Norfolk Health & Wellbeing Board

Date: **Wednesday 22 October 2014**

Time: **9:30am to 1pm (Please note start time)**

Venue: **Room 16, Abbey Conference Centre, Norwich**

Membership	Substitute	Representing
William Armstrong	Alex Stewart	Chair, Healthwatch Norfolk
Cllr Brenda Arthur		Norwich City Council
Cllr Yvonne Bendle	Cllr Lisa Neal	South Norfolk Council
Stephen Bett	Jenny McKibben	Norfolk's Police and Crime Commissioner
Harold Bodmer	Catherine Underwood	Director Community Services
Dr Jon Bryson	Ann Donkin	South Norfolk Clinical Commissioning Group
Pip Coker	Dan Mobbs	Voluntary Sector Representative
T/ACC Nick Dean	C/Sup Jo Shiner	Norfolk Constabulary
Dr Anoop Dhesi	Mark Taylor	North Norfolk Clinical Commissioning Group
Tracy Dowling		Director of Operations & Delivery, NHS England, East Anglia Team
Richard Draper	Dan Mobbs	Voluntary Sector Representative
Andy Evans	Kate Gill	Great Yarmouth & Waveney Clinical Commissioning Group
Cllr John Lee		North Norfolk District Council
Joyce Hopwood	Dan Mobbs	Voluntary Sector Representative
Cllr James Joyce		Chairman, Children's Services Committee, Norfolk County Council
Cllr Penny Linden	Cllr Marlene Fairhead	Great Yarmouth Borough Council
Sheila Lock	Michael Rosen	Director Children's Services
Dr Ian Mack	Sue Crossman	West Norfolk Clinical Commissioning Group
Lucy Macleod		Interim Director of Public Health
Cllr Elizabeth Nockolds		King's Lynn and West Norfolk Borough Council
Dr Chris Price	Jonathon Fagge	Norwich Clinical Commissioning Group
Cllr Andrew Proctor	Cllr Roger Foulger	Broadland District Council
Cllr Daniel Roper		Norfolk County Council
Dr Wendy Thomson		Managing Director, Norfolk County Council
Cllr Lynda Turner	Rhianna Rudland	Breckland District Council
Cllr Sue Whitaker	Cllr Elizabeth Morgan	Chair, Adult Social Care Committee, Norfolk County Council

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:
Nicola LeDain on 01603 223053
or email committees@norfolk.gov.uk

Business items

1	**Apologies**	Chair	
2	**Minutes**	Chair	To Follow
3	**Members to Declare any Interests**	Chair	
4	**Any urgent business**	Clerk	
5	**Update on integration and the Norfolk Better Care Fund** • Better care Fund re-submission • Funding transfers from NHS to the Local Authority under section 256 of the NHS Act 2006 • Integration in operational services • Integrated personal commissioning pilot.	Harold Bodmer/ Catherine Underwood	(Page **4**)
6	**JH&WBS 2014-17 Implementation update (presentation) including:** • Healthy Child Programme 0-19 • Domestic violence and abuse needs assessment for children and young people in Norfolk • Dementia Needs Assessment.	Lucy Macleod/ Deborah Elliott/ Sarah Barnes/ Stuart Keeble/ John Ford	
7	**Children's Services Improvement - verbal update**	Sheila Lock	
8	**Draft Emotional Wellbeing & Mental Health Strategy - Children and Young People**	Sheila Lock/ Christopher Butwright	(Page **21**)
9	**Norfolk's Child Poverty Strategy Task & Finish Group** • To approve ToR and Membership of Task & Finish Group	Sheila Lock/ Tim Eyres	(Page **56**)
10	**The report into Rotherham – the implications here (presentation)**	Sheila Lock/ T/ACC Nick Dean	

Break

11	**Draft Primary Care Strategy (paper and presentation)**	Katie Norton, NHS England	(Page **61**)
12	**Norfolk Mental Health Crisis Care Concordat**	Jenny McKibben/ Clive Rennie	(Page **67**)
13	**Central Norfolk Systems Leadership Group** • To approve ToR and Membership of Task & Finish Group	Harold Bodmer/ Catherine Underwood	To Follow
14	**Norfolk Offender Health Profile**	Jenny McKibben/ Judy Lomas	(Page **74**)
15	**Liaison and Diversion provision for Norfolk & Suffolk (presentation)**	Neil McGuinness-Smith, NHS England	
16	**Pharmaceutical Needs Assessment**	Lucy MacLeod	(Page **79**)

17	**Norfolk Joint Road Casualty Reduction Partnership** Appointment to Joint Road Casualty Reduction Partnership Board This body is a partnership that brings together appropriate public, private and voluntary sector commissioner and provider organisations in Norfolk to reduce the number and severity of road traffic casualties on roads in Norfolk, and to increase public confidence that all forms of journeys on roads in the county will be safe. The Partnership Board proposes to meet in March and October/November each year. It is recommended that one Member is appointed to represent the Board on the Partnership.	Chair	
18	**Healthwatch Norfolk Annual Report 2013/14**	William Armstrong/ Alex Stewart	(Page **84**)
	Standing Items		
19	**Healthwatch Norfolk minutes**	William Armstrong	(Page **109**)
20	**NHS England verbal update**	Tracy Dowling	
21	**Norfolk Health & Overview Scrutiny Committee minutes**	Chair	(Page **114**)
	Close		

Report to Norfolk Health and Wellbeing Board

22 October 2014

Item 5

Update on integration and the Norfolk Better Care Fund

Cover Sheet

What is the role of the HWBB in relation to this paper?

This paper provides the Board with a short update on three elements of the integration agenda:

1. The Norfolk Better Care Fund plan approval by the Chair and Vice Chairs and subsequent resubmission

2. The agreement of the transfer of funds from the NHS to the County Council under section 256 of the 2006 NHS Act for 2014/15

3. Recent significant operational changes in social care which relate to integration.

Key questions for discussion

Does the Board have any further questions about these topics?

Actions/Decisions needed

The Board is asked to:

a) Note the resubmission of the Better Care Fund plan for Norfolk to the national assurance programme

b) Note the s256 agreement for Norfolk for information

c) Note the key milestones in the development of operational community health and care services.

Report to Norfolk Health and Wellbeing Board

22 October 2014
Item 5

Update on integration and the Norfolk Better Care Fund

Report of the
Director of Community Services, Norfolk County Council
Chief Officer of NHS Great Yarmouth and Waveney Clinical Commissioning Group
Chief Officer of NHS North Norfolk Clinical Commissioning Group
Chief Officer of NHS Norwich Clinical Commissioning Group
Chief Officer of NHS South Norfolk Clinical Commissioning Group
Chief Officer of NHS West Norfolk Clinical Commissioning Group

Summary

This report brings an update on three areas relating to integration:

1. The Health and Wellbeing Board was required to resubmit the Better Care Fund plan for Norfolk by September 19th 2014. Due to the tight timescales for revision and resubmission, at the meeting of 10th September the Board delegated the approval of the Norfolk Better Care Fund resubmission to the Chair and Vice Chairs. The report was approved for resubmission and the first stage of the national assurance programme has indicated that Norfolk has a strong plan.

2. The Board is also provided with a copy of the agreement for the use of the NHS funding for social care under section 256 of the Health Act 2006, for information. This funding is a required transfer which will become part of the Better Care Fund and continues an existing arrangement. CCGs and Norfolk County Council have agreed what this will fund and this awaits authorisation by NHS England which hold the budget.

3. There are two key operational changes which take place in October which relate to integrated services: the creation of an integrated management structure between Norfolk County Council and Norfolk Community Health and Care and the establishment of the social care mental health service under the direct management of the County Council.

Action required:
The Board is asked to:

a) Note the resubmission of the Better Care Fund plan for Norfolk to the national assurance programme

b) Note the s256 agreement for Norfolk for information

c) Note the key milestones in the development of operational community health and care services.

1. Background

1.1 At the meeting of the 1st[h] April 2014, the Health and Wellbeing Board approved the Norfolk Better Care Fund (BCF) plan. The Board paper is available at the following link.

1.2 The plan was sent to NHS England as required, for assurance to be undertaken. However this process was not completed due to a review of the programme at national level, which resulted in some changes to the programme submission being required.

2. The changes to the Norfolk Better Care Fund for resubmission

2.1 The overall plan has not changed significantly in terms of vision, ambition, the model for integration and the schemes through which it will be delivered. It remains a countywide vision delivered at local level to meet local need.

2.2 In terms of the changes which were made since the approval of the plan in April, there has been considerable detailed work between partners to meet the requirements of the new submission. Key elements which were considered were:

- In template 1 (the text description of our plan) there was limited change, but some considerable further detail added. A detailed 'case for change' for Norfolk has been set out by Public Health.
- Project delivery timelines have been set out, noting key milestones and dependencies.
- A key element in the revised BCF programme has been the changed approach to contingency and risk. The revisions to the BCF programme created a specific performance fund set against achieving the target reduction in hospital admissions. For Norfolk £4.9m is the sum at risk if performance targets are not met. The partners have seen the possibility of failing to reduce acute activity and failing to protect social care as two key risks within the system. They have retained a strong commitment to social care but have also recognised that CCGs will need to fund the acute activity if it does not reduce. Through detailed consideration, the Council has agreed that it will bear the risk of the performance fund of £4.9m against the protection of social care. This is set out in the revised risk and contingency section.

- In template 2, which sets out the funding and performance metrics there are additional requirements setting out which partner will receive each element of funding from the BCF pooled fund.

- Annex 2: a signed form was required from each acute hospital which confirms their understanding of the metrics and allows for them to comment on the BCF.

- The Health and Wellbeing Board was also specifically asked to approve the target for hospital admission. This was agreed as 3.5% which is the nationally indicated minimum.

- A copy of the resubmission of 19 September 2014 is available from the Norfolk Ambition website, as follows http://www.norfolkambition.gov.uk/News/index.htm

3. Next steps with the Better Care Fund

3.1 The resubmitted Norfolk Better Care Fund plan is now subject to a substantial national assurance process.

3.2 At this point, all plans have been reviewed by national teams and the feedback on Norfolk's plan is again very positive. There are some further details to clarify and set out, but at this stage these are of only limited impact.

3.3 We understand that during October we will receive formal notification of whether under the national assurance scheme our plan is:

- Approved
- Approved with support
- Approved with conditions
- Not approved.

4. Funding transfers from NHS to the Local Authority under section 256 of the NHS Act 2006

4.1 Over the past few years, there has been a national process to transfer funding from the NHS to councils with responsibility for social care. This has been specifically to fund social care services with a health benefit and allows for local flexibility to determine its use. The funding is held by NHS England, but agreement is required between the Council and the CCGs about the use of this funding.

4.2 The fund for transfer to Norfolk County Council during 2014/15 is £19.152m. In future this will form a part of the BCF pooled budget and it features in the Norfolk BCF plan for 2015/16.

4.3 The use of this funding has been agreed between the CCGs and County Council and builds on the arrangements during last year, with a focus on the provision of social care services within our increasingly integrated vision and delivery of services. At the time of writing, the proposed use of the fund is with NHS England for their approval.

4.4 The s256 funding proposal is provided to the Health and Wellbeing Board for information.

5. Integration in operational services

5.1 There are two areas of integrated operational activity where key changes are reaching implementation during October 2014.

Integrated management structures between Norfolk County Council (NCC) and Norfolk Community Health and Care (NCHC)

5.2 NCC and NCHC have entered into a formal agreement to create a single senior management arrangement for social care and community nursing and therapies. The aim is to create the leadership to facilitate better integration.

5.3 During October, appointments will be made to 10 senior management positions in this structure which will provide for a director level post, with a deputy, alongside a team of assistant directors each with responsibility for community health and care services in a CCG locality.

5.4 Full details have been set out through the Council's Adult Social Care Committee and Community Services Overview and Scrutiny Panel prior to May 2014.

Mental health services

5.5 The return of the mental health social care service to the direct management of the County Council took place on 1st October 2014, ending the contract with Norfolk and Suffolk Foundation Trust (NSFT) for the provision of the service. A joint transition programme has been managing the change and will continue to see it settle in, with a priority on service user continuity.

5.6 Whilst the Council is now managing the service directly, a clear commitment to retaining an integrated approach to mental health is set out between the Council and NSFT. The engagement of mental health into the integration under BCF is clearly a commitment in the Norfolk plan.

6. Action required

The Board is asked to:

a. Note the resubmission of the Better Care Fund plan for Norfolk to the national assurance programme

b. Note the s256 agreement for Norfolk for information

c. Note the key milestones in the development of operational community health and care services.

7. List of Appendices:

Appendix 1: Copy of the agreement for use of the section 256 funding for Norfolk 2014/15

Officer Contact

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

Catherine Underwood 01603 224378 catherine.underwood@nhs.net

Item 5

Appendix 1

NHS England – S 256 Payments to Norfolk County Council to protect social care services and support health outcomes in 2014/15

This is the proposed schedule for use of S 256 funding in 2014/15 with some proposed measures. The use of S 256 funding in this year will reflect the historic arrangement for services in which planning and spend for health has largely been undertaken by Health and the same for Social Care with limited joint planning in between. It will also be used to ensure the continuance of a level of social care activities against the background which has seen reductions in government funding which have resulted in an overall reduction nationally in social care spend of 15% between 2009-13 and a 23% reduction in spend on home care and day care investment over the same period (Nuffield Foundation, Focus on Social care for Older People). The key activities undertaken by Norfolk to which the S 256 funding will contribute include:

- Reducing delays in hospital transfers through social work assessment, residential and home care packages
- Keeping people independent for as long as possible by providing equipment, help at home and alternatives to admission
- Helping people who have experienced crisis to get help when they need it and to get back on their feet through reablement and funding a wide range of support
- Providing a wide range of preventative help for individuals and their carers by working with and funding Third and Independent sector providers

The allocation of additional money in 2013/14 building on the allocation in the previous a number of key areas which impact on health outcomes and which would otherwise have had to be reduced to meet budget pressures on the county council. These include reablement and prevention services.

2014/15 is also the key transition year in the development of systems and structures, and the design of models which will best enable CCG partnerships to deliver the joint integration schemes as part of the Norfolk Better Care Fund plan. Some of the main social care spend is shown below. Plans to align NCC operational social care senior management staff with NCH&C operational management are already at an advanced stage. This will bring the budgetary responsibility for the purchase of care budget, the packages of care funded from it and the delivery of key

services under a new integrated health and social care management structure. It will lay the groundwork for the transformation of service delivery which is envisaged for the 2015/16 and beyond. Some of the advantages the joint operational management structure will enable are:

- Integration of reablement and rehabilitation
- Integration of community health and social care delivery
- Eradication of the transactional delays which result from separate health and social care community delivery
- Reduction of duplication of tasks and functions, increased use of non-clinical staff to deliver non clinical activities and the economies which flow from this

NCC will use the Norfolk BCF Programme Board to report on and be accountable for the progress of countywide projects which underpin local BCF plans and offer scope to derive savings through integration. These areas include reablement/ rehabilitation; joint pricing and commissioning of beds systems; and integration of community therapies with support.

The Norfolk BCF Programme Board will take formal oversight of the social care activities supported through use of S 256 to achieve health outcomes. The final BCF indicator targets for Norfolk will be agreed as part of the Norfolk BCF submission. These will form the principal means of viewing the contribution of social care to meeting health outcomes for the rest of 2014/15. The indicators are:

- Total non-elective admissions into general and acute hospital per 100,000 population
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)
- Local CCG chosen measures on estimated rates of dementia diagnosis and proportion of people who feel supported to manage long term conditions

The additional performance and outcomes indicators and measures shown below and in the appendix reflect where the identified activities have an impact in respect of health and well-being, but the social care activities are not the only determinants for these outcomes. These are existing measures and include two of the BCF indicators which will be collected for the Better Care Fund Plan.

<table>
<tr><th>Service description</th><th>Funding (£'000s)</th><th>What the funding represents including benefits to health</th><th>What the funding will be spent on/ contribute to – spend to be shown where possible by CCG locality</th><th>Outcome measurement</th></tr>
<tr>
<td>1. Protecting access to social care services and care packages which enable people to manage long term health conditions and disabilities including dementia against the</td>
<td><u>£5,800m</u>
<table>
<tr><th>Locality</th><th>% PoC</th><th>Allocation £'000</th></tr>
<tr><td>East</td><td>10.70</td><td>621</td></tr>
<tr><td>Norwich</td><td>16.58</td><td>962</td></tr>
<tr><td>North</td><td>25.84</td><td>1,499</td></tr>
<tr><td>South</td><td>24.92</td><td>1,445</td></tr>
<tr><td>West</td><td>21.95</td><td>1,273</td></tr>
</table>
The funding is used within Purchase Of Care POC) and therefore proposed to be allocated</td>
<td>Maintaining eligibility thresholds and ensuring continued levels of service including social care assessment and care management, packages of residential and home care. This allows people with substantial needs to be supported to</td>
<td>Norfolk CC (NCC) spent £45.169m on Homecare and £102.952m on long term Residential Packages in 2013/14. This represented approximately 4,800 and 3,500 (annualised) packages of care respectively.
<table>
<tr><th>£'m</th><th>East</th><th>Norwich</th><th>North</th><th>South</th><th>West</th></tr>
<tr><td>Homecare</td><td>5.059</td><td>8.069</td><td>11.069</td><td>10.383</td><td>10.589</td></tr>
<tr><td>Residential</td><td>11.004</td><td>16.878</td><td>28.441</td><td>24.584</td><td>22.045</td></tr>
</table>
NCC is facing demographic pressures on its Purchase of Care budget of £19.103m for 2014-17. This is in addition to anticipated central government funding reductions of</td>
<td>Delayed Transfers of Care - attributable to adult social care:
<table>
<tr><th>Result 2013/14</th><th>Target 2014/15</th></tr>
<tr><td>2.0</td><td>2.0</td></tr>
</table>
Percentage of service users reviewed in year
<table>
<tr><th>Result</th><th>Target</th></tr>
</table></td>
</tr>
</table>

<table>
<tr>
<td>background of rising needs through demographic pressures</td>
<td>to each locality on the basis of the proportion of locality budget.</td>
<td>live independently, and for additional support during crisis</td>
<td>£92.312m over the same period.

£1.835m of the additional funding is being allocated within this area for 2014/15.

This buys a menu of options, including:

a. 215 annual Older Persons Home support packages

b. 174 annual Physical Disability Home support packages

c. 76 annual Older Persons Residential packages

d. 61 annual Physical Disability Residential packages</td>
<td>
<table>
<tr><th>2013/14</th><th>2014/15</th></tr>
<tr><td>71.8%%</td><td>76%</td></tr>
</table>

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation

<table>
<tr><th>Result 2013/14</th><th>Target 2014/15</th></tr>
<tr><td>87%</td><td>90%</td></tr>
</table>
</td>
</tr>
<tr>
<td>2. Continuing to provide social work assessment and care planning within integrated health and care arrangements in community settings</td>
<td><u>£1,150m</u>

<table>
<tr><th>Locality</th><th>C&A spend £'m</th><th>Allocation £'000</th></tr>
<tr><td>East</td><td>1.207</td><td>143</td></tr>
<tr><td>Norwich</td><td>1.841</td><td>218</td></tr>
<tr><td>North</td><td>2.48</td><td>294</td></tr>
<tr><td>South</td><td>2.335</td><td>277</td></tr>
<tr><td>West</td><td>1.838</td><td>218</td></tr>
</table>

The funding is used</td>
<td>Social care assessment and care planning, contributing to integrated care, contributing through Digital Norfolk to IT and systems development which will enable integrated working and info sharing between health</td>
<td>NCC spent £0.126m on ICT expenditure related to joint working with Health in 13/14. As part of its ground-breaking Digital Norfolk Ambition project it is committed to spending £26m over the next 5 years to transform and improve public services in Norfolk. One of the main aims is to break down communication barriers between organisations and establishing a secure ‘information hub’. During this work NCC is also committed to evolving our client database to capture NHS numbers.

