prevented or reduced Delayed Transfers of Care (DTOC) in all cases, with an average reduction in length of stay of around 3.5 days.

2.18 Further evaluation of the service is due to be conducted with development of a single evaluation model across the three acute hospitals before April 2020, to provide a view of the value this provides across the wider system, but early indications from follow-up interviews suggests a significant reduction in re-admission and reliance on formal care.

2.19 The service is hosted by South Norfolk Council in the central area, Great Yarmouth in the East and Kings Lynn and West Norfolk in the West, however the service works on behalf of all districts including those out of area. Regardless of health setting all district direct services are badged under the same name and providing the same service, regardless of health setting. This supports the consistent messaging and offer available across the County.

2.20 Referrals have been made from all departments, wards and levels of staff across the hospitals and range in age from 18 to 98 years.

2.21 The service is highly regarded by hospital staff, with one ED consultant commenting “really impressed with how quickly DD attended & how quickly they worked with patient in helping with multiple housing issues ensuring help once she goes home…. greatly appreciated that within just under 2 hours this was all done & patient discharged home with plan in place”.

2.22 Prior to the DD scheme, the acute hospitals found it challenging to meet the statutory duty to refer under the Homelessness Reduction Act 2017- one of the STP acute hospitals had not referred a single person since the act came into force. Over 30% of these District Direct referrals have been under the act and have ensured that the trusts are compliant with the legislation.

Outcomes

2.23 Achieved a single model with common interventions across Norfolk.

2.24 344 referrals NNUH (June-Dec); 98 at QEH (June-Dec).

2.25 63% referrals are for the target 65+ age group.

2.26 Main barrier to discharge lack of access and need for adaptation.

2.27 Secured winter resilience funding to move the model into mental health and community hospitals for Central Norfolk from November to April – support in the East and West still outstanding.

2.28 £7,000 funding secured for academic research, scope will include all acute and community trusts taking place between November 2019 – March 2020.

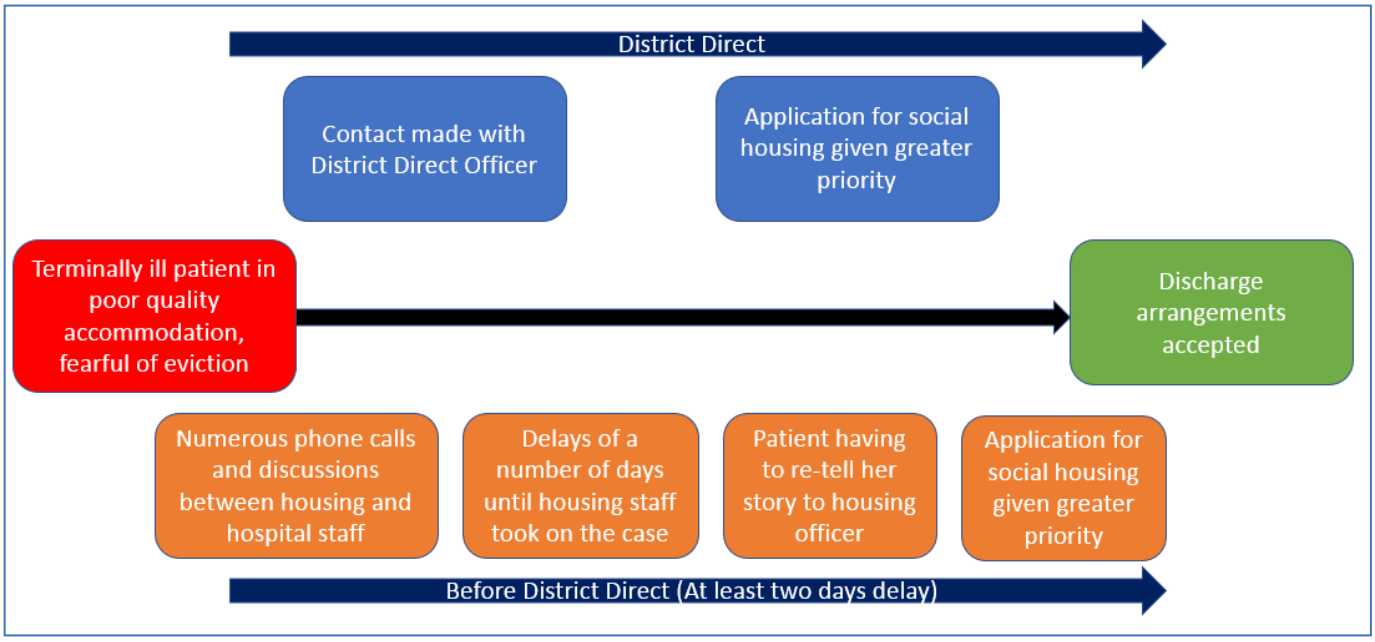
Case Study

Case study 1:

