Norfolk Health & Wellbeing Board

Date: **Wed 27 September 2017**

Time: **9:30am**

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

Membership	Substitute	Representing
William Armstrong	Alex Stewart	Healthwatch Norfolk
Cllr Yvonne Bendle	Cllr Florence Ellis	South Norfolk District Council
Cllr David Bills		Norfolk County Council (NCC)
Cllr Bill Borrett	Cllr Shelagh Gurney	Adult Social Care Committee, NCC
James Bullion	Catherine Underwood	Adult Social Services, Norfolk County Council
Dr Hilary Byrne	Antek Lejk	South Norfolk Clinical Commissioning Group
Cllr Penny Carpenter	Cllr Stuart Dark	Children's Services Committee, Norfolk County Council
Cllr Paul Claussen	Cllr Trevor Carter	Breckland District Council
Dr Anoop Dhesi	Antek Lejk	North Norfolk Clinical Commissioning Group
Matt Dunkley	Don Evans	Children's Services, Norfolk County Council
Simon Evans-Evans		NHS England, East Sub Region Team
Cllr Andy Grant		Great Yarmouth Borough Council
Lorne Green	Dr Gavin Thompson	Police and Crime Commissioner
Dr Joyce Hopwood	Laura Bloomfield	Voluntary Sector Representative
Dr Ian Mack	John Webster	West Norfolk Clinical Commissioning Group
Cllr Kevin Maguire	Adam Clark	Norwich City Council
Dan Mobbs	Elly Wilson	Voluntary Sector Representative
Cllr Elizabeth Nockolds		Borough Council of King's Lynn and West Norfolk
Cllr Maggie Prior		North Norfolk District Council
Cllr Andrew Proctor	Cllr Roger Foulger	Broadland District Council
Janka Rodziewicz	Jon Clemo	Voluntary Sector Representative
ACC Paul Sanford		Norfolk Constabulary
Dr Louise Smith		Public Health, Norfolk County Council
Dr John Stammers	Melanie Craig	NHS Great Yarmouth & Waveney CCG
Dr Wendy Thomson		Norfolk County Council
Dr Tracy Williams	Jo Smithson	Norwich Clinical Commissioning Group

Standing invitation to attend Board meetings:

Christine Allen	Anna Davidson	James Paget University Hospital
John Bacon		Norfolk Independent Care
Mark Davies	John Fry	Norfolk & Norwich University Hospital
Roisin Fallon-Williams	Geraldine Broderick	Norfolk Community Health & Care
Jon Green	Edward Libbey	Queen Elizabeth Hospital
Michael Scott	Gary Page	Norfolk & Suffolk NHS Foundation Trust
Jonathan Williams	Tony Osmanski	East Coast Community Healthcare

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:

Karen Haywood on 01603 228913 or email committees@norfolk.gov.uk

1	**Apologies**	Clerk	
2	**Chairman's opening remarks**	Chair	
3	**Minutes**	Chair	(Page 3)
4	**Action points arising from the minutes**	Chair	
5	**Members to declare any interests**	Chair	

Items for discussion/action

6	Health and Wellbeing Board governance, system leadership and forward plan	Louise Smith/ Linda Bainton	(Page 9)
7	Sustainability & Transformation Plan (STP):		
	a) Introduction from the Independent Chair – verbal report	Patricia Hewitt	
	b) STP update - focus on Implementation (report and presentation)	Antek Lejk/ Jane Harper Smith	(Page 23)
8	Hospital discharge in Norfolk	James Bullion	(Page 30)
9	Local Transformation Plan for Norfolk & Waveney 2017-18 (Children and Young People's Mental Health)	Antek Lejk/ Jonathan Stanley	(Page 43)
10	Norfolk & Waveney Transforming Care Partnership - Services for Adults with a Learning Disability	James Bullion/ Antek Lejk	(Page 70)

Information updates

- **Better Care Fund (BCF) 2017-19 –** you can access the Norfolk BCF and Integration Plan submission to NHSE on 11 September at this link (Scroll down to Better Care Fund section)
- **Further information about the Norfolk Health and Wellbeing Board** – can be found on the on our website at: About the Health and Wellbeing Board
- **HWB Stakeholder Engagement event** – a detailed report can be found at this **link**
- **Healthwatch Norfolk** – you can access the most recent HWN Board minutes at this http://www.healthwatchnorfolk.co.uk/reports/board-papers/
- **Norfolk Health Overview & Scrutiny Committee (NHOSC):** You can access previous NHSOC agenda papers relating to items on the HWB agenda as follows:
  - Waiting times for Childrens' Mental health services (link to July 2017, see page 25
  - An examination of the development of services under the Local Transformation Plan and the early outcomes for service users (link to April 2017, see page 11)
- You can access the most recent **NHOSC agenda papers** at this link