The following is the cost of NCC Community based Social Care and Assessment service in</td>
<td>Non elective admissions (BCF - composite measure)

<table>
<tr><th>Result 2013/14</th><th>Target 2014/15</th></tr>
<tr><td>TBC</td><td>3.5% TBC</td></tr>
</table>

Carers supported following an assessment or review

<table>
<tr><th>Result</th><th>Target</th></tr>
</table>
</td>
</tr>
</table>

<table>
<tr>
<td></td>
<td>within Care & Assessment and therefore proposed to be allocated to each locality on the basis of the proportion of locality budget.</td>
<td>and social care</td>
<td>2013/14 (for services excluding MH):

<table>
<tr><th></th><th>East</th><th>Norwich</th><th>North</th><th>South</th><th>West</th></tr>
<tr><td>Cost £’m</td><td>1.207</td><td>1.841</td><td>2.480</td><td>2.335</td><td>1.838</td></tr>
<tr><td>FTE</td><td>34.6</td><td>54.2</td><td>68.2</td><td>67.2</td><td>53.6</td></tr>
<tr><td>Cost per FTE £’000</td><td>34.9</td><td>34.0</td><td>36.4</td><td>34.7</td><td>34.3</td></tr>
</table>

The following is the cost of NCC Hospital based Social Care and Assessment service in 2013/14 (for services excluding MH):

<table>
<tr><th></th><th>QEH</th><th>JP*</th><th>N&N</th></tr>
<tr><td>Cost £’m</td><td>0.490</td><td>0.327</td><td>0.884</td></tr>
<tr><td>FTE</td><td>15</td><td>19.5</td><td>27</td></tr>
<tr><td>Cost per FTE £’000</td><td>32.7</td><td>16.8</td><td>32.7</td></tr>
</table>

*Please note JPH is joined funded with Suffolk.

In addition to the above Care and Assessment services £2.220m was invested in the cost of NCC Social Care Centre of Expertise (SCCE) which is the newly established front door to social care in 2013/14.

£0.509m of the additional funding is being allocated within this area for 2014/15.

This buys a menu of options, including:

a. 862 assessments/reviews from the</td>
<td>
<table>
<tr><th>2013/14</th><th>2014/15</th></tr>
<tr><td>46.8%</td><td>49%</td></tr>
</table>
</td>
</tr>
</table>

<table>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community based C&A teams

b. 1,045 assessments/reviews from the Hospital based C&A teams

c. 1,081 assessments/reviews from the Social Care Centre of Expertise.</td>
<td></td>
</tr>
<tr>
<td>3. Continuing to provide equipment and specialist sensory support services</td>
<td><u>£0.890m</u></td>
<td>Access to equipment contributes to timely discharge and avoidance of admissions to acute and higher care settings. The provision of specialist sensory support ensures that people with sensory needs are able to access preventative help.</td>
<td>The Sensory Support service for NCC cost £0.530m in 2013/14.

The Integrated Equipment Service for NCC cost £4.175m in 2013/14

The Assistive Technology Service for NCC cost £0.827m in 2013/14

£0.003m of the additional funding is being allocated within this area for 2014/15.</td>
<td>Delayed Transfers of Care - attributable to adult social care:

<table><tr><th>Result 2013/14</th><th>Target 2014/15</th></tr><tr><td>2.0</td><td>2.0</td></tr></table>
Explore whether there is a suitable measure within the ICES monitoring which shows the take up of community equipment.</td>
</tr>
<tr>
<td>4. Maintaining services to improve mental health outcomes</td>
<td><u>£1,000m</u>
<table><tr><th>Locality</th><th>POC (EMI and MH) spend £'m</th><th>Allocation £'000</th></tr></table></td>
<td>Contributing to the provision of residential care, respite care, mental health assessment, care</td>
<td>NCC spent £27.184m on residential packages of care for EMI services.</td>
<td>Estimated diagnosis rate for people with dementia (BCF measure)

<table><tr><th>Result 2013/14</th><th>Target 2014/15</th></tr></table></td>
</tr>
</table>

East	3.231	89
Norwich	7.596	208
North	8.423	231
South	7.766	213
West	9.461	259

planning and floating support for adults with mental illness. Ensuring the provision of services which support improved rates of dementia diagnosis through providing for increasing number of people who are diagnosed and enable people with dementia to live at home for longer, ensuring where this is not possible that there are specialist residential placements available. This includes planning for newly commissioned services and dementia planning beds

£'m	East	Norwich	North	South	West
Residential	2.093	4.682	6.195	6.153	8.061

A further £8.153m and £1.130m was spent on Mental Health (MH) Residential and Home Support packages of care for working age adults.

£'m	East	Norwich	North	South	West
Residential	1.071	2.590	1.908	1.366	1.218
Home Support	0.057	0.324	0.320	0.247	0.182

The Social work function for MH services is currently provided by NSFT, with the current arrangement ending in 2014/15. The contract and support for this service costs £4.351m.

NCC, via its Supporting People programme, also provides MH floating support and accommodation based services at a cost of £1.448m. In addition to this NCC have service level agreements (SLA) in place to provide a further £0.551m of support.

£'m	East	Norwich	North	South	West
SLA spend	0.087	0.308	0.068	0.068	0.018

£0.100m of the additional funding is being allocated within this area for 2014/15.

TBC	TBC

Adults receiving secondary mental health services on Care Programme Approach (CPA) who are living independently

Result 2013/14	**Target 2014/15**
46%	TBC

Number of people in MH supported housing who have achieved or are maintaining independent living

<table>
<tr>
<td>5. Continuing to provide effective early interventions and support to prevent increases in need, reduce the likelihood of acute hospital admissions, impact on the range of factors which can trigger health crises and defer moves to higher care settings</td>
<td><u>£6,592</u></td>
<td>Contributing directly and through funded services to measures which enable people to access early and timely help which enables them to continue living as independently as possible. Prevention services include the 24/7 Emergency Duty Team, home care, respite care, personal budgets to pay for day opportunities, information and advice, support for carers, Swifts unplanned care service, floating and outreach support. Early interventions, out of hours support (such as Night</td>
<td>In addition to the cost of social work services referred to in section 2 above, the following costs are incurred:

Supported housing, sheltered housing, floating support and outreach services enable people who are unlikely to meet eligibility criteria for social care to achieve independent living, and to maintain it. The breakdown of spend on housing support (including MH housing support above) 2013/14 was

<table>
<tr><td>County</td><td>£4,256,501</td></tr>
<tr><td>East</td><td>£1,558,067</td></tr>
<tr><td>North</td><td>£1,428,905</td></tr>
<tr><td>Norwich</td><td>£3,643,558</td></tr>
<tr><td>South</td><td>£1,935,739</td></tr>
<tr><td>West</td><td>£1,135,885</td></tr>
</table>

Information and advice alleviates debt, housing, loneliness and other factors which have adverse impacts on health outcomes. Spend on Information, Advice and Advocacy (IAA) and Carers advice and support was £1.568m in 2013/14.
Information from the last quarter of 2013/14 shows CCG locations of people who received an IAA service:

<table>
<tr><td>Unknown</td><td>1,234</td></tr>
<tr><td>East</td><td>528</td></tr>
<tr><td>North</td><td>763</td></tr>
<tr><td>Norwich</td><td>2,721</td></tr>
<tr><td>South</td><td>734</td></tr>
</table>
</td>
<td>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation

<table>
<tr><th>Result 2013/14</th><th>Target 2014/15</th></tr>
<tr><td>87%</td><td>90%</td></tr>
</table>

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (BCF measure)

<table>
<tr><th>Result 2013/14</th><th>Target 2014/15</th></tr>
<tr><td>799.3</td><td>748.8*</td></tr>
</table>
*see appendix for explanation of reduction in target

SP KPI - 1, Maintaining independence in long-term accommodation based services (proportion of</td>
</tr>
</table>

		Owls unplanned care and rapid response) and respite directly reduce hospital admissions. Home and respite care support carers in their roles. The services listed are part of a wider range of NCC funded provision which supports timely and appropriate use health services through reducing falls and contributing to enabling people to live for longer at home (including sheltered housing, Housing With Care and Home Improvement). Hostel and refuge services for vulnerable people experiencing	West 777 The 24hr Emergency Duty team cost NCC £0.843m in 2013/14. The rapid response service cost NCC £0.200m in 2013/14. Day opportunities/services packages of care cost NCC £16.723m in 2013/14. **£'m** East Norwich North South West **Day Care** 1.746 2.140 5.094 3.896 3.847 **£1.097m of the additional funding is being allocated within this area for 2014/15.**	people receiving low level housing support who continued to live independently without requiring a move to a higher care setting) **Result 2013/14** / **Target 2014/15** 99% / 99.3% SP KPI-2a, Achieving or maintaining independence in short -term accommodation based services **Result 2013/14** / **Target 2014/15** 74.9%% / 72% SP KPI-2b, Achieving or maintaining independence through floating support services

<table>
<tr>
<td></td>
<td></td>
<td>homelessness or domestic abuse.</td>
<td></td>
<td>
<table>
<tr><th>Result 2013/14</th><th>Target 2014/15</th></tr>
<tr><td>92.9%%</td><td>95%</td></tr>
</table>
</td>
</tr>
<tr>
<td>6. Contributing to timely hospital discharges and recovery from ill health and injury</td>
<td><u>£3,570m</u>
<table>
<tr><th>Locality</th><th>Reablement spend £'m</th><th>Allocation £'000</th></tr>
<tr><td>East</td><td>0.758</td><td>0.393</td></tr>
<tr><td>Norwich</td><td>2.551</td><td>1.321</td></tr>
<tr><td>North</td><td>1.103</td><td>0.571</td></tr>
<tr><td>South</td><td>1.448</td><td>0.750</td></tr>
<tr><td>West</td><td>1.034</td><td>0.535</td></tr>
</table>
</td>
<td>Improved out of hours discharge pathways from acute and community hospitals at weekends and public holidays to reduce and prevent delayed transfers of care. This is through the provision of increased capacity for social work assessment and integrated care coordination in hospital settings, and through the contracts with care homes and home care providers.

Maintaining and increasing the</td>
<td>In addition to the cost and availability of Residential and Homecare packages of care referred to in section 2 above, the following costs are incurred:

Planning beds cost NCC £1.421m in 2013/14.

The Norfolk First Response Service (NFRS) reablement service cost NCC £5.694m for 2013/14.

The Swifts and Nightowls Service cost NCC £1.201m in 2013/14.

The combination of NRFS and Swifts and Nightowls (£6.895m) can be seen by locality:
<table>
<tr><th>£'m</th><th>East</th><th>Norwich</th><th>North</th><th>South</th><th>West</th></tr>
<tr><td>Reablement</td><td>0.758</td><td>2.551</td><td>1.103</td><td>1.448</td><td>1.034</td></tr>
</table>
Three SLAs are in place to provide Home from Hospital services across Norwich, Great Yarmouth and the West at a cost of £0.072m.

£0.602m of the additional funding is being allocated within this area for 2014/15.</td>
<td>Delayed Transfers of Care - attributable to adult social care:
<table>
<tr><th>Result 2013/14</th><th>Target 2014/15</th></tr>
<tr><td>2.0</td><td>2.0</td></tr>
</table>
Proportion of people feeling supported to manage their long term condition (BCF measure)</td>
</tr>
</table>

<table>
<tr><td></td><td></td><td>capacity of residential and domiciliary care providers to enable early discharge to an appropriate setting to reduce delays and benefit patients.

Providing a comprehensive reablement service with fast access and good links to acute teams.</td><td>Based on the number of referrals to NFRS in 2013/14 (3835) this would buy 405 referrals.</td><td></td></tr>
<tr><td>7 Ensuring that support and care is provided safely and that the market for provision of social care and other relevant services is able to respond to changing</td><td><u>£0.150m</u></td><td>Continuing to work jointly with NHS partners to develop integrated approaches to quality and safeguarding, for example in residential settings and the delivery of care at home. Providing support for workforce development in</td><td>NCC spent £0.399m on the Adult Social investment to the Multi-Agency Safeguarding Hub (MASH).

NCC spent £0.386m on its Quality Assurance function.

NCC awarded £0.250m in training grants to the third sector for workforce development to build and enhance local capacity.

£0.050m of the additional funding is being allocated within this area for 2014/15.</td><td>People who say services have made them feel safe and secure

<table><tr><th>Result 2013/14</th><th>Target 2014/15</th></tr><tr><td>69.6%</td><td>39.6%</td></tr></table></td></tr>
</table>

needs		third sector provision. Sharing NCC quality assurance intelligence, infrastructure and expertise with CCGs. Developing coordinated approaches to key areas of safeguarding and quality such as prevention of falls and pressure sores. Building stronger links with CCG safeguarding leads to allow scoping the benefits of shared safeguarding and quality services.		
Total	**19,152,000**			

Draft Emotional Wellbeing and Mental Health Strategy Report

What is the role of the H&WB in relation to this paper?

- In Norfolk through an early help offer we wish to provide services to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.
- At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.
- In Norfolk Public Health child health and maternity data 2012 suggests prevalence rates of:
  - Children age 2-5 **7380** with a mental health disorder
  - Children 5+:
    - **3980** in 5-10 age range with a mental health disorder
    - **6515** in 11-16 age range with a mental health disorder
    - **10,395** in 5-16 age range with a mental health disorder

- Range of vulnerable groups at greater risk of mental health concerns
- Range of contributory factors influencing emotional well-being and mental health
- That referrals to mental health targeted and specialist services continue to increase and have been on the rise since 2003
- Due to cross cutting nature of improving emotional wellbeing and emerging mental health issues for children and their families there is the need for wider partner and agency awareness and involvement in taking the strategy forward and future commissioning.

Key questions for discussion

Q1. In beginning to address the above the draft Emotional Wellbeing and Mental Health Strategy being consulted on seeks the Boards views on:

a. Is this the right vision?
b. Are these the right aims?
c. Are these the right outcomes?

Q2.We are interested in knowing what agencies and organisations will be able to contribute in developing and implementing this strategy if it is agreed this is the right direction to go to improve emotional wellbeing and emerging mental health problems for children and young people.

Actions/Decisions needed

The Board is asked to:

1. Note and comment on information provided
2. Support consultation of draft Emotional Wellbeing and Mental Health Strategy identifying any forums to take forward
3. Provide feedback on draft Emotional Wellbeing and Mental Health Strategy
4. Consider resourcing implications
5. Inform on areas of good practise in relation to emotional wellbeing and Camhs
6. Identify key outcomes Health and Wellbeing Board wish to achieve from strategic direction.

Draft Emotional Wellbeing and Mental Health Strategy Report

Report of the Director Children's Services (Interim)

Summary
The purpose of this report is to inform and consult the Health and Wellbeing Board on NCC Children's Services draft Emotional Wellbeing and Mental Health Strategy.

The attached draft Emotional Wellbeing and Mental Health Strategy (Appendix 1 contains a summary of the strategy and Appendix 2 contains the draft strategy in full) seeks to describe the situation in Norfolk, identify 6 strategic priorities, and propose ways of working and outcomes we wish to achieve to ensure improvement.

The draft strategy being consulted on is a key priority for NCC Children's Services Early Help Improvement work. The strategy has been discussed at the Early Help Improvement Board.

The draft Emotional Wellbeing and Mental Health Strategy builds on and relates to the Health and Wellbeing Strategy priority of 'promoting the social and emotional wellbeing of pre-school children.'

Due to cross cutting nature of improving emotional wellbeing and emerging mental health issues for children and their families there is the need for wider agency and partner awareness and involvement in taking the strategy forward.

Action
The Health and Wellbeing Board is asked to:

- Note and comment on information provided
- Support consultation of draft Emotional Wellbeing and Mental Health Strategy identifying any forums to take forward
- Provide feedback on draft Strategy (attached appendix 1 summary and appendix 2 full strategy)
- Consider resourcing implications
- Inform on areas of good practice in relation to emotional wellbeing and Camhs
- Identify key outcomes the Health and Wellbeing Board wish to achieve from strategic direction

1. Background

1.1 We wish to ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

1.2 At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.

1.3 The Care Minister, Norman Lamb, in August described **'Mental health services for young people in England are "stuck in the dark ages" and "not fit for purpose"'** and will be launching a task force to look into how to improve services.
In Norfolk we are already beginning to think about how emotional wellbeing and mental health support and services can be improved with the Health and Wellbeing Board Joint Health and Wellbeing Strategy priority of:

- **Promoting the social and emotional wellbeing of pre-school children**

Also the local 'Closing the Gap' priorities for essential change in mental health in Norfolk includes theme 3:

- **starting early to promote mental wellbeing and prevent mental health problems**

1.4 There is a range of mental health support which goes on within universal services and schools contribute considerably in supporting children presenting with emerging mental health difficulties as well as working with agencies for those requiring more intensive and specialist support.

1.5 However we note that currently there is fragmentation across agencies and organisations in relation to earlier responses to emotional wellbeing and emerging mental health difficulties with children and young people at times unable to access earlier help or longer term support.

2. Draft Emotional Wellbeing and Mental Health Strategy

2.1 The attached draft 'Emotional Wellbeing and Mental Health Strategy' (Appendix 1 contains a summary of the strategy and Appendix 2 contains the draft strategy in full) seeks to describe the situation in Norfolk, identify 6 strategic priorities, and propose ways of working and outcomes we wish to achieve to ensure improvement.

2.2 The strategy aims going forward:

1. Ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.
2. Early years settings, schools and other agencies working with children and young people so that they feel good about themselves and are able to build positive relationships
3. Align and re-shape services/resources so that integrated commissioning arrangements and services within the universal support and early help offer are in place reducing current fragmented approach and that gaps are addressed
4. Improve access and provide clarity about support services available for emotional wellbeing and mental health at all tiers and for all children and young people
5. Engage children and young people, parents and carers in informing and shaping support, commissioning of provision and service delivery.

2.3 We are aiming to go out for wider agency and stakeholder consultation on the strategy over a 4-5 week period up to and including October 2014 (potential to extend).

2.4 This has included consultation with schools through the schools forum and autumn term fair funding proposals as we wish to work with schools on how DSG funding can be used for earlier emotional wellbeing and mental health support. We have linked this with

NCC Children's Services 'A Good School for Every Norfolk Learner' strategy and DfE guidance *'Mental Health and Behaviour in Schools'* June 14.

2.5 The draft strategy has been presented to the Child Health and Maternity Board and Early Help Improvement Board, Joint Camhs Commissioning Group and Camhs Strategic Board.

2.6 Work is underway with the Youth Council who also identified emotional wellbeing and mental health as key issue for young people to ensure join up and engagement with children and young people.

2.7 Further involvement work as part of the consultation will see us consulting with a range of children's and young peoples' groups. In addition we will be consulting with a range of parents and parent groups including Family Voice Norfolk.

3. Key issues for discussion

3.1 We are seeking feedback on the strategy on the following:

- Is this the right vision?
- Are these the right aims?
- Are these the right outcomes?

3.2 We are interested in knowing what agencies and organisations will be able to contribute in developing and implementing this strategy if it is agreed this is the right direction to go to improve emotional wellbeing and emerging mental health problems for children and young people.

4. Conclusions

4.1 Noting prevalence data and pressures on acute services provided by health, social care and education the proposed draft Emotional Wellbeing and Mental Health Strategy aims to move towards preventative ways of working and services.

4.2 To achieve moving from interventions for children at high risk to improving resilience and earlier emotional wellbeing support requires partnership wide approach and longer term thinking and recognition that the impact will be over a longer period.

5. Action

5.1 The Health and Wellbeing Board is asked to:

- Note and comment on information provided
- Support consultation of draft Emotional Wellbeing and Mental Health Strategy identifying any forums to take forward
- Provide feedback on draft Emotional Wellbeing and Mental Health Strategy
- Consider resourcing implications
- Inform on areas of good practise in relation to emotional wellbeing and Camhs
- Identify key outcomes Health and Wellbeing Board wish to achieve from strategic direction

6. List of Appendices

Appendix 1 - Draft Emotional Wellbeing and Mental Health Strategy
Appendix 2 - Gap Analysis for draft Emotional Wellbeing and Mental Health Strategy Consultation – October 2014
Appendix 3 - Draft Emotional Wellbeing and Mental Health Strategy Consultation Feedback Form

Officer Contact

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

Name:	Tel:	Email:
Christopher Butwright	01603 638049	christopher.butwright@norfolk.gov.uk

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

Norfolk County Council

Children's Services

Item 8

Appendix 1

Draft Emotional Wellbeing and Mental Health Strategy

The attached draft 'Emotional Wellbeing and Mental Health Strategy' (Appendix 1 contains a summary of the strategy and Appendix 2 contains the draft strategy in full) seeks to describe the situation in Norfolk, identify 6 strategic priorities, and propose ways of working and outcomes we wish to achieve to ensure improvement.

Background:

We wish to ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.

The Care Minister, Norman Lamb, in August described **'Mental health services for young people in England are "stuck in the dark ages" and "not fit for purpose"'** and will be launching a task force to look into how to improve services.

In Norfolk we are already beginning to think about how emotional wellbeing and mental health support and services can be improved with the Health and Wellbeing Board Joint Health and Wellbeing Strategy priority of:

- **Promoting the social and emotional wellbeing of pre-school children**

Also the local 'Closing the Gap' priorities for essential change in mental health in Norfolk includes theme 3:

- **starting early to promote mental wellbeing and prevent mental health problems**

There is a range of mental health support which goes on within universal services and schools contribute considerably in supporting children presenting with emerging mental health difficulties as well as working with agencies for those requiring more intensive and specialist support.

