

Norfolk Health & Wellbeing Board

Date: **Wednesday 4 February 2015**

Time: **9:30am to 1:00pm**

Venue: **Edwards Room, County Hall, Norwich**

Membership

William Armstrong
Cllr Brenda Arthur
Cllr Yvonne Bendle
Stephen Bett
Harold Bodmer

Dr Jon Bryson
Pip Coker
T/ACC Nick Dean
Dr Anoop Dhesi
Ruth Derrett
Richard Draper
Andy Evans

Cllr John Lee
Joyce Hopwood
Cllr James Joyce

Cllr Penny Linden

Sheila Lock
Dr Ian Mack

Lucy Macleod
Cllr Elizabeth
Nockolds
Dr Chris Price
Cllr Andrew Proctor
Cllr Daniel Roper
Dr Wendy Thomson
Cllr Lynda Turner
Cllr Sue Whitaker

Substitute

Alex Stewart
Phil Shreeve
Cllr Lisa Neal
Jenny McKibben
Catherine
Underwood

Ann Donkin
Dan Mobbs

Mark Taylor

Dan Mobbs
Kate Gill

Dan Mobbs

Cllr Marlene
Fairhead

Michael Rosen
Sue Crossman

Jonathon Fagge
Cllr Roger Foulger

Cllr Trevor Carter
Cllr Elizabeth
Morgan

Representing

Chair, Healthwatch Norfolk
Norwich City Council
South Norfolk Council
Norfolk's Police and Crime Commissioner
Director Community Services

South Norfolk Clinical Commissioning Group
Voluntary Sector Representative
Norfolk Constabulary
North Norfolk Clinical Commissioning Group
NHS England, East Sub-Region Team
Voluntary Sector Representative
Great Yarmouth & Waveney Clinical
Commissioning Group
North Norfolk District Council
Voluntary Sector Representative
Chairman, Children's Services Committee,
Norfolk County Council
Great Yarmouth Borough Council

Director Children's Services
West Norfolk Clinical Commissioning Group

Interim Director of Public Health
King's Lynn and West Norfolk Borough Council

Norwich Clinical Commissioning Group
Broadland District Council
Norfolk County Council
Managing Director, Norfolk County Council
Breckland District Council
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

Norfolk Health & Wellbeing Board

SUPPLEMENTARY AGENDA

- | | | | |
|---|---|-------|------------------|
| 1 | Apologies | Chair | |
| 2 | Minutes | Chair | (Page 3) |
| 3 | Members to Declare any Interests | Chair | |
| 4 | Any urgent business | Chair | |

Business items – Statutory responsibilities

- | | | | |
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| 5 | Norfolk Joint Health and Wellbeing Strategy 2014-17 Implementation - workshop | Lucy Macleod | (Page 11) |
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Short Break – Chairman’s discretion

- | | | | |
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| 6 | Launch of the Norfolk Better Care Fund | Harold Bodmer/
CCGs x 5 | (Page 18) |
| 7 | Norfolk Pharmaceutical Needs Assessment (PNA) 2015 | Lucy Macleod | |

Business items – Other

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| 8 | Children’s Services Improvement & Performance update | Sheila Lock | (Page 21) |
| 9 | The report into Rotherham – implications for Norfolk (presentation) | Sheila Lock | |
| 10 | Forward Plan, Review and Development | Debbie Bartlett | (Page 29) |
| 11 | NHS England - verbal update | Ruth Derrett, NHS
England, East
Sub-Region Team | |

Minutes of other meetings

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| 12 | Healthwatch Norfolk minutes of the meetings held on 22 September and 17 November 2014 | William Armstrong | (Page 38) |
| 13 | Norfolk Health & Overview Scrutiny Committee minutes of meetings held 16 October and 27 November 2014 | Chair | (Page 45) |

Health and Wellbeing Board
Minutes of the meeting held on Wednesday 22 October 2014 at 9.30am
in Room 16, The Abbey Conference Centre, Norwich

Present:

Mr D Roper, Norfolk County Council – Chairman

Cllr Brenda Arthur	Norwich City Council
Cllr Yvonne Bendle	South Norfolk District Council
Harold Bodmer	Director of Community Services, NCC
Dr Jon Bryson	South Norfolk Clinical Commissioning Group
Pip Coker	Voluntary Sector Representative
T/ACC Nick Dean	Norfolk Constabulary
Richard Draper	Voluntary Sector Representative
Tracy Dowling	Director of Operations and Delivery, NHS England, East Anglia Team
Jenny McKibben	Norfolk's Deputy Police and Crime Commissioner
Joyce Hopwood	Voluntary Sector Representative
Dr Ian Mack	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	Norwich Clinical Commissioning Group
John Stammers	Great Yarmouth & Waveney Clinical Commissioning Group
Alex Stewart	Healthwatch Norfolk
Mark Taylor	North Norfolk Clinical Commissioning Group
Cllr Lynda Turner	Breckland District Council
Catherine Underwood	Director, Integrated Commissioning, NCC
Cllr Sue Whitaker	Chair, Adult Social Care Committee, NCC

Others present: Debbie Bartlett, Head of Business Intelligence and Performance Service and Corporate Planning & Partnerships Service

The Chair welcomed Christine Barrett from Suffolk County Council who was observing the workings of the Norfolk Health and Wellbeing Board. Katie Norton and Neil McGuinness-Smith, from NHS England were also present for items 11 and 15 respectively.

1 Apologies

- 1.1 Apologies were received from Dr Wendy Thompson, Cllr James Joyce, Sheila Lock, Andrew Proctor, William Armstrong (substituted by Alex Stewart), Anoop Dhesi (substituted by Mark Taylor).

2 To agree the minutes

- 2.1 The minutes of the Health and Wellbeing Board (HWB) held on the 16th July 2014 were agreed as a correct record and signed by the Chair.
- 2.2 The minutes of the HWB held on the 10th September 2014 were agreed as a correct record and signed by the Chair.

3 Declarations of Interests.

- 3.1 Richard Draper declared an interest as Chief Executive of the Benjamin Foundation in

respect of item 8, as a service provider of that client group.

Ian Mack and John Stammers declared an interest in respect of item 16, as dispensing practices.

Daniel Roper expressed an interest in respect of items relating to Criminal Justice as he was employed by Norfolk and Suffolk Probation Trust.

4 To receive any items of urgent business

4.1 There were no items of urgent business.

5 Update on integration and the Norfolk Better Care Fund

5.1 The Board received the report which updated the Board on three areas which related to Integration; Better Care Fund plan for Norfolk, the agreement of funds from the NHS to the County Council under section 256 of the 2006 NGS Act for 2014/15, and the recent significant operational changes in social care which related to integration.

5.2 During the discussion the following points were made:

- The resubmission of Norfolk's Better Care Fund plan had been made by the deadline. The approval of the final plan had been delegated to the Chair and vice-Chairs of the Health and Wellbeing Board at a previous meeting, and this had been carried out.
- It was acknowledged by the Board that real progress was taking place in terms of integration.

5.3 The Board **RESOLVED**

- To note the submission of the Better Care Fund plan for Norfolk to the national assurance programme.
- To note the s256 agreement for Norfolk for information.
- To note the key milestones in the development of operational community health and care services.
- To agree the proposal for the 'Integrated Personal Commissioning Pilot' in principle. An update would be provided for the next meeting of the HWB.

6. JH&WBS 2014-17 Implementation Update

6.1 The Board received three presentations about the following priority areas of the Health and Wellbeing Board; Healthy Child Programme 0-9, Domestic violence and abuse needs assessment for children and young people in Norfolk, and Dementia Needs Assessment.

6.2 During the discussion, the following points were made;

- The dementia logo should reflect that dementia also affects those under the age of 65. It was important to ensure that throughout the work undertaken, this was represented.
- There had recently been a Government proposal to pay GP's a per capita payment of £55 for the diagnosis of dementia. There was a concern from the Board that this could increase the diagnosis rate, however, the duties of a doctor according to the General Medical Council were to diagnose appropriately, regardless of a new

initiative.

- A key issue in the diagnosis of dementia is the difference between that and of 'mild cognitive impairment'; a condition which is what is diagnosed to people who do not have dementia.
- The Board recognised there was a need to strengthen support and training available for domiciliary care.
- The Board may want to investigate what role communities have to play, and how communities are helped to build upon their own strengths to improve situations.
- Joyce Hopwood reported that the first meeting of the Dementia Strategy Board had taken place. It was a positive and productive meeting, and they had asked for each of the CCG's to provide a baseline report into Dementia (incidences and responses) at their next meeting.

6.3 The Board **RESOLVED**;

- To note the presentations.
- That an evaluation of the Norfolk Healthy Communities Programme would be brought to the next meeting of the HWB.

7. **Children's Services Improvement – verbal update**

- 7.1 In the absence of the Interim Director of Children's Services; Sheila Lock, Debbie Bartlett updated the Board with the progress of the Children's Services Improvement Programme in Norfolk.
- 7.2 The Improvement Board, chaired by an independent chair, has been dismantled. The improvement notice remains in place, and following discussion with the Department for Education, a programme of external challenge and assurance will be put in place.
- 7.2 The department was one of 10 Councils chosen to work alongside academics Eileen Munro, Andrew Turnell, and Terry Murphy, as part of the £4.7m government project; 'Signs of Safety'. This champions a 'strengths based approach' to Social Work practice.
- 7.3 A bid had been submitted to the Department of Communities and Local Government transformation fund to extend the early help work in South Norfolk. Sandra Dinneen, Chief Executive of South Norfolk council had previously presented the approach to the Board

8. **Draft Emotional Wellbeing & Mental Health Strategy – Children and Young People**

- 8.1 The Board received the annexed report (item 8) from the Interim Director of Children's Services. The report consulted and informed the Board on the draft Emotional Wellbeing and Mental Health Strategy which outlined the level of need in Norfolk, identified 6 strategic priorities and proposed new ways of working and outcomes to achieve improvement.
- 8.2 During the discussion, the following points were made;
- The strategy fits well with the JH&WBS 2014-17 priorities. There may be a case, however, for making the strategy part of the JH&WBS 2014-17. In this way duplication would be avoided and there would be a clear, united, whole Norfolk

approach to this key issue.

- It could be necessary to have one, universal strategy for both adults and children, rather than having two different strategies and approaches that risked people falling between the gaps as they make a transition from services for children to services for adults. Also, there would be a need for high quality performance management of the services and approaches that are in place to keep track of what was being done and what was at risk.
- There was a need to make a greater differentiation between different mental health conditions, as they require very different responses.

The Board **RESOLVED**;

- To note the information provided
- To support consultation of the draft Emotional Wellbeing and Mental Health Strategy identifying any forums to take forward.
- To provide feedback on draft Strategy (attached appendix 1 summary and appendix 2 full strategy)
- To consider the resourcing implications that an expansion of work on mental health and wellbeing may have for physical health and wellbeing services
- To inform on areas of good practice in relation to emotional wellbeing and Children and Adults Mental Health Service (CAMHS).
- To identify key outcomes the Health and Wellbeing Board wish to achieve from strategic direction.

9. Norfolk's Child Poverty Strategy Task & Finish Group

- 9.1 The Board received the annexed report (item 9) by the Interim Director of Children's Services.
- 9.2 The Board discussed the membership, and thought it useful to potentially have a representative from Welfare Advice Service, or from an employer's organisation. The Board were asked if a representative from a CCG could be adopted onto the group, and this would be taken forward by the Chair and Vice-Chair.
- 9.4 The Board **RESOLVED**;
- To approve the membership and draft Terms of Reference for the Group.

10. The report into Rotherham – the implications here (presentation)

- 10.1 This item was deferred to a future meeting of the HWB.

11. Draft Primary Care Strategy (paper and presentation)

- 11.1 The Board received the annexed report (item 11) by Katie Norton, Director of Commissioning, NHS England, East Anglia Area Team. The report provided an overview of the strategic framework for the development of primary care services in Norfolk, with a particular focus on general practice.
- 11.2 During the discussion, the following points were made;
- Significant financial pressures and an ageing workforce of GPs could lead to further

changes to the way in which GP services are delivered both locally and nationally. There could potentially be a move to GP led groupings of health and social care professionals, where GPs would only see people with specific health problems that only a GP could address.

- The Board identified a key issue of managing the expectations of services users who want to see a GP, ideally their own 'family' GP, even though their health and wellbeing needs could be dealt with effectively by someone else.
- There was a need to account for the impact of housing growth and what this means for the levels of demand for GP services in a given area. Lack of capacity within existing GP surgeries is a key cause of complaint with the health system but also to local elected members.
- The Board queried the capacity of NHS England to support the work that needs to be done locally to move from the old form of primary care delivery to the new system which was being implemented.
- The Board local government elected members noted that they had a key role to play in representing local communities, working with GP practices and holding the health system locally and nationally to account.

11.3 The Board **RESOLVED**;

- To note the report

12. Norfolk Mental Health Crisis Care Concordat

12.1 The Board received the annexed report (item 12) from the Office of the Police and Crime Commissioner for Norfolk, sponsored by Jenny McKibben, Deputy Police and Crime Commissioner. The Mental Health Crisis Care Concordat was a national, joint statement published by the Government and signed by senior representatives from organisations committed to improving mental health care.

12.2 During the discussion, the following points were made;

- The Board heard how there was no additional funding to support this work.
- It was recommended that it would be useful to review this concordat alongside the 21 point plan entitled 'Closing the Gap', although this had been cross referenced in the concordat.
- It was recognised that mental health services were under resourced and pressured. If spending on mental health services increased but the overall health budget remained the same or reduced, it would be hard to say how funding would be prioritised and what the impact upon physical health and wellbeing services would be.
- It was noted by the Board that it may be beneficial to identify what was in the NHS 5 year plan, which was due to be released in the days after this meeting.
- There was a need to return to the issue of how mental health, health and social care was collectively prioritised, and the HWB would be the place to have this discussion in the near future.