Norfolk County Council

Health and Wellbeing Board
Minutes of the meeting held on Wednesday 12th July 2017 at 9.30am
in the Edwards Room, County Hall

Present:

William Armstrong	Healthwatch Norfolk
Cllr Yvonne Bendle	South Norfolk District Council
Cllr David Bills	Norfolk County Council
James Bullion	Norfolk County Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Paul Claussen	Breckland District Council
Melanie Craig	NHS Great Yarmouth and Waveney CCG
Don Evans	Norfolk County Council
Cllr Shelagh Gurney	Norfolk County Council
Dr Joyce Hopwood	Voluntary Sector Representative
Dr Ian Mack	West Norfolk CCG
Antek Lejk	North Norfolk CCG
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Cllr Maggie Prior	North Norfolk District Council
Cllr Andrew Proctor	Broadland District Council
Dr Janka Rodziewicz	Voluntary Sector Representative
Dr Louise Smith	Norfolk County Council
ACC Paul Sanford	Norfolk Constabulary
Dr Wendy Thomson	Norfolk County Council
Catherine Underwood	Norfolk County Council

Invited Guests also present:

Christine Allen	James Paget University Hospital
Chris Bean	Norfolk and Norwich University hospital
Anna Davidson	James Paget University Hospital
Gary Page	Norfolk and Suffolk NHS Foundation Trust
Jonathan Williams	East Coast Community Healthcare

Officers present:

Linda Bainton	Norfolk County Council
Nadia Jones	Norfolk County Council

1 Apologies

1.1 Apologies were received from Cllr Bill Borrett (Norfolk County Council), Mark Davies (Norfolk and Norwich University Hospital), Matt Dunkley (Norfolk County Council), Lorne Green (Police and Crime Commissioner), Alex Stewart (Healthwatch), Dr Gavin Thompson (Police and Crime Commissioner's Office) and Tracy Williams (Norwich CCG).

2 Election of Chair

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

In Cllr Borrett's absence the Board moved to the next item on the agenda - Election of Vice Chair.

3. Election of Vice Chair

3.1 Dr Ian Mack and Cllr Yvonne Bendle were elected Vice Chairs for the ensuing year. In the absence of the Chair, Dr Mack chaired the meeting, assisted by Cllr Bendle.

4. Chairman's Opening Remarks

4.1 The Chairman thanked Cllr Brian Watkins (Norfolk County Council), who was no longer a member of the Health and Wellbeing Board, for his work as Chairman of the Board for the past 2 years. The Board also noted that Pip Coker (Voluntary Sector representative) had served on the Board since it was established in April 2013, and thanked her for her contribution during that time.

4.2 The Chairman welcomed Cllr Kevin Maguire, from Norwich City Council, to his first meeting of the Board.

5. Minutes

5.1 The minutes of the Health and Wellbeing Board (HWB) held on 26th April 2017 were agreed as a correct record and signed by the Vice Chairman.

6. Matters Arising

6.1 There were no matters arising.

7. Declaration of Interests

7.1 There were no interests declared.

8. Urgent Business

8.1 There were no items of urgent business received.

9. Norfolk and Waveney Sustainability and Transformation Plan (N&W STP update)

9.1 The Board received the report from the N&W STP nominated lead, Dr Wendy Thomson. The report provided the Board with information on the key elements of the STP, including governance and the focus for delivery of the STP workstream. The HWB heard that the overall focus had been on understanding the financial position of the system as a whole and that a key challenge of the STP process was in bringing all the moving parts together. In considering the governance arrangements for the STP the Board noted that, following a competitive recruitment campaign, the Oversight Group had appointed Patricia Hewitt as their Independent Chair.

The Board raised the following issues during their discussion:

- The role being undertaken by District Councils in linking with hospitals to work with, and support, patients discharged back into the community, was not specifically mentioned within report.