However we note that currently there is fragmentation across agencies and organisations in relation to earlier responses to emotional wellbeing and emerging mental health difficulties with children and young people at times unable to access earlier help or longer term support.

A proposed way forward:

The strategy aims going forward:

1. Ensure services are available to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of

needs of individuals, cohorts of children, their families and communities.

2. Early years settings, schools and other agencies working with children and young people so that they feel good about themselves and are able to build positive relationships
3. Align and re-shape services/resources so that integrated commissioning arrangements and services within the universal support and early help offer are in place reducing current fragmented approach and that gaps are addressed
4. Improve access and provide clarity about support services available for emotional wellbeing and mental health at all tiers and for all children and young people
5. Engage children and young people, parents and carers in informing and shaping support, commissioning of provision and service delivery

Tell us what you think:

We are seeking feedback on the strategy on the following:

- **Is this the right vision?**
- **Are these the right aims?**
- **Are these the right outcomes?**

What do you have to offer?

We are interested in knowing what agencies and organisations will be able to contribute in developing and implementing this strategy.

Consultation process:

We are aiming to go out for wider agency and stakeholder consultation on the strategy over a 4-5 week period up to and including October 2014.

This will include consultation with schools through the schools forum and autumn term fair funding proposals as we wish to work with schools on how DSG funding can be used for earlier emotional wellbeing and mental health support. We have linked this with NCC Children's Services 'A Good School for Every Norfolk Learner' strategy and DfE guidance *'Mental Health and Behaviour in Schools'* June 14.

We are also planning to present the draft strategy to the Child Health and Maternity Board, Health and Wellbeing Board, Joint Camhs Commissioning Group, Camhs Strategic Board in the near future and work is underway with the Youth Council to ensure engagement with children and young people. Further involvement work as part of the consultation will see us consulting with a range of children's and young peoples' groups. In addition we will be consulting with a range of parents and parent groups including Family Voice Norfolk.

If you wish to discuss further please contact:
Christopher Butwright, Head 5-11 Commissioning, Norfolk County Council Children's Services: christopher.butwright@norfolk.gov.uk tel: 01603 638049

Appendix 1: Emotional Wellbeing and Mental Health Strategy - Summary

Introduction

In Norfolk through an early help offer we wish to provide services to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

Emotional wellbeing has been defined as: ***"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."*** It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

(*Better Mental Health Outcomes for Children and Young People*)

What do we already know?

Both national and local data highlights

- Significant number of children in Norfolk effected by mental health – up to 10% of child population
- Range of vulnerable groups at greater risk of mental health concerns
- Range of contributory factors influencing emotional well-being and mental health

That referrals to mental health targeted and specialist services continue to increase and have been on the rise since 2003.

What are our aims and ambitions?

1. **Developing Resilience**
2. **A Focus on Emotional Wellbeing**
3. **Improving Mental Health outcomes**
4. **Working together to improve outcomes**
5. **Listening to children and young people**
6. **Resources and funding focussed on earlier intervention and assessed needs**

1. Developing Resilience:

The strategy aims to:

- **Ensure agencies work together in such a way as to develop protective factors focused on a holistic approach**
- **Ensure joined up commissioning, provision and specialist and targeted interventions.**
- **Create the conditions within our communities, schools and settings that enable all children and young people to thrive and seek to reduce the impact of risk factors.**
- **Keep families together**
- **Identify and provide timely interventions for those at most risk**

2. A Focus on Emotional Wellbeing:

The Strategy aims to ensure:

- **Good transitions at all stages of childhood**
- **Parent and infant mental health support accessible and joined up**
- **Emotional and wellbeing support into school and especially high school**
- **Understanding the importance of good relationships and creating the conditions to support**
- **Promoting play based approaches in the early years and beyond to ensure positive experiences in a supportive environment**
- **Promote active and healthy lifestyle**
- **Promote inclusion in all areas**

A way of working:

- **Priority 1 – Promoting the social and emotional wellbeing of pre-school children**

The approach here is to consider a range of factors which impact on young children's lives and seek to improve outcomes by focussing support and targeting services in such a way so as to provide positive experiences in relation to health, education and social care. A good example of this is the 'Every Child a Reader' campaign which addresses not only literacy issues for children and adults but also builds positive relationships and experiences between children and their parents and carers.

3. Improving Mental Health Outcomes:

The strategy aims to enable improved ways of working by:

- **Promoting reflective practise including at a multi-agency level**
- **Awareness raising**
- **Capacity building**
- **Understanding and agreeing best practise approaches to ensure joined up working**
- **Knowing where trained staff are e.g. trained trainers**
- **Sharing skills and information at a local level**
- **Ensuring clear pathways to and from services so as children, young people and their families are well supported at all stages.**
- **Joint training and workforce development**

4. Working Together to Improve outcomes:

The strategy aims to ensure:

- **Local need is understood**
- **Parent and infant mental health needs are recognised, assessed and support and interventions are provided as early as possible**
- **Support and interventions for post traumatic stress disorders are in place for those suffering from physical and emotional abuse**
- **Longer term interventions are recognised and services identified**
- **Support for sexually aggressive young people is in place**
- **Understanding and responding to self harm with the aim of reducing emergency admissions**
- **NCC Children's Services, Clinical Commissioning Groups, Community Adult Services, NHS England, NCHC and NSFT working together to ensure understanding of need and provision for Learning Difficulties Camhs services and when required in-patient beds**
- **Pathways to and from services clearly defined**
- **Camhs Strategy priorities are delivered in partnership with leads and outcomes identified**

5. Listening to Children and Young People:

The strategy aims to ensure the voice of the child:

- **Enable parents, carers and those working with children and young people to understand children's and young people's needs through their communication so as to ensure earlier support and interventions.**
- **Individual assessment/plans/interventions**
- **Service development**
- **Strategic direction**
- **Commissioning activity**
- **Direct provision**

6. Resources and funding focussed on earlier intervention and assessed needs:

The strategy aims to:

- **Build on existing joint commissioning arrangements and enhance further as exemplified by the SEN joint commissioning work**
- **Promote use of pooled funding at a local and county level**
- **Align staffing and resources so as to avoid duplication**
- **Identify key interventions such as PATHs and Perinatal Infant Mental Health Services (PIMHS) as approaches to address priority improvements**
- **Reduce use of acute services through earlier recognition and support**
- **Promote alternatives ways of working and support within the communities and families**
- **A focus on relationship building and healthy and active lifestyles**

The overall aim being to redistribute spend to meet needs at the earliest opportunity where small amounts of funding can make big differences to

The strategy aims:
To achieve collaborative working and management of limited resources by the proposed development of a therapeutic partnership approach:

(i) **Joint commissioning based on needs assessment including what children and young people and their families are telling us at countywide and local level including school clusters**

(ii) **Collaborate in developing specialist skills and knowledge at the countywide and community levels, this includes identifying, and planning to fill, gaps in the provision of specialist activities by identifying unmet need.**

(iii) **Coordinate the delivery of specialist activities (including seeking to commission and/or combine existing specialist skills / knowledge in order to strengthen the provision of specialist activities).**

(iv) **Lead and contribute to the implementation across Norfolk of national and local initiatives related to emotional wellbeing and mental health including for the LA promoting healthy lifestyles.**

The key here is to enhance good working relationship with education, health and social care colleagues including Clinical Commissioning Groups and Public Health Commissioners and establish those with District Council Commissioners, Police and Crime Commissioner and the voluntary sector.

Emotional Wellbeing and Mental Health Strategy – draft V5

Introduction

In Norfolk through an early help offer we wish to provide services to support children's emotional wellbeing and mental health at the earliest opportunity based on understanding of needs of individuals, cohorts of children, their families and communities.

To enable ongoing improvement the following principles underpin our approach:

- A recognition that children are best cared for in their own families
- Raising educational standards
- Value partnerships at every level both local and county-wide
- Produce seamless service from the perspective of children and their families
- It must join up NCC CS directly provided and commissioned services with those provided by our partners including in education and health
- It must drive up service improvement – the right children, the right service, the right duration

There is recognition that there are protective and risk factors in children's lives. The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in children's lives. These include:

• **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;

• **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and

• **Traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

Universal services such as early years settings, schools and colleges will often be able to support children at such times, intervening well before mental health problems develop. This requires information, advice, guidance and support when required to enable preventative working.
(*'Mental Health and Behaviour in Schools' June 14)*

The above factors whilst applied to mental health specifically in the reference document are also the same factors which bring children to the attention of a variety of children's services and agencies resulting in the need for support and intervention. Whilst the pathway we wish to maintain is within the universal support at times targeted and specialist support will be required to ensure children's assessed needs are met at tiers 2/3 and 4.

Providing effective support for families means wiring local services so that each family's needs are at the heart of the universal pathway core offer within their community

Supporting Families in Norfolk

Pathways to and from services provided need to be clear and equitable regularly reviewed, monitored and evaluated to ensure they are meeting local and countywide assessed needs at the right time and for the right children.

What do we know about emotional wellbeing and mental health?

At a national level one in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.

Mental health professionals have described mental health difficulties as the following:

- Mood disorders, e.g. depression
- Anxiety disorders e.g. phobias, panic disorder, obsessive-compulsive disorder, post traumatic stress disorder
- Psychosis, e.g. schizophrenia
- Developmental disorders, e.g. autistic spectrum conditions, tic disorders, dyspraxia
- Hyperkinetic disorders e.g. Attention Deficit Hyperactivity Disorder (ADHD)
- Conduct disorders e.g. persistent and severe aggressive, antisocial or defiant behaviour that is very different from expected behaviour in peers
- Attachment disorders e.g. difficulties caused by a persistently abnormal pattern of attachment with care givers
- Emotional and behavioural disorders e.g. problems with emotions and behaviour that do not meet the criteria for a mental health diagnosis, e.g. enuresis (wetting) and encopresis (soiling)
- Learning disabilities and developmental delay

Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others. These include those children who have one or a number of risk factors in the following domains:

- from low-income households; families where parents are unemployed or families where parents have low educational attainment
- who are looked after by the local authority
- with disabilities (including learning disabilities)
- from black and other ethnic minority groups
- who are lesbian, gay, bisexual or transgender (LGBT)
- who are in the criminal justice system
- who have a parent with a mental health problem
- who are misusing substances

- who are refugees or asylum seekers
- in gypsy and traveller communities
- who are being abused.

While children and young people in these groups may be at higher risk, this does not mean that as individuals they are all equally vulnerable to mental health problems. A range of protective factors in the **individual**, in **the family** and in **the community** influence whether a child or young person will either not experience problems or will not be significantly affected by them, particularly if receiving consistent support from an adult whom they trust.
(Better Mental Health Outcomes for Children and Young People)

In addition approximately 10% of child population can be described as having "disorganised" attachments (approximately 960 infants developing disorganised features each year) which if not addressed will lead to significant relational, behavioural and mental health difficulties.

What does the local data tell us?

Local mental health prevalence data available from chimat via Public Health tells us:

- In the 2-5 years age range average prevalence rate of **7380** children with a mental health disorder.

Prevalence rates in children 5+ based on 2012 data:

- **3980** in 5-10 age range
- **6515** in 11-16 age range
- **10,395** in 5-16 age range

We also know from 'Early Help Working together to make a difference' that:

- An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves. Of the 175,000 young carers identified in the 2001 census, 29% – or just over 50,000 – are estimated to care for a family member with mental health problems. *(Norfolk Children's Service: Understanding Children & Young People's needs, April 2013)*
- In a class of 26 primary school children, it is estimated that six or seven children are living with a mother with mental health difficulties.
- Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues

Furthermore Public Health 'Mental Health Needs Assessment 2013' for Norfolk and Waveney highlights:

- For anorexia nervosa, among young women aged 15 – 30, estimated 860 sufferers, and across all sexes and ages, 108 new cases per year.
- For bulimia, estimated 177 new cases per year
- For an eating disorder 'not otherwise specified', a much higher proportion of people are affected, accounting for 50% of people who present for treatment, but up to 6%, 59,000 people, in our population
- Between 2003 and 2011, 4.3% of all deaths in Norfolk and Waveney were attributed to mental and behavioural disorders, giving an average of 408 deaths per year, not including suicides. The most common cause was dementia in older people, but in younger age groups substance misuse was the predominant cause.
- **Women with post natal mental illness:** In 2011 there were 10,633 births in Norfolk and Waveney. Applying published rates of postnatal depression, it is anticipated that between 1000 and 1500 mothers would have been effected

- **People with learning disabilities:** 1000 to 1600 people effected with mental illness
- **People with sensory impairment:** levels of mental ill health are likely to be higher among people with sensory impairment and in order to ensure they have fair access to mental health services, diagnosis needs to be good, and reasonable adjustments made
- **Young carers:** nearly a third of young carers care for someone with a mental illness. Carers themselves are at risk of developing mental health problems

Emotional Wellbeing:

Emotional wellbeing has been defined as: ***"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."*** It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

(*Better Mental Health Outcomes for Children and Young People*)

Understanding levels of wellbeing is a challenging and complex measurement to ascertain. Various tools are available such as SDQ which is often used with the LAC population and the PATHs programme applies an approach to understand this within schools.

The 'Good Childhood Report 2013' published by the Children's Society provides a helpful understanding of important factors which can impact and contribute to an overall sense of well-being.

	Positive affect	Life satisfaction	Psychological well-being
Single item	Overall, how happy did you feel yesterday?	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you think the things you do in your life are worthwhile?
Multi-item	How calm did you feel yesterday? How excited did you feel yesterday? How relaxed did you feel yesterday? How full of energy did you feel yesterday?	My life is going well My life is just right I wish I had a different kind of life I have a good life I have what I want in life *plus 'domain' measures such as:* How happy are you with your health?	I feel that I am learning a lot at the moment I feel that I am achieving things in my daily life I feel that I have a sense of direction in life I feel that I do things that are useful in my daily life

However to give an overall 'happiness' measure here would be misleading and in fact a measure of wellbeing is perhaps best done by asking children about how they evaluate their lives as a whole. Again the 'Good Childhood Report 2013' provides a helpful approach based on the 'Five Ways to Wellbeing framework':

1. **Connect**
2. **Keep Learning**
3. **Be active**
4. **Give**
5. **Take notice**

It is possible to survey children based on the five ways framework and factors that are relevant to children themselves. The key here is to enable the voice of the child.

Finally of significance is the link between emotional wellbeing and mental health and reasons for why children die. The May 2014 report 'Why children die: death in infants, children and young people in the UK' by the Royal College of Paediatrics and Child Health highlights the following:

- Injuries are a common cause of death among adolescents who have chronic conditions including mental and behavioural disorders, accounting for a third of deaths among 15 to 18 year olds in England who had a long term condition
- Injuries are non-random preventable events
- Many children who died from suicide had not had any contact with mental health services, and there were reportedly problems with services failing to follow patients who had been referred but not turned up for appointments
- The most common causes of injury related deaths are transport accidents, drowning and intentional including self-harm and assault
- Injuries resulting in death among adolescents often occur when there is coexisting chronic conditions e.g. injuries accounted for nearly 70% of deaths among 15-18 year olds with mental health or behavioural problems
- Social and economic inequalities are matters of life and death for children
- Approximately three quarters of lifetime mental health disorders (excluding dementia) have their onset before 24 years of age. The peak onset for most conditions is between 8 and 15 years, with children and young people in the poorest households three times more likely to have a mental health problem than their wealthier counterparts.

In conclusion both national and local data highlights

- Significant number of children in Norfolk effected by mental health
- Range of vulnerable groups at greater risk of mental health concerns
- Range of contributory factors influencing emotional well-being and mental health

That referrals to mental health targeted and specialist services continue to increase and have been on the rise since 2003.

What are our aims and ambitions?

1. **Developing Resilience**
2. **A focus on Emotional Wellbeing**
3. **Improving Mental Health outcomes**
4. **Working together to improve outcomes**
5. **Listening to children and young people**
6. **Resources and funding focussed on earlier intervention and assessed needs**

1. Developing Resilience:
Central to children and young people reaching their potential in life and achieving their ambitions is the importance of their emotional, mental and physical health and wellbeing.

To assist in understanding how the strategy and approach will make a difference to children, young people and families the following table highlights risk and protective factors in relation to mental health:

	Risk Factors	Protective Factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including Domestic Violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open-door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	• Socio-economic disadvantage • Homelessness	• Wider supportive network • Good housing • High standard of living

	• Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

(*'Mental Health and Behaviour in Schools' June 14)*

Clearly what we want to achieve is ensuring as many protective factors are in place for children and young people so as to have a positive impact on their lives. This is best described as developing **resilience** as it appears:
'Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

'Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches.'
Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry. Vol. 147, pp. 598-611

Research suggests that there is a complex interplay between risk factors in children's lives and promoting their resilience. As social disadvantage and the number of stressful life events accumulate for children or young people, more factors that are protective are needed to act as a counterbalance.

(*'Mental Health and Behaviour in Schools' June 14)*

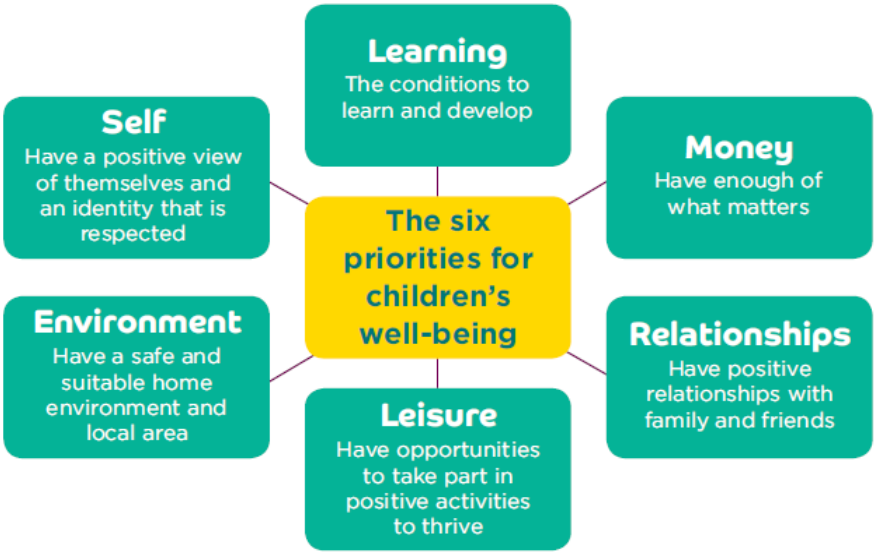
The strategy aims to:

- **Ensure agencies work together in such a way as to develop protective factors focused on a holistic approach**
- **Ensure joined up commissioning, provision and specialist and targeted interventions.**
- **Create the conditions within our communities, schools and settings that enable all children and young people to thrive and seek to reduce the impact of risk factors.**
- **Keep families together**
- **Identify and provide timely interventions for those at most risk**

2. A Focus on emotional wellbeing:

The 2013 'Better Childhood Report' highlights the following six priorities for children's wellbeing:

Figure 23: Six priorities for children's well-being



Given these holistic priorities it is important that there is a join up between social, education and health professionals from across the children's sector to ensure that as earlier support as possible is available to meet needs of both a mental and physical nature.

Therefore links need to be made with local priorities and developments such as:

- A Good School for Every Norfolk Learner
- Early Years Strategy
- Healthy Child Programme
- Supporting Families in Norfolk Strategy
- Healthy Schools Programme
- Active Norfolk
- Short break services for disabled children
- Clinical Commissioning Team

Aims

- **Good transitions at all stages of childhood**
- **Parent and infant mental health support accessible and joined up**
- **Emotional and wellbeing support into school and especially high school**
- **Understanding the importance of good relationships and creating the conditions to support**
- **Promoting play based approaches in the early years and beyond to ensure positive experiences in a supportive environment**
- **Promote active and healthy lifestyle**
- **Promote inclusion in all areas**

- Transition services

- District council

- CCG priorities

- Voluntary sector support

Ensuring the links between childhood development and progress across the system to address emotional wellbeing is complex but work is underway as part of the local Health and Wellbeing Strategy which has identified:

- **Priority 1 – Promoting the social and emotional wellbeing of pre-school children**

The approach here is to consider a range of factors which impact on young children's lives and seek to improve outcomes by focussing support and targeting services in such a way so as to provide positive experiences in relation to health, education and social care. A good example of this is the 'Every Child a Reader' campaign which addresses not only literacy issues for children and adults but also builds positive relationships and experiences between children and their parents and carers.

Using this as a model of a holistic approach in Norfolk to emotional wellbeing the aim will be to work with older children and young people in this way.