- 12.3 The Board **RESOLVED**;
- To note and commit to the Norfolk Mental Health Crisis Care Concordat Declaration
 - To support the Norfolk Mental Health Strategic Board in developing a comprehensive Mental Health Crisis Care Concordat Action Plan.
 - To receive a report at the next meeting of the HWB to cover the funding of mental health and wellbeing and how it was going to be prioritised.

13. Central Norfolk Systems Leadership Group

- 13.1 The Board received the annexed report (item 13) by the Director of Community Services. The report explained that the Chief Executives and Chairs of the local NHS organisations, and Directors from the County Council had set up a central Norfolk systems leadership group which provided a forum for strategic discussions to take place.
- 13.2 It was noted that the group would report to the HWB where there was a specific issue that could not be addressed within the group, or if there was a particular focus which was of interest to the Board. It was noted that there was a key role that the City, District and Borough Councils all had to play, as providers of a range of services in local areas.
- 13.3 The Board **RESOLVED**
- To endorse the draft terms of reference.
 - To agree that the systems leadership group would be a sub-group of the Board and how it would feedback to the Board.

14. Norfolk Offender Health Profile

- 14.1 The Board received the annexed report (item 14) based on research commissioned by Lucy MacLeod, Director of Public Health, and Jenny McKibben, chair of the Norfolk Board for the Rehabilitation of Offenders. The report presented findings from an Offender Health profile co-commissioned by Norfolk Public Health and the Office of the Police and Crime Commissioner, which would be added to the Joint Strategic Needs Assessment (JSNA).
- 14.2 During the discussion, the following points were made;
- In response to concerns about the disproportionate numbers of people with a learning disability or low IQ who are in the criminal justice system, a key role was identified for education to work with those individuals who were on the fringes of learning disability as early as possible, as a preventative measure.
 - The Board identified the need to map the offender pathway throughout the system as a whole to understand the key points at which people could access the support services that they needed.
- 14.3 The Board **RESOLVED**;
- To note the report.
 - To 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 Board.
 - To request that local commissioning bodies take note of the report and recognise the service needs of the offenders and ex-offenders.
 - To agree the Offender Health Board in principle and for the Chair and Vice Chairs to firm up the governance arrangements (how it relates to the HWB).

15. Liaison and Diversion provision for Norfolk & Suffolk (presentation)

- 15.1 The Board received a presentation from Neil McGuinness-Smith, Liaison and Diversion Commissioner, NHS England (East), which updated the Board on how there can be improved access to healthcare and support services for all vulnerable people within the criminal justice system, particularly in custody suites.
- 15.2 The Board **RESOLVED**;
- To endorse the report and the approach of the work being undertaken, and would receive an update at a future meeting of the Health and Wellbeing Board.

16. Pharmaceutical Needs Assessment

- 16.1 The item was deferred to the next meeting of the Health and Wellbeing Board.

17. Norfolk Joint Road Casualty Reduction Partnership Board

- 17.1 The Board were asked to appoint a member to the Joint Road Casualty Reduction Partnership Board. It was **AGREED** that this would be delegated to the Chair and Vice-Chairs.

18. Healthwatch Norfolk Annual Report 2013/14

- 18.1 The Board received the annexed report (item 18) from Healthwatch Norfolk. This was the first annual report to be published in line with statutory requirements in June 2014.
- 18.2 The Board **RESOLVED**
- To note the report.

19. Healthwatch Norfolk minutes

- 19.1 The Board received and **NOTED** the minutes of the meetings of Healthwatch Norfolk which took place on 19th May 2014 and 14th July 2014.

20. NHS England verbal update

- 20.1 Tracy Dowling, Director of Operations and Delivery, East Anglia Area Team, NHS England reported to the Board that the Quarter 1 CCG Assurance meetings were held in September. Overall all CCGs were assured with some support in place regarding delivery of NHS Constitution standards at the Norfolk and Norwich Foundation Trust.
- 20.2 Operational resilience plans were in place for each of the acute hospital centric emergency care systems. The delivery of Accident and Emergency service standards and ambulance handover times at the Norfolk and Norwich Hospital was the main area of concern and risk. Plans had been developed to improve delivery over the winter months.
- 20.3 Work was in place to ensure that the NHS was fully prepared for any cases of Ebola in East Anglia. There was a desktop exercise for the three Local Resilience Fora (Norfolk, Suffolk and Cambridgeshire and Peterborough) being hosted by Public Health England on

Monday 27th October 2014.

21. Norfolk Health and Overview Scrutiny Committee minutes

- 21.1 The Board received and **NOTED** the minutes of the meetings of the Norfolk Health and Overview Scrutiny Committee meetings which took place on

The next meeting would take place on **Wednesday 4 February 2015** at 9.30am. The venue would be confirmed.

The meeting closed at 1.30pm

Chairman

Joint Health and Wellbeing Strategy 2014 -17
Implementation update
Cover Sheet

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

The role of the Health and Wellbeing Board is to review progress in relation to the Joint Health and Wellbeing Strategy 2014 and to agree the next stages of implementation.

Key questions for discussion

Is there still an appetite to address the major changes in ways of working required by the Strategic Plan?

If so, how can this best be taken forward?

Action required

The Health and Wellbeing Board is asked to:

- Note the progress and work underway by partners and to feed this back to their respective officers in the organisations they represent to encourage participation
- Comment on the immediate forward plans for each theme
- Consider how the larger challenges within the Strategy can be addressed

Report to Norfolk Health and Wellbeing Board

4 February 2015

Item 5

Joint Health and Wellbeing Strategy 2014-17 Implementation update

Report of the Director of Public Health

1. Introduction

The Norfolk Health and Wellbeing Board Strategic Plan was approved by the Board in May 2014 and a sub group of the Board has been tasked with steering the work forward. This Report aims to give Members an update on the progress and the issues arising to date.

2. Priority Champions and Priority Coordinators

All three Priority Coordinators have now been in post since October/November 2014 and have started developing plans to implement the strategic priorities with the support of the Board Priority Champions, Richard Draper, Yvonne Bendle and Joyce Hopwood.

3. Communications

At the October meeting the Board required Public Health to rethink the branding logos for the Joint Health and Wellbeing Strategy, including the use of the forget-me-not blue in the colour scheme. This has been returned to graphic design who are developing a revised pantone palette with new images for the early years and dementia icons.

A Joint Health and Wellbeing Strategy website has been constructed in the NCC test site. Initial page design has been agreed and content is being built with support from the NCC web editor team. This will be demonstrated to the Board in the July Board meeting.

4. Performance Monitoring Framework

Further development of an overarching performance monitoring framework is underway with indicators being selected from those nationally available where partner organisations are already benchmarked.

It is intended to depict these in the form of a spine chart to be able to compare with national and regional measures. The Strategy Implementation Group will receive a draft framework at its next meeting.

5. Key actions: Social and emotional wellbeing of preschool children

- The Early Years Summer Reading Challenge pilot has been extended into 2015 – 2017 through the Norfolk Library and Information Service (NLIS) using Early Years Foundation Stage Profile data to target Children's Centres. UEA is supporting evaluation design.
- NLIS have also agreed to include immunisation leaflets in the bookbags given to all babies and 3-4 year olds.
- A Smart Survey was circulated to Voluntary and Community sector partners working with early years in December. Analysis of data capture is planned in February 2015
- Increased connections and networks with key working groups to tie in strategy intentions have started to take place. The priority coordinator now sits on the Perinatal and Infant Mental Health Service (PIMHS) steering group and is building relationships with the Home Learning Environment team and the Library Service. Further work to strengthen contact with NCC Children's Services is underway.
- Attending an Early Years Conference on the 6 High Impact Areas (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326888/Early_Years_Impact_Overview.pdf) has confirmed that these are all covered by the H&WB strategy intentions. Helpful case studies were gathered as to what is happening nationally to help inform action plans.
- Priority champion has emphasised the importance of the overarching mental health priority and has identified early attachment as crucial to this

5.1 Next steps for the Early Years priority

- Spring conference planned for providers and service users to inform action plans and look at findings from the Smart Survey.
- Design a Smart Survey for service users
- Continued involvement with PIMHS steering group, Healthy Libraries steering group and other key working groups
- Priority Coordinator has been invited to the Children's Centre leads meeting to encourage take up of Joy of Food courses and Mental Health First Aid courses.
- Further meetings planned with Healthy Schools Team after HCP tendering process is complete
- Explore the possibility of commissioning an Early Years Wellbeing Survey
- More investigation of PSE in early years settings and staff training around attachment
- Analysis of the implications and recommendations from the Domestic Abuse Needs Assessment due to be published in full in January 2015

6. Key Actions: Preventing and reducing obesity

- Introductory letter sent to District Councils from the Priority Champion to remind partners what the strategy intentions want to achieve and provide introduction for priority coordinator to key district officers. Good contacts have been made with officers at all district councils (including supporting Broadly Active Community event in Mile Cross in early December 2014 and visiting the South Norfolk Hub) ,Community Sports Foundation and NCC officers involved in services linked to preventing obesity
- Smart Survey designed (including hard copy version): 'Activity aimed at preventing/reducing obesity' questionnaire which has been circulated to providers to capture data on existing opportunities for people to better manage their weight.
- Priority Coordinator has participated in East of England Obesity Networks events including a session for Local Authority obesity reduction commissioners and has explored resources and tools available on the National Obesity Observatory to inform plans
- Attended the Neighbourhood Food, Environment, Diet & Health Event run by the Centre for Diet and Activity Research (CEDAR) in Cambridge in November: helpful case studies and networking with regional colleagues
- Editorial involvement with the latest draft of the Weight Management Health Needs Assessment.
- A successful workshop was organised in early January to soft launch the Weight Management Health Needs Assessment.

6.1 Next steps for the obesity priority

- Continue with data capture and developing relationships at officer level to encourage organisations to understand how they can help to achieve the goals of the Health and Wellbeing Strategy.
- A meeting is being held in mid-January with West Norfolk Leisure Centres where the strategy will be examined.
- Further understanding of the achievements of the Slimming World on Referral scheme in Norwich.
- Continue to work closely with the Active Norfolk, Public Health Localities Lead and the Reducing early Mortality Team in Public Health focussing on understanding HONOR, the Joy of Food Programme and the early commissioning plans for a Public Health commissioned integrated lifestyle service.

7. Key Actions: Making Norfolk a better place for people with Dementia and their carers

- The Dementia Strategy Implementation Board met for the first time in October 2014 and plans to meet next in January 2015.
- Data capture: a survey has been developed using the Norfolk and Suffolk Dementia Alliance (NSDA) website to capture and map current services in place and identify commissioning intentions planned for the future.
 - 142 returns received so far. Initial overview has already identified gaps in services and interesting new developments and actions are underway, including the development of a carers information resource.
- Equity of outcomes in support services: Admiral Nurses, Dementia Advisers, Dementia Support Workers and Advocates across Norfolk. CCGs and NCC Integrated Commissioning teams are examining the key recommendations of the JSNA.
- Volunteer carers have been identified for Task and Finish Groups in 2015
- A knowledge management database has been developed capturing key national and local policy documents
- The Board's Healthy Communities Project has supported a number of projects that focus on dementia including the Pabulum Café in Wymondham and a support group in North Walsham. The project is also supporting NCC Libraries to buy in a number of Dementia books focused on self-care and support in all of Norfolk's libraries.
- A Fire Service and Dementia Guide has been developed to support crews at incidents and when visiting homes.



Dementia Awareness
Booklet v2.pdf

7.1 Next steps for the Dementia priority

- Improving the managed dementia care pathway: a meeting has been arranged with the Dementia and Complexity in Later Life (DCLL) team to look at the memory assessment pathway to identify any gaps and scope for development of new clinics.
- Dementia training for Norfolk GP practices and the NNUH funded by Health Education East of England and provided by NSDA
- Norfolk Board partners are becoming more dementia friendly: Norwich CCG is launching a dementia friendly practice project in January 2015. Norwich University Hospital (NNUH) offer dementia training to all staff.
- Dementia Friendly Day Conference was held on 28th January. Hosted by NSDA and Age UK Norfolk, in support of Norfolk's Dementia Friendly Community initiative, the aim is to provide a unique opportunity for people to get together and share information, advice and expertise in all matters relating to dementia.
- Norfolk Library and Information Service – New Books on Prescription Dementia scheme - launched nationally on 26th January- 25 titles identified. Local

launches will follow in early February but this will be promoted early at the Dementia Friendly Day on 28th January.

- Dementia Cafes and Joy of Food programme from Jan 2015 - aimed at the pre-50 age group who are starting to get the first signs of dementia.
- Healthwatch Norfolk research project: contacting carers' organisations, dementia support groups and dementia cafes between November 2014 and February 2015 to arrange interviews – extended research published in July 2014.
- In light of the Care Act 2014, work is planned with NCC Head of Prevention to discuss how the information elements of the strategy can link to NCC plans around reviewing the NCC website and leaflets.

8. Other Relevant Work

As part of the JSNA, a piece of qualitative work has been designed which aims to give commissioners a clearer understanding of who the people are for whom services are provided. The research will be based on in depth interviews which explore what is important in people's lives, how they feel about their communities, what they want for themselves and their families, what their hopes and aspirations are, what changes would make a difference and what they and their communities would be prepared to do for themselves.

The Director of Public Health has established a regular meeting with senior officers in the District Councils to examine among other issues how work around the Board's priorities can join up strategically.