- Members raised concern over the capacity of GPs and the Board heard that addressing this was one of the big issues and key to the STP Primary Care workstream, with NHS England's Five Year forward view aiming to both increase productivity and change the model of care. The Health and Wellbeing Board noted that National targets had been set to increase the recruitment of GPs in primary care. Rural areas in Norfolk had been assisted, in particular, by GPs, who had studied at UEA, remaining and practicing in the County. The Board heard that GPs nationally would need to work in a very different way in order to cope with increasing demands on services against a backdrop of an ageing population. It was agreed that there was a need for more dialogue, with the necessary changes in working practices needing to be understood by the wider community, and it would be helpful for the Board to have a better understanding of the implications for the public.

- Concerns over funding for health services nationally were acknowledged and it was recognised that a sustainable system of funding needed to be in place locally, with the STP pursuing clarity about the level of resources available and how best value could be delivered.

- It was noted that the introduction of social prescribing (enabling GPs, nurses and other primary care professionals to refer to a range of local, non-clinical services) remained a priority for the STP and that a timeline for setting up and rolling out social prescribing schemes across the County was being developed. It was acknowledged that some district councils and others were already engaged in social prescribing schemes in the County.

- In concluding the discussion, Board members were encouraged to go back to their member organisations to ask how they were, or could, contribute directly to the STP - ie in delivering the changes necessary to deliver sustainable services.

The Board resolved to:

- Consider and comment on the report

- Identify actions that the HWB/member organisations could take to accelerate progress on delivering the changes necessary to deliver sustainable services.

10. Norfolk Integration and Better Care Fund (BCF) 2017-19: Initial approval

10.1 The Board received the report which asked them to agree the delivery plan for the BCF 2017-19. It was noted that NHS England had released the additional planning details on 4 July but the pre-populated financial template was still outstanding. Local BCF Advisors and Local Government Association colleagues had confirmed broad funding allocations principles, however final confirmation of these were awaited before proposals could be finalised.

10.2 The following amendment to recommendation (c) was received and accepted by the Board:

"Endorse the broad approach of the funding proposals for the County council adult Social Care allocation outlined in sections 4.2 and 4.3, Appendix 3; and following the final publication of guidance, ask the Norfolk and Waveney CCGs and Council to further refine proposals for Delayed Transfers of Care (DTOC) to ensure compliance with the

requirements for a DTOC target."

10.3 It was noted that the BCF had strong links with the STP in progressing the journey of health and social care and that a key new element of the BCF was the Integration Plan to 2020. The Board heard that the new guidance also put a stronger focus on supporting discharge from hospital, with a high impact national model, and that the additional funding for social care announced in the March budget, while coming direct to the Local Authority, was required to be pooled through the BCF as it was to support work across the system.

10.4 The emphasis in the Delivery Plan on hospital admission avoidance was welcomed but it was noted that the focus was on the acute sector, and did not reflect mental health issues. It was agreed to revisit the plan to ensure that it reflected the work underway in this area. It was also agreed to ensure that the work being undertaken by District Councils, for example around out of hospital schemes, was made more visible in the plan.

10.5 **The Board resolved to:**

a) Agree the BCF plan as set out in Appendix 1

b) Agree that, as there was not an appropriate HWB meeting scheduled, sign off of Norfolk's BCF submission would be delegated to the HWB Chair and Vice Chairs to meet the submission deadline.

c) Endorse the broad approach of the funding proposals for the County Council Adult Social Care allocation outlined in sections 4.2 and 4.3, Appendix 3; and following the final publication of guidance, ask the Norfolk and Waveney CCGs and Council to further refine proposals for Delayed Transfers of Care (DTOC) to ensure compliance with the requirements for a DTOC target.

11a. Joint and Health and Wellbeing Strategy for Norfolk 2014-2017 - Final Evaluation Report

11a.1 The Board received the report, addressing the highlights, achievements and impact of the strategy as it came to an end. The report also sought to endorse the lessons learnt to inform the newly developing strategy for Norfolk.

11a.2 The report provided a profile of indicators giving a broad picture of the key Health and Wellbeing issues for Norfolk and showed how these compared to England. It was noted that the data showed a mixed picture with, for example, improvements having been made around school readiness but with the obesity trend in adults worsening. Dementia diagnosis had improved, however, there were now more dementia related deaths in Norfolk, in line with the national trend.