Terminally ill patient referred to therapy team due to “fear of returning home”. The therapist discovered that she and her husband were in low quality rented accommodation and that the landlord would not allow alterations to improve her safety. They feared the landlord wished to have a reason to evict them. One phone call to a District Direct officer led to her attending the ward that afternoon, she supported the patient her husband with their application to enhance her banding for rehousing. Due to the support and knowledge of the officer, she was discharged on the same day.

Before DD, housing officers would not have been able to visit the patient on the same day, and there would have had to be have been numerous discussions and phone calls, with a conservative estimate of at least two days delay.

This was a very distressed patient whose concern was unfixable within the hospital setting. The therapist would have had no direct access and therefore a considerable time would have been taken to find an officer who knew about the case in the community. One phone call to the District Direct officer led to a visit within hours. The patient was so grateful for the intervention and discharge could proceed.



Case study 2:

Mrs Y collapsed at home and was unable to get up. It took several ambulance crews to attend and help get her to hospital due to very limited room to get her out of the property.

Mrs Y did not want to return home due to issues with her current property which had significant fire escape risk issues. Mrs Y was also unable to access her bathing and toileting facilities and unable to climb upstairs to her bedroom, putting strain on her disabled husband and creating a significant risk of carer breakdown.

Mrs Y was referred to the District Direct officer, who visited Mrs Y on the ward within the hour, discussing the need to assess the home environment with a view to assisting a move through to the housing register. Mrs Y was reassured as she knew how to move forward, so was happy to return home.

Following her referral, a Housing Needs Assessment was completed. Mrs Y and her husband have been successful on the housing register and have moved into a suitable bungalow. The patient and family expectations were managed by the District Direct Officer. This allowed a smooth discharge and has given Mrs Y and her husband an improved quality of life, in addition to preventing potential future admissions or escalation and potential carer breakdown.

3. A lesson for future working

3.1 The homes and health work has been a vehicle for district councils - working together - to have impact across the county. Some examples, flowing from the homes and health work, include:

- Based on specific learning and capacity concerns arising from the WHF work, proposing a strategy to develop the local labour market and supply chains to facilitate the switch to a non-carbon energy future in line with government ambitions, while supporting the local economy and building the capacity of the local workforce.

- Building on the existing skills of the warm homes fund team (currently only funded for two years) to continue to seek cross organisational funding for and to deliver energy and home solutions for the vulnerable on behalf of all districts across the county.

- Agreeing a way in which proposals for multi-agency funding can be streamlined – for example to support joint working between frontline district council and health staff across the county.

3.2 It has also highlighted that the HWB District Council Sub-Committee could take a more strategic approach to leverage impact for health and wellbeing across boundaries. At the last meeting of the Sub-Committee in September 2019 it was agreed that the sub-committee would support a coordinated district council approach to the delivery of the Health and Wellbeing Strategy through:

- Describing and developing the joint health and wellbeing offer of the district councils with relevant partners.

- Identifying activities and strategic areas of influence where collaboration across district councils adds value.

- Peer to peer support and learning to add to knowledge and understanding of 'what works'.

3.3 Over the next month, the HWB District Council Sub-Committee will develop a compact to support this activity setting out its purpose, priorities, actions and delivery.

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Report title:	**Mental Health Inappropriate Out of Area Placements Update**
Date of meeting:	**30 October 2019**
Sponsor (H&WB member):	**Jonathan Warren, Chief Executive of Norfolk and Suffolk NHS Foundation Trust (NSFT)**

Reason for the Report

The purpose of this paper is to update members of the Health and Wellbeing Board (HWB) on the progress that the Norfolk and Suffolk NHS Foundation Trust (NSFT), working in partnership with other local health and care organisations, has made in reducing mental health inappropriate out of area placements. It also sets out the support members of the Board could provide to continue to improve our performance.