9. Challenges

In the time that they have been in post, the co-ordinators and the champions have been extremely proactive in making links and contacts and mapping activity. Some of the aspirations of the strategy, however, are substantial pieces of work which going forward require leadership and commitment from all partners and in some cases new ways of working.

Action

The Board is asked to:

- Note the progress and work underway by partners and to feed this back to their respective officers in the organisations they represent to encourage participation
- Comment on the immediate forward plans for each theme
- Consider how the larger challenges within the Strategy can be addressed

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

4 February 2015

Item 6

Update and launch of 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 brief update on the Better Care Fund and there will also be a presentation about the Norfolk BCF at the Health & Wellbeing Board meeting.

The Health and Wellbeing Board is the body accountable for the Norfolk Better Care Fund.

Key questions for discussion

Does the Board have any further questions about the Better Care Fund?

Actions/Decisions needed

The Board is asked note the resubmission of the Better Care Fund plan for Norfolk to the national assurance programme.

Report to Norfolk Health and Wellbeing Board

4 February 2015

Item 6

Launch of 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

The Norfolk Better Care Fund plan was approved with conditions in October 2014. It was resubmitted with the additional requirements in December. The outcome of this resubmission is now awaited.

Action required:

The Board is asked note the resubmission of Norfolk's Better Care Fund plan to the national assurance programme

1. Update

- 1.1 At its October 2014 meeting, the Health and Wellbeing Board were informed of the resubmission requirements for all Better Care Fund plans which had been set out by the Department of Health.
- 1.2 Norfolk's plan was subsequently approved with two conditions. The two conditions for Norfolk were:
- 1.3 **Condition 1b: The plan must further demonstrate how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E.**
- 1.4 In order to address this condition, the plan was refined to set out how the schemes in the plan will deliver impact which contributes to reducing crisis and pressures on A&E.
- 1.5 **Condition 4a: The plan must address the outstanding narrative risks identified in the NCAR (nationally consistent assurance review) report.**

- 1.6 The process for securing risk share agreement was set out, primarily through the development of the section 75 pooling arrangements and through further engagement with providers.
- 1.7 Each area was allocated a BCF adviser who provided advice on meeting the conditions in order to resubmit the plan. We were requested to make our resubmission in December. The resubmission was agreed with the Health and Wellbeing Board Chair and Vice Chairs. We expect to hear the outcome in mid-January. A copy of the resubmitted plan is available on the Norfolk Ambition Website at the following [link](#).

2 Next steps with the Better Care Fund

- 2.1 Preparation for the implementation of the pooled fund in April is now a priority with a legal agreement in development between CCGs and Norfolk County Council. It is proposed that the Council will hold the fund. The Adult Social Services Committee received a report about the Better Care Fund in January.
- 2.2 The delivery programmes continue under the local integration groups within each CCG area and with the oversight of the Norfolk Better Care Fund Group.

3 Action required

- 3.1 The Board is asked note the resubmission of Norfolk's Better Care Fund plan to the national assurance programme.

Officer Contact

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

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

Children's Services Improvement and Performance Update

Cover Sheet

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

The Health & Wellbeing Board has asked for an update on Children's Services Improvement and Performance as a standing item at each of the Board's meetings.

Key questions for discussion

Q. Does the Board have any questions or comments about the contents of the report?

Actions/Decisions needed

The Board needs to:

- Consider and comment on the report

Children's Services Improvement and Performance Update

Report of the Interim Director of Children's Services, Norfolk County Council

Summary

This report provides an update on Children's Services improvement and performance.

Action required

The Board is asked to:

- Consider and comment on the report

1. Restructure

- Aim:
 - to make the pathway for children and families easy to understand and easily navigable
 - to increase efficiency and effectiveness of teams
 - to move to a locality-based approach – know your patch and know the communities and agencies working in this area
- 'Getting in Shape' consultation complete
 - 302 high quality, considered and detailed responses received from staff
 - Feedback is part-way complete and will be completed by 31 January
 - DCS recruitment unsuccessful. Interim DCS will be in place until June 2015
 - ADCS recruitment – high quality field and interviews this week (27, 28, 29 January). Current interim team in place until April 2015 for transition to new post-holders
 - Tier 4 managers all being interviewed – competency-based interviews – need to get people with the right skills into these critical posts. Interviews will be complete before January 31st.

2. Partnership

- System leadership meetings have been taking place. High degree of consensus and commitment to collaborate on system-wide improvement

- Refocus of the CYP Strategic Partnership Board with the right level of representation and focus on joint commissioning for excellent services delivery
- NSCB continues to develop strongly with increased evidence of rigour and robust challenge of partners where necessary
- Signs of Safety training and implementation forging ahead under the oversight of Eileen Munro and the commercial partnership including the DfE Innovations Unit

3. Capacity and Resources

- Agency social worker levels very low overall (10%) although high in some teams (inconsistent picture). Norfolk does not have a high turnover of staff compared to other authorities
- NIPE (Norfolk Institute of Practice Excellence) now includes 49 talented newly qualified social workers deployed in Norfolk (growing our own talent)
- Continued focus on training and development of staff at all levels in the organisation. Extensive programme already delivered and in place for the future.

4. Performance

- December dashboard (monthly publication attached in Appendix A) shows current in performance and trends over time.
- Continued rise in contacts and referrals needs to be addressed to take pressure off NCC teams. Discussions with partners are taking place to address this
- LAC reduction plans now firmly embedded and delivering results
- LAC performance still too variable. LAC team's performance showing strong upward trends.

5. Committee Oversight

- Children's Services budget (2015/16) aligned to strategic priorities and agreed by Committee
- Committee Task and Finish Groups continuing with their work and reporting to Committee with clear actions identified
- Performance and Finance Monitoring Reports are standard agenda item

6. External Scrutiny

- Improvement Board has completed its work as part of the first phase on Norfolk's improvement
- NCC working with DfE on a new national model for improvement – the employment of a Challenge Partner to report to the Minister as well as the Chair of the LSCB (David Ashcroft). Mark Gurrey has been appointed and has started his work

- Formal review of progress to take place on 5th and 6th February – DfE and Mark Gurrey.

7. Action required

The Board is asked to:

- Consider and comment on the report

Officer Contact

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

Sheila Lock 01603 222601 sheila.lock@norfolk.gov.uk



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Norfolk Children's Services Social Care Performance Overview Dashboard – December 2014 Data

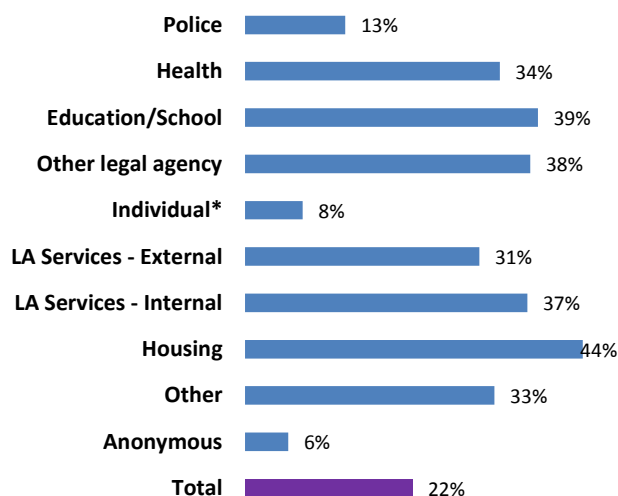
Contacts and Initial Assessments:

Initial Contacts by Source:

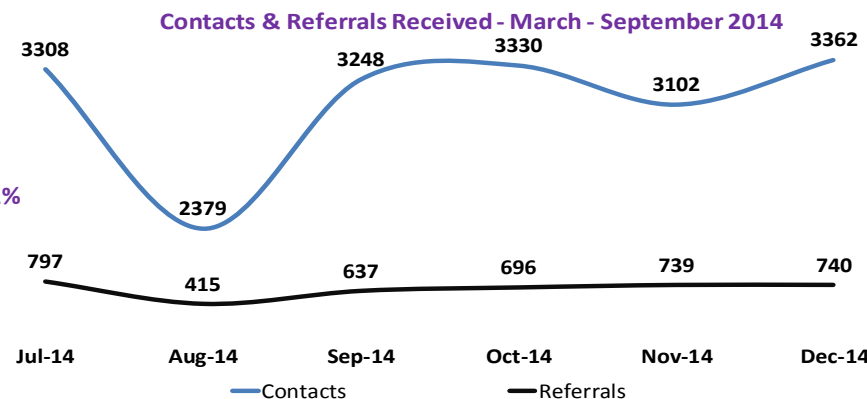
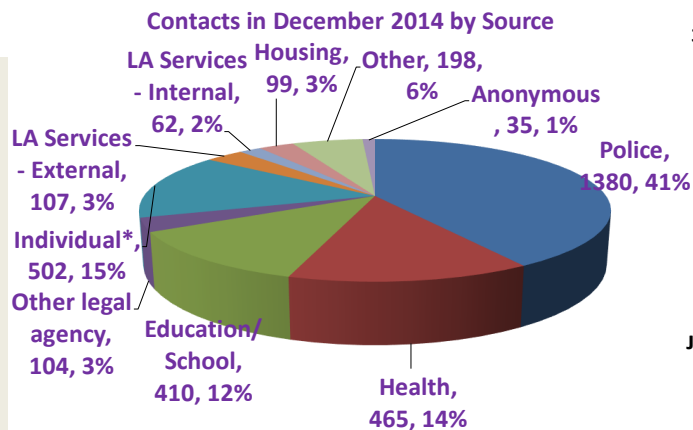
	Oct-14	Nov-14	Dec-14
Police	1193	1021	1380
Health	525	457	465
Education/School	435	522	410
Other legal agency	91	84	104
Individual*	609	543	502
LA Services - External	85	52	107
LA Services - Internal	64	58	62
Housing	81	87	99
Other	185	218	198
Anonymous	62	60	35
Total	3330	3102	3362

* Individuals are comprised of: Stranger/Family/Carer/Neighbour/Self

Conversion of Contacts to Referrals by Source:



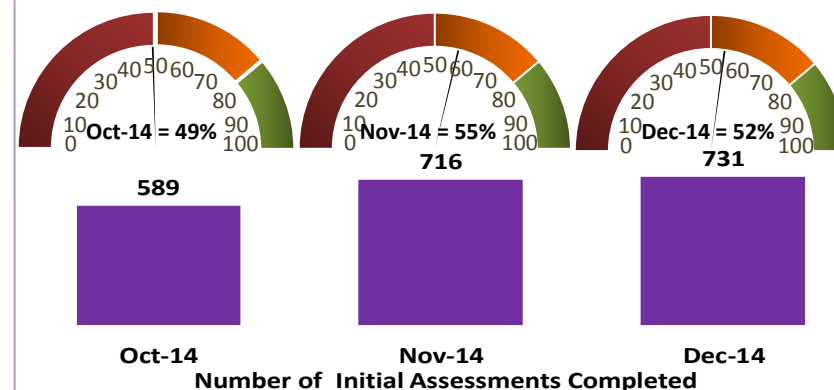
* Individuals are comprised of: Stranger/Family/Carer/Neighbour/Self



Percentage of Re-Referrals:

Re-Referrals	Oct-14	Nov-14	Dec-14
Norfolk	22.4%	22.6%	28.1%
England 2013/14		23.4%	
Statistical Neighbours 2013/14		26.1%	
East of England 2013/14		22.4%	

Initial Assessments Completed in Timescales:



Commentary:

The numbers of initial contacts has risen again and this increase is driven by increases in the number of contacts from the Police of over 350 compared with November & almost 200 compared with October.

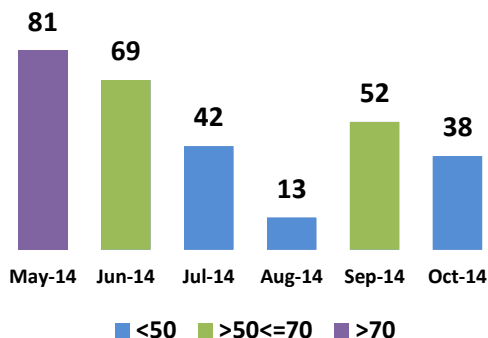
The overall rate of conversion to referral remains around the same at just over 20%, however the conversion rate for Police contacts to referrals remains amongst the lowest at 13% (only Individuals & Anonymous contacts have a lower conversion rate to referral).

The re-referral rate continues to “yo-yo” on a monthly basis, but is, on average, around 24%, slightly above the England and East of England rates for 2013/14, but below Statistical Neighbour rates for the same period.

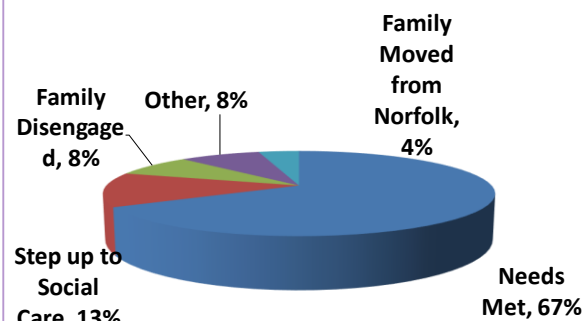
We continue to struggle to improve the timeliness of initial assessments above the 50% mark, performance is being scrutinised locally in the Operational Divisions at weekly management meetings & strategies are being sought to improve both the speed & quality of assessments.