11a.3 Board members raised the following issues during their discussions:

- In response to a query regarding the number of emergency admissions for children who had been injured or poisoned, the Director of Public Health agreed to seek further clarification and respond directly to the Board member.

- It was noted that Public Health funding was still available for GP surgeries to support a slimming voucher scheme and it was agreed that this scheme should be more promoted widely to GPs. Work based fitness schemes within the Districts were growing in use and more people were aware of the importance of their

fitness, particularly for their longer term health.

- Looking ahead, there was value in the Board taking a place based approach – ie concentrating on how we work as a system, rather than focusing on single issues, with 'the system using the HWB to help the system'

The Board resolved to:

- Receive the final evaluation report
- Endorse the lessons learnt.

11b Developing the future Joint health and Wellbeing Strategy: key themes from our stakeholder event - verbal update

11b.1 The Board received a presentation from the Director of Public Health (attached) outlining the key themes from the HWB's stakeholder event. An overarching message was the need to consider the 'whole system' and for an emphasis on system-wide collaborations. The importance of the HWB's strategy aligning with partner organisations current strategies and ambitions to enable partners to pull together and work on areas where there are shared outcomes, was emphasised.

11b.2 In considering the key themes arising from the stakeholder event, members raised the following issues:

- The importance of tackling the wider determinates of health, including the fundamental role of housing, and the impact of unemployment. Sure Start centres were also considered important in providing both early years and family support and the Board discussed how to provide support for those who were most vulnerable in light of budget reductions in local government.
- An increased emphasis on 'healthy relationships' would be helpful within the Strategy as the evidence showed an increase in cases of domestic abuse, which was particularly prevalent in young adults, often as a consequence of exposure to unhealthy relationships in childhood and an increase in more sexualised behaviour.
- The HWB supported the proposals for a whole system approach and an emphasis on system-wide collaborations. The key challenge would be how to deliver in a climate of austerity and the need for a deliverable action plan with a focus on outcomes.

12. Proposal for Pharmaceutical Needs Assessment

12.1 Members received the report which asked the Board to agree the planned approach to the production of the Pharmaceutical Needs Assessment and **resolved to:**

- Sign off the planned approach to publish a new Pharmaceutical Needs Assessment by April 2018, in line with the HWB statutory responsibilities.
- Endorse the resources required to complete the PNA including spend from the public health grant and requests that CCGs agree this work is a priority for the NEL Commissioning Support Unit (CSU)

13 Suicide Prevention Learning Event

13.1 The Board had received a detailed report at its meeting in April on the Suicide Prevention Strategy and, building on this, noted that work was underway by partners to hold a Norfolk Suicide Prevention Learning Event in September 2017.

13.2 **The Board resolved:**

To agree to support the development and delivery of the learning event, to encourage participation and subsequent engagement.

The meeting concluded at 11.40am

Chairman

Norfolk Health and Wellbeing Board

Item 6

Report title:	**Norfolk Health and Wellbeing Board – Governance and systems leadership approach**
Date of meeting:	**27 September 2017**
Sponsor:	**Dr Louise Smith, Director of Public Health**

Reason for the Report

The Health and Wellbeing Board (HWB) has elected its new Chairman, following the formation of the new County Council in May 2017 and the annual appointments to the Council's Committees. The Board has also reached the close of its three-year Joint Health & Wellbeing Strategy. It is therefore timely to consider the HWB's governance to ensure that it is working efficiently and effectively and that it is well placed to work productively in pursuing its strategic priorities.

Report summary

This report outlines the governance arrangements currently in place, including the Health and Wellbeing Board's membership, terms of reference, current ways of working, sub-structures, appointments to other bodies, etc. It also outlines the HWB's relationship with other bodies and key partnerships or groups. The report invites members of the HWB to consider and make comments on the current arrangements and makes a number of proposals.

Action/decisions needed:

The Health & Wellbeing Board is asked to:

1 Agree that the Rt Hon Patricia Hewitt, recently appointed Chair of the N&W STP Oversight Group, be invited to join Board meetings (para 2.3) and that all appointments to the Board are reviewed by the partner organisation on an annual basis (para 2.4)
2 Agree the Board's updated terms of reference and recommend that Norfolk County Council be asked to consider amending its constitution accordingly (para 2.6 and Appendix B)
3 Agree the proposed terms of reference for the Chair and Vice Chairs Group, including encompassing the role of the Better Care Fund Sub Group and overseeing the development of the HWB's next Joint Health & Wellbeing Strategy (paras 2.12 & 2.14 and Appendix C)
4 Confirm the close of the Strategy Implementation Group (para 2.13)
5 Confirm the HWB's nominations to other committees (para 2.15)
6 Confirm all participant members sign up to the agreed ways of working as system leaders (para 4.3)
7 Agree the draft Forward Plan (para 5.3 and Appendix E)

1. Background

1.1 The Norfolk Health and Wellbeing Board (HWB) was established in 2013 and has been fully operational for over 4 years.