The strategy will build on already existing joint commissioning and working together practices and further develop between:

- NCC Children's Services
- Pre-school, school/academies and post 16 education provision
- Adult community services
- Public Health
- Clinical Commissioning Groups
- District Councils
- Police and Crime Commissioner
- Voluntary sector

3. Improving Mental Health outcomes:

In 2011, the government published its mental health strategy, *No health without mental health*. This set out long-term ambitions for the transformation of mental health care – and more importantly, for a broad change in the way people with mental health problems are supported in society as a whole. The strategy was built around six objectives:

• More people will have good mental health

• More people with mental health problems will recover

• More people with mental health problems will have good physical health

• More people will have a positive experience of care and support

• Fewer people will suffer avoidable harm

• Fewer people will experience stigma and discrimination.

In January 2014 the Department of Health created the 'Closing the Gap: Priorities for essential change in mental health' document. Its policy is focused on making mental health services more effective and accessible, and supporting the governments mental health strategy **'No Health without Mental Health'**.

The document sets out 25 priorities for change in how children and adults with mental health problems are supported and cared for, and details how changes in local service planning and delivery will make a difference to the lives of people with mental health problems in the next 2 or 3 years.

The document aims to bridge the gap between long-term ambition and shorter-term action. It seeks to show how changes in local service planning and delivery will make a difference, in the next two or three years, to the lives of people with mental health problems.

(*Department of Health*)

In addition the DfE has just issued guidance to schools *'Mental Health and Behaviour in Schools'* June 14. This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

Both documents highlight the need for joined up working and support at the local level and the importance of integrated commissioning and provision informed by service users and their families.

In addition it is recognised that earlier and preventative work will make a difference to improving emotional well-being and mental health issues.

At a local level the Child and Adolescent Mental Health Services Strategic Partnership has identified a range of priorities to address key areas for development:

- **Involvement & Participation**
- **Equalities**
- **Pathways to and from CAMHS need to be clearer**
- **Parent Infant Mental Health Services (PIMHS)**
- **Acute LD CAMHS cases**
- **Eating Disorders Pathways**
- **CAMHS Emergency & Out of Hours Pathways**
- **Gaps in post diagnostic integrated MH support for 'high functioning' Aspergers cases**

Furthermore the Children's and Families Act for the first time recognises Camhs needs within Education, Health and Care Plans.

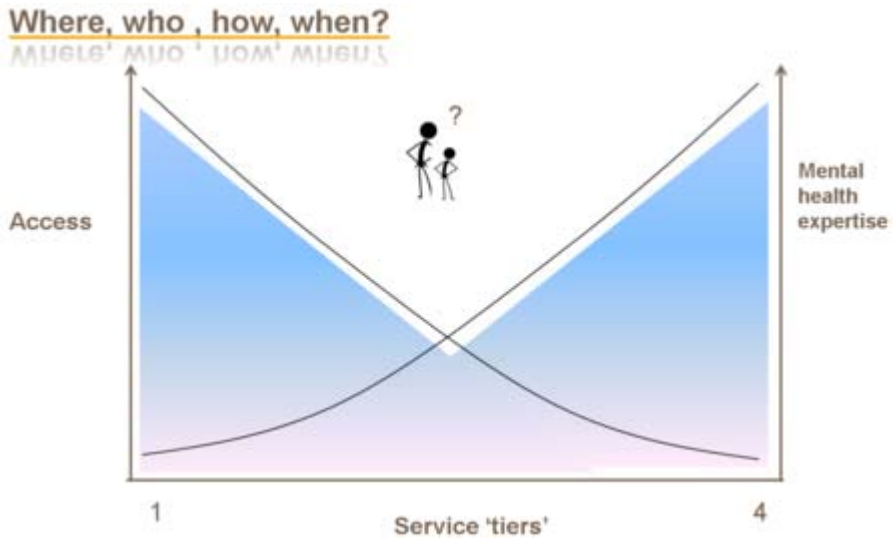
The strategy aims to ensure:

- **Local need is understood**
- **Parent and infant mental health needs are recognised, assessed and support and interventions are provided as early as possible**
- **Support and interventions for post traumatic stress disorders are in place for those suffering from physical and emotional abuse**
- **Longer term interventions are recognised and services identified**
- **Support for sexually aggressive young people is in place**
- **Understanding and responding to self harm with the aim of reducing emergency admissions**
- **NCC Children's Services, Clinical Commissioning Groups, Community Adult Services, NHS England, NCHC and NSFT working together to ensure understanding of need and provision for Learning Difficulties Camhs services and when required in-patient beds**
- **Pathways to and from services clearly defined**
- **Camhs Strategy priorities are delivered in partnership with leads and outcomes identified**
-

4. Working together to improve outcomes:

Typically joint commissioning and working opportunities will need to be built on and further developed between the LA services including Public Health, Clinical Commissioning Groups, District Councils, Voluntary sector and statutory partner agencies of within education and the police. There are a range of local and national initiatives which seek to improve health outcomes through physical activity as well as educational and social experiences.

Therefore the difference the proposed **Emotional Wellbeing and Mental Health Strategy** will make is to ensure that the counterbalance is in place in for individual and cohorts of children whilst planning to improve access improve support and improve outcomes by attempting to answer the question posed in the caption below:



(Young Minds)

The strategy aims to enable improved ways of working by:

- **Promoting reflective practise including at a multi-agency level**
- **Awareness raising**
- **Capacity building**
- **Understanding and agreeing best practise approaches to ensure joined up working**
- **Knowing where trained staff are e.g. trained trainers**
- **Sharing skills and information at a local level**
- **Ensuring clear pathways to and from services so as children, young people and their families are well supported at all stages.**
- **Joint training and workforce development**

5. Listening to Children and Young People:

At a national level Young Minds is informing much of recent government thinking and guidance about how emotional wellbeing and mental health services are designed and locally delivered.

Within Norfolk the current Camhs strategy and current Camhs priority refresh includes involvement and participation of children and young people. In addition recent short breaks re-commissioning activity has included involvement from disabled young people to inform improving short breaks provision.

Often however children and young people let us know about their emotional and wellbeing and mental health in a variety of ways often expressed in their behaviours or how they present including through social media.

In addition what we do know is that children, young people and their families prefer to have support available when they need it, locally provided, without too long to wait and of a good quality.

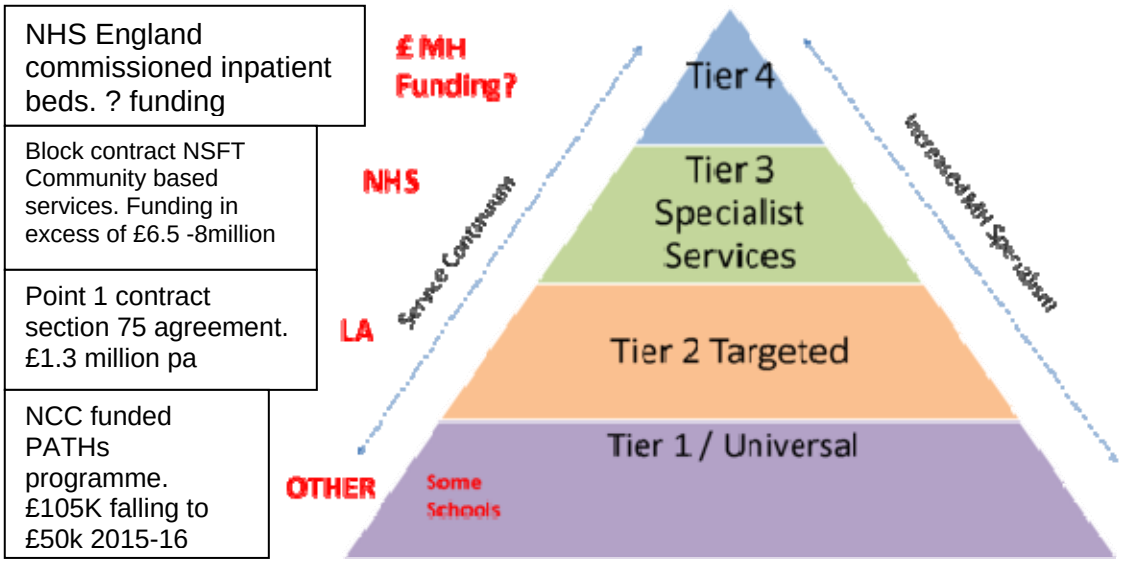
The strategy aims to ensure the voice of the child:

- **Enable parents, carers and those working with children and young people to understand children's and young people's needs through their communication so as to ensure earlier support and interventions.**
- **Individual assessment/plans/interventions**
- **Service development**
- **Strategic direction**
- **Commissioning activity**
- **Direct provision**

6. Resources and funding focussed on earlier intervention and assessed needs

Central to our understanding here is the fact that children can potentially require emotional wellbeing and mental health support from a variety of starting positions and for a variety of needs and therefore an approach which is able to respond flexibly and across a children's services system is critical.

The tiered diagram below assists us in identifying where assessed need is and how support is offered:



It is worth noting that the distribution of resources is heavily skewed towards the higher tiers. So the early intervention services get proportionately very little money despite the overwhelming evidence that early intervention can save very expensive tier 3 and 4 services from being needed later on. *(Young Minds).*

It is apparent CAMHs funding and resources in Norfolk are within the specialist and targeted services whilst through our Early Help strategy and offer we wish to provide support and intervention at the earliest opportunity.

Therefore the tiered model above and associated funding should also been seen alongside other NCC resources wholly or in part contributing to emotional wellbeing and mental health such as the Clinical Commissioning Team, Educational Psychology, specialist services for disabled children (non-social work), short breaks commissioning and the Targeted Support Team. In addition the voluntary sector provides a range of support services for children and young people and their families.

Looking across the sector there are also a range of health commissioned services both by Clinical Commissioning Groups and Public Health for Camhs and for physical health needs. The Healthy Child Programme of particular significance.

The strategy aims to:

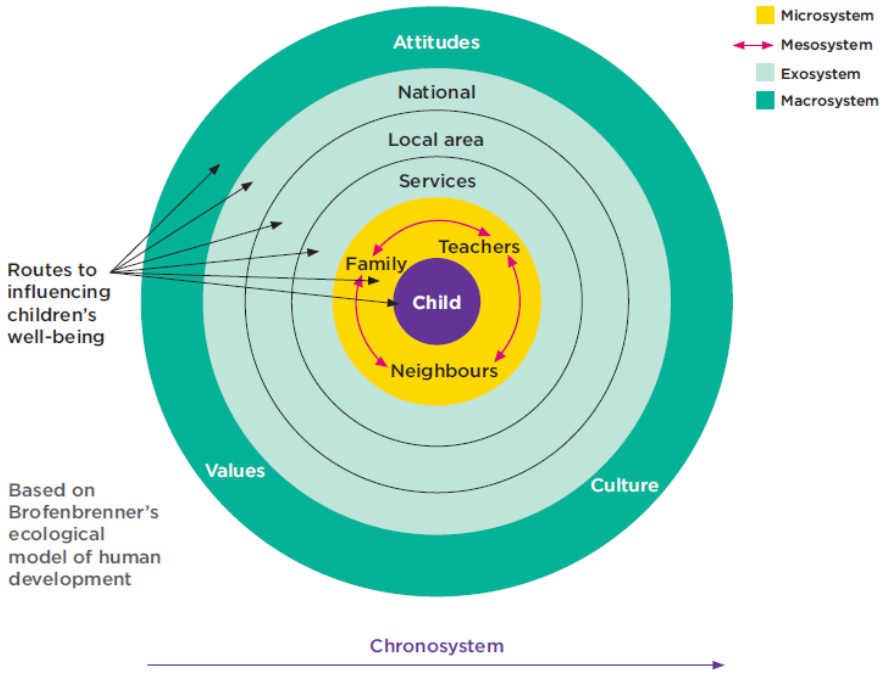
- **Build on existing joint commissioning arrangements and enhance further as exemplified by the SEN joint commissioning work**
- **Promote use of pooled funding at a local and county level**
- **Align staffing and resources so as to avoid duplication**
- **Identify key interventions such as PATHs and Pimhs as approaches to address priority improvements**
- **Reduce use of acute services through earlier recognition and support**
- **Promote alternatives ways of working and support within the communities and families**

How will this be achieved?

The strategy requires an innovative and transformational approach as it will require commissioners and providers from across the education, social care, health, district council and voluntary sector to come together to understand customer insight, local needs and priorities for a wide ranging group of children but significantly focused on ways to improve emotional wellbeing and mental health concerns and associated physical health needs which can be of a specialist nature.

The diagram below highlights the need to focus on the child, the family and local community if the strategy is have an influence.

Figure 22: Different spheres of influence on children's well-being



Source: Based on Brofenbrenner's ecological model of human development (Brofenbrenner, 1979)

The proposal is for key strategies and approaches to be at the heart of implementation:

- **Earlier interventions**
  - Parenting Support including assisting parents with LD to better support their children
  - Play as a means to improve relationships and experiences
  - Over coming communication difficulties – including speech and language therapy
  - PIMHS
  - Activity based support e.g. short breaks
  - Developing self confidence and independence e.g. short breaks/home care services/portage
  - Support within education to enable good education attainment
  - Use of technology to increase access
- **Community/local interventions and support**
  - PATHS as an approach to support universal – children, parents and schools
  - OT services specialist and community based
  - Health Visitors
  - Psychological support – educational and clinical – responding to local need including training
  - Voluntary sector child and parenting support
  - Range of short break offers (disabled and non-disabled children and young people) to develop independence, improve confidence and self-esteem
  - Community offer – working with communities on improving wellbeing and mental health through community strengths and assets.
  - Access to physical activity and use of outside space
- **Targeted and specialist:**
  - Focused on outcomes

- Play therapy
- Psychological support – educational and clinical – responding to local need including training
- Communication support
- Speech and language therapy
- Family Nurse Partnership
- Range of pre-purchased and select provider list approach
- Clear pathways to and out of services including re-integration back into community
- Improved working with families to better enable support

The need for a single referral system and good information sharing processes.

All activity undertaken informed by children's and young people's involvement based on Norfolk County Council's involvement strategy and the principles of the Young Minds Children and Young People's IAPT which is all about improving and changing mental health services to help make them better for children and young people. IAPT stands for *Improving Access to Psychological Therapies*, which basically means **making sure more people, get proper help with their mental health and emotional wellbeing when they need it** (Young Minds).

The strategy aims:
To achieve collaborative working and management of limited resources by the proposed development of a therapeutic partnership approach:

(v) **Joint commissioning based on needs assessment including what children and young people and their families are telling us at countywide and local level including school clusters**

(vi) **Collaborate in developing specialist skills and knowledge at the countywide and community levels, this includes identifying, and planning to fill, gaps in the provision of specialist activities by identifying unmet need.**

(vii) **Coordinate the delivery of specialist activities (including seeking to commission and/or combine existing specialist skills / knowledge in order to strengthen the provision of specialist activities).**

(viii) **Lead and contribute to the implementation across Norfolk of national and local initiatives related to emotional wellbeing and mental health including for the LA promoting healthy lifestyles.**

The key here is to enhance good working relationship with education, health and social care colleagues including CCG and Public Health Commissioners and establish those with District Council Commissioners, Police and Crime Commissioner and the voluntary sector.

In summary:
The proposed **Emotional Wellbeing and Mental Health Strategy** providing a bridge between education, social care and health.

- **Tier 1-4 commissioned and provided services**
- **Therapeutic partnership approach**

- **Focus on key strategies, priorities and interventions**
- **Linked to meeting mental health and physical health needs in collaboration with health and other partners to ensure a blended**

commissioning approach as well as ensuring timely specialist intervention

- **Working across children's services and commissioned as part of child and family support. Providing services in relation to edge of care/LAC Camhs/disability etc**
- **Link with Community Services (Adults) as continuum of support post 16/18 and recognition that children are living in families with adults with mental health difficulties and receiving support.**

*Detailed action plan re delivering priorities against improvement outcomes to be developed. To include refreshed CAMHS Strategy priorities work already underway.

Gap Analysis for draft Emotional Wellbeing and Mental Health Strategy Consultation – October 2014

	Gap or Need	Source	Risk or harm if 'left'	Action – proposed (P) or (U) underway	Priority level: 1-4[1]
1	**Local need is understood** – How do we understand emotional wellbeing	Emotional Wellbeing and Mental Health Strategy – draft V5	If we don't understand the need we can't commission or advise on the provision of appropriate services.		
2	**Promoting resilience:** - good relationships - self esteem and confidence - able to deal with change and adaptation - social problem solving approaches - positive learning experience	Emotional Wellbeing and Mental Health Strategy – draft V5 'A Good School for Every Norfolk Learner'	Understanding our approach to preventative activity and earlier working is key to reducing escalation to more acute mental health services (tiers 2/3/4)		
3	Parent and infant mental health needs are recognised, assessed and support and interventions are provided as early as possible.	Emotional Wellbeing and Mental Health Strategy – draft V5	Infants and parents/carers without strong, healthy attachments have their needs recognised, assessed and are offered effective support as early as possible. Essential to…"improve the parent/infant bonding process, address any mental health needs of the parent/carer and, where possible, reduce the need for some	U – following a successful bid to central government, work is underway to develop services to prevent infants from becoming looked after. To be completed within 1 year.	

[1] Priority level 1 = High Priority. Priority level 4 = Low Priority

Gap Analysis for draft Emotional Wellbeing and Mental Health Strategy Consultation – October 2014

	Gap or Need	Source	Risk or harm if 'left'	Action – proposed (P) or (U) underway	Priority level: 1-4[1]
			infants to be brought into care"		
4	Rolling programme of competency based training	CAMHS Strategic Partnership gap analysis exercise 04.09.14	Opportunities for efficiencies and better coverage of Norfolk may be missed.		
5	Support for children & young people with complex, persistent & behavioural & mental health needs (who may only occasionally or for brief periods have a level of need that CAMHS are commissioned to address)	Children & young people with complex, persistent & severe behavioural & Mental Health need – definition document	Children who retain a need for support after being discharged from the service may not be able to find anything suitable and may instead fluctuate between the services and nothing. In the long term this does not prevent them from retaining an enduring need for support.		

Gap Analysis for draft Emotional Wellbeing and Mental Health Strategy Consultation – October 2014

	Gap or Need	Source	Risk or harm if 'left'	Action – proposed (P) or (U) underway	Priority level: 1-4[1]
6	Identify the early signs of emotional wellbeing and emerging mental health problems. Pathways to and from services clearly defined and communicated. Know when to refer to specialist mental health services. Know how to refer to specialist mental health services. Work with children and young people within the context of their family, schools and community. Ensuring workers confidently know and recognise children and young people with emotional wellbeing and mental health issues that include but not limited to anxiety, Post Traumatic Stress Syndrome, self harm, eating disorders.	Emotional Wellbeing and Mental Health Strategy – draft V5 Camhs Strategy refresh Key competencies – universal workforce development	The universal workforce is the first point of contact for many children and young people. If this group is not confidently able to support children and young people presenting with initial or recurring conditions it may unnecessarily escalate to a higher Tier. Without clear definition there will be confusion about where to direct young people toward relevant and appropriate services. As a first port of call, advice and guidance can help ease the minds of young people and their families and reassure them that services exist to help them with their problems. Without those services, anxieties can heighten unnecessarily and potentially worsening any emotional wellbeing issue being experienced.	P – a comprehensive communication plan has been proposed	

Gap Analysis for draft Emotional Wellbeing and Mental Health Strategy Consultation – October 2014

	Gap or Need	Source	Risk or harm if 'left'	Action – proposed (P) or (U) underway	Priority level: 1-4[1]
	Information, advice and guidance are both available and communicated, and there on demand to both children and young people, and those that support them.				
7	Working together across agencies and organisations to deliver outcomes at the earliest opportunity: Right access, right time, right service. Support for those working with children with emotional wellbeing concern and emerging mental health difficulties	Emotional Wellbeing and Mental Health Strategy – draft V5 Early Help Strategy	If agencies and organisations don't work together there is a risk that services are duplicated and not as good as they could be working together. If support is not provided potential for escalation of presenting need resulting in increased referrals to Camhs tier 2/3/4		
8	Norfolk doesn't have an agreed list of effective interventions that it would		Without an agreed menu there is a risk that there would be no guidance to indicate what should be available	P – Norfolk agrees the list of effective interventions that it would commission and/or endorse for the	

Gap Analysis for draft Emotional Wellbeing and Mental Health Strategy Consultation – October 2014

	Gap or Need	Source	Risk or harm if 'left'	Action – proposed (P) or (U) underway	Priority level: 1-4[1]
	commission and/or endorse for the whole population Norfolk should have a minimum menu of services that is routinely available to the whole population.		or to quality assure existing provision.	whole population. P – Norfolk agrees the additional list of "approved or endorsed" interventions/programmes that would supplement the above. Interventions/programmes to consider could include PATHS, Thrive, Time to Change anti-stigma campaign, functional family therapy, life skills training and parenting support programmes.	
9	Children and young people, parents and carers informing and shaping support, commissioning of provision and delivery of support	Emotional Wellbeing and Mental Health Strategy – draft V5 Camhs Strategy refresh	If those who have a need are not informing how they access support and how that support is provided there is potential for lack of engagement until crisis. Resource allocation is not informed by those using services resulting in dissatisfaction.		