Report summary

The report gives an update on the first six months performance of this financial year and gives a wider context regarding the history of inappropriate out of area placements (OoAP) for patients from Norfolk and Waveney.

There has been a significant improvement in the number of inappropriate out of area placements. There is a robust plan in place and commitment to change by senior system leads that will enable Norfolk and Waveney to achieve zero inappropriate OoAP by April 2021.

The report and supporting presentation outline key changes that have contributed towards the improvement, whilst also highlighting risks to a sustained zero position and ultimately a goal of 85% bed occupancy across NSFT.

Recommendations

The HWB is asked to agree that:

a) All organisations support and attend the Mental Health Housing Summit being planned for this autumn, with a view to identifying actions that would help meet the accommodation needs of inpatients and service users.
b) NSFT and the district councils work together to explore if District Direct could be expanded to mental health.
c) Norfolk County Council, Suffolk County Council and NSFT work together to explore re-instating a Section 75 agreement in Norfolk and Waveney.

1. Background

1.1 An inappropriate out of area placements (OoAP) refers to the placement of a person assessed as requiring mental health acute inpatient care, who is admitted to a unit that does not form part of the usual local network of services. This includes:

- patients in a private hospital bed within Norfolk or Suffolk
- patients in an NSFT bed, but not in their county
- patients in a private bed outside of Norfolk and Waveney.

1.2 This report details the current position and progress to date regarding inappropriate OoAPs in Norfolk and Waveney. There is a robust plan in place and commitment to change by senior system leads that will enable Norfolk and Waveney to achieve zero inappropriate

OoAP by April 2021. Weekly senior clinical oversight meetings and monthly patient flow meetings demonstrate improved oversight and will ensure the system sustains this significant change going forward.

1.3 In addition to the national goal of zero inappropriate placements by April 2021, NSFT has also set a goal of achieving a stretch target of 85% bed occupancy by the same deadline.

2. Recovery Plan

2.1 Norfolk and Waveney Mental Health Leads were asked in May 2019 to develop a detailed recovery plan for addressing OoAP in conjunction with the crisis and liaison transformation funding proposals. The recovery plan strengthened the existing action plan and was submitted to the NHS England regional team in June 2019.

2.2 A deep dive was jointly organised on 24 July 2019 with system wide partners to raise awareness of inappropriate OoAP as a broader issue and address the elimination of inappropriate OoAPs. This was well attended by a range of partners including the executive team at NSFT, the Chief Officer of the Norfolk and Waveney CCGs, leads for local commissioning, housing and social care leads and regional and national NHS England and Improvement colleagues.

2.3 A Patient Flow group, which meets monthly has been in place since April 2019 and is chaired by the Chief Operating Officer at NSFT. This has a broad membership, including NSFT clinical and operational leads, Mental Health Lead commissioner, Mental Health Transformation Lead and Clinical Network Lead from NHS England. The group review the recovery plan and current data, update on agreed actions and ensure work is moving forward. Discussion includes internal operational leads which enables the team to address issues as they happen, jointly explore any blockages or delays and report progress. From this, a weekly meeting has been established, where senior clinical leads meet every Monday to review admissions, discharges, and delayed transfers of care on a weekly basis.

2.4 The presentation shows the improving position. This financial year the highpoint of inappropriate OoAP bed days was 1,725 days in April 2019. The lowest point being the latest month (September 2019) at 551 OoAP bed days. For context, September 2018 was 589 OoAP bed days so a continued improvement in October 2019 and beyond will see a longer term improvement.

2.5 Key actions taken forward to date are:

- Employing three dedicated Band 6 nurses visiting out of area patients every week.
- Enhanced oversight by senior operational and clinical managers. NSFT Matrons are taking an active interest in OoAP patients as well as their own ward. There is Executive level governance and assurance every week on plans for the week.
- Detailed review of delayed transfer of care processes – by making sure that people can get home without delay, this increases our capacity to care for people locally. Red2green has been introduced across all wards, which is way of working focused on reducing delayed transfers of care.
- New 16 bed ward opened at the end of September 2019, which has increased our capacity to care for people in Norfolk.
- Roll out of the new personality disorder service in central Norfolk – the new service provides people with therapeutic care in the community at an early stage and helps people to manage their condition, as a result they are less likely to need inpatient care.