What HWBs are for

1.2 Health & Wellbeing Boards were introduced as forums for collaboration to improve health and wellbeing outcomes for local people and communities. HWBs are places where leaders from across the wider health and care system can collaborate to better understand their local community's needs, agree priorities and work in a more joined-up way. HWB meetings are held in public and their agenda papers are in the public domain. Boards can provide oversight and strategic leadership across many complex organisations and systems, and commissioning across the NHS, social care and public health. HWBs underpin the shared understanding and joint action that are needed to improve outcomes for their area.

Statutory responsibilities

1.3 HWB's have a three main statutory responsibilities. The Health and Social Care Act 2012 (the Act) requires HWBs to:

- **Assess the needs** of their local population through the joint strategic needs assessment process **(JSNA)** and to approve the Pharmaceutical Needs Assessment **(PNA)**

- **Produce a local, joint health and wellbeing strategy** - the overarching framework within which plans are developed for health services, social care, public health, and other relevant services

- **Promote greater integration and partnership** - including joint commissioning, integrated provision, and pooled budgets where appropriate.

2. Governance arrangements

Membership

2.1 The Board's membership was established by the County Council in 2013. It has been reviewed since then - most recently in 2016 when it was agreed to invite key major health and social care providers to join Board meetings to bring their perspective, helping ensure the Board's discussions had a fuller, system-wide view. Current membership is at **Appendix A.**

2.2 Over the past year the NHS and the County Council have worked together to agree the Sustainability & Transformation Plan for health and social care services across Norfolk and Waveney (N&W STP). The HWB has been actively engaged in the development of the STP and plays an important role in wider strategic oversight of its delivery, with reports on key issues to each HWB meeting.

2.3 **It is proposed** that the Rt Hon Patricia Hewitt, recently appointed Chair of the N&W STP Oversight Group, be invited to join Board meetings to strengthen the links and enable discussion of the wider strategic issues.

2.4 Local authorities review their appointments to committees on an annual basis, including membership of the HWB. **It is proposed** that all appointments to the Board are reviewed by the partner organisation on an annual basis, both to bring consistency between different elements of the Board's membership and to ensure the Board remains flexible and ready to respond to the rapidly changing health and wellbeing landscape. This would take place each year at the first meeting of the HWB following the County Council's Annual General Meeting in May.

Terms of Reference

2.5 The Board's Terms of Reference were developed and agreed on the basis of the Board's main statutory functions and duties, as set out in the Act. Health and Wellbeing Boards have a duty to "promote integration" and to ensure that health and social care commissioners work together to enhance the health and wellbeing of people in their area. At the outset, the Norfolk HWB agreed that it should '**drive' integration** and this strengthening of the approach is reflected in the Terms of Reference.

2.6 The Board's Terms of Reference have now been brought up to date (**Appendix B**) to better reflect the current landscape and the focus of work, for example, with links to the N&W STP. **It is proposed** that the Board's terms of reference are updated, as outlined in Appendix B and that Norfolk County Council be asked to consider amending its constitution accordingly.

How the Board conducts its work

2.7 The HWB holds formal public meetings 4 x a year and, when relevant, these can include private informal discussions to enable the Board's strategy development. The Board also sets aside a half day each year for an informal development session to focus on specific issues in more detail.

2.8 Work between Board meetings is driven by Board members raising the agenda, taking the Boards' key messages – for example about priorities - back to the organisations they represent, working with colleagues to break down barriers, opening dialogue, influencing decision-making, and where appropriate challenging the status quo.

2.9 On an ad hoc basis the Board uses Task and Finish groups to undertake specific tasks. In addition to this the HWB has some standing groups as outlined below.