If you wish to discuss further please contact:
Christopher Butwright, Head 5-11 Commissioning, Norfolk County Council Children's Services: christopher.butwright@norfolk.gov.uk tel: 01603 638049

Please return form by 5 November 2014 to: christopher.butwright@norfolk.gov.uk

Norfolk County Council
Children's Services

Appendix 3

Draft Emotional Wellbeing and Mental Health Strategy Consultation Feedback Form

1. Is this the right vision?	Yes ☐	No ☐
Comments:		

2. Are these the right aims?	Yes ☐	No ☐
Comments:		

3. Are these the right outcomes?	Yes ☐	No ☐
Comments:		

4. National and local outcomes + Gap Analysis: Are there any gaps?	
1. Local need is understood	☐
2. Promoting resilience Positive relationships Positive experiences Self esteem and confidence building	☐
3. Parent and infant mental health needs are recognised, assessed and support and interventions are provided as early as possible.	☐
4. Rolling programme of competency based training	☐
5. Support for children & young people with complex, persistent & behavioural & mental health needs (who may only occasionally or for brief periods have a level of need that CAMHS are commissioned to	☐

address)	
6. Identify the early signs of mental health problems. Pathways to and from services clearly defined and communicated. Know when to refer to specialist mental health services. Know how to refer to specialist mental health services. Work with children and young people within the context of their family, schools and community. Ensuring workers confidently know and recognise children and young people with emotional wellbeing and mental health issues that include but not limited to PTSD, self harm, eating disorders. Information, advice and guidance is both available and communicated, and there on demand to both children and young people, and those that support them.	☐
7. Working together across agencies and organisations to deliver outcomes at the earliest opportunity: Right access, right time, right service.	☐
8. Norfolk doesn't have an agreed list of effective interventions that it would commission and/or endorse for the whole population Norfolk should have a minimum menu of services that is routinely available to the whole population	☐
9. Children and young people, parents and carers informing and shaping support, commissioning of provision and delivery of support	☐
Comments:	

5. How can we improve	
Comments:	

If you wish to discuss further please contact:
Christopher Butwright, Head 5-11 Commissioning, Norfolk County Council Children's Services: christopher.butwright@norfolk.gov.uk tel: 01603 638049

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Norfolk's Child Poverty Strategy

Cover Sheet

What is the role of the H&WB in relation to this paper?

The Health & Wellbeing Board has asked that the draft Norfolk Child Poverty Strategy be further developed with partners through a small Task & Finish Group and brought back to a formal Board meeting.

Key questions for discussion

Q.1 Is the membership and the draft Terms of Reference appropriate for this task?

Actions/Decisions needed

The Board needs to:

- Consider and approve the Membership and Term of Reference for this Group

Report to Norfolk Health and Wellbeing Board
16 July 2014
Item 9

Norfolk's Child Poverty Strategy Task & Finish Group

Report of the Director of Children's Services

Summary

At its meeting in July 2014, the Health & Wellbeing Board considered a draft Child Poverty Strategy for Norfolk and agreed that it should set up a small Task & Finish Group to narrow down what partners will do and develop the detail of the how the Board might do it.

An invitation was sent to all members of the Health & Wellbeing Board to take part in this Task & Finish Group and a number of partners came forward. The first meeting of this Group was held early in October and proposals for membership and Terms of Reference were agreed.

Action

The Health and Wellbeing Board is asked to:

- Consider and approve the Membership and draft Term of Reference for this Group

1. Background

1.1 The Child Poverty Act 2010 places a duty on local authorities and their partners to cooperate to tackle child poverty in the local area, with the requirement to produce a local needs assessment and a joint local child poverty strategy. It also places a responsibility on Central Government to produce a child poverty strategy every three years.

1.2 Norfolk's approach was agreed by NCC's Cabinet in August 2011 in response to the 2010 Act and a child poverty needs assessment has been completed by NCC, and subsequently updated on an annual basis. Cabinet confirmed that whilst responsibility for the development of the joint strategy was located with a senior officer within Children's Services, tackling child poverty was a cross departmental and multi-agency issue.

1.3 In 2013, the Head of 11-19 Strategy & Commissioning within Children's Services took the lead in developing Norfolk's multi-agency strategy, with an initial draft strategy circulated to the Health & Wellbeing Board in October 2013, when it was agreed that a workshop approach would be used to engage members of the Board and wider partners in further developing the strategy.

1.4 In November 2013 the Coalition Government initiated a consultation exercise: *Measuring Child Poverty – A consultation on better measures of child poverty*. In February 2014 they reported on the outcomes of this consultation and produced their strategy for child poverty 2014-17. This sets out the Government's vision for tackling child poverty through:

- Supporting families into work and increasing their earnings,
- Improving living standards, and
- Preventing poor children becoming poor adults through raising their educational attainment.

1.5 The Government's goal is to end child poverty by 2020.

1.6 Given the impending policy announcement from Central Government, the workshop was scheduled to allow for this guidance to be taken account of and the workshop took place in April 2014, jointly led by the Head of 11-19 Strategy & Commissioning and the County Council's JSNA team. Various members of the Health & Wellbeing Board participated, together with a number of NCC staff and wider partners who expressed an interest in the issue of child poverty.

2. Developing Norfolk's Child Poverty Strategy

2.1 At its meeting in July 2014, the Health & Wellbeing Board considered the draft Child Poverty Strategy for Norfolk and agreed that it should set up a small Task & Finish Group to narrow down what partners will do and develop the detail of the how the Board might do it. The Report to the Board can be accessed at the following link.

2.2 An invitation was sent to all members of the Health & Wellbeing Board to take part in this Task & Finish Group and a number of partners came forward. The first meeting of this Group was held early in October and proposals for Membership and Terms of Reference were agreed. Draft proposals for the Task & Finish Group membership and Terms of Reference are attached as Appendix A and Appendix B respectively.

3. Action

3.1 The Health and Wellbeing Board is asked to:

- Consider and approve the Membership and Term of Reference for this Group

Officer Contact

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

Name	Tel	Email
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IN TRAN communication for all

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

Appendix A

H&WB

Norfolk Child Poverty Strategy
Task & Finish Group

Membership

Name	Representing
Cllr Brenda Arthur / Phil Shreeve	Norwich City Council
Chris Knighton	Healthwatch Norfolk
Richard Draper	H&WB Voluntary Sector Representative
Dan Mobbs	H&WB Voluntary Sector Representative
Michael Rosen	Children's Services, NCC
Tim Eyres	Children's Services, NCC
Lucy Macleod	Public Health, NCC
Fiona McDiarmid (or nominated representative)	Economic Development & Strategy, NCC
Debbie Bartlett	Corporate Planning & Partnerships Service, NCC

Appendix B

Draft Terms of Reference

Reason for the T&F Group

At the July meeting of the H&WB it was agreed that a small Task & Finish Group would be set up to work on the draft Norfolk Child Poverty Strategy to narrow down what partners will do and develop the detail of the how we will do it.

The task

- Identify three or four key areas of focus for the H&WB – based on what the evidence is telling us, what difference the H&WB can make, and the alignment with the H&WB's strategic priorities

- Develop the detail around these areas and some proposals for what H&WB partners will collectively do and how the Board will do it

- Add into the draft Strategy the key areas of focus for the H&WB, the actions the Board will take, the overall timelines and how we will know what we are achieving

Outcome

- H&WB partners coalesce around 3 or 4 priorities for action and commit to deliver

How the Group will work

The Group will:

- Complete its work through a combination of informal meetings and email communications between meetings and with the active participation of all members

- Hold an initial setting up meeting at which the Group will agree a Chair and draft Terms of Reference

- Disband when the task is complete

Reporting

The Group will:

- Report its membership and Terms of Reference to the H&WB for approval in October 2014
- Report the outcome of its work and submit proposals for action as part of the final Norfolk Child Poverty Strategy for the H&WB to consider as soon as is practicable

Membership

- T&F Group membership will be comprised of those members of the H&WB (or their nominated representative) who are willing to work on developing the draft Strategy

- The membership includes the NCC lead on the development of the Norfolk Child Poverty Strategy

PRIMARY CARE STRATEGY

Cover Sheet

What is the role of the H&WB in relation to this paper?

The Health and Wellbeing Boards is a forum in which key leaders from across the health, social care and wider system work together to improve the health and wellbeing of their local population. This report provides an overview of the strategic framework for the development of primary care services in Norfolk, with a particular focus on general practice, and is an opportunity for Board members to consider and comment on the key issues as they relate to Norfolk.

Key questions for discussion

Q.1 How do we create an environment that enables general practice and primary care services more generally, to play a much stronger role, as part of a more integrated system of out-of-hospital care?

Actions/Decisions needed

The Board needs to:

- Receive this report and consider the key issues and opportunities in the context of the wider health and wellbeing strategy

PRIMARY CARE STRATEGY

Report by Katie Norton, Director of Commissioning,
NHS England, East Anglia Area Team

Summary
This paper seeks to provide an overview of the strategic framework for the development of primary care services in Norfolk, with a particular focus on general practice. A presentation will be made at the meeting providing further detail.

Action
The Health and Wellbeing Board is asked to:

- Receive this report and consider the key issues and opportunities in the context of the wider health and wellbeing strategy

1. Background

1.1 Currently the NHS England East Anglia Area Team holds the contracts with the independent primary care providers in Norfolk (General Practices, Dental Practices, Community Optometry and Community Pharmacies).

1.2 The Clinical Commissioning Groups and Local Authorities commission enhanced services from General Practices and community pharmacies, and the CCGs have delegated responsibility for the commissioning of GP Out of Hours services.

1.3 As part of the national NHS England *Call to Action* the NHS England East Anglia Local Area Team has worked with local Clinical Commissioning Groups and the Local Professional Networks to consider what we need to do, both at a national and local level, to be confident of ensuring our local population has access to high quality, sustainable and thriving primary care services.

1.4 A key principle of the Area Team approach has been to ensure alignment with the local Clinical Commissioning Groups and Local Health and Wellbeing Board strategic planning processes.

2 KEY ISSUES - GENERAL

2.1 The discussions across Norfolk have confirmed that there is a shared ambition to create thriving, high quality and sustainable primary care that works to improve health outcomes and support a reduction in health inequalities.

2.2 To do this, we have recognised that we need to create an environment that enables general practice and primary care services more generally, to play a much stronger role, as part of a more integrated system of out-of-hospital care to:

- Provide proactive co-ordination of care (or anticipatory care), particularly for people with long term conditions and more complex health and care problems.
- Offer holistic care: addressing people's physical health needs, mental health needs and social care needs in the round.
- Ensure fast, responsive access to care, preventing avoidable emergency admissions to hospital and A&E attendances.
- Promote health and wellbeing, reducing inequalities and preventing ill-health and illness progression at individual and community level.
- Personalise care by involving and supporting patients and carers more fully in managing their own health and care.
- Ensure consistently high quality and value of care: effectiveness, safety and patient experience.

2.3 We have recognised that there is no single blueprint for how general practice and the wider primary care community can best meet our shared ambition. It is clear that it will not be achieved simply or primarily by adopting new organisational forms and our approach is therefore to work collaboratively to understand how best we can work with primary care professionals to enable them to provide services for patients more effectively and productively, and how we can help practices benefit from collective expertise and resources. This is particularly important in the context of the rural nature of much of Norfolk.

2.4 Achieving our ambition will depend on harnessing the energy and enthusiasm of all those who work in and with primary care. There is also strong recognition that there are key areas of work that can, and must, be progressed locally.

These fall in to two key areas:

- Progressing work that supports the operational excellence of primary care services.
- Developing, with Clinical Commissioning Groups, a service model that supports the delivery of primary care at scale;

3 KEY ISSUES – NORFOLK

3.1 While the quality of general practice services across Norfolk is generally extremely high, it is recognised that there are significant risks and issues that need to be recognised and managed to ensure that local needs can be met. Of particular note:

- General Practitioner and Practice Nurse workforce
- Population Growth
- Estates – develop a modern estate to support the delivery of primary care

- Resources – managing changes in the national and local contracts, maintaining and increasing investment in local primary care services
- Access – ensuring patients have confidence in their ability to access responsive and timely support

3.2 ***Workforce***

There are immediate pressures impacting on local practices as a result of the national shortage of general practitioners. As a result we are aware of an increasing number of practices who have been unable to fill GP vacancies both in relation to doctors who wish to join as Partners, or as salaried GPs. Similar issues are also being seen in relation to practice nurses.

While the current impact of this is varied across Practices in Norfolk, the underlying issues are common across East Anglia and beyond. They relate to workload, financial uncertainty, moral, and attractiveness of the current practice model etc.

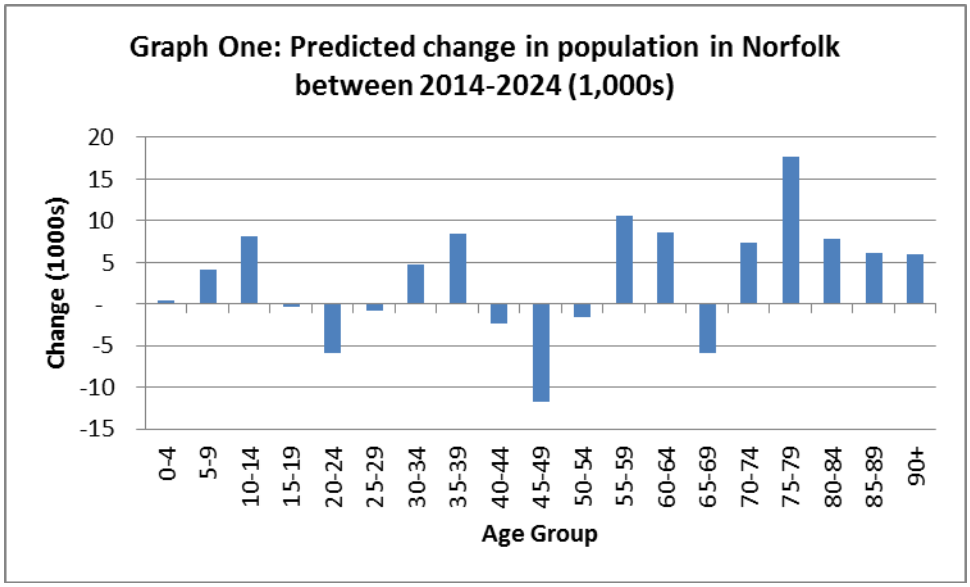
The Area Team is convening a General Practice Workforce Summit in partnership with Health Education England on 17th October. The purpose of the event will be to agree the practical actions that can be taken in the short, medium and longer term to address this issue.

3.3 ***Population Growth***

Requirements for development of primary care services will need to reflect the demography and needs of the population. Of particular note, an increase in the numbers of older adults has more significant implications for health services, particularly primary care, and any future health service planning must therefore reflect this need

Between 2014 and 2024 the population in Norfolk is expected to increase by 64,000 people (see Graph One)[1]. If, as the ONS predicts, there are 64,000 more people in Norfolk by 2024 then, based on current ways of working this would suggest the need for 44 additional GPs in Norfolk. This highlights the need to radically review the way in which general practice works in the future to meet need.

[1] http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-335242



3.4 ***Estates***

Premises has been recognised as a significant enabler to support the delivery of high quality primary care services. There has been work undertaken in partnership with the CCGs and the Local Medical Committee to review the current general practice estate and identify priorities for new investment, recognising the challenging economic environment. A key consideration has been the extent to which new investment can support the delivery of sustainable, integrated and effective services with a focus on prioritising those areas of greatest need.

The Area Team has prioritised a number of major primary care developments in Norfolk, with a particular focus on ensuring that there is capacity to respond to the planned population growth identified above.

3.5 ***Resources***

There are currently three main forms of GP contract- the General Medical Services contract (GMS) which is nationally set, Primary Medical Services contracts (PMS) which are locally agreed and Alternative Provider Medical Services contracts (APMS), which are procured to provide services tailored to local needs.

As a result of national policy, which has resulted in changes to the GMS contract and a requirement to review all PMS contracts, there will be implications for practices across Norfolk, not least as a result of increased uncertainty.

The Area Team is working closely with the CCGs and Local Medical Committee to manage these changes and protect the level of investment in general practice services.

3.6 ***Access***

While the national GP survey results suggest that there is a relatively high level of satisfaction with access to GP services in Norfolk, it is recognised that the changing expectations and needs of local communities means that general practice must respond accordingly. The particular challenges for smaller general practices serving more rural communities are recognised.

3.7 ***Primary Care at Scale***

There is increasing recognition that the issues above, and other issues identified within the work to date, are inter-related and together require us to take a more fundamental look at the way in which general practice services are provided in the future. The Norfolk CCGs and their constituent practices will have a key role in helping shape the future model that can meet the needs of the local population.

Within the context of Norfolk, there are already significant discussions ongoing to explore new ways of working, including:

- The development of locality teams supporting networks of general practices providing "out of hospital care", with the potential for practices to work collaboratively to deliver services across the locality;
- The development of a GP Federation, offering opportunities for GP Practices across Norfolk to work collaboratively to support operational excellence and explore new business opportunities;
- Discussions between individual practices where they have identified the potential benefits of merger.

4 Action

4.1 The Health and Wellbeing Board is asked to:

- Receive this report and consider the key issues and opportunities in the context of the wider Health and Wellbeing

Officer Contact

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

Name	Tel	Email
Katie Norton	01138254999	Katie.norton@nhs.net

IN TRAN communication for all

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Mental Health Crisis Care Concordat

Cover Sheet

What is the role of the H&WB in relation to this paper?

The Norfolk Mental Health Strategic Board, the body responsible for developing the regional Mental Health Crisis Care Concordat Action Plan, reports to the H&WB.

Key questions for discussion

N/A

Actions/Decisions needed

The Board needs to:

- Note and commit to the Norfolk Mental Health Crisis Care Concordat Declaration;
- Support the Norfolk Mental Health Strategic Board in developing a comprehensive Mental Health Crisis Care Concordat Action Plan (due for submission to the national project team by December 2014) within the governance framework.

Mental Health Crisis Care Concordat

Report of the Office of the Police and Crime Commissioner for Norfolk.
Sponsored by Jenny McKibben, Deputy PCC

Summary
The Mental Health Crisis Care Concordat is a national, joint statement published by the Government and signed by senior representatives from organisations committed to improving mental health care. In addition to listing a set of core principles, the document includes a national action plan agreed by the organisations who have signed the Concordat.

Each region has committed to the national agreement by signing a local declaration and developing a county-wide action plan.

Action
The Health and Wellbeing Board is asked to:

- Note and commit to the Norfolk Mental Health Crisis Care Concordat Declaration;
- Support the Norfolk Mental Health Strategic Board in developing a comprehensive Mental Health Crisis Care Concordat Action Plan (due for submission to the national project team by December 2014) within the governance framework.

1. Background

1.1 The Mental Health Crisis Care Concordat is a national, joint statement published by the Government and signed by senior representatives from organisations committed to improving mental health care. In addition to listing a set of core principles, the document includes a national action plan agreed by the organisations who have signed the Concordat.

Each region has committed to the national agreement by signing a local declaration and developing a county-wide action plan.

1.2 The Crisis Care Concordat focuses on four core areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously;
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency;
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment;

- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

1.3 Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention.

1.4 The Concordat builds on and does not replace existing guidance.

1.5 DoH has confirmed that there is no additional funding for implementation of the Crisis Care Concordat, one of the core elements of the Concordat being to increase coordination between organisation to improve effectiveness and efficiency.

1.6 In most regions, OPCCs have led on developing the local declaration and action plan, bringing partners together and providing ongoing coordination and project management support.

2. Progress Update

2.1 The Norfolk Mental Health Strategic Board (formerly Mental Health Crisis Care Concordat Strategic Board), chaired by Clive Rennie, North Norfolk CCG, has been meeting since June 2014 to steer development of the local declaration and action plan.

2.2 Norfolk was the first region in the country to publish a local declaration (Appendix A) to the national Mental Health Crisis Care Concordat website: http://www.crisiscareconcordat.org.uk .

2.3 The project team is developing a comprehensive action plan in consultation with key stakeholders with the work overseen by the Norfolk Mental Health Strategic Board.

2.4 A stakeholder consultation event was held in July 2014. Gaps in mental health service delivery were identified and recognised by CCGs and board members. These will be reflected in the Mental Health Crisis Care Concordat Action Plan.