2.6 The Patient Flow group will continue to oversee the following activities:

- Enhanced Crisis Resolution and Home Treatment Team capacity
- Central Crisis House
- Crisis Hubs for Norwich, King's Lynn and Great Yarmouth
- Housing Summit
- Holding a "Perfect Week" to drive down delayed transfers of care and gain further insight.

2.7 It was noted in the NSFT September Board report that 'sustaining the reduction in out of area placements is a significant risk and historically the Trust has been here before'. Current changes and further planned projects will reduce this risk. The weekly oversight of the position now enables the Trust to react much quicker to any sustained increase.

2.8 Looking further ahead, we have been awarded £38 million to build four new inpatient wards at Hellesdon (mental health) Hospital in Norwich. This will not only increase and improve provision locally, it will also help to ensure that patients don't have to travel out of area for treatment.

Officer Contact

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Report title:	**Improving Outcomes for People Affected by Cancer in Norfolk and Waveney: Early Cancer Diagnosis and Prevention**
Date of meeting:	**30 October 2019**
Sponsor (H&WB member):	**Patricia Hewitt, STP Independent Chair** **Melanie Craig, STP Executive Lead**

Reason for the Report

There are objectives laid out in the NHS Long Term Plan and National Cancer Strategy to improve prevention, earlier diagnosis and survival from cancer. Although cancer outcomes are improving there is still a significant gap with the best in the EU. Mortality rates from cancer are significant for Norfolk and Waveney.

Report summary

The presentation will set-out:

1. Why early cancer diagnosis and cancer prevention are important
2. What we are doing to address this
3. How the Health and Wellbeing Board members can help

Recommendations

The HWB is asked to:

a) Support the whole system approach to cancer prevention and early diagnosis set-out in the presentation and summarised in the plan on a page below.
b) Align commissioning intentions across systems to contractually support this work.
c) Strengthen existing collaborations and partnerships, including whole system processes for data sharing and information governance, and the rapid appraisal and early adoption of innovations.

1. Background

1.1 This is the first presentation to the Board about early cancer diagnosis and prevention from the STP Cancer Transformation Programme. This work is part of a wider regional and national agenda to address the recommendations from the NHS Long Term Plan (LTP) and the National Strategy for Cancer.