Norfolk Children's Services Social Care Performance Overview Dashboard – December 2014 Data

Early Help & Children in Need: Family Support Plans Initiated:



Outcomes of Family Support Plans closed 1st August – 31st October 2014:



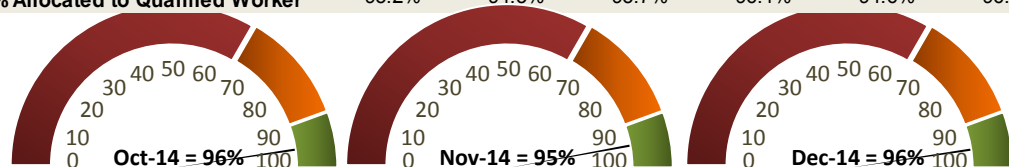
Section 17 Children in Need in CIN & CWD Teams with an up-to-date* CIN Plan:

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
No. s17 Children in Need	1340	1364	1270	1157	1117	1063
No. s17 with CIN Plan	1171	1122	866	752	739	782
No. s17 without a CIN Plan	169	242	404	405	378	281
% with a CIN Plan	87.4%	82.3%	68.2%	65.0%	66.2%	73.6%
No. CWD Children in Need	336	335	322	317	304	299
No. CWD with CIN Plan	149	135	132	252	257	245
No. CWD without a CIN Plan	181	200	190	65	47	54
% with a CIN Plan	44.3%	40.3%	41.0%	79.5%	84.5%	81.9%

* To count as having a CIN Plan, any existing plan must have been started or reviewed within the last 30 working days

Children in Need Allocated to a Qualified Social Worker:

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
No. Children in Need (not CP or CLA)	2610	2570	2342	2323	2313	2344
No. Allocated to Qualified Worker	2486	2424	2195	2232	2188	2252
% Allocated to Qualified Worker	95.2%	94.3%	93.7%	96.1%	94.6%	96.1%

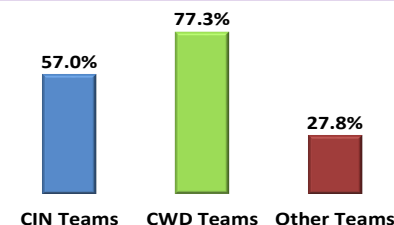


Ethnicity of Children in Need:

White British	1978	84.4%
White Other	148	6.3%
Other Mixed	40	1.7%
Not Recorded	39	1.7%
Not yet Available	29	1.2%
Any other ethnic origin	21	0.9%
Black African	17	0.7%
Black Other	15	0.6%
White and Black Caribbean	14	0.6%
Asian Other	11	0.5%
White and Black African	9	0.4%
Bangladeshi	5	0.2%
White Irish	5	0.2%
White and Asian	5	0.2%
Chinese	3	0.1%
Indian	3	0.1%
Arab	2	0.1%

CIN Reviewed within Timescales:

	Reviewed in Timescales		
	In Time	Out of Time	% In Time
CIN Teams	606	457	57.0%
CWD Teams	231	68	77.3%
Other Teams	273	709	27.8%



Rate of Children in Need per 10,000 Under-18 Population:

	Oct-14	Nov-14	Dec-14
Norfolk (Current)	302.8	307.2	306.5
England 13/14		346	
Statistical Neighbours 13/14		339.0	

Commentary:

There continue to be improvements in the percentage of Section 17 Children in Need with an up-to-date CIN Plan in the CIN & and in particular, in the CWD Teams. In addition to this, the number of days by which CIN Plans are overdue for review has also reduced.

There has also been a reduction in the numbers of Section 17 CIN, this is being aided by the implementation (across all children's social care services) of Divisional Accountability & Case Tidy days, where cases open for more than 18 months are reviewed and, if safe & appropriate to do so, closed. One team in particular has seen a reduction of 45 cases, which has resulted in all open cases within the team being allocated to qualified social workers.

The apparent reduction in the number of Family Support Plans being initiated may be linked with a change in the system where they are centrally recorded.

The effectiveness of Family Support Plans that have closed remains stable, with 2/3 of families reporting that their needs have been met from the process, while the proportion of families who disengage from the process has reduced.

Black children and children from mixed and other ethnic backgrounds are over-represented in Norfolk's CIN population.

This is consistent with the profile of statistical neighbours and the country as a whole. When compared with the statistical neighbour and England profiles, there are no significant differences in numbers in the Norfolk CIN population for any ethnicity

Norfolk Children's Services Social Care Performance Overview Dashboard – December 2014 Data

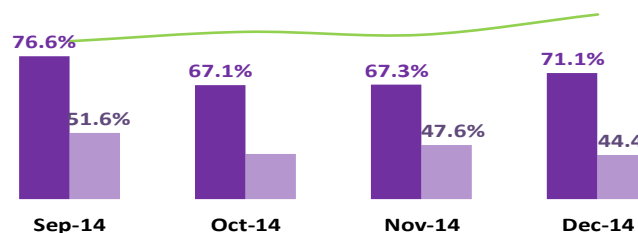
Child Protection:

Children in Child Protection Teams Allocated to a Qualified Social Worker:

	Oct-14	Nov-14	Dec-14
No. Children on CP Plan	535	529	570
No. Allocated to Qualified Social Worker	533	520	563
% Allocated to Qualified Social Worker	99.6%	98.3%	98.8%

99.6% 98.3% 98.8%

Social Worker visits to Children on a Child Protection Plan in Timescales:



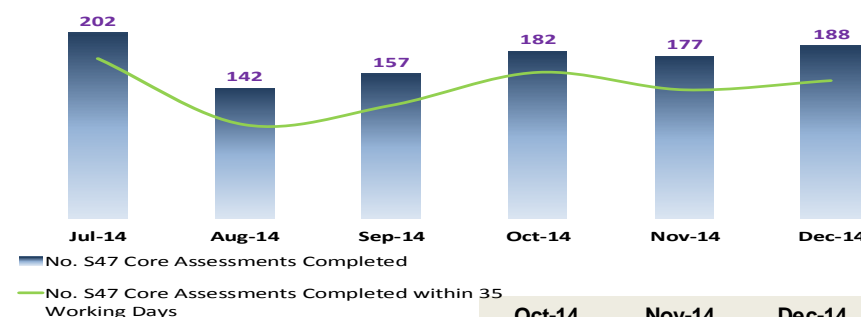
■ % Seen in last 20 Working Days
 ■ % Seen Alone in last 20 Working Days
 — No. Children on CP Plan

	Oct-14	Nov-14	Dec-14
No. Seen in last 20 Working Days	359	356	405
No. Seen Alone in last 20 Working Days	239	252	253

Rate of Children on a CP Plan per 10,000 Under-18 Population:

	Oct-14	Nov-14	Dec-14
Norfolk (Current)	32.3	31.9	34.4
Norfolk 13/14	32.3		
England 13/14	42.1		
Statistical Neighbours 13/14	45		

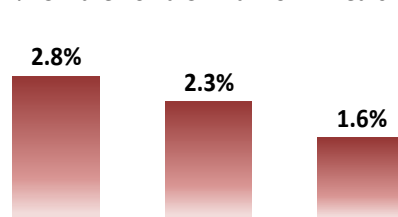
Section 47 Core Assessments Completed in Timescales:



	Oct-14	Nov-14	Dec-14
No. Section 47 Core Assessments Completed	182	177	188
No. Section 47 Core Assessments Completed within 35 Working Days	159	140	150
% Section 47 Core Assessments Completed within 35 Working Days	87.4%	79.1%	79.8%

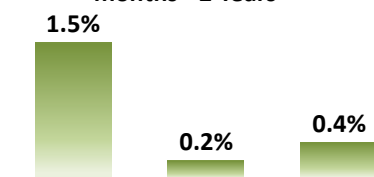
Children on a CP Plan for 18 months & Over and Children Starting a CP Plan for a Second/Subsequent Time:

% Children on a CP Plan for 2+ Years



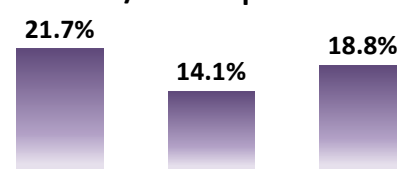
Oct-14 Nov-14 Dec-14
England 13/14 = 2.6%; Stat Nbr = 3.1%

% Children on a CP Plan for 18 months - 2 Years



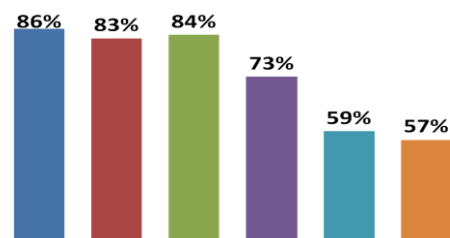
Oct-14 Nov-14 Dec-14

% Children Starting CP Plan for 2nd/Subsequent Time



Oct-14 Nov-14 Dec-14
England 13/14 = 15.8%; Stat Nbr = 17.4%

ICPCs within 15 Working Days of Strategy Discussion:



	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Total ICPCs	57	60	83	101	90	113
Within 15 Working days	49	50	70	74	53	64
Over 15 Working Days	8	10	13	27	37	49

Commentary:

There are known issues around the recording and reporting of Initial Child Protection Conferences and Strategy Discussions which is leading to an apparent under-performance in the reported timeliness of ICPCs. The Independent Charing Service is confident that the performance is considerably better than shown & we are currently investigating the issues surrounding reporting.

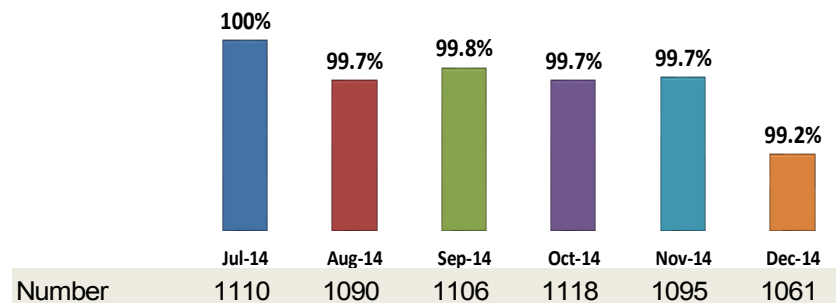
All children on a child protection plan are allocated to qualified social workers. The 7 children shown as not allocated in the table above were in the middle of a transfer between teams when the data was captured & all have subsequently been reallocated.

There has been slight improvement in the percentage of children on a child protection plan seen within the last 20 working days, however further improvement is still required.

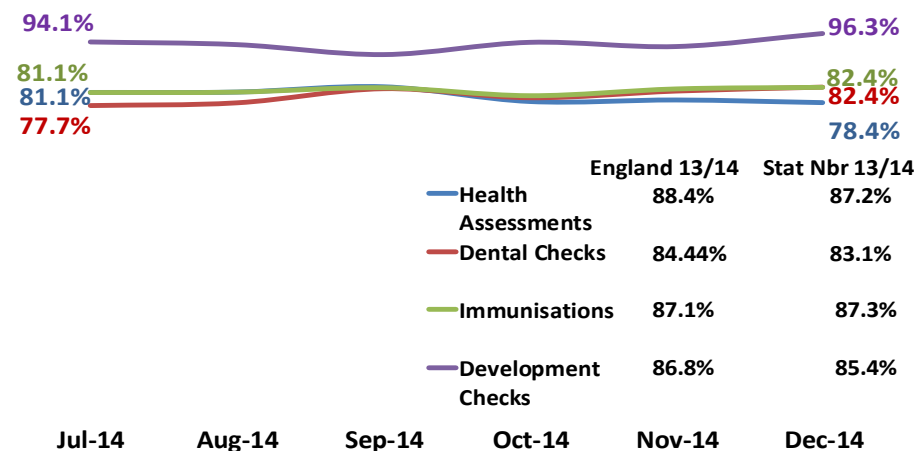
Norfolk Children's Services Social Care Performance Overview Dashboard – December 2014 Data

Looked-After Children:

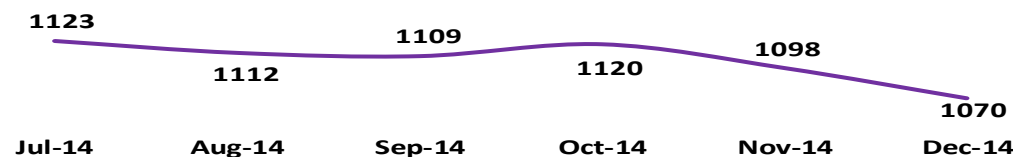
Looked-After Children allocated to a Qualified Social Worker:



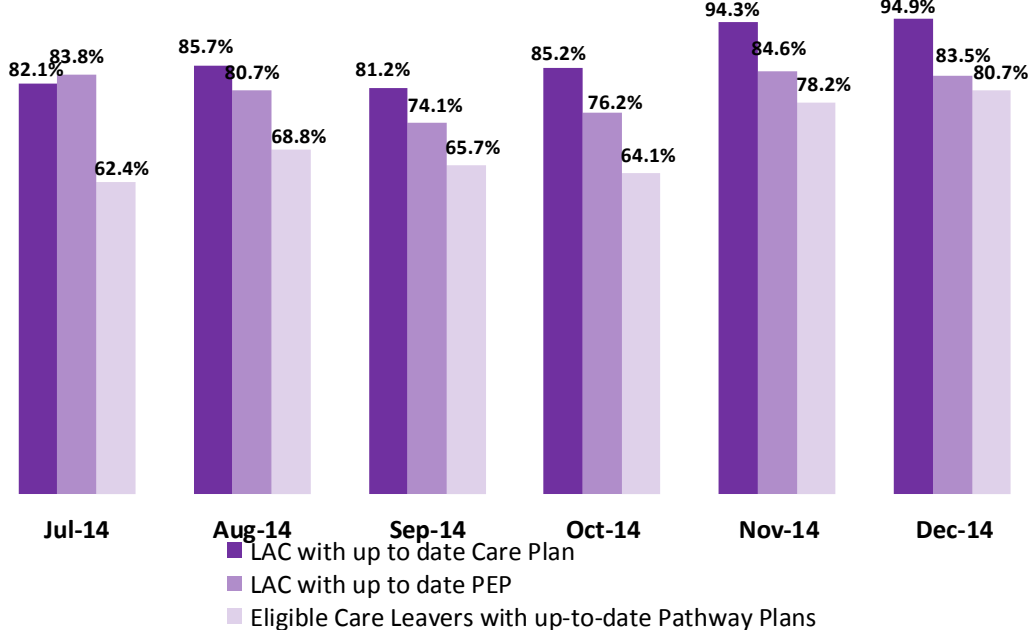
Health of Looked-After Children:



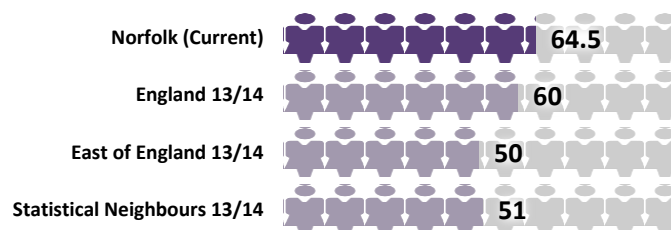
Number of Looked-After Children:



Care Plans, Pathway Plans & Personal Education Plans:



Rate of LAC per 10,000 Under-18 Population



Commentary:

The number of looked-after children has reduced again to around 1,070, and is becoming a sustained downward trend in LAC numbers.