2.5 The operational Mental Health & Learning Disability Steering Group, chaired by Chief Inspector Amanda Ellis, now reports to the Norfolk Mental Health Strategic Board.

3. Key issues for further exploration / discussion

3.1 The Health and Social Care Act 2012 places an obligation on the Secretary of State for Health to address the current disparity between mental and physical healthcare. The concept is known as 'parity of esteem' and is defined by the *Royal College of Psychiatrists* thus:

'In essence, 'parity of esteem' is best described as: 'Valuing mental health equally with physical health'.

More fully, parity of esteem means that, when compared with physical healthcare, mental healthcare is characterised by:

- *equal access to the most effective and safest care and treatment;*
- *equal efforts to improve the quality of care;*
- *the allocation of time, effort and resources on a basis commensurate with need;*
- *equal status within healthcare education and practice;*
- *equally high aspirations for service users;*
- *equal status in the measurement of health outcomes'*

3.2 The Mental Health Crisis Care Concordat is an overarching document with the aim and objective to increase co-ordination between organisations to improve effectiveness and efficiency. The Mental Health Crisis Care Concordat Action Plan provides a priority setting document that has been co-produced. If investment is available from any organisation signed up to the Concordat then the priorities established should be considered.

3.3 Organisations have differing formats and timelines for commissioning cycles. This will cause difficulties when commissioning services in the future, especially in relation to joint commissioning.

3.4 A new model of Liaison & Diversion services is due for national roll-out in 2017, with the potential for Norfolk to become an early adopter / 2nd-tranche pilot site in 2015. The model could conflict with initiatives developed within the Mental Health Crisis Care Concordat Action Plan. The same holds true for the proposed changes to offender management, and the anticipated development of a national 'through-the-gate' model for prisoners, expected in Spring 2015.

3.5 Third sector partners may deliver services and interventions outside existing statutory commissioning and governance structures (eg. Lottery funding). This raises the question of how to influence partners when we are not funding specific projects.

4. Conclusions

4.1 The Parity of Esteem agenda and philosophy, endorsed by the Minister of State for Care and Support, outlines that the Mental Health Crisis Care Concordat is equal in value to any physical health situation the H&WB is currently dealing with. Mental health is the largest disease burden in the UK (Mental Health 22%; Cardiovascular Disease 16.2%; Cancer 15.9%), yet only 13% of the NHS total expenditure is spent on Mental Health services.

4.2 The total economic and social cost of mental health problems in the UK is £105 billion per annum. Parity of esteem will ultimately save money.

4.3 The Mental Health Crisis Care Concordat Action Plan will return to H&WB for acceptance and monitoring of progress against actions.

5. Action

5.1 The Health and Wellbeing Board is asked to:

- Note and commit to the Norfolk Mental Health Crisis Care Concordat Declaration;
- Support the Norfolk Mental Health Strategic Board in developing a comprehensive Mental Health Crisis Care Concordat Action Plan (due for submission to the national project team by December 2014) within the governance framework.

Officer Contact

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

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Crisis Care Concordat
Mental Health

Norfolk's Declaration Statement

The Mental Health Crisis Care Concordat is a national, joint statement published by the Government and signed by senior representatives from organisations committed to improving mental health care. In addition to listing a set of core principles, the document includes a national action plan agreed by the organisations who have signed the Concordat.

Each region has committed to the national agreement by signing a local declaration and developing a county-wide action plan. This is Norfolk's declaration:

THE 2014 NORFOLK DECLARATION ON IMPROVING OUTCOMES FOR PEOPLE EXPERIENCING MENTAL HEALTH CRISIS – JULY 2014

We, as partner organisations in Norfolk, will work together to implement the principles of the national Concordat to improve the system of care and support so that people in mental health crisis are kept as safe as possible. We will support them to find the help they need from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage, and supporting individuals to manage their recovery and avoid relapse.

We will ensure that we meet the needs of vulnerable people in crisis, getting them the right care at the right time, and from the right people. We will do this to get the best results for the individual.

We will strive to ensure that all relevant public services, voluntary and private sector partners support people with a mental health problem. Everybody who signs this declaration will work towards developing ways of sharing information, where appropriate, to enable front line staff to provide coordinated support to people in crisis.

We are responsible for delivering this commitment to the people of Norfolk by putting in place, reviewing and regularly updating the local Mental Health Crisis Care Concordat action plan.

This declaration supports parity of esteem, where mental health is valued equally with physical health. It does so in the following ways:

- Through everyone agreeing a shared care pathway to safely support, assess and manage anyone who asks any of our services for help in a crisis. This will result in people with suspected serious mental illness, and their carers, being provided with advice and support to ensure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience, whether they are professionals, people who use crisis care services, and / or carers, and to reduce the likelihood of harm to the health and wellbeing of these people.

- By making sure services for people in crisis are safe and effective, with clear policies and procedures in place, and that organisations can access appropriate services and refer people to them in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to staff, carers, patients, service users and the wider community, and to support people's recovery and wellbeing.

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in Norfolk.

East of England Ambulance Service NHS Trust

NHS North Norfolk Clinical Commissioning Group

NORFOLK CONSTABULARY Our Priority is You

Norfolk County Council

OFFICE OF THE POLICE & CRIME COMMISSIONER FOR NORFOLK

mind For better mental health

NORWICH & CENTRAL NORFOLK MIND

Norfolk Recovery Partnership

Norfolk and Suffolk NHS NHS Foundation Trust

NHS England

healthwatch Norfolk

Norfolk Offender Health Profile

Cover Sheet

What is the role of the H&WB in relation to this paper?

The Health and Social Care Act 2012 sets out a number of legal responsibilities for the Health and Wellbeing Board, as below:

- **Duty to prepare a Joint Strategic Needs Assessment (JSNA) (including a Pharmaceutical Needs Assessment) and a Joint Health and Wellbeing Strategy (JHWS)**
- Duty to encourage integrated working between commissioners of health and social care services
- Duty to provide an opinion as to whether the CCG commissioning plan has taken proper account of the Health and Wellbeing Strategy and what contribution has been made to the achievement of it
- **Duty to assess how well the CCG has discharged its duties to have regard to the JSNA and JHWS**

This report recommends improved integrated working between commissioners and providers of health and social care services to address gaps in provision for offenders. The profile will be added in to the JSNA.

Key questions for discussion

Q1 What steps should the H&WB take to address the health and wellbeing service gaps and issues identified in the report?

Q2 Would the board support the creation of an integrated offender health and social care commissioning board to take forward recommendations within the report, and report back to the board?

Actions/Decisions needed

The Board is asked to:

- Note the report and consider the role of the H&WB in addressing the gaps and issues identified.
- Support the creation of an integrated offender health and social care commissioning board to take forward actions and to report back to the H&WB.
- To request that local commissioning bodies note the recommendations of the report and recognise the service needs of offenders and ex-offenders.

Norfolk Offender Health Profile

Report on research commissioned by Lucy MacLeod, Director of Public Health, and Jenny McKibben, chair of the Norfolk board for the rehabilitation of offenders.

Summary
This report presents findings from an Offender Health Profile co-commissioned by Norfolk Public Health and the Office of the Police & Crime Commissioner (OPCC), on behalf of the Norfolk Board for the Rehabilitation of Offenders. The profile will be added in to the JSNA.

This study has identified notable inequalities in terms of offender access to health and wellbeing care. It highlights the lack of a clear offender health pathway and calls for greater integration in commissioning and service delivery to improve offender health outcomes, to improve continuity of health and social care through criminal justice agencies to the community, and to support the board's work to reduce reoffending.

Action
The Health and Wellbeing Board is asked to:

- Note the report and consider the role of the H&WB in addressing the gaps and issues identified.
- Support the creation of an integrated offender health and social care commissioning board to take forward actions including the mapping of the offender health pathway and to report back to the H&WB..
- To request that local commissioning bodies note the recommendations of the report and recognise the service needs of offenders and ex-offenders.

1. Background

1.1 Improving the health and wellbeing outcomes of offenders was identified as a key priority for the newly formed Norfolk Board for the Rehabilitation of Offenders. This board was established to co-ordinate work to rehabilitate offenders and to tackle the "revolving door" of reoffending. Members include the chair of the H&WB, NHS England, Norfolk prison governors, Probation, the Community Rehabilitation Company, Norfolk Constabulary, Norfolk Public Health, Norfolk County Council's Assistant Director of Commissioning for Community Services (Adult care), the Youth Offending team, the DWP, the Bishop of Lynn, and the OPCC.

1.2 The board requested that an offender health profile be produced, to review and analyse the health and wellbeing pathways and outcomes for offenders, providing an evidence base for future commissioning of services. This was co-commissioned by Norfolk Public Health and the Office of the Police & Crime Commissioner, and produced by Public Health analysts Dr Kadhim Alabady, Joshua Robotham and Ellie Phillips, project managed by JSNA Manager, Judy Lomas. An advisory group was established to direct the research.

1.3 National literature shows that offenders and ex-offenders experience significant health inequalities compared to the general population, including higher rates of

mortality, suicide, mental health and physical health problems and poor access to and uptake of health and care services. Improving offender health outcomes "can markedly reduce re-offending rates. In turn, a reduction in re-offending is likely to bring health and wellbeing benefits to a wider local population as a result of improved community safety." (*Health & Wellbeing boards and criminal justice system agencies: building effective engagement*, DoH, Nov 2012). The DoH JSNA guidance identifies offenders and ex-offenders as a group whose needs will need to be considered if health improvements among the whole population are to be achieved.

1.4 Health needs assessments (HNA) or profiles are separately produced for different groups of offenders and for offenders at different stages of the criminal justice journey, for example there is a HNA of people entering police custody, another for each Norfolk prison, another for the Youth Offending Team, another for offenders detained in secure mental health accommodation etc. This profile brings together for the first time all known reports and assessments of offender health from a wide range of partners, enabling the identification of common threads and providing an insight into the totality and efficacy of the health services that offenders access.

1.5 The report has identified a number of areas where there are knowledge gaps and a lack of a co-ordinated approach. It recommends areas where further research is needed. It is envisaged that this profile will be used as a baseline and added to over time.

2. Key findings and conclusions

2.1 The review finds that the system for commissioning health care for offenders in Norfolk is fragmented, and contains gaps and duplications in service provision. It concludes that there would therefore be health economic benefits in creating a jointly commissioned offender health pathway and recommends the creation of an integrated offender health and social care commissioning board.

2.2. Within the offender population there are some distinct groups identified about whom there is limited knowledge, limited referral and limited provision, such as offenders with Learning Difficulties or Personality Disorder, and female offenders. The study recommends the mapping of the offender health pathway including provision for these specific groups of offenders.

2.3 The review finds that provision for offenders with learning difficulties (LD) and Neurophysiological Disorders is inadequate at all points along the pathway. There is insufficient screening for LD which is leading to unquantified, poorly understood, and unmet need. Planned developments in the system are expected to increase the level of screening and referrals taking place. However there is currently insufficient capacity in the very limited existing services to meet the potential significant increases in referrals. In addition very little is known about offenders with Personality Disorders and further research is recommended.

2.4 The study shows that primary care is not easily accessible for offenders and finds that offenders experience difficulty in being accepted onto and/or retained on a GP practice list. It notes that there is little co-ordination of health and wellbeing services for ex-offenders in the community, that data sharing needs to be improved between prison health services and community services, and that many offenders experience homelessness.

3. Key issues for discussion

3.1 The H&WB is asked to consider what steps it should take to address the health and wellbeing service gaps and issues identified in the report.

3.2 The study recommends the creation of an integrated offender health and social care commissioning board to take forward recommendations within the report, including the mapping of the offender health pathway. It is proposed that such a body should report back to the H&WB on progress made. Would the board support this recommendation?

4. Conclusions

4.1 This research confirms that as a group offenders and ex-offenders frequently suffer from multiple and complex health needs, including both physical and mental health problems, alcohol and substance misuse, and learning difficulties. The creation of a clear offender health pathway to avoid, fragmentation and gaps within service provision, and address the difficulties this group face in accessing health and social care services in the community is essential. It is understood that the commissioning framework and landscape has become far more complex since the commissioning functions and responsibilities were re-organised but it is imperative to ensure that a clear pathway is in place.

4.2 More collaborative working among commissioners and a whole pathway approach would help improve health and wellbeing outcomes for this group, and contribute to delivery across a range of health indicators including unplanned and alcohol related hospital admissions, self-harm and suicide, mortality rate from causes considered preventable, smoking prevalence and respiratory disease etc.

5. Action

5.1 The Health and Wellbeing Board is asked to:

- Note the report and consider the role of the H&WB in addressing the gaps and issues identified.
- Support the creation of an integrated offender health and social care commissioning board to take forward actions including the mapping of the offender health pathway, and to report back to the H&WB..
- To request that local commissioning bodies note the recommendations of the report and recognise the service needs of offenders and ex-offenders.

Officer Contact

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

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Report to Norfolk Health and Wellbeing Board
22 October 2014
Item 16

Pharmaceutical Needs Assessment

Cover Sheet

What is the role of the H&WB in relation to this paper?

The Health and Social Care Act (2012) transferred responsibility for developing and updating Pharmaceutical Needs Assessments (PNAs) to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (Regulations (2013)) set out the legislative basis for developing and updating PNAs.

Each Health and Wellbeing Board (HWB) must assess the need for pharmaceutical services in its area, and publish a statement of its first assessment and of any revised version. The Regulations (2013) require each HWB to publish its first PNA by 1 April
2015.

A 60 day period must be allowed for consultation with a range of stakeholders.

Actions/Decisions needed

The Health and Wellbeing Board is asked to:

- Agree that the Director of Public Health will act as accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met
- Note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 that will be used by NHS England in determining applications for the provision of pharmaceutical services and maintain the PNA so that it is kept up-to-date

Report to Norfolk Health and Wellbeing Board

22 October 2014

Item 16

Pharmaceutical Needs Assessment

Report of the Interim Director of Public Health

Summary

Health and Wellbeing Boards (HWBs) must publish a pharmaceutical needs assessment (PNA) by 1 April 2015. The PNA will be used by NHS England when making decisions on applications for new pharmacies and dispensing appliance contractors.

Plans by Public Health to produce a new PNA for Norfolk were brought to the HWB on 8 January 2014. This report provides an update and outlines requirements placed up on the HWB by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Actions

The Health and Wellbeing Board is asked to:

- Agree that the Director of Public Health will act as accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met
- Note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 that will be used by NHS England in determining applications for the provision of pharmaceutical services and maintain the PNA so that it is kept up-to-date

1. Background

1.1 A report outlining the purpose of a Pharmaceutical Needs Assessment (PNA), the responsibilities of the Health & Wellbeing Board in relation to the NHS Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and plans to produce a new PNA for Norfolk were brought to the HWB on 8 January 2014.

1.2 From 1 April 2013 Health and Wellbeing Boards (HWBs) became responsible for the pharmaceutical needs assessments (PNAs). The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require each HWB to publish its first PNA by 1 April 2015.

1.3 The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

1.4 PNAs should inform the commissioning of enhanced services such as flu immunisation by NHS England from pharmacies as well as informing local commissioning of health services by Norfolk County Council and Norfolk CCGs.

1.5 The Government sees a central role for community pharmacy in providing integrated services for patients, highlighting their role in helping people living with long-term conditions (Community pharmacy, 2013). Integration of pharmaceutical services is key to achieving the vision of the Health and Wellbeing Strategy in that:

- Those who need them experience safe, integrated, care and support that is personalised and coordinated
- Health and wellbeing resources are used in a way that encourages healthy life styles, prevents problems developing and reduces health and wellbeing inequalities

1.7 Having assessed local needs and the current provision of pharmaceutical services, the PNA must identify any gaps in provision that need to be addressed both now and in the future covering the period 2015 – 2018 by considering expected demography change including changes brought about by housing developments. Gaps in provision could for example relate to:

- Inappropriate opening hours that do not meet people's need
- Areas with insufficient access to pharmaceutical services
- Lack of appropriate range of services

1.8 PNAs must comply with the requirements of the Regulations (2013) so that due process is followed in their development and that they are kept up-to-date in order to minimise the risk of legal challenge to decisions made by NHS England on the basis of the PNA.

2. The new Norfolk PNA

2.1 The purpose of this paper is to:

- Provide an outline of progress and timeline to produce a new Norfolk PNA
- Ensure that the HWB is fully aware of the requirements that the Regulations (2013) place upon it
- Ensure appropriate arrangements are in place using adequate resources for the production and continued future maintenance of a robust PNA

Progress update

2.2 Preparation of the PNA began in January 2014 with formation of the Steering Group with representation from:

- Public Health, NCC
- Communications and Engagement, NCC
- Norfolk Local Pharmaceutical Committee
- East Anglia Local Professional Network (Pharmacy)
- Norfolk & Waveney Local Medical Committee
- Healthwatch Norfolk
- NEL (Anglia) Commissioning Support Unit

- NHS England Local Area Team
- Norfolk CCGs

2.3 Steering Group members have worked together with Community Pharmacies, Dispensing Practices, CCG Prescribing Advisors, members of the public and local commissioners to produce the PNA. High levels of engagement were achieved with 147 responses from providers of pharmaceutical services and over 1,800 responses from members of the public.

2.4 Statutory 60 day public consultation on the draft PNA will be conducted from October 2014. The finalised PNA reflecting statutory consultation findings will be brought to the HWB for approval in Jan 2015 ensuring that the legal requirement to publish an up-to-date PNA by 1 Apr 2015 is met.

The duties on the H&WB

2.5 In addition to publishing a PNA, to meet the requirements of the Regulations (2013), HWBs need to put systems in place that allow them in the future to:

- Receive information relating to changes in need for, and provision of, pharmaceutical services from NHS England, CCGs, LAs and other stakeholders
- Identify and report changes to need for, and provision of, pharmaceutical services
- Assess whether changes in need or provision of pharmaceutical services are significant
- Publish either a revised PNA or issue a supplementary statement as appropriate, depending upon the change of change identified

3. Key issues for discussion

3.1 The HWB needs to decide how it should meet the duties required by the Regulations (2013) to publish and maintain an up-to-date PNA, outlined in section 2.5 above.

4. Conclusions

4.1 In order to meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the HWB should consider appointing the Director of Public Health to act as accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met.

4.2 The HWB should note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 and maintain the PNA in order to minimise the risk of legal challenge to decisions made on the basis of the PNA.

5. Actions

5.1 The Health and Wellbeing Board is asked to note the contents of this report and to:

- Agree that the Director of Public Health will act as accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met
- Note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 that will be used by NHS England in determining applications for the provision of pharmaceutical services and maintain the PNA so that it is kept up-to-date

6. References

Community pharmacy. Local government's new public health role. LGA October 2013
http://www.local.gov.uk/publications//journal_content/56/10180/5597846/PUBLICATION

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

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Healthwatch Norfolk Annual Report 2013/14 Cover Sheet

What is the role of the H&WB in relation to this paper?

The Health and Social Care Act 2012 (the Act) introduced local Healthwatch as new organisations to provide a collective voice for patients and carers and advise the all commissioning organisations and providers on the shape of local services to ensure they are informed by the views of the local community.

All local Healthwatch have a statutory place on their local health and wellbeing board and there is mutual benefit in continuing to develop a shared understanding of the valuable role Healthwatch Norfolk is playing in helping improve the health and wellbeing outcomes for people and communities in Norfolk.

Key questions for discussion

Q.1 How can the Health and Wellbeing Board promote greater co-working between commissioners/providers and Healthwatch Norfolk to ensure that the public voice influences the design and delivery of services.

Actions/Decisions needed

The Board is asked to:

- Consider and comment on Healthwatch Norfolk's first Annual Report
- Identify opportunities to build on public involvement through Healthwatch Norfolk

HealthWatch Norfolk Annual Report 2013/14

Report of the Chairman of Healthwatch Norfolk

Summary

Healthwatch Norfolk was established in April 2013 in line with the requirements of the Health and Social Care Act 2012. Its first Annual Report was published in line with statutory requirements in June 2014.

Action

The Health and Wellbeing Board is asked to:

- Consider and comment on Healthwatch Norfolk's first Annual Report
- Identify opportunities to build on public involvement through Healthwatch Norfolk

1. Background

1.1 The Healthwatch Norfolk Annual Report highlights progress in Healthwatch's first year of operation.

2. Healthwatch Norfolk Annual Report

2.1 The Healthwatch Norfolk Annual report includes information on the organisation's:

- Statutory activities
- Engagement with the public
- The role of volunteers and lay people
- Use of statutory powers
- Role on the Health and Wellbeing Board

2.2 The annual report can be downloaded at: http://www.healthwatchnorfolk.co.uk/sites/default/files/hwn_annual_report_final_june_2014_web.pdf . It is also attached as Appendix A.