1.2 The national LTP ambitions for cancer are that:

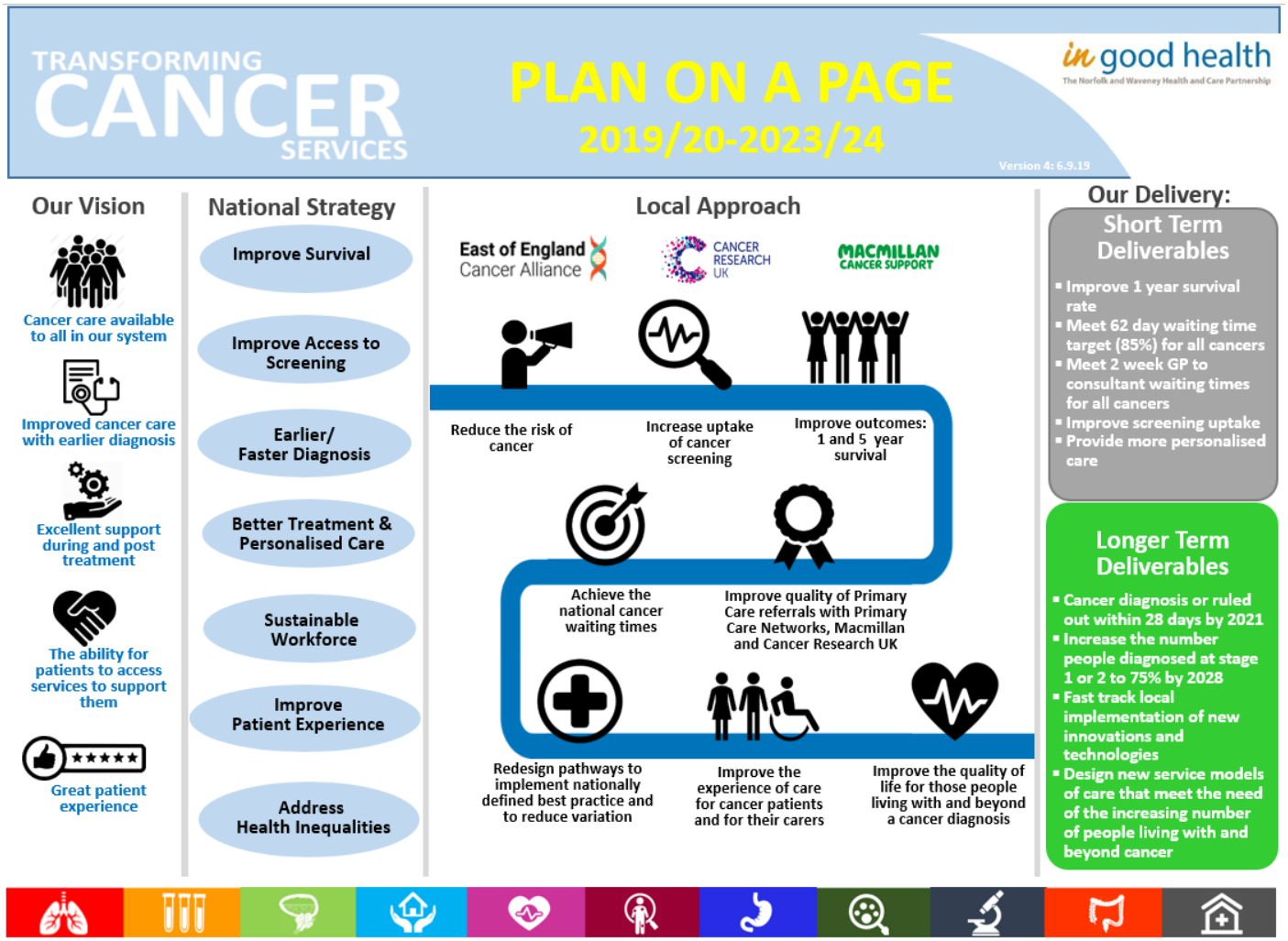
- By 2028 more people will survive five years following a diagnosis of cancer.
- More people will be diagnosed at any early stage of cancer (stage 1 or 2).

2. Introduction

2.1 Why are early cancer diagnosis and cancer prevention important? In Norfolk and Waveney cancer causes about 25% of deaths in females and 30% of deaths in males – this is over 3,200 deaths per year. Cancer Research UK statistics show that 1 in 2 people born after 1960 in the UK will be diagnosed with some form of cancer during their lifetime.

2.2 42% of cancers in the UK are preventable.

2.3 What are we currently doing about it and what are our future plans? We have a programme of work which includes the following:



3. Recommendations

3.1 The HWB is asked to:

a) Support the whole system approach to cancer prevention and early diagnosis set-out in the presentation and summarised in the plan on a page above.

b) Align commissioning intentions across systems to contractually support this work.

c) Strengthen existing collaborations and partnerships, including whole system processes for data sharing and information governance, and the rapid appraisal and early adoption of innovations.

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

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Report title:	**Norfolk Safeguarding Children Partnership**
Date of meeting:	**30 October 2019**
Sponsor (H&WB member):	**Sara Tough, Executive Director Children's Services**

Reason for the Report

The Health and Wellbeing Board (HWB) needs to understand changes to local safeguarding arrangements for children and recognise its contribution to sustaining these effective safeguarding arrangements.

Report summary

This report summarises recent changes to legislation and the implications and responsibilities for local partners to ensure the safety and protection of children.

Recommendations

The HWB is asked to:

a) Endorse the governance arrangements and support the Norfolk Safeguarding Children Partnership to deliver best safeguarding outcomes for Norfolk children.
b) Agree to receive an annual presentation to ensure that Norfolk Safeguarding Children Partnership communicates clearly and regularly on developments in child safeguarding.