All looked-after children are allocated to qualified social workers, the 9 children shown as not allocated in the table above were in the middle of a transfer between teams when the data was captured & all have subsequently been reallocated.

Health Assessments are down slightly and work continues with partners in health to ensure performance improves, particularly in relation to health assessments for children placed outside of Norfolk.

4 out of 5 Eligible Care Leavers (16 & 17 year old who are looked-after) now have up-to-date Pathway Plans recorded, up from less than half in April 2014. This has been driven in particular by improvement in the Looked-After Children's teams across Norfolk.

The ethnic profile of looked-after children in Norfolk shows an under-representation of white and Asian children, while black children and children from mixed backgrounds are over-represented.

Forward Plan, Review and Development

Cover Sheet

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

The Health & Wellbeing Board (H&WB) was established on 25 March 2013 and has been fully operational for almost two years.

The Board has a number of statutory responsibilities, including a duty to:

- Prepare a Joint Strategic Needs Assessment (including a Pharmaceutical Needs Assessment) and a Joint Health and Wellbeing Strategy
- Encourage integrated working between commissioners of health and social care services
- 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
- Assess how well the CCG has discharged its duties to have regard to the JSNA and JH&WBS

This is an opportunity for the Board to consider its draft forward plan for 2015. It is also timely for the Board to consider conducting a review of its current working arrangements, including reflecting on whether it is focused on the right things, working effectively, and adding value - and identifying areas for development.

Key questions

1. Does the draft forward plan bring the right matters before the Board and at a time that is appropriate?
2. Are the proposals in section 3 the best way for the Board to progress with a review and are the timelines in section 4 appropriate and practical?

Actions/Decisions needed

The Board needs to:

- Agree a forward plan for the year ahead
- Decide how best to progress a review of the H&WB

Forward Plan, Review and Development

Report of the Head of Business Planning & Performance,
Corporate Planning & Partnerships, NCC

Summary

The Norfolk Health & Wellbeing Board has been established and operational for almost two years. This paper sets out the draft forward plan and enables the Board to review and comment on its programme of work for the coming year. This paper also outlines initial proposals for the Board to conduct a review of its current working arrangements, including reflecting and testing itself on whether it is focused on the right things, working effectively, and adding value, and through this identifying areas for development.

Action

The Health and Wellbeing Board is asked to:

- Consider and comment on the report
- Agree the forward plan for the year ahead
- Decide how best to progress a review of the H&WB

1. Background

- 1.1 The Norfolk Health & Wellbeing Board (H&WB) was established on 25 March 2013 and has been fully operational for almost two years.
- 1.2 Health & wellbeing boards are intended to be a forum for collaborative local leadership in an area and as such they have the following main functions:
 - **Assessing the needs** of their local population through the joint strategic needs assessment process and a pharmaceutical needs assessment
 - **Producing a** local health and wellbeing **strategy** - the overarching framework within which commissioning plans are developed for health services, social care, public health, and other services which the board agrees are relevant
 - **Promoting and driving** greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.

2. The Norfolk H&WB

Initial development

- 2.1 The H&WB's early development was built on discussions and debate involving a wide range of partners which provided opportunities for a range of stakeholders to debate health issues in Norfolk and identify how a health & wellbeing board might address them. Building on this, and on the experiences of working in shadow form for a year, the H&WB was established from April 2013

- 2.2 The Board agreed an Operating Framework which described its intentions going forward. This Framework confirms the aim in Norfolk to work towards achieving a 'systems leadership' approach and also outlines what the H&WB it will do - at a strategic level, how it will go about it, and the potential challenges faced. A diagram outlining the **Norfolk H&WB's agreed Operating Framework** is at **Appendix A**.

Forward Plan

- 2.3 In April 2013, the H&WB's agreed that it was useful to have an outline framework from which to plan its work to help ensure that it met its statutory responsibilities.
- 2.4 The Board also agreed that although it was useful to have an agreement in outline, the forward plan remains flexible and responsive and it is open to any member of the Board to request that an item be included on the agenda of a formal Board meeting. Such requests are at the discretion of the Chairman.
- 2.5 A **draft forward plan for 2015/16** is at **Appendix B** and the Board is asked to consider and comment on the forward plan for the year ahead.

3. Review of the H&WB - outline proposals

- 3.1 The H&WB has been fully operational for almost two years and it is timely for the Board to consider conducting a review of its current working arrangements, including reflecting on whether it is focused on the rights things, working effectively, and adding value.
- 3.2 At the last meeting of the Board, there was support for participating in a LGA led Peer Challenge and it is proposed that we take a staged approach to this. The first stage would involve the H&WB conducting its own internal review of how it is performing, the outcome of which would then provide a solid foundation for the LGA-Led Peer Challenge as the second stage.

Process for the 1st stage

- 3.3 The Board's internal review could involve a package of activity including:
- Carrying out desktop research into best practice and exemplars
 - Visiting other H&WBs to see how other areas are approaching their role and responsibilities
 - Reflecting on what is working well and what is not, including 1:1 interviews with all H&WB members to capture valuable qualitative information
 - Using a self-assessment tool such as the LGA's H&WB System Improvement Programme Development Tool to help us focus our review and challenge ourselves
 - Holding development sessions and workshops, including looking at what we might need to change and how we might go about it
 - Bringing in some external challenge informally - this is available, for example, through the LGA Peer Challenge Team
 - Identifying areas of our own good practice and celebrating success/sharing good practice
 - Identifying areas for our improvement and development and agree an improvement and development plan

- 3.4 The review would enable the Board to look at its overall approach to improving the health and wellbeing of local residents as well as providing an opportunity for the Board to review its current structure and consider whether they are enabling the Board to carry out its work effectively. This could include exploring the extent to which the H&WB provides systems leadership for health and social care in the County, as well as reviewing the Board's role in commissioning, and exploring whether it is focal point for health and social care commissioning in Norfolk. The review could also look at issues such as how the H&WB is engaging with providers, particularly acute health providers.
- 3.5 It could involve exploring the quality of the relationship between the H&WB and other partnerships and include identifying areas for possible joint working where agendas overlap - for example, some initial planning is underway to set up a joint session between the Norfolk H&WB and the Suffolk H&WB, possibly with members of the New Anglia Local Enterprise Partnership, on the issue of poverty.
- 3.6 In all of this work, the focus would be on how the role of the H&WB could be developed or improved.

4. Timeline

- 4.1 The suggested timeline is as follows:
- **February to May 2015** – internal review research, visits, 1:1 interviews, self-assessment development tool, etc
 - **June to September 2015** – H&WB development sessions, workshops, challenge sessions, finalise proposals for improvement or change
 - **October 2015 – March 2016** – driving forward with actions for development/improvement, consolidation of new arrangements/changes
 - **April/May 2016** – LGA Peer Challenge

5. Action

- 5.1 The Health and Wellbeing Board is asked to:
- Consider and comment on the report
 - Agree the forward plan for the year ahead
 - Decide how best to progress a review of the H&WB

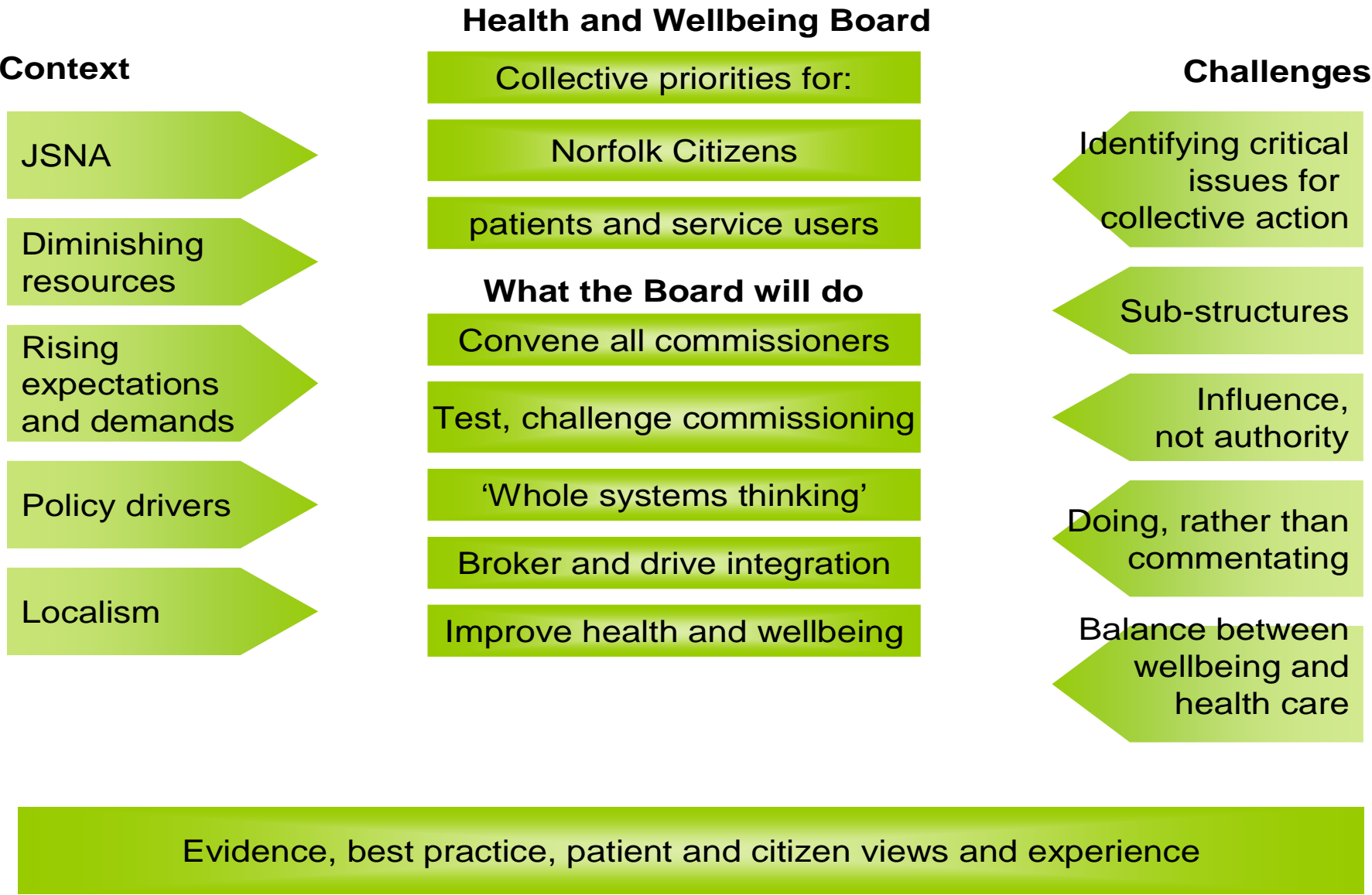
Officer Contact

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

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Debbie Bartlett	01603 223024	Debbie.bartlett@norfolk.gov.uk



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Forward Plan: Health and Wellbeing Board – 2015/2016

Meeting	Title and content	Lead
29 April 2015		
	JH&WBS 2014-17 - Annual Review <ul style="list-style-type: none"> Consider progress, impact of the strategy, review any emerging priorities, etc 	DPH Director of Public Health
	Integration in Norfolk and the Better Care Fund <ul style="list-style-type: none"> Update on progress and decisions on the BCF 	Executive Director Adult Social Care/ Representatives of the 5 x CCGs
	CCGs 2 - Year Operational Plans/5 year strategic plans and commissioning intentions <ul style="list-style-type: none"> Consider the CCGs' 2-Year Operational plans Consider the CCGs commissioning intentions and how well they align with the H&WB's strategic priorities 	Representatives of the 5 x CCGs
	CCGs Draft Annual Reports <ul style="list-style-type: none"> To agree relevant extracts of 5 x draft Annual Reports and endorse overall format 	Representatives of the 5 x CCGs
	NHS England's 5 –Year Forward View and local update <ul style="list-style-type: none"> Briefing on NHS England's strategic view of how the health service needs to change over the next five years Update on any other appropriate issues from NHS England and/or arising from the Local Quality Surveillance Group 	NHS England, East Region Team representative
	Children's Services Improvement and Performance Update <ul style="list-style-type: none"> Update on Children's Services improvement planning 	Executive Director Children's Services
	Evaluation of Healthy Communities Programme <ul style="list-style-type: none"> To consider the key learning points from the formal external evaluation of the HCP 	Director of Public Health
	Early Help – Next Steps <ul style="list-style-type: none"> Update on early help 	Chair Early Help Programme Board/AD Early Help