3. Key issues for discussion

3.1 How to build on the strong first year of Healthwatch Norfolk and ensure that health and social care services are responsive to the voice of patients, service users, carers and the public.

4. Action

4.1 The Health and Wellbeing Board is asked to:

- Consider and comment on Healthwatch Norfolk's first Annual Report
- Identify opportunities to build on public involvement through Healthwatch Norfolk

Officer Contact

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

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healthwatch Norfolk

Healthwatch Norfolk Annual Report 2013/14

Any enquiries regarding this publication should be sent to us at enquiries@healthwatchnorfolk.co.uk

You can download this publication from www.healthwatchnorfolk.co.uk

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3 Introduction

4 **Healthwatch Norfolk's Statutory** Activities
9 Engaging with people
12 The role of volunteers and lay people
14 The use of statutory powers and responses from the system

15 Governance and financial information
20 Get involved or stay in touch

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A letter from the Healthwatch Norfolk Chair and Chief Executive

Healthwatch Norfolk has a very important role to play in making sure health and social care is as good as it can possibly be.

Healthwatch was set up to ensure that the voice of patients, services users and the public is heard by those people who make decisions about how and where health, social care and public health services are provided.

Health and care services are facing the challenge of reforming and becoming more efficient while responding to increasing demands created by an ageing population, health inequalities, trends such as increasing obesity and new medical treatments and technologies. There has never been a more important for a consumer champion like Healthwatch Norfolk to ensure that these changes and the move to increasing integration between local government and the NHS happen in a sensitive way that reflects the needs and priorities of Norfolk's people.

This report summarises Healthwatch Norfolk's activities during its first year (2013/14). It is helpful to read it in conjunction with *Your Voice Improving Your Services* which sets out our priorities for the coming year.

The remit for Healthwatch Norfolk is enormous, embracing as it does, health and social care for all ages as well as public health provision in Norfolk.

We are confident that in our first year we have laid firm foundations for future success. We have built strong relationships and established our credibility with the health and social care system while building awareness and confidence among the public.

Above all, Healthwatch Norfolk is a listening organisation. Our currency is the voice and experiences of the people of Norfolk. We look forward to hearing from you in in the coming year.

William Armstrong, Chair

Alex Stewart, Chief Executive

> **"At one time it would be possible to see a doctor** within two days of enquiring about an appointment unless urgent. These days it is up to 3 weeks for a non-urgent appointment and it is very difficult for someone still working."

Introduction

Healthwatch Norfolk was set up in April 2013 to represent everyone who lives in the county and to ensure that their needs, views and experiences on all health and social care are taken into account in the planning, commissioning and delivery of services. At a time when our care services are under significant financial pressure and undergoing substantial change, Healthwatch Norfolk, is a key part of the improvement system for the NHS and social care in Norfolk.

Healthwatch Norfolk's Purpose and Aims as set out in the objects contained in the Articles of Association are as follows:

1. Providing information and advice to the general public about local health and social care services;

2. Making the views and experiences of members of the general public known to health and social care providers;

3. Enabling local people to have a voice in the development, delivery and equality of access to local health and social care services and facilities;

4.The promotion of high standards by health and social care providers.

5. Providing training and the development of skills for volunteers and the wider community in understanding, scrutinizing, reviewing and monitoring local health and care services and facilities.

There is a statutory requirement for a local Healthwatch organisation to exist in each top tier local authority area in England. The models for the commissioning and provision of local Healthwatch, however, are at the discretion of local authorities and communities. Healthwatch Norfolk is a registered charity 1153506 22 August 2013 and company limited by guarantee 18 January 2013.

Healthwatch Norfolk is a statutory member of Norfolk's Health and Wellbeing Board and has a role to represent the voice of patients, service users, carers and the public at the highest strategic level. At the same time, Healthwatch Norfolk engages with service users, providers and commissioners of services, as well as partner organisations in the voluntary and community sector to ensure that it fully and accurately represents the needs, priorities and concerns of consumers.

This is the first Annual Report of Healthwatch Norfolk and gives information on the following aspects of the organisation's work in the financial year 2013/2014:

- Statutory activities
- Engaging with people
- The role of volunteers and lay people
- Use of your statutory powers
- Responses from the system
- Being effective on the Health and Wellbeing Board
- Contact and Financial information

Healthwatch Norfolk's Statutory Activities

There are eight areas of statutory activity laid out for local Healthwatch. Healthwatch **Norfolk's activities against** these eight areas in 2013/14 has been is set out below.

In all cases there is a depth to our activities that goes beyond what can be included in the report. Regular information on the work of Healthwatch Norfolk is available to the public through the **organisation's website, regular** monthly newsletters, public board meetings and social media.

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.

Healthwatch Norfolk has worked with the health and care system across the County to ensure that the voices of service users and the public is being consistently taken into account when decisions are made about services.

Healthwatch Norfolk sits on the Health and Wellbeing Board for the county to represent everyone who lives in Norfolk. During the past year we have made particular representations to the Board based on the findings of our work relating to homeless people, Child and Adolescent Mental Health Services (CAMHS) and residential provision for adults with learning difficulties.

In addition to representing local people on Norfolk's Health and Wellbeing Board and Health and Overview Scrutiny Committee, Healthwatch officers and volunteers have played an active role in over 60 groups and committees that influence health and social care service provision at a local and regional level.

A full list of these groups is provided at Appendix A.

Healthwatch Norfolk is committed to working with each of these standing groups to ensure that the experiences and needs of local people are at the centre of decisions about care.

In addition to these groups, Healthwatch Norfolk works closely with the five Clinical Commissioning Groups in the county, NHS England and providers of service to ensure services reflect people's needs.

2. Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved

Participation in the committees and groups described above also gives Healthwatch Norfolk officers and volunteers crucial insight into the performance and financial and demand pressures on services. Healthwatch representatives also took part in PLACE - Patient-led assessments of the care environment assessments of provision.

The Healthwatch Norfolk representative at each of these *sector* meetings reports on the key issues discussed - this, alongside the views received from local people through our engagement activities, influences the prioritisation of Healthwatch Norfolk's work.

3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known

Healthwatch Norfolk recognises that to be an effective consumer champion it must be representative of local people's views and experiences of health and social care. More information about the engagement activity that promotes Healthwatch Norfolk as a vehicle for local people to share their needs and experiences is set out in section 3 of this report (below). The routes for people to share their views with Healthwatch include:

- Telephone help desk
- Email contact
- Postal address
- Online surveys
- Targeted focus groups
- Face-to-face at meetings and events

4. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England

Healthwatch Norfolk worked with local people and partner organisations to produce the following reports on aspects of health and social care during 2013-2014:

- Access to services by homeless people
- Tier 4 Child and Adolescent Mental Health Services
- Enter and view report into residential care for adults with learning difficulties
- Community Nurses
- Unpaid family carers
- Community pharmacy flu vaccination service
- GP services in Norfolk

The production of these reports has involved service users in defining the focus of research and, often, in carrying out the primary research to ensure that the voice of local people is heard clearly in findings. In each case the reports make clear recommendations for commissioners, providers, national organisations such as CQC or NHS England and/or further work for Healthwatch Norfolk

In each case, the recommendations laid out in these reports were raised with the relevant commissioners and providers through formal letter, summit meetings of interested parties to discuss the findings and one-to-one meetings between the Chief Executive of Healthwatch Norfolk and those commissioners and providers in positions to act on the recommendations.

All Healthwatch Norfolk reports are available to the public through www.healthwatchnorfolk.co.uk (also available in hard copy at events and by request) and publicised through the regularly monthly newsletter, the media and other activities.

5. Providing advice and information about access to local care services so choices can be made about local care services

Healthwatch Norfolk provides a signposting service to help people understand the options available to them in local health and care services. This signposting is primarily provided through the telephone help desk or via email (enquiries@healthwatchnorfolk.co.uk).

While Healthwatch Norfolk does not process individual complaints about health or social care we are often called on to provide signposting information about how to make, escalate or support a complaint.

Information on services in Norfolk

6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England

Healthwatch Norfolk reports on the understanding of care in the county through regular reports to both Norfolk County Council (the commissioners of Healthwatch Norfolk) and Healthwatch England.

The thematic reports described above have also been shared with Healthwatch England, NHS England and the Care Quality Commission

The priorities for further Healthwatch Norfolk work were laid out in the prospectus document, Your Voice Improving Your Services, published in March 2014. These priorities were informed by all strands of Healthwatch Norfolk's work in 2013-2014 and have been shared with Healthwatch England.

7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;

Healthwatch Norfolk did not make any specific recommendations for special review or investigation of services during 2013-2014.

Following the placing of Queen Elizabeth Hospital King's Lynn in special measures, Healthwatch Norfolk has been fully involved in the Rapid Risk Response summit meetings and has also held regular meetings with the Patient Executive Committee, CEO and Chair of the hospital.

Healthwatch Norfolk has robust safeguarding policies (children and adults) in place. Part of the induction process for staff and volunteers is the implementation of these policies and particularly the reporting procedure. The policy has been successfully implemented when a potential adult safeguarding incident was brought to the attention of Healthwatch Norfolk during an Enter and View visit. The concern was reported to both the local Adult Safeguarding Board and to the CQC.

Healthwatch Norfolk raised one safeguarding concern (relating to residential provision for adults) with Norfolk County Council and the Care Quality Commission during 2013/14.

8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Healthwatch Norfolk regularly shares information on its activities, insight and findings with Healthwatch England.

Healthwatch Norfolk
Engaging with People

Healthwatch Norfolk recognises that engaging as widely as possible with local people is central to being an effective, trusted and valued community champion.

Since its creation Healthwatch Norfolk has undertaken a variety of activities to build awareness of the organisation and promote its role in securing better health and social care for people who live and work in Norfolk. During 2013 -2014 we took part in over 100 community events across all areas of Norfolk to explain what we do.

The Healthwatch Norfolk website and Twitter page have grown into well used channels for information about the organisation's work and wider information on issues affecting health and social care in Norfolk.

Engagement activity in 2013-2014 saw the membership of Healthwatch more than double from 215 people (the number that transferred from the Local Involvement Network) to 613 at March 2014.

Engagement with younger people

One of the key differences between the remit of Healthwatch Norfolk and the Local Involvement Network (the previous representative body in health and social care) is the inclusion of both health and social care services for children and young people.

Healthwatch Norfolk recognises that both statutory services and previous representative organisations have not always been effective at involving and representing children and young people.

With this in mind the Board of Healthwatch Norfolk commissioned Momentum, MAP and the West Norfolk Voluntary and Community Alliance to undertake a mapping exercise to identify where the voices of children and young people are being listened to and helping to influence services and where there is a gap that Healthwatch Norfolk needs to fill.

This work is being taken forward in the year 2014-2015 with significant resources being assigned by the Board to develop a tailored, robust and effective programme of engagement with children and young people.

21.54% of Norfolk's population is aged 0 -19 years

Engagement with older people

Healthwatch Norfolk has engaged with older people through existing organisations, including the Older People's fora and the Norfolk Older People's Strategic Partnership. In addition, close engagement with carers' groups (for example, the locality groups of the Carers Council for Norfolk) and dementia groups have been routes for engagement with older people and helped build understanding of their issues. Older people are well represented among the membership of Healthwatch Norfolk and have also informed many of the priorities identified for the coming year

Engagement with disadvantaged people and those whose voices are seldom heard

Healthwatch Norfolk recognises the poor health and wellbeing outcomes for those individuals and groups that are economically disadvantaged or who have a physical difficulty or who have mental health needs.

We understand that it is especially important that these groups have a say in how services are planned, commissioned and delivered.

During 2013 we worked with Access Community Trust to produce a report on Homeless people's access to services.

We also worked with Equal Lives to undertake a programme of Enter and View visits to residential setting for adults with learning difficulties. This was a particular priority for Healthwatch Norfolk given the national scandals associated with care for this group of vulnerable adults.

We worked with the University of East Anglia to publish a study on Tier Four (inpatient) Child and Adolescent Mental Health Services (CAMHS).

Our work to understand the issues faced by unpaid family carers (who it is estimated save statutory services in Norfolk £1.76 billion pounds a year) is another example of engaging with people whose voices are seldom heard.

All our work with and on behalf of these groups and individuals has been based on open and honest engagement– understanding their issues and concerns, building evidence and looking to influence decisions about service delivery.

The role of volunteers and lay people

The involvement of public and volunteers is crucial to the success of Healthwatch Norfolk. The size of the county and the relative complexity of commissioning structures mean that Healthwatch officers alone could not effectively take part in all necessary structures and meetings.

Volunteers are also crucial in providing a sense check that the priorities and activities of the organisation are a true reflection of the needs of local people. In 2013-2014 Healthwatch Norfolk recruited 33 volunteers.

All volunteers went through a formal induction process to explain how they would be supported and what the expectation of them would be. Volunteers have also been offered specific training on making Enter and View visits on behalf of Healthwatch Norfolk.

Healthwatch Volunteers led or were involved in the following projects in 2013/14:

- Mapping of dementia services
- Enter and view visits
- Review of Urgent Care Provision
- PLACE assessment
- IAPT consultation
- Review of providers' "quality accounts"
- Representing Healthwatch Norfolk at the meetings listed at Appendix A

Volunteers have been involved in the assessment of the Urgent Care Centre pilot at the Norfolk and Norwich Hospital and have taken part in March in two Patient Led Assessment of the Care Environment assessments (PLACE) with one of the Community Healthcare Trusts in Norfolk. Healthwatch Norfolk has been approached by other healthcare organisations to assist with further PLACE visits during April and May.
In addition Healthwatch Norfolk volunteers have attend mock CQC inspections held by the acute hospitals in the region in order to help ensure the patient perspective is at the forefront of such assessments and inspections. Discussions have also taken place with one of the local community healthcare organisations to be part of their regular Quality Assurance visits during the forthcoming year.

A volunteer is part of the steering group led by Norfolk County Council for the implementation of the Harwood Care Charter to care homes across the county and another volunteer is part of a NICE group looking at long term conditions and older people.

Volunteers have also undertaken training to conduct future Enter and View visits. A full list of the volunteers that have completed this training is published on the Healthwatch Norfolk website.

Healthwatch Norfolk would like to record its appreciation for the time given and the dedication shown by its volunteers in helping to establish and build the organisation.

The use of Healthwatch **Norfolk's statutory powers and** responses from the system

Healthwatch Norfolk has used its statutory powers to raise concerns and make recommendations during the past year.

These have primarily arisen through the detailed projects that we have undertaken and have related to:

- Access to services by homeless people
- Child and Adolescent Mental Health Services
- Residential provision for adults with learning difficulties

We have followed the principle of being user-led in understanding where services could be improved and also sought to build constructive relationships with commissioners and providers.

During 2013/14 the Enter and View visits undertaken in association with Equal Lives were arranged by consent with the residential homes visited.

Responses to other Healthwatch Norfolk reports (listed on pages 6 and 7) are being pursued in 2014-15.

Responses from the system

In response to formal letters to commissioners and providers during the year, relating to the above reports on CAMHS Tier 4 and the Enter and View visits, Healthwatch received responses from 2 organisations (1 service provider and 1 from the joint commissioners). A response from the joint commissioners to the recommendations in the Enter and View report is outstanding.

In addition to formal responses from the system Healthwatch Norfolk has engaged at multiple levels with commissioners and providers of services to share our findings and raise queries and/or concerns on behalf of people in Norfolk.

Governance and financial information

Healthwatch Norfolk is commissioned and funded by Norfolk County Council.

The organisation's registered office is Rowan House 28 Queens Road Hethersett Norwich NR9 3DB.

Our annual funding from Norfolk County Council for 2013/14 was £638,000.

The organisation is a charitable company limited by guarantee, incorporated on 18 January 2013 and registered as a charity on 22 August 2013. The company was established under a Memorandum of Association and is governed under the Articles of Association (amended) 2 August 2013. In the event of the organisation being wound up members are required to contribute an amount not exceeding £1.

Accountants and auditors - Larking Gowen, King Street House, 15 Upper King St, Norwich NR3 1RB

Solicitors- Leathes Prior, 28 Tombland Norwich NR3 1RE

NB Legal advice has also been provided to Healthwatch Norfolk during the period by:

Hatch Brenner, 4 Theatre St, Norwich NR2 1QY and;

Bates, Wells & Braithwaite, 2-6 Cannon Street, London EC4M 6YH

Reserves Policy
The Board has confirmed the commitment of the equivalent of 3 months operating expenditure to be held in reserve to allow Healthwatch Norfolk to continue to operate for 3 months should funding be discontinued.

The Board of Trustees consists of the Chair together with 4 trustees representing the community as appointed by majority resolution of community members, 4 trustees representing provider organisations as appointed by majority resolution of provider members and 4 trustees who are co-opted by majority resolution of the community and provider members.

At the year end there were two vacancies to be filled on the Board of Trustees. The Board meets every two months and is responsible for the strategic direction and policies of Healthwatch Norfolk.

The Chief Executive is responsible for ensuring delivery of the agreed work plan and that key performance indicators are met.

The Trustees have assessed the major risks to which the company is exposed, in particular those related to the operations and finances of the company, and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

Board Trustees 2013/14

Emily Millington Smith OBE appointed 18 January 2013, resigned 31 March 2013
Joy Stanley appointed 18 January 2013, resigned 31 March 2013
Claire Abbs appointed 18 January 2013, resigned 31 March 2013
Linda Rogers appointed 18 January 2013, resigned 31 March 2013
Graham Dunhill appointed 18 January 2013
Mary Ledgard appointed 18 January 2013
Diane Lyons DeBell Cook appointed 1 April 2013
Mark Ganderton appointed 1 April 2013
Moira Goodey appointed 18 January 2013
Jonathan Clemo appointed 18 January 2013
Steven Cheshire appointed 1 April 2013, removed 7 October 2013
Fiona Poland appointed 18 January 2013
Pa Musa Jobarteh appointed 18 January 2013
Nicholas Baker appointed 18 January 2013
Julia Redgrave appointed 18 January 2013 resigned 12 March 2014)
Roan Dyson appointed 21 August 2014

Co-opted members of the Board have been selected to ensure that a wide cross-section of the community is represented and that the Board has all the skills it needs.

Newly elected Board Trustees are provided with an induction pack which includes:

- Copies of all HWN appropriate policies and procedures
- Forward work programme
- Annual report and accounts
- Healthwatch Norfolk Director's Declaration of Acceptance of the Responsibilities of Directors
- Charity Commission document entitled *The Essential Trustee - What you need to know*
- Charity Commission confirmation of Trustee eligibility and responsibilities declaration

In addition, each Trustee has an informal induction with the Chair and officers to gain an understanding of the work of Healthwatch Norfolk. The Board Trustees give their time voluntarily and receive no payments other than reimbursement of expenses for travel and subsistence.

Record of Trustee attendance at Healthwatch Norfolk Board meetings 2013/14

Date	11 /3/13	5/3/13	30/4/13	8/7/13	16/9/13	11/11/13	20/1/14	17/3/14
Linda Rogers	✓	✓	resigned					
Claire Abbs	✓	✓	resigned					
Emily Millington Smith	✓	✓	resigned					
Joy Stanley	✓	✓	resigned					
Graham Dunhill	✓	✓	✓	✓	✓	✓	✓	✓
Mary Ledgard	✓	✓	✓	✓	✓	✓	✓	✓
Diane DeBell			✓	✓	✓	✓	✓	✓
Mark Ganderton			X	X	✓	X	✓	✓
Roan Dyson						X	X	✓
Moira Goodey	✓	X	X	✓	X	✓	✓	✓
Jon Clemo	✓	✓	✓	✓	✓	✓	✓	X
Pa Musa Jobarteh	X	✓	✓	✓	X	X	X	✓
Julia Redgrave	✓	✓	X	✓	✓	✓	✓	resigned
Nick Baker	X	X	✓	✓	X	✓	✓	X
Fiona Poland	✓	✓	✓	✓	X	✓	✓	✓
Steve Cheshire			X	X	X			

Key: Denotes board meetings held before named Trustee's election or following their resignation/removal

Apologies were received in advance where Trustees were unable to attend Board meetings.

NB There was 100% staff attendance during 2013-2014 with no days being lost to sickness absence.