Chair and Vice Chairs

2.10 The HWB appoints two Vice-Chairs - traditionally one drawn from the Clinical Commissioning Groups (CCGs) and the other from one of the city/district/borough councils. The Chair and Vice Chairs are elected each year at the first meeting of the Board following the County Council's Annual General Meeting in May.

2.11 The Chair and Vice Chairs meet between Board meetings to drive the Board's agenda forward. **It is proposed** to formalise the function of this group for the HWB through the attached terms of reference (**Appendix C**). In practice, the Chair and Vice Chairs Group already undertakes the role of the HWB Better Care Fund sub-group (see 2.12 below) and the proposed terms of reference formally encompass the role, along with overseeing the development of the HWB's new Joint Health & Wellbeing Strategy (see 2.14 below).

Better Care Fund Sub-group

2.12 The HWB has a duty to promote greater integration and is the body responsible for the Norfolk Better Care Fund Plan and is accountable, overall, for the Norfolk Better Care Fund. In April 2015, the HWB established a Better Care Fund sub-group with specific delegated responsibility for signing off the quarterly reporting template submissions to NHS England, on behalf of the HWB. In practice, attendance at this group is the same as the Chairs' group and so **it is proposed** to merge these groups and functions.

Strategy Implementation Group

2.13 In July 2014, on agreeing the Joint Health & Wellbeing Strategy 2014-17, the Board established a Strategy Implementation Group. The group has carried out this work and has reported to the Board at regular intervals. The final evaluation of the HWB's 3 year Joint Health & Wellbeing Strategy was reported to the Board in July and this marks the close of the work of the Implementation Group, and therefore of the Group itself.

2.14 The HWB is now developing its future Health & Wellbeing Strategy and has agreed to pursue the Board's longer term themes of focusing on prevention, addressing health and wellbeing inequalities, and driving integration. **It is proposed** that the Chair and Vice Chairs Group encompasses the role of overseeing the Board's development of its new Strategy, in line with its overall responsibility to "take action to ensure implementation of the Board's business and successful delivery of agreed outcomes".

Appointments to Other Bodies

2.15 The HWB appoints representatives to a number of other groups as follows:

- NHS North Norfolk Primary Care Commissioning Committee - **Cllr Maggie Prior** (to be confirmed)
- NHS Norwich Primary Care Commissioning Committee – **Cllr Kevin Maguire** (to be confirmed)
- NHS South Norfolk Primary Care Commissioning Committee - **Cllr Yvonne Bendle** (previously confirmed)
- NHS West Norfolk Primary Care Commissioning Committee - **Cllr Elizabeth Nockolds** (to be re-confirmed)

- Note - NHS Great Yarmouth & Waveney Norfolk Primary Care Commissioning Committee - their constitution provides for a representatives of Waveney District Council and Great Yarmouth Borough Council. This is in line with NHS England guidelines.

3. Relationship with other bodies and groups

Relationship with Health scrutiny and Healthwatch

3.1 Health scrutiny and Healthwatch have complementary roles to the Health and Wellbeing Board. On a practical level, it is important that the HWB and Norfolk Health Overview and Scrutiny Committee (NHOSC) are aware of each other's work and views and so NHOSC agenda papers and minutes are circulated to Board members. Links to Healthwatch Norfolk Board papers and minutes are also circulated to Board members.

3.2 A regular dialogue has also been established including the Chairs of the HWB, NHOSC and Healthwatch Norfolk (HWN) and these regular meetings help improve our shared understanding of the key system issues.

Relationship with the Sustainability & Transformation Plan

3.3 The Health & Wellbeing Boards (Norfolk and Suffolk), together with the local councils, the Boards of provider and commissioning organisations, play an important role in the strategic oversight of the N&W STP programme. Governance arrangements have been established including an STP Chairs' Oversight Group which provides 'non-executive' oversight of the delivery of the STP and the STP Executive Board. An STP Stakeholder Board has an overview of engagement and communication plans to ensure that effective engagement and consultation takes place and a Clinical Care Reference Group with senior clinical representation across the system.

3.4 It is proposed in para 2.3 above to strengthen the links with the HWB by inviting the recently appointed Chair of the N&W STP Oversight Group to join Board meetings, enabling discussion of the wider strategic issues.

Links with other key groups and partnerships

3.5 In addition to the above the HWB, through its membership, has informal links with a key Norfolk-wide groups or partnerships such as the Norfolk Older Peoples Strategic Partnership, Children & Young Peoples Strategic Partnership, Norfolk's Safeguarding Boards and the County Community Safety Partnership.