15 July 2015		
	Election of Chair and Vice Chairs (annual event following May 2014 NCC AGM))	Clerk to the Committee
	DPH Annual Report <ul style="list-style-type: none"> Consider the DPH's Annual Report and implications for the work of the H&WB 	Director of Public Health
	Annual Joint Strategic Needs Assessment (JSNA) Report <ul style="list-style-type: none"> Consider the first Annual JSNA Report - which is produced to assist in monitoring needs and to support future planning 	Director of Public Health
	JH&WBS 2014-17 implementation <ul style="list-style-type: none"> Update on progress & monitoring 	Director of Public Health/ Chair of JH&WBS Implementation Group
	Locality-Led Health Improvement <ul style="list-style-type: none"> Update from each district/city/borough council about work in their area 	Representatives of the 7 x DCs
	Integration in Norfolk and the Better Care Fund <ul style="list-style-type: none"> Report updating on progress and decisions on the BCF 	Executive Director Adult Social Care/ Representatives of the 5 x CCGs
	Children's Services Improvement and Performance Update <ul style="list-style-type: none"> Update on Children's Services improvement planning 	Executive Director of Children's Services
	Norfolk Reducing Child Poverty Strategy <ul style="list-style-type: none"> Consider the draft Norfolk Strategy and the actions arising, both collectively and individually, for the Board 	Chair Task & Finish Group
	Voluntary Sector Engagement Project <ul style="list-style-type: none"> End of year report 	Chair VSEP Steering Group/Voluntary Norfolk
	Winterbourne View – Norfolk Joint Strategic Plan <ul style="list-style-type: none"> Annual progress report 	Chair, Winterbourne Concordat Joint Strategic Programme Board
	NHS England update <ul style="list-style-type: none"> Update on any appropriate issues from NHS England and/or arising from the Local Quality 	NHS England, East Region Team representative

	Surveillance Group	
21 October 2015		
	JH&WBS 2014-17 implementation <ul style="list-style-type: none"> Update on progress & monitoring 	Director of Public Health/ Chair of JH&WBS Implementation Group
	Integration in Norfolk and the Better Care Fund <ul style="list-style-type: none"> Report updating on progress and decisions on the BCF 	Executive Director Adult Social Care/ Representatives of the 5 x CCGs
	Healthwatch Norfolk Annual Report	Chairman and Chief Executive, HWN
	Children's Services Improvement and Performance Update <ul style="list-style-type: none"> Update on Children's Services improvement planning 	Executive Director of Children's Services
	NHS England update <ul style="list-style-type: none"> Update on any appropriate issues from NHS England and/or arising from the Local Quality Surveillance Group 	NHS England, East Region Team representative
	Integrated Offender Health and Social Care Group - Annual progress report	Chair, IOH&SC Group
January/February 2016		
	JH&WBS 2014-17 implementation <ul style="list-style-type: none"> Update on progress & monitoring 	Director of Public Health/ Chair of JH&WBS Implementation Group
	Integration and Better Care Fund <ul style="list-style-type: none"> Report updating on progress and decisions on the BCF 	Executive Director Adult Social Care/ Representatives of the 5 x CCGs
	CCGs commissioning intentions <ul style="list-style-type: none"> Consider the CCGs commissioning intentions and how well they align with the H&WB's strategic priorities 	Representatives of the 5 x CCGs
	Children's Services Improvement and Performance Update <ul style="list-style-type: none"> Update on Children's Services improvement planning 	Executive Director of Children's Services

	NHS England update <ul style="list-style-type: none"> Update on any appropriate issues from NHS England and/or arising from the Local Quality Surveillance Group 	NHS England, East Region Team representative

In addition, minutes of the following meetings are standing items each meeting:

- **Healthwatch Norfolk minutes** - this will ensure the Board is able to pick up and consider any appropriate issues arising from local Healthwatch
- **Norfolk Health Overview and Scrutiny minutes** - this will ensure that the Board picks up and considers any appropriate issues raised by scrutiny

Minutes of Board Meeting

Monday 22nd September 2014

	<p>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) Pa Musa Jobarteh (PMJ) - Co-opted Member (Bridge Plus) Roan Dyson (RDy) - Provider Member (POWhER) Jon Clemo (JC) - Provider Member (Norfolk Rural Community Council) Mark Ganderton (MGa) - Community member Fiona Poland (FP) - Co-opted member (University of East Anglia)</p> <p>Officers in attendance: Alex Stewart (AS) - Chief Executive Chris Knighton (CK) - Communications Manager Sam Revill (SR) - Research Manager Sara Sabbar (SS) - Business Support Officer Ann Stephens (ASt) - Engagement Officer Stephanie Tuvey (ST) - Research Intern Ed Fraser (EFr) - Research Intern</p>
	Questions from the general public
	No questions were submitted from the general public
1.	Apologies for absence and introductions
	<p>Apologies: Nick Baker (NB) - Co-opted member (North Norfolk District Council) Christine MacDonald (CM)- Operations Manager Andrew Magem (AM)- Information Officer</p>
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 14th July 2014
	The minutes of the Healthwatch Norfolk (HWN) Board meeting held on Monday 14 th of July were confirmed as a correct record of the meeting.
4.	Matters Arising
	AS brought to the attention of the board the recent developments regarding Timber Hill Health Centre and its proposed closure/move. Norwich Practices Ltd (NPL) have proposed Rouen House, Rouen Road in Norwich as new location. This would need to be underwritten by NHS England for 10 years, propped capacity to increase from 8k to 10k registered patients. NHS England are yet to confirm the move, plans have been submitted.
5.	Items for Decision
	<p>1. NCC protocol (board paper) Good working relationship with NCC highlighted by AS and WA. AS briefly discussed the revised protocol. MG raised an issue regarding the scrutiny of issues relating to item 9. AS advised that they would have to advise why</p>

	<p>they would not choose to scrutinise or review the matter. JC requested that HWN engage with NCC early on regarding budget cuts. Paper noted by the board.</p> <p>2. Draft Work Programme (board paper) AS advised that the purpose of the paper was to stimulate discussion into possible areas of work for 14/15. AS also advised that HWN have been approached by NHS England regarding a piece of work into GP services.. Agreed to report to the board further evidence based details of each priority 3 weeks before the next board meeting. NB (via e-mail) and GD raised question over inclusion of priority regarding service personnel and veterans. RD asked for inclusion for work and monitoring of changes in legislation for self-funders and any glitches in the new system. AS also advised the board that the programme did not include the “unexpected”. JC asked that HWN see where the most impact can be made. PMJ questioned inclusion of access to services by BME, DD suggested that increased access to BME be thread through all priorities and work programmes. CK acknowledged that there was an issue and that HWN are already working to increase access to all areas that are hard to reach. Following discussion from the board it was confirmed that the draft version had been accepted</p> <p>3. Children and Young Peoples Strategy (board paper) CK went through the 3 key strands of work with the board. Advised that it had been presented to Shelia Lock @ NCC. Highlighted that NHS in the past have struggled to engage with C&YP, DD suggested that a robust model created by HWN could be rolled out nationally if successful. WA highlighted the work of the Norfolk in Care Council and the opportunity they may offer to engage, CK advised that those on the council would be utilised however HWN would like to engage those that were harder to reach as those were the children most in need on engagement, also working with MAP.JC suggested creating model of service design for C&YP, CK confirmed the models were already in the public domain, and as such little need for duplication. The paper was accepted by the board.</p> <p>4. Applications for Membership of Healthwatch Norfolk (board paper) AS explained that e-mails had been sent to all members in their current form, advising that if they would like to nominate themselves to be provider or community members. JC asked that NRCC be added. The members were formally accepted.</p>
6.	Items for information and discussion
6.1	<p>Updated risk register (board paper) AS presented the paper to the board and noted the addition of two new risks. The first was a red risk, the damage to reputation and integrity of HWN through low attendance by directors at Board meetings. The second was amber, this related to the contingency planning for the operation of HWN as a result of the forthcoming election. The paper was noted by the board.</p>
6.2	<p>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:</p>

	<ul style="list-style-type: none"> • The first review of the survey for adult mental health has been reviewed with positive feedback • Review of maternity services project and the extension of intern contracts • Dementia review - the paper has gone to Dementia Needs Alliance, starting enter and view in care homes, group set up and the 1st meeting held • Two part time engagement interns advertised this month to be based at the office and supplement the work of AS. • The complaints report is completed with two meetings of countywide complaints managers arranged • Funding on part time MPhil for AM, half of cost to be met by UEA. <p>The paper was note by the board, agreed to fund MPhil.</p>
6.3	<p>CEO Report to NCC on Key Performance Indicators (board papers)</p> <p>AS presented the paper, Ceri Sumner advised that NCC were happy with progression and the report itself.</p> <p>The paper was noted by the board</p>
6.4	<p>General correspondence received</p> <p>Budget consultation to be launched by Norfolk County Council, looking to join forces with partner organisations. JC highlighted importance of upstream influencing and engaging early, along with positive forms of dialogue, and highlighting what priorities are.</p>
6.5	<p>Highlights of meetings attended by Chair (verbal)</p> <ul style="list-style-type: none"> • Health and Wellbeing Board , 16th July and 10th September • Mental Health Strategic Concordat Groups 17th July, 22nd July and 11th September. • Mental Health Workshop, 22nd July. • Clinks Care Farm, 8th September. • Deputy Police and Crime Commissioner, 22nd September. <p>Attendance to a number of other voluntary groups involved in providing health and social care services through role as Sheriff of Norwich.</p>
6.6	<p>Feedback from Board Away Day</p> <p>Nothing to report.</p>
6.7	<p>2014-2015 Qtr 1 Finance Report (board paper)</p> <p>AS provided a brief overview of finance report. Proposed the transfer of 200k to a high interest account. This was agreed by the board.</p> <p>Paper noted by the board.</p>

Minutes of Board Meeting

Monday 17nd November 2014



	<p>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) Roan Dyson (RDy) - Provider member (POWhER) Jon Clemo (JC) - Provider member (Norfolk Rural Community Council) Nick Baker (NB) - Co-opted member (North Norfolk District Council) Moira Goodey (MGo) - Provider member (Norwich and Central Norfolk Mind)</p> <p>Officers in attendance: Alex Stewart (AS) - Chief Executive Christine MacDonald (CM) - Operations Manager Chris Knighton (CK) - Communications Manager Sam Revill (SR) - Research Manager Andrew Magem (AM)- Information Officer Sara Sabbar (SS) - Business Support Officer Ann Stephens (ASt) - Engagement Officer Stephanie Tuvey (ST) - Research Intern Ed Fraser (EFr) - Research Intern</p> <p>Guests Jason Pickman (JS) - NHS England Area Team Aasiya Moreea (AMo) NHS England Area Team Ceri Sumner (CS) - Norfolk County Council (NCC)</p>
	Questions from the general public
	No questions were submitted from the general public
1.	Apologies for absence and introductions
	<p>Apologies: Fiona Poland (FP) - Co-opted member (University of East Anglia) Mark Ganderton (MGa) - Community Member</p>
2.	Declarations of Interest
	In addition to previous declarations, MG declared that she is the Carer Support Manager at MIND, who provide services with the Carers Agency Partnership (CAP). 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 22nd September 2014
	The minutes of the Healthwatch Norfolk (HWN) Board meeting held on Monday 22 nd of September were confirmed as a correct record of the meeting.
4.	Matters Arising not covered by the agenda
	AS brought to the attention of the board the recent developments regarding Timber Hill Health Centre and its proposed closure/move. NHS England have agreed to underwrite the costs for 10 years, following that it will be the responsibility of the Norwich Practices Ltd to fund the practice.
5.	Items for Decision