> Sometimes what you need is just more information and a bit of explanation about what to expect and where to go for more help. That's as important as a prescription
>
> Carer

Appendices

Appendix A:

Standing committees, groups and fora where Healthwatch Norfolk represents patients, service users and the public. This list is subject to additions and change as new groups come into existence

Regional fora
Palliative Care Forum Palliative Care Forum
Maternity Services Liaison Committee

Health & Social Care locality forums
Local Dental committee
Local Medical committee
Local Pharmaceutical committee
Norfolk and Suffolk Dementia Alliance
East of England Citizens Senate

Provider fora
Board meetings
Queen Elizabeth Hospital Patient Safety & Care Quality
Queen Elizabeth Hospital Patient Experience
Norfolk and Suffolk Foundation Trust—Adult mental health forum
James Paget Hospital Dementia Improvement
James Paget Hospital Patient Experience
Norfolk Community Health and Care Equality & Diversity
Norfolk Community Health and Care Patient experience
Norfolk Community Health and Care Foundation Trust Programme Board
Norfolk Community Health and Care Quality & Risk Assurance Committee

Norfolk and Norwich University Hospital Adult Bereavement
Norfolk and Norwich University Hospital Adult Safeguarding
Norfolk and Norwich University Hospital Falls Steering Group
Norfolk and Norwich University Hospital Learning Disability Forum
NNUH Nutrition Steering Group
Norfolk and Norwich University Hospital Paediatric Bereavement NNUH
Norfolk and Norwich University Hospital Pressure Ulcer Steering Group

Commissioning Support Unit
111 and Out of Hours commissioning Group
Adult Autism Steering Group
Child and Maternity Commissioning
Community Commissioning Group
Drugs and therapeutics commissioning
Mental Health and Learning Disabilities Commissioning Board
Patient Safety and Clinical Quality
Therapeutics Advisory Group

Clinical Commissioning Groups
Clinical Commissioning Groups Board Meetings (x5)
Central Acute Commissioning (Norwich CCG)
Community Commissioning Board
Queen Elizabeth Hospital Clinical Quality Review Group (WNCCG)
Patient Safety and Clinical Quality Review Group (WNCCG)
Locality NSFT CQRM (WNCCG)
Urgent Care (WNCG)
End of Life Care Project Board (WNCCG)
West Norfolk Integration Pilot
West Norfolk Public Health sub group
Clinical Commissioning Group Improved Access to Psychological Therapies Group (South Norfolk CCG)
South Norfolk Better Care Fund Steering Group
Patient Experience Group (Great Yarmouth and Waveney CCG)
System Leadership Partnership System Leadership Partnership
Mental Health & Learning Difficulties Prog Board
Dementia Group (North Norfolk CCG)

Other
Norfolk Sexual Health Network Norfolk Sexual Health Network
Carers Council for Norfolk locality meetings (x5)
UEA & East of England Ambulance Trust - paramedic training course

Stay in touch or get involved

Tell us your experiences of health and social care

We want to hear from as many of you as possible about your experiences of health and social care in Norfolk.

The more we hear from you the more effective we can be in representing you and helping to improve services.

You can contact us by email at enquiries@healthwatchnorfolk.co.uk or call us on 01603 813904 or complete the Share Your Experience from on our wbesite

You can also write to us at:

Freepost RTEZ-YTHH-LTBT, Healthwatch Norfolk, 28 Queens Road, Norfolk NR9 3DB

Become a member of Healthwatch Norfolk

If you want to stay in touch with the work of Healthwatch Norfolk then contact us and tell us that you want to join our mailing list.

We will send you our monthly newsletter and you will also hear if we are looking into a service that is particularly important to you.

Healthwatch Norfolk volunteers

Volunteers are central to the work of Healthwatch Norfolk. We already have a fantastic team of volunteers who help to capture views and experience of health and social care and who represent patients and service users in meetings across the county.

Get in touch if you are interested in finding our more about volunteering for Healthwatch Norfolk.

Events

We take part in a large number events across Norfolk. When you see us do come up and tell us about your experiences of health and social care.
If you are organising an event and you would like us to be involved then we would love to hear from you.

Online

You also keep in touch with our work and download our latest reports and newsletters at:

www.healthwatchnorfolk.co.uk

Also, keep in touch through social media at:

@HWNorfolk

HealthwatchNorfolk

Healthwatch Norfolk
28 Queens Road, Hethersett,
Norfolk NR9 3DB
Tel 01603 813904
enquiries@healthwatchnorfolk.co.uk
www.healthwatchnorfolk.co.uk

Minutes of Board Meeting

Monday 19 May 2014

	Attendees: William Armstrong (WA) – Chair Graham Dunhill (GD) – Community member Roan Dyson (RDy) – Provider member (POWhER) Mary Ledgard (ML) – Community member Nick Baker (NB) – Co-opted member **Officers in attendance:** Alex Stewart (AS) – Chief Executive Chris Knighton (CK) – Communications Manager Chris MacDonald (CM) – Operations Manager Sam Revill (SR) – Research Manager Andy Magem (AM) – Information Officer Ann Stephens (ASt) – Engagement Officer Sara Sabbar (SS) – Business Support Officer **Guests:** Amrita Kulkarni (AK) – Norwich and Central Norfolk Mind Community Development Programme Rebecca Driver (RDr) - HealthEast (Great Yarmouth & Waveney Clinical Commissioning Group) Ceri Sumner (CS) – Norfolk County Council
	Presentations
	RDr and AK presented on the role of their respective organisations and working with Healthwatch Norfolk.
	Questions from the general public
	No questions were submitted from the general public
1.	**Introductions**
2.	**Declarations of Interest**
	No new declarations of interest were made. Previous declarations are as follows: ML is a patient governor of Norfolk Community Health and Care NHS Trust. WA is a trustee of Voluntary Norfolk.
3.	**Minutes of the meeting held on 17 March 2014**
	The minutes of the Healthwatch Norfolk (HWN) Board meeting held on Monday 17 March 2014 were confirmed as a correct record of the meeting.
4.	**Matters Arising**
	No agenda items were brought to the Board under Matters Arising.
5.	**Items for Decision**

	No agenda items were brought to the Board under Items for Decision.
6.	**Items for Information and Discussion**
6.1	**Quality Control Panel (QC1) report (board paper)** ML presented the paper to the board and summarised developments in HWN's project work taken to QC1 since the last board meeting. In ML's summary the following points were raised: • HWN's patient experience report on the Norfolk Community Pharmacy Flu Vaccination Service has been central to the recommissioning and extension of the service • The recommendations from the summit on Homeless People's Access to Health and Social Care Services have been shared with the appropriate commissioners and providers. The responses will be circulated when received • AS will meet with NHS England on 23 May to discuss the response to recommendations made in the HWN report on Child and Adolescent Mental Health Services • An update on the mental health task & finish group AS confirmed that the HWN mental health task & finish group has been established and will be chaired by WA. The group have written to the Chief Executive of Norfolk and Suffolk NHS Foundation Trust (NSFT) and NHS England setting out five key areas. WA and AS to meet with Chair of NSFT on 21 May for further discussions. The paper was noted by the board.
6.2	**Quarter 4 2013-14 Finance Report (board paper)** AS confirmed that a year one surplus had been accounted for by sharing projected forward spend with Norfolk County Council (NCC). CS confirmed that that NCC had been made aware and were happy with financial reporting to date. WA highlighted the good relationship between HWN and NCC, pointing to the full transfer of funds from the Department of Health allocation for the provision of local Healthwatch. WA emphasised that this was not the case across the Healthwatch network and credited NCC for their ongoing support. The paper was noted by the board.
6.3	**Updated Risk Register (board paper)** CM presented the paper to the board and confirmed that no new risks had been added to the register, some risks had been reduced and some had been removed. The paper was noted by the board.
6.4	**General Correspondence (verbal)** AS confirmed that Healthwatch England have facilitated the sharing of anonymised complaints submitted to the Department of Health. HWN have received three such anonymised complaints since 17 March relating to local services.
	Meetings attended by Chair (verbal)
	21 March Mental Health Concordat launch, Office of the Police and Crime Commissioner 1 April Anniversary of Norwich Samaritans 7 April HWN Mental Health Task & Finish Group

	17 April	Norman Lamb MP
	22 April	Overview and Scrutiny Committee Chairs
	27 April	Samaritans AGM
	28 April	Cathy Chapman, Operations Director, NSFT
	28 April	Clinical Commissioning Group Chief Executives (Norfolk)
	29 April	HWN Event – Working with the voluntary and community sector
	6 May	Health and Wellbeing Board
	12 May	Mental Health Provider Forum
	14 May	Dying Matters event
6.6	**Overview of staffing activities** AS welcomed new HWN staff ASt and SS. AS also praised the ongoing work of HWN Volunteers, praising the standard of expertise they bring and their skills. AS also gave particular praise to the work of SR in producing the patient experience report on the Norfolk Community Pharmacy Flu Vaccination Service and it's decisive role in supporting the extension of the service. SR confirmed that all HWN's focus groups had been completed as part of a dementia research project and that these groups gathered extremely detailed, in-depth accounts from 60-70 local people. AS also highlighted the following points: • HWN membership levels continue to rise • The role of HWN in triangulating soft intelligence with established quantitative metrics at both local and regional levels RDy emphasised the importance of effective reporting and learning from signposting. AM set out the current systems in place and strongly supported RD's assessment of the value of signposting enquiries as a source of intelligence for further work. GD asked how many of HWN's members were from the HealthEast Clinical Commissioning Group area. AM confirmed that HWN does not require its members to disclose their home address but where this information had been shared it would be possible to report on the proportion of members from a particular area in Norfolk. AM agreed to share this information with the board after the meeting.	
7.	**Any Other Business** No further business was brought to the attention of the Chair.	
8.	**Dates of future Board meetings – discussion as to frequency and venue**	
	The Board noted the dates of future meetings	

Minutes agreed as accurate record of meeting:

Signed:……..... Date:…….
Chair (On behalf of Healthwatch Norfolk Board)

Minutes of Board Meeting

Monday 14 July 2014

	Attendees: William Armstrong (WA) – Chair Graham Dunhill (GD) – Community member Mary Ledgard (ML) – Community member Diane DeBell (DD) – Community member Moira Goodey (MGo) Provider member (Norwich and Central Norfolk Mind) **Officers in attendance:** Alex Stewart (AS) – Chief Executive Chris Knighton (CK) – Communications Manager Chris MacDonald (CM) – Operations Manager Sam Revill (SR) – Research Manager Sara Sabbar (SS) – Business Support Officer **Guests:** Tricia Cooper (TC) – CQC Inspector Norfolk (Primary Medical Services and Integrated Care) Janet Ortega (JO) – CQC Area Manager for Essex (Primary Medical Services and Integrated Care)
	Questions from the general public
	No questions were submitted from the general public
1.	**Apologies for absence and introductions**
	Apologies: Pa Musa Jobarteh (PMJ) – Co-opted member (Bridge Plus) Nick Baker (NB) – Co-opted member (North Norfolk District Council) Roan Dyson (RDy) – Provider member (POWhER)
2.	**Declarations of Interest**
	No new declarations of interest were made. Previous declarations are as follows: ML is a patient governor of the Norfolk Community Health and Care NHS Trust. WA is a trustee of Voluntary Norfolk.
3.	**Minutes of the meeting held on the 19 May 2014**
	The minutes of the Healthwatch Norfolk (HWN) Board meeting held on Monday 19th of May were confirmed as a correct record of the meeting.
4.	**Matters Arising**
	No agenda items were brought to the Board under Matters Arising
5.	**Items for Decision**
	1. Appointment of Chair as a Director/Trustee of Healthwatch Norfolk • Seconded by MGo and ML 2. Presentation and signing off of Annual Accounts 13/14 – Larking Gowen • Signed by MGo and ML
6.	**Items for information and discussion**
6.1	**Updated risk register (board paper)** CM presented the paper to the board and confirmed that no new risks had been added to the register. The paper was noted by the board.
6.2	**QC1 Panel Report (board paper)**

	ML presented the paper to the board and summarised developments in HWN's project work taken to QC1 since the last board meeting. In ML's summary the following points were raised: • Advised that the final Complaints Report is almost complete and will go to QC1 panel on the 23/07/2014. • The Mental Health Task and Finish Group is off the ground with a draft project plan to be formulated. Proposed research project involving service users, carers and staff • Advised that the access to services by vulnerable groups was progressing.

Norfolk County Council
at your service

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
ON 17th July 2014

Present:

Mr C Aldred	Norfolk County Council
Mr J Bracey	Broadland District Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mrs A Claussen - Reynolds	North Norfolk District Council
Ms D Gihawi	Norfolk County Council
Ms A Kemp	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mrs M Somerville	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mrs C Woollard	Norwich City Council

Substitute Members Present:

Mrs S Young for Mr A Wright – Kings Lynn and West Norfolk Borough Council

Also Present:

Ms Katie Norton	Director of Commissioning, East Anglia Area Team, NHS England
Ms Fiona Theadom	Contract Manager, East Anglia Area Team, NHS England
Chris Walton	Head of Democratic Services, Norfolk County Council
Maureen Orr	Democratic Support and Scrutiny Manager
Karen Haywood	Democratic Support and Scrutiny Manager

1. Apologies for Absence

Apologies for absence were received from Mr D Harrison, Mr R Kybird, Mrs M Chapman Allen and Mr A Wright.

2. Minutes

The minutes of the previous meeting held on 29th May 2014 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

There were no declarations of interest.

4. Urgent Business

There were no items of urgent business.

5. Chairman's Announcements

5.1 The Chairman welcomed Mrs Charmain Woollard who had joined the committee as the representative from Norwich City Council. He thanked Cllr David Bradford who had been an invaluable member of the Committee serving as the City Council's representative from June 2007 to May 2014.

5.2 The Chairman informed members that a 'Dementia Friends' session would be held following the meeting which they would be welcome to attend. He reminded the Committee that 'Dementia Friends' was an initiative to encourage 1 million people nationwide to use their knowledge about dementia in the community and at work.

6. Access to NHS Dentistry

6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Manager to the report from NHS England (East Anglia Area Team) updating members on the current position regarding access to NHS dentistry in Norfolk.

6.2 The Committee received evidence from Katie Norton, Director of Commissioning and Fiona Theadom, Contact Manager from East Anglia Area Team, NHS England.

6.3 In the course of discussion, the following key points were made:

- The Chairman informed the Committee that a written report had been submitted from Nick Stolls (Norfolk Local Dental Committee Secretary).

- The witnesses informed the Committee that oral health was still one of the key areas where health inequalities were apparent. There were many areas where the Committee could be assured that many of the core primary dental services were effective however there was still work to be undertaken with the Directors of Public Health to raise understanding of the importance of regular dental check-ups, particularly among vulnerable groups.

- With regard to the Oral Health Needs Assessment the witnesses said that it had taken longer than anticipated to be completed for effective commissioning due to the complexities experienced in East Anglia.

- The witnesses informed the Committee that the Orthodontic Needs Assessment was being reviewed by the Local Professional Dental network. The Assessment had highlighted those areas that weren't getting good access to orthodontic services.

- In response to an issue raised by the Committee as to why dental practices were discontinuing the practice of using general anaesthetic in surgeries the witnesses said that national guidance determined that general anaesthetic services should be consultant led. This was something that would be looked at in the whole patient pathway to work with patients

around anxiety management with general anaesthetic services being a last resort.

- The Chairman drew attention to the issue raised in Nick Stolls' report regarding the vacancy at the Norfolk and Norwich Hospital for a part time consultant in restorative dentistry. He recommended that the Committee support the suggestion from the Norfolk Local Dental Committee that the post would be more attractive to prospective candidates if two more sessions could be funded by the Area Team. This was agreed by the Committee.

- Witnesses said that they were not aware of any major problems across Norfolk regarding access to routine dental care. If patients were experiencing problems accessing dental services then NHS England would signpost them to a local dental practice. Access to specialist services was a challenge for East Anglia and there was a need to develop appropriate networks in order to allow such services to flourish.

- The issue of vulnerable groups, such as homeless people, not accessing services was raised. Concerns were also raised that those on lower incomes may be reluctant to access services due to the cost. In response witnesses said that there was a need to understand why people may not access dental care and where charging issues were being highlighted these could be raised when influencing national policies.

- The Committee highlighted the issue of access to dental services in Care Homes. It was recognised that there was a need to ensure that the services provided were fit for purpose for a growing elderly population many of whom had retained their own teeth. Witnesses said that a survey would be undertaken of care homes to understand if the provision in place had had a positive impact on those in care homes.

- It was noted that elected members could have an important role in spreading the message about oral health and prevention through local communities.

- Mr John Caley, a member of the public, spoke to the Committee expressing concerns that more work needed to be undertaken in care homes regarding oral hygiene and in improving the dental care services provided to vulnerable people. In response the witnesses said that they would be improving the proactive care that they provide in care homes and would build this into the care home packs.

- The need to educate parents in the importance of good oral hygiene and of children having regular check-ups was highlighted as was the need to promote the preventative message through healthy eating in schools.

- The Committee supported that suggestion from the witnesses that oral health should be given a priority within the public health agenda in Norfolk.

- The Committee agreed to receive a copy of the Oral Needs Assessment report when it was finalised and that NHS England and the Norfolk Local Dental Committee should be invited to attend a meeting in Spring 2015 if the Committee considered there were issues that still needed addressing,

6.4 The Committee agreed

- To support the suggestion from the Norfolk Local Dental Committee that to make the post of part time consultant in restorative dentistry more attractive to prospective candidates two more sessions could be funded by the Area Team.

- To receive a copy of the Oral Needs Assessment report when it was finalised and that NHS England and the Norfolk Local Dental Committee should be invited to attend a meeting in Spring 2015 if the Committee considered there were issues that still needed addressing,

7 Stroke Services in Norfolk

7.1 The Committee received the report from the scrutiny task and finish group on Stroke Services in Norfolk.

7.2 In introducing the report Margaret Somerville thanked the members of the working group, the witnesses who gave evidence and the Officers supporting the working group.

7.3 In the course of discussion, the following key points were made:

- The working group had recognised the shortage of stroke specialist staff and staff shortages in other disciplines

- The importance of a fast response by ambulances to patients who had had a stroke was emphasised as was the need to train paramedics to make a quick diagnosis.

- The Committee emphasised the importance of preventing stokes and making people aware and recognising the signs.

7.4 The NHOSC agreed to endorse the working group's report and the actions as outlined in the report.

8. Delayed Discharge from Hospitals in Norfolk

8.1 The Committee received the report from the scrutiny task and finish group on Delayed Discharge from Hospitals in Norfolk.

8.2 In introducing the report Margaret Somerville thanked those members who had contributed to the work of the working group.

8.3 In the course of the discussion the following key points were made:

- There were often many reasons why patients were being delayed in being discharged from hospital.

- Project Domino at the Norfolk and Norwich Hospital was one of the innovations in the County that had improved service improvements in urgent care and patient flow.

- Funding from the winter pressure fund had been used to fund some of the service improvements so that staff were more prepared to deal with

situations where delayed discharge problems may occur.

- Reference was made to the Better Care Fund and it was noted that while this may be used to reduce pressures it did not provide extra money for the service.

- An issue was raised regarding the number of late discharges at the James Paget Hospital in Great Yarmouth. This would have implications for care cover for elderly people being discharged.

8.4 The NHOSC agreed to endorse the working group's report and the actions as outlined in the report.

9 Norfolk Health Overview and Scrutiny Committee Appointments

9.1 The report from the Democratic Support and Scrutiny Manager was received.

9.2 The Committee agreed to appoint to the following vacancies:

- **Great Yarmouth and Waveney CCG – HOSC link**
  Shirley Weymouth

- **Norwich CCG – HOSC link**
  John Bracey

9.3 **RESOLVED:**

- To nominate link members for Great Yarmouth and Waveney and Norwich CCGs as outlined above.

- To confirm the continuation of the other CCG and provider trust link members in their roles

- Confirm that members of the former liver Re-section Services Joint Committee will attend a meeting regarding implementation of the liver re-section service, which will be their final duty in connection with the joint committee.

10 Forward Work Programme

10.1 The Democratic Support and Scrutiny Manager said that Norfolk Community Health and Care had indicated that they would like to consult with the Committee on an issue regarding the relocation of their services. If the Committee agreed to add this to their forward work programme for the meeting on 4th September then consideration of the 'Health and Well Being Strategy 2014-17' could be delayed.

10.2 The Democratic Support and Scrutiny Manager said that Mr Kybird had raised an issue with her regarding the closure of the medical practice in Watton. He said that this had highlighted the wider issue of GP provision in the County.

10.3 The Committee referred to fact that often the problem was wider than the issue of the GP workforce and suggested that the Committee could look at this wider issue at the meeting on 27th November.

10.4 The Chairman reminded the Committee that it was important to focus on those

areas where they could have influence however it was important not to be too narrow in what areas they looked at. He suggested that any future work could relate specifically to the NHS recruitment problems in Norfolk for instance in areas such as primary care, midwifery and stroke services.

(The meeting concluded at 11.56am)

Chairman

If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 8008020 or 0344 8008011 (textphone) and we will do our best to help.