1. Background

1.1 In July 2018, the government published its revised Working Together guidance, outlining statutory changes to local safeguarding arrangements. This includes the way we manage and report on child deaths, review safeguarding practice cases and establish oversight, scrutiny and governance arrangements, which are now the explicit and shared responsibility of three statutory partners: the Local Authority (Norfolk County Council), Health (through the CCG) and the Police (the Chief Constable). Named officers carry these statutory responsibilities. This marks a move away from Local Safeguarding Children Boards which have been established for over 10 years as the forum for local safeguarding. The plan for Norfolk's Multi-Agency Safeguarding Arrangements (MASA) was published in June 2019 and is now being implemented under its new identity as the Norfolk Safeguarding Children Partnership (NSCP). This report should be read alongside the content of the MASA Plan as well as the recently published NSCB Annual Report, which summarised the activities and outcomes of the Board's work in 2018 – 19 and the legacy it leaves. The NSCP will continue to build on the partnership's strengths, including the reach back into local areas through our Local Safeguarding Children's Groups and our commitment to hearing the voice of children, families and their communities.

2. Norfolk's Plan for Multi-Agency Safeguarding Arrangements

2.1 The changes to the local child safeguarding arrangements allow for more local flexibility which in turn has strategic implications. The key changes can be summarised as follows:

- Streamlined governance: quarterly board meetings will be replaced by smaller meetings led by Executive Partners with support from leaders from specified partner agencies to ensure continuous oversight and challenge to the arrangements;

- Leadership Exchange and Learning Events will be scheduled bi-annually at a minimum to ensure wider engagement and continuity of relationships;
- Shared functions for data analysis with the Children & Young People Strategic Partnership to enable priority setting;

- Enhanced use of performance intelligence through data, audit and observation of practice;

- Retention of an Independent Chair of the Partnership who will play a facilitating and co-ordinating role to ensure that the statutory partners work effectively together and with others;

- Enhanced independent scrutiny with development of supporting roles for independent chairs of subgroups: three independent roles to provide challenge and hold partners to account including through the direct observation of practice.

2.2 The previous NSCB had links with other partnership boards, primarily through the Public Protection Forum, which includes the chairs of the Adult Safeguarding Board and Community Safety Partnership. This will continue under the new arrangements, with a strengthening of these links and regular communications to the HWB to ensure that we raise awareness and enable engagement. One option for moving forward would be to forward plan annual presentations to HWB to ensure that NSCP communicates clearly and regularly on developments in child safeguarding, including learning from Serous Case Reviews, future Child Safeguarding Practice Reviews and child death. This will support the HWB to achieve its strategic priorities and would replace the previous requirement for the LSCB Annual Report to be presented to the HWB.

2.3 The NSCP has been established to provide a **single sustainable system** to safeguard children in a complex partnership network. Under the leadership of the three statutory partners and with the support of the independent chairs they will ensure that safeguarding arrangements will enable all partners to work together, lead improvement and use resources in the most effective way.

2.4 The MASA plan clearly states the NSCP's commitment to **prioritise prevention** through early help, which will in turn support Norfolk's children and young people to be healthy, independent and resilient throughout life. For example, the NSCB implemented a strategy to identify and tackle Child Sexual Abuse, which is referenced in the Joint Strategic Needs Analysis as an action for the HWB. The impact and outcomes of this work has been reported at Board.

2.5 The new arrangements build on the NSCB's strengths, for example, learning from Serious Case Reviews and child death, a strong emphasis on locality working and clear thresholds for intervention. This supports us to **understand and tackle inequalities in communities**, providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime. For example, we include children and families in Serious Case Review processes and use their words to disseminate learning.

2.6 The success of the NSCP is predicated on **joined up working** and collaborating in the delivery of people-centred services. Good relationships and clear communication between providers and services as well as between partners underpins effective safeguarding. This includes strategic leaders and links with other partnership boards with shared priorities and cross cutting strategies. The six Local Safeguarding Children Groups established across the county further support joined up working through middle managers and frontline staff.

2.7 The NSCP retains formal duties to ensure that all partner agencies fulfil their obligations under the Children Act (Section 11) to have robust and effective safeguarding arrangements in place, and will continue to test these processes and performance on a regular basis.

2.8 The approach adopted in Norfolk has built on the existing strengths of local working together, with an inclusive engagement of all relevant partners including voluntary organisations and a track record of innovation, challenge and effective delivery. The MASA Plan sets out these principles in detail.

2.9 The NSCP requests confirmation that the HWB endorses the new arrangements and discussion on how the HWB and NSCP can work more closely in the future to support and safeguard children.

2.10 Supporting documents

MASA Plan

NSCB Annual Report 2018-19

Officer Contact

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

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