	<p>I. Draft Forward Work Programme 2015-16 incorporating NCC offer for future funding</p> <p>AS advised the Board that there had been a report published prior to discussion with HWN that the previous funding of just over £600K was to be cut by £38K. NCC had apologised that information had reached the press prior to HWN being advised. AS confirmed that the shortfall in funding will be made up through work undertaken by HWN on behalf of NHS England and other projects. Previous underspends were also highlighted. Funding therefore agreed with NCC as an ongoing rolling contract, reviewed bi-annually and the agreement in place for 5 years.</p> <p>JC and GD advised that there was an issue with communication and the ability of the board to comment on the decision making process.</p> <p>WA and AS completely agreed that the way in which the funding decisions were made were not ideal and it would have been better if the Board had been kept in touch. AS agreed to circulate a copy of the funding agreement to all Board members and WA agreed that in future the Board will be involved in the decision making around funding issues. Also agreed that standing orders for HWN would be drawn up and circulated to the board.</p> <p>AS went on to advise that HWN is the 4th best funded Healthwatch and that funding is not ring fenced. In response to a comment from NB relating to planning work for the future, it was agreed that as funding from central government is reviewed bi-annually the forward work plan needs to reflect this. NB went on to note that funding is likely to go down and not up, and we need to protect the organisation. CS advised that any future changes to funding and the long term contract will be discussed on an ongoing basis with HWN.</p> <p>AS praised volunteers Wendy Cartwright and Tony Betts for their work on the forward work plan to ensure clarity. AS advised that HWN cannot afford to do everything thing in the work plan, but that he would like the Board to consider and prioritise the proposals. A project implementation document for each project will then be submitted to the QC1 Panel (to include proposed resources to carry out the project). The Panel have delegated authority to accept or reject the project.</p> <p>JC, ML and MGo raised concerns regarding the document including the format of a business plan, the need for the inclusion of research, how projects should be prioritised in relation to feedback from the public and the amount allocated to mental health projects as compared with other projects. AS used HWN research on Homelessness and Access to Health and Social Care as an example relative to budget allocation. He went to confirm to the Board that the recommendations from HWN projects are sent to all relevant parties (including NCC, GPs, providers, commissioners, NHSE etc) who can then review and change commissioning intentions. DDb highlighted that the issue was in the articulation of the work plan not the content. AS advised that the items on the work plan are “hot topics” based on feedback from the residents of Norfolk and that he envisaged a phased approach to the work with further planning required. CK clarified that HWN receive information from a multi-layered approach including engagement at events, e-mails, telephone calls etc. JC advised an emphasis on achievements is needed. In response to a suggestion from WA, JC, NB and ML volunteered as members of a sub committee to with the purpose of</p>
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	<p>creating a draft business plan, with clear measureable, evidence based objectives and recommended prioritisations to be brought back to the board for approval.</p> <p>II. HWN Reports</p> <p>Norfolk Ambulance Survey</p> <p>SR gave a brief overview of the survey and advised that the report had been presented to senior EEAST employees on 14th November 2014. WA highlighted that the main outcome is the need for improved communication on appropriate ambulance use. GD advised that there appears to be duplication with the 111 service and the “hear and treat” service provided by ambulance service. DDb praised the research presented to the QC1 Panel.</p> <p>Access to Urgent Care in West Norfolk</p> <p>ST gave a brief overview of the research and an introduction to the results. AS noted that the research is being presented to the West Norfolk Urgent Care Board to be linked with spending of ‘winter monies’ e.g. a similar initiative as at the NNUH which was trialled last year. It was noted that more information is needed on other options e.g. walk in centres, community pharmacies.</p> <p>Health and Wellbeing of Children and Young People in Norfolk</p> <p>EFr presented a short summary of the process and findings of the work.</p> <p>All papers were noted by the Board</p>
6.	Items for information and discussion
6.1	<p>Updated risk register (board paper)</p> <p>Presented for information only. No new risks had been added to the register.</p> <p>The paper was noted by the Board.</p>
6.2	<p>QC1 Panel Report (board paper)</p> <p>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:</p> <ul style="list-style-type: none"> • 3 pieces of work seen by the QC1 Panel, ML echoed WA’s praise for the work completed, in particular the work of EFr and ST • Mental health services project questionnaires reviewed and in the process of being sent out • Access to services by migrant workers - currently being carried out by specialist external agencies • Permanent Engagement Support Officer role at HWN taken up by ST • CAMHS Tier 4 report raised concerns with Tier 3 services, it is proposed that UEA (in conjunction with the Norfolk and Suffolk NHS Foundation Trust) will carry out further work • Terms of reference to be reviewed by the QC1 Panel
6.3	<p>2014-15 Qtr 2 Finance Report (board paper)</p> <p>Paper noted for information by the Board</p>
6.4	General correspondence received (verbal)

	None noted
6.5	<p>Highlights of meetings attended by Chair/CEO (verbal)</p> <p>AS - Attended rapid response summit around QEH, progress made. HWN and CCG's did not agree with the latest CQC report and made their views known to CQC. AS confirmed that 11/13 targets had been achieved in the timescale required by the CQC, but he considered that QEH had not received praise for this progress.</p> <p>AS also noted that the NNUH will be moving to enhanced surveillance by the Quality Surveillance Group.</p> <p>WA - Meetings attended by the chair</p> <ul style="list-style-type: none"> • 26th September - High Sheriff's reception for Voluntary Norfolk Mental Health Befriending Service • 27th September - Anniversary of St Barnabas Counselling Centre • 30th September - Meeting with Wellbeing Service • 30th September - Meeting with Loddon PPG • 1st October - Norwich Older Peoples Forum • 6th October - Mental Health Concordant Meeting • 10th October - BBC Look East Interview re: Mental Health • 14th October - Suicide Prevention Group • 15th October - Age UK AGM • 23rd October - Norfolk Carers Support AGM • 29th October - Meeting with Assistant Police and Crime Commissioner • 5th November - Palliative Care Academy • 14th November - Healthwatch Norfolk Ambulance Survey Meeting
6.6	<p>The Kings Fund Annual Conference (verbal)</p> <p>No report as apologies received from Mark Ganderton who attended the conference on behalf of HWN</p>
7	<p>Any Other Business</p> <p>JC asked if HWN will be responding to NCC budget.</p> <p>AS asked JC to explain the progress on the Sector Led Plan.</p> <p>JC advised regarding the services available and delivered to support other organisations. NCC funded the "voice" around how the voluntary sector engage. Contracts are based on CCG area with a separate strand for children and young people's strand. Great Yarmouth and Waveney area is not included. Norfolk RCC secured the bid for North Norfolk, South Norfolk and Norwich CCG's. WNVCA secured the bid for West Norfolk CCG and Momentum are leading on the Children and Young People sector. The work is at the first stage with early discussions with the voluntary sector, setting of further work, planning and priorities, ensuring that all information is available and gives people increased ownership of their area.</p>

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 27 November 2014**

Present:

Mr M Carttiss (Chairman)	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mr R Kybird	Breckland District 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
Mr A Wright	King's Lynn and West Norfolk Borough Council

Substitute Member Present:

Mr P Balcombe for Mr J Bracey
Miss J Virgo for Mrs J Chamberlin
Mrs C Walker for Mr B Bremner

Also Present:

James Elliott	for Norfolk System Resilience Group, Deputy Chief Executive of Norwich CCG
Dr Mark Sanderson	Assistant Medical Director, NHS England East Anglia Area Team
Dr Tim Morton	Chairman, Norfolk and Waveney Local Medical Committee
Ross Collett	Head of Norfolk and Suffolk Workforce Partnership, Health Education East of England
Dr Jamie Wyllie	Director of Clinical Transformation, Great Yarmouth and Waveney Clinical Commissioning Group
Dr Kneale Metcalf	Consultant Stroke Physician, Norfolk and Norwich University Hospital NHS Foundation Trust
Dr Raj Shekhar	Stroke Consultant, Queen Elizabeth Hospital NHS Foundation Trust
Dr Hilary Wyllie	Locum Consultant in Stroke Medicine, James Paget University Hospitals NHS Foundation Trust
Daniel Phillips	Clinical Lead (Stroke/TIA), East of England Ambulance Service NHS Trust
Mrs Joyce Bell	Member of the public
Neil Chapman	The Stroke Association
Jane Webster	Head of Commissioning, NHS West Norfolk Clinical Commission Group
Steve Sheldrake	Team Leader for the Wheelchair Service, Queen Elizabeth Hospital NHS Foundation Trust
Mick Sanders	Head of Integrated Commissioning, Norwich Clinical Commissioning Group
Sally Child	Head of Child Health Commissioning Support, NHS Anglia Commissioning Support Unit

Carolyn Young	Programme of Care Manager – Trauma, NHS England (specialised wheelchair commissioning)
Mark Catling	Operational Manager for Wheelchair Services, Norfolk Community Health and Care NHS Trust
Nina Melville	Service Manager for Specialist Seating, Rehabilitation Therapies and Prosthetics, Norfolk Community Health and Care NHS Trust
Dr Trevor Wang	Family Voice
Cllr David Bradford	Norwich City Councillor
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mr C Aldred, Mr J Bracey, Mr B Bremner, Mrs J Chamberlin and Mrs A Claussen-Reynolds.

2. Minutes

The minutes of the previous meeting held on 16 October 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

(a) Welcome to Mrs Colleen Walker

The Chairman welcomed to the meeting Mrs Colleen Walker. Mrs Walker was substituting for Mr Bert Bremner, who had replaced Deborah Gihawi on this Committee. Ms Gihawi had stood down from the Committee on being appointed as County Council representative on the Norfolk and Norwich University Hospital NHS Foundation Trust Council of Governors.

(b) Improved Partnerships Between Health and Local Government Award

The Committee joined the Chairman in asking that a congratulatory letter be sent to the Great Yarmouth and Waveney Clinical Commissioning Group on winning the Health Service Journal 2014 award for 'Improved Partnerships Between Health and Local Government'. The award was for the CCG's work with Norfolk and Suffolk County Council social care, the district councils, the voluntary sector and regional health bodies towards the development of a fully integrated care system. The judges had praised 'strong leadership' and said that the area was 'on the cusp of a very complex but positive programme of change'. It was pointed out that the

CCG would formally consult the Great Yarmouth and Waveney Joint Health Scrutiny Committee on its plans for integration in 2015.

(c) Norfolk and Suffolk Workforce Partnership

The Chairman welcomed to the meeting a representative from Norfolk and Suffolk Workforce Partnership, the local branch of Health Education East of England, for the 'NHS Workforce Planning for Norfolk' item which was next on the agenda. This was the first time that someone from the Workforce Partnership had attended a meeting of the Committee. Members' attention was drawn to a briefing about the role of Norfolk and Suffolk Workforce Partnership which was emailed to Members on 20 November 2014 and copies of which had been placed on the table. The briefing note set out the extent of the Workforce Partnership's responsibilities and the basis on which they had voluntarily agreed to attend today's meeting.

6 NHS Workforce Planning for Norfolk

- 6.1** The Committee received a briefing from the Democratic Support and Scrutiny Team Manager on regional and local action to address recruitment difficulties in general practice and other areas of the local NHS.
- 6.2** The Committee received evidence from James Elliott, (Deputy Chief Executive of Norwich CCG) for Central Norfolk System Resilience Group, Dr Mark Sanderson, Assistant Medical Director, NHS England East Anglia Area Team, Dr Tim Morton, Chairman, Norfolk and Waveney Local Medical Committee, and Ross Collett, Head of Norfolk and Suffolk Workforce Partnership, Health Education East of England.
- 6.3** In the course of discussion the following key points were made:
- A recent Breckland District Council scrutiny report had commented that NHOSC might wish to examine the issue of NHS workforce planning with particular regard to GP recruitment and retention practices in the county.
 - The recently formed Central Norfolk System Resilience Group was a forum where local NHS organisations came together to address perceived shared risks to the resilience of local NHS services. This included concerns about workforce availability.
 - The Committee heard that each NHS organisation had responsibility for its own workforce planning, recruitment and training but all were dependent on the supply of suitably educated and qualified individuals.
 - The branch of Health Education England that was responsible for healthcare education and workforce planning in this region was Health Education East of England. Within that organisation was the Norfolk and Suffolk Workforce Partnership which gave evidence to the Committee on a voluntary basis. Certain decisions, including the decision about the numbers of doctors required for the future, were taken at HEE national level. Other decisions, including the decision about future requirements for nurses and therapists, were taken regionally and locally, based on information from NHS provider organisations.
 - The Committee heard about the difficulties that GP practices were experiencing in recruiting GPs to take up substantive positions, (with increasing numbers of trainees wanting to become locums), the action that could be taken to support GP practices and the demographics of the GP workforce in Norfolk.
 - The witnesses asked if more could be done to improve the situation locally

in assisting GP practices to make Norfolk more attractive to GPs as a place to live and work.

- The Committee was informed by the witnesses that in the past Norfolk's stable GP workforce had helped to keep admissions to hospital down but the pressures on GP practices were leading to increasing pressures on the Norfolk and Norwich University Hospital. The witnesses commented that General Practice was not attractive enough to medical students, Norfolk needed to be marketed better as a place for doctors to live and work and the majority of medical schools were focusing more on those wanting to work in hospitals than those wanting to work in general practice, although the University of East Anglia has a good focus on general practice. The witnesses also commented that the construction of large new care homes could significantly add to GP workloads, and it would be helpful for GP practices to be advised on such developments as part of the planning process.

- 6.4** The Committee agreed to establish a scrutiny task and finish group in 2015 (with draft terms of reference to be presented in January 2015) to examine the issue of NHS workforce planning for Norfolk in more detail and to consider the recommendations made by Breckland Council.

7 Stroke Services In Norfolk

- 7.1** The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to the Norfolk and Waveney Stroke Network's response to the Committee's 21 recommendations for organisations involved in local stroke care. NHOSC noted the positive response from all the organisations to which recommendations were addressed.

- 7.2** The Committee received evidence from Dr Jamie Wyllie, Director of Clinical Transformation, Great Yarmouth and Waveney Clinical Commissioning Group, Dr Kneale Metcalf, Consultant Stroke Physician, Norfolk and Norwich University Hospital NHS Foundation Trust, Dr Raj Shekhar, Stroke Consultant, Queen Elizabeth Hospital NHS Foundation Trust, Dr Hilary Wyllie, Locum Consultant in Stroke Medicine, James Paget University Hospitals NHS Foundation Trust, Daniel Phillips, Clinical Lead (Stroke/TIA), East of England Ambulance Service NHS Trust, and also heard from Mrs Joyce Bell, member of the public.

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

- The Queen Elizabeth Hospital had successfully recruited to four new senior positions within the stroke care service and was making use of a 24hr telemedicine advisory service.
- The number of stroke care consultants at the NNUH FT had increased from three consultants at the time of publication of the Committee's report to six consultants at the present day.
- The JPH was having difficulty in recruiting suitably qualified stroke care consultants. It had however provided funding for an additional senior doctor to work within the service.
- In order to become a stroke care consultant required an additional year of medical training.
- In view of the national shortage of stroke care consultants, attempts were being made to integrate their training with that for other hospital consultant roles.
- Ambulance response times were considered to be of crucial importance for those who had suffered from a stroke. In some areas of Norfolk the

Ambulance Service was considering the co-location of its teams with those of the Fire Service.