4. Our systems leadership approach

System leadership development

4.1 More recently, as part of its ongoing development, the Board reviewed its ways of working and found general agreement that Health and Wellbeing Boards were most likely to succeed by using skills in influencing and relationship-building rather than through formal managerial control or accountabilities.

4.2 The Board made some practical changes to improve the way it operated and agreed **12 guiding principles** to inform its ways of working going forward. These guiding principles serve as a compact informing individual Board members' action and commitment**,** alongside its agreed statement of how the HWB would address the challenges (**Appendix D**).

Our commitment as Board members

4.3 All Board members are asked, as system leaders, to**:**

- **Commit -** to action to make sure that our whole system decisions are 'system–supported' decisions
- **Challenge** – ourselves where there are blockages to system improvement
- **Act -** on the opportunities and support change to deliver our agreed outcomes and ensure sustainable improvement
- **Influence** – other key stakeholders to bring about improvement in our system as a whole
- **Share -** information and bring experience to the Board's discussions to improve our shared understanding
- **Use -** the 12 guiding principles (appendix D) to inform our action and commitment

5. Moving forward

5.1 In developing our system leadership approach, the HWB identified two key strands for which the Board has oversight:

- **The system priorities for health and social care improvement** - as agreed through the Norfolk and Waveney Sustainability & Transformation Plan (N&W STP)

- **The system priorities for wider determinants of health and wellbeing** – to be identified and agreed by system leaders, especially the voluntary sector and district councils, and policy drivers such as devolution and economic development.

5.2 These two strands form the basis of the HWB's overall strategic approach and a key role for the Board going forward will be in ensuring that the two strands are pulled together and that priorities align.

Forward Plan

5.3 The Board, through the Chair and Vice Chairs, continues to develop its agenda so that it remains flexible and responsive and reflects the whole system challenges facing us. It would be useful, however, to agree an outline forward plan for the year ahead to focus our planning and ensure we meet our statutory responsibilities in a timely way. It would also enable the HWB, and individual partner organisations, to be ready to explore and agree our response and commitment as system leaders to address the challenges.

5.4 The HWB is asked to agree the draft forward plan for the year ahead (Appendix E).

Officer Contact

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

Name	Tel	Email
Linda Bainton	01603 223 024	linda.bainton@norfolk.gov.uk

IN TRAN communication for all

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

Appendix A

Norfolk Health & Wellbeing Board

Membership	Substitute	Representing
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Cllr Yvonne Bendle	Cllr Florence Ellis	South Norfolk District Council
Cllr David Bills		Norfolk County Council (NCC)
Cllr Bill Borrett *	Cllr Shelagh Gurney	Adult Social Care Committee, NCC
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Jon Green	Edward Libbey	Queen Elizabeth Hospital
Michael Scott	Gary Page	Norfolk & Suffolk NHS Foundation Trust
Jonathan Williams	Tony Osmanski	East Coast Community Healthcare

* Denotes statutory member

Appendix B

Health and Wellbeing Board –Terms of Reference

Aim

The Norfolk Health and Wellbeing Board will work to lead and advise on work to improve the health and wellbeing of the population of Norfolk by providing strategic system leadership of, and oversight for, the commissioning across the NHS, social care and public health.

Purpose is to:

1. Lead the development, with Norfolk County Council and Norfolk's Clinical Commissioning Groups, of the Joint Strategic Needs Assessment (JSNA)

2. Influence and support commissioners of health and wellbeing services to act in line with the evidence-based findings of the JSNA and to highlight where commissioning is out of step with best evidence

3. Lead the development, with Norfolk County Council and Norfolk's Clinical Commissioning Groups, of the Joint Health and Wellbeing Strategy (JH&WBS)

4. Undertake the Norfolk Pharmaceutical Needs Assessment (PNA)

5. Speak up for Norfolk, championing the health and wellbeing needs of the people of Norfolk at a local, sub-regional, regional and national level and challenging central government policy where it conflicts with locally identified priorities

6. Lead and encourage a broad base of partners outside of formal health, public health and social care settings to tackle the wider determinants of health and wellbeing including, for example, housing

7. Work as system leaders to drive the further integration of health and social care services, and other public services, and to ensure collaboration across the health and social care system, seeking assurance of the vision of the Norfolk and Waveney Sustainability & Transformation Plan (STP)

8. Promote the sharing of good practice and learning across the Norfolk health and wellbeing system, through workshops, training sessions, HWB events, good practice awards, etc

9. Seek assurance on whether the Clinical Commissioning Groups' (CCGs) commissioning plans take proper account of the JH&WBS, and provide a view to NHS England, as part of the annual performance assessment of CCGs, on the CCGs' contribution to the delivery of the JH&WBS.

Appendix C

Norfolk Health and Wellbeing Board
Chair and Vice Chairs group

Purpose

- To drive the Board's agenda forward between formal meetings

Functions

The work of the group would be to:

1. Maintain an overview of the Board's work and the strategic context in which it is working

2. Take action to ensure implementation of the Board's business and successful delivery of agreed outcomes

3. Oversee the Board's development of the Joint Health and Wellbeing Strategy

4. Advise on the Board's Forward Plan, in accordance with the HWB's steer

5. Sign-off the Better Care Fund (BCF) quarterly reporting submissions to NHS England and take any urgent decisions that are required in relation to the BCF between formal meetings of the Board

6. Keep the Board's developmental needs under review and support informal developmental sessions

7. Promote the sharing of good practice and learning across the Norfolk health and wellbeing system

8. Undertake any further work on behalf of the Board at the request of a formal board meeting

Membership

- Chair of the Norfolk Health and Wellbeing Board
- Vice Chairs of the Norfolk Health and Wellbeing Board

Officers in attendance

Note – As agreed by the HWB July 2016

Appendix D

Our ways of working – 12 guiding principles

Board members have agreed 12 key points which now form a **set of guiding principles** to inform our ways of working going forward. These also serve as a **compact informing individual Board members' action and commitment**.

The 12 key points are as follows:

a. The HWB is better seen as an influencing group which **addresses the whole system** rather than a top-down governance structure

b. Board members should see themselves as system leaders, focussing on the '**wicked issues'** in the system

c. Collective agreement is needed on priorities, but these need to be about **direction of travel** together on **key system-wide issues** not narrow service silos

d. **Change is needed** to develop better strategic commissioning and a means to hold each other to account

e. A **better understanding** is needed of the impact of each other's pressures and priorities

f. **Partners' plans** should be discussed at the board **at the earliest stage of development,** not brought for endorsement when nearly completed, so that everyone can help them have a positive impact on the system

g. **Providers need to be round the table** to help address whole system issues

h. Time and attention needs to be given to the **board's development**

i. More should be done **between meetings and informally** to secure progress on priorities

j. The board has an important **national and regional influencing** role to play

k. **Holding each other to account in a positive and constructive** way is a vital activity

l. A consequence of doing so should be that partners then lend assistance to **sort out any problems** that have been identified or to **unblock issues** in their own part of the system

How we will address the challenges

The Board also agreed that it would address the challenges through:

- Developing a shared understanding of the key whole system issues
- Understanding better the pressures on different partners in the system and the barriers to improvement
- Working together as system leaders to break down barriers to system improvement - asking the question 'How can we help?'
- Finding areas of agreement or consensus around the difficult questions facing the whole system
- Creating opportunities for dialogue and debate
- Identifying opportunities for collaboration
- Sharing best practice, locally and nationally, and encouraging learning from others

Norfolk Health and Wellbeing Board: Forward Plan 2017-18

Subject	Action needed (if known)	Sponsor and Lead(s)
27 September 2017		
HWB Governance, system leadership approach and Forward Plan	Agree updated governance arrangements, confirm sign-up to agreed ways of working as system leaders, and agree a Forward Plan for 2017/18	Director of Public Health Senior officer support
Norfolk and Waveney Sustainability & Transformation Plan (STP): • Focus on implementation planning	Consider system progress and provide constructive challenge and support in line with the HWB's role as part of the wider system strategic oversight of the STP	STP Independent Chair STP Executive Lead/ STP Programme Director
Hospital discharge in Norfolk	Review the position in Norfolk and agree what the HWB wider system partners will do to support areas for improvement	Executive Director of Adult Social Services
Local Transformation Plan (LTP) for Norfolk & Waveney 2017/18 (Children and Young People's Mental Health)	Approve the refreshed Plan in advance of its submission to NHS England by the October deadline	Norfolk and Waveney CCGs/CAMHS