- Mrs Joyce Bell, a member of the public, spoke on behalf of her husband who had suffered from a stroke for many years. She explained some of the issues that were associated with caring for a relative at home with a stroke related condition. She also stressed the importance of the public being educated as to the early signs of a stroke and of the public needing to have confidence in urgent ambulance response times when they were most needed.

- 7.4** The Committee agreed that they might need to return to the subject in 12 months to check on the progress that had been made in all areas of stroke care, including the Norfolk Stroke Network's review of the effectiveness of services for six month review, prevention, information and communication.

8 Wheelchair provision by the NHS – central and west Norfolk

- 8.1** The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to an update report on NHS wheelchair services in central and west Norfolk.

- 8.2** The Committee received evidence from Jane Webster, Head of Commissioning, NHS West Norfolk Clinical Commission Group, Steve Sheldrake ,Team Leader for the Wheelchair Service, Queen Elizabeth Hospital NHS Foundation Trust, Mick Sanders ,Head of Integrated Commissioning, Norwich Clinical Commissioning Group, Sally Child, Head of Child Health Commissioning Support, NHS Anglia Commissioning Support Unit, Carolyn Young, Programme of Care Manager – Trauma, NHS England (specialised wheelchair commissioning), Mark Catling, Operational Manager for Wheelchair Services, Norfolk Community Health and Care NHS Trust, Nina Melville ,Service Manager for Specialist Seating, Rehabilitation Therapies and Prosthetics, Norfolk Community Health and Care NHS Trust and also heard from Dr Trevor Wang, Family Voice and Cllr David Bradford, Norwich City Council.

- 8.3** In the course of discussion, the following key points were made:
- Responsibility for the commissioning of specialist wheelchair services rested with NHS England and was due to pass to CCGs from April 2015.
 - No significant difficulties with the transfer of responsibility to the CCGs were foreseen by the witnesses.
 - The voices of children, young people and their carers were being listened to both in the school setting and via the answers they gave to an on line “friends and family test” of user opinion.
 - A user group in west Norfolk had been disbanded.
 - Those providing wheelchair services were meeting with wheelchair users in a wide range of locations where groups of service users met up. The venues included community centres, special and mainstream schools, and visits were subject to availability of staff and a request being received from the body concerned.

- 8.4** The Committee noted Family Voice's view that there had been a significant improvement in wheelchair services and service user involvement in the central and west Norfolk areas.

- 8.5** The Committee asked for Family Voice and Cllr David Bradford to be included in the wheelchair services' discussions with service users. Members also concluded

that any future issues about wheelchair services should be raised with Healthwatch. Should Healthwatch be unhappy with the responses that they obtained from wheelchair commissioners / service providers then they would be able to bring any matters of concern to the attention of this Committee.

9 Forward work programme

- 9.1** The Committee agreed its current Forward Work Programme and placed 'Ambulance response times and turnaround times in Norfolk' on its agenda for 26 February 2014. The committee also asked for information on cancer survival rates in Norfolk. It was noted that treatment of people with mental health issues in the county's A&E departments could potentially be added to the Committee's agenda in April 2015.

Chairman



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**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 15 January 2015**

Present:

Mr C Aldred	Norfolk County Council
Mr R Bearman	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
Mr D Harrison	Norfolk County Council
Mr R Kybird	Breckland District Council
Dr N Legg	South Norfolk District Council
Mrs M Somerville	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mr A Wright	King's Lynn and West Norfolk Borough Council

Substitute Member Present:

Ms S Bogelein for Mrs Wollard, Norwich City Council

Also Present:

Catherine Underwood	Director of Integrated Commissioning, Norfolk County Council
Debbie Olley	Director of Integrated Care (Interim), Norfolk Community Health and Care / Norfolk County Council
Laura Clear	Deputy Director Integrated Care and Systems Lead, Norfolk Community Health and Care / Norfolk County Council
Dr Anoop Dhesi	Chairman of North Norfolk Clinical Commissioning Group
John Everson	Head of Integrated Commissioning, North Norfolk Clinical Commissioning Group
Mark Burgis	Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group
James Joyce	Norfolk County Councillor
Sue Whitaker	Norfolk County Councillor
Chris MacDonald	Healthwatch Norfolk
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mr B Bremner and Mrs C Woollard.

2. Minutes

The minutes of the previous meeting held on 27 November 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 Mr Richard Bearman and Mrs Shirley Weymouth

The Chairman welcomed back onto the Committee Mr Richard Bearman. He also congratulated Mrs Shirley Weymouth on becoming Mayor-elect of Great Yarmouth Borough Council.

5.2 Congratulations to Norfolk Community Health and Care NHS Trust on a 'Good' rating by the Care Quality Commission

The Chairman said that the Member Briefing for January 2015 referred to the Care Quality Commission's latest inspection of Norfolk Community Health and Care NHS Trust for which they received a 'Good' rating. The CQC had said that it was quite an achievement for a community healthcare trust to receive a 'Good' rating in its new inspection regime. The Committee joined the Chairman in congratulating NCH&C on this result.

5.3 Members Visit to Norfolk Police Headquarters Control Centre at Wymondham December 9th 2014

5.4 The Chairman said that on 9 December 2014 a group of five Members of the Committee had visited the Police Control Centre at Wymondham to observe the service provided to people who needed support because of mental health issues rather than Police intervention.

5.5 At the request of the Chairman, Margaret Somerville updated the Committee on what the group of Members had learnt from the visit. She said that the group was impressed by the care and compassion shown by Police Officers and the Integrated Mental Health Team. She said that in April 2014, the first integrated Mental Health Team in the country was established in the Police Control Centre at Wymondham. Funding for this initiative had followed a bid to the Home Office Innovation Fund to establish an Integrated Mental Health Team. Norfolk County Council had provided bridge funding, pending the second innovation bid that was

agreed in July 2014 for the next two years.

5.6 Mrs Somerville went on to say that the group was informed that 15-25% of police time was engaged with people with mental health issues. This was both time consuming and inappropriate when what was really needed was a mental health intervention. There was a lack of understanding about how to access appropriate mental health services and they were often unavailable in crisis situations. There was difficulty in making referrals and inconsistent partnership working or data sharing with timely support, and the rural nature of Norfolk added to this difficulty. Mrs Somerville added that to have a dedicated team within the Police Control Centre who not only understood the mental health conditions, but also knew how to evaluate, refer or reassure those with mental health needs with their professional expertise, had proved invaluable. In one month before Christmas, calls included 106 people experiencing a psychotic episode, 27 potential suicide or self-harm, 89 with personality disorders and in 110 cases, there were concerns for safety. Several were repeat callers, with 77 previously known and 194 currently active. Repeat callers traditionally took at least 10-15 minutes but now these calls went directly to the mental health team and did not tie up the 999 service. Many of the callers were previously unknown to the service suggesting that they had problems as yet undiagnosed. In the month before Christmas the new arrangements had saved on the deployment of Police Officers on 22 occasions. Normally two Police Officers would have been deployed on a 999 response. Fifteen Section 136 calls were averted. A Section 136 effectively kept Police Officers away from frontline work but by averting the need for a S136, the team had reduced the pressure on the Mental Health Trust while at the same time giving those with mental health needs immediate support and a better quality of care. Those with serious mental health issues were not detained in padded police cells but were taken to Hellesdon, or a place of safety, to await assessment and a suitable bed wherever that might be.

5.7 The Chairman thanked Mrs Somerville for her detailed comments and said that a further opportunity for Committee Members to visit the Police Control Centre would be arranged for the end of January / February 2015. Those who would like to take part were asked to contact Maureen Orr.

6 Integration of Health and Social Care Services, Central and West Norfolk

6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager on progress with integration of health and social care services in central and west Norfolk in 2014-15 and plans for the future.

6.2 The Committee received evidence from Catherine Underwood, Director of Integrated Commissioning, Debbie Olley, Interim Director of Integrated Care and Laura Clear, Deputy Director Integrated Care and Systems Lead Norfolk County Council / Norfolk Community Health and Care who updated the Committee on integrated commissioning and operational plans across central and west Norfolk in 2015-16. The Committee also received a presentation from Dr Anoop Dhesi, Chairman of North Norfolk CCG, about the effectiveness of integrated services developed in North Norfolk in 2014-15.

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

- The witnesses said that for the foreseeable future integration would continue to be a key theme for both health and social care services. Norfolk County Council and Norfolk Community Health and Care NHS Trust

(NCH&C) had entered into a formal agreement to create a single management arrangement for social care and community nursing and therapies across Norfolk, except for the Great Yarmouth and Waveney CCG area which would be looked at separately by the Great Yarmouth and Waveney Joint Health Scrutiny Committee in due course.

- Very strong progress had been made in ensuring that people had a joined up experience of health and social care but there were significant decisions still to be made, not least because of the requirements of the new Better Care Fund (BCF) for the pooling of health and social care resources.
- The establishment of the BCF for 2015 onwards would provide a national push towards much greater integration than had been achieved by the pilot schemes of the past.
- It was pointed out that there were now in effect five integration plans for Norfolk based on the five CCG areas, however, there was much in common between these plans.
- The Committee received a detailed presentation from Dr Anoop Dhesi, Chairman of North Norfolk CCG, about the effectiveness of integrated services developed in North Norfolk in 2014-15. This could be found on the Committee papers website.
- The revenue funding for 2015/16 for each of the CCGs was set out in the report from the Director of Integrated Commissioning and Interim Director of Integrated Services at paragraph 5.2.
- The biggest challenge for Social Care Services was the constant need to provide effective services to increasing numbers of older people and people with complex needs in the context of very significant pressure on County Council funding.
- Health and Social Care Services had appointed to a new senior management structure for integrated services across its organisations at no additional management cost.
- The witnesses said that health and social care commissioners and providers were concentrating on the integration of services for adults, however, the needs of young people and the needs of carers of young people, to access services in a way that would be of benefit to them in planning for the services that were needed in adulthood was very important.
- As well as integration with social care, new methods of integrated working between different parts of the NHS (e.g. primary and community care; community care and acute care; acute care and primary care) were being tried across the county.
- Mental Health Services were seen as an important aspect of an integrated health and social care services. A partnership board had been established to provide leadership and to provide joint work on mental health issues.

- 6.4** It was **agreed** that the Committee might wish to invite commissioners and providers to report back in 12 months on progress with health and social care integration.

7 NHS Workforce Planning for Norfolk

- 7.1** The Committee received a report from the Democratic Support and Scrutiny Team Manager that asked Members to make the appointments to a task and finish group to scrutinise NHS workforce planning for Norfolk and to agree on the terms of reference for that group.

- 7.2** The Committee **agreed** the terms of reference for the task and finish group to scrutinise NHS workforce planning for Norfolk that were set out in the report.

- 7.3** The Committee **agreed** to appoint the following Members to serve on that group:-

Michael Chenery of Horsbrugh
Alexandra Kemp
Robert Kybird
Nigel Legg
Margaret Somerville

- 7.4** It was also **agreed** that Alex Stewart of Healthwatch Norfolk should be invited to join the group on a co-opted, non-voting basis and that Chris MacDonald could substitute for him at the early meetings.

8 Forward work programme and appointment of substitute link members with local NHS Trusts and Clinical Commissioning Groups

- 8.1** The Committee considered the appointment of **substitute** link members with local NHS Trusts, where vacancies existed.

- 8.2** The Committee **agreed** to nominate the following Members as **substitute** link Members with NHS bodies:-

North Norfolk CCG – Michael Chenery of Horsbrugh
Great Yarmouth and Waveney CCG – Jenny Chamberlin
West Norfolk CCG – Tony Wright
James Paget University Hospital NHS Foundation Trust – Margaret Somerville

- 8.3** Maureen Orr was asked to email Members of the Committee for nominations to fill the vacancies that remained for substitute link members:-

Norwich CCG
Norfolk and Suffolk NHS Foundation Trust

- 8.4** The Chairman said that Emma Corlett, the County Council's Member Champion for Mental Health, had written to him to ask that the Committee consider looking at the situation regarding out of area placement of mental health patients and the overall effects of the radical redesign of services brought about by NSFT's 2012-16 Service Strategy.

- 8.5** The Committee **agreed** the current forward work programme that was set out in the officer report subject to the following changes:-

For the 16 April 2015 agenda – add an item concerning the Norfolk and Suffolk NHS Foundation Trust to cover:-

- (a) An update on out of area placement of mental health patients
- (b) The effect of changes to mental health services on support for homeless people
- (c) The effect of the changes to mental health services on policing
- (d) Disparity in the services available to mental health patients in different localities
- (e) The numbers of adults in mental health residential care establishments in Norfolk compared to other parts of England.
- (f) The levels of caseloads for NSFT staff
- (g) Performance monitoring of the overall effects of the changes to mental

health services

For the 16 April 2015 agenda- add an item about 'Service given to patients with mental health issues in A&E following attempted suicide or self-harm episodes'.

- 8.6** The Committee also **agreed** that Dr Ian Mack, Chairman of Norfolk Stroke Network, should be asked to provide a report for the Member Briefing in April 2015 on the action taken to address the Care Quality Commission's (CQC) comments about access to the stroke care pathway for incomers to Norfolk. (It was noted that CQC's comments were made in its report about the latest inspection of Norfolk Community Health and Care NHS Trust, published in December 2015).

Chairman

The meeting concluded at 11.40 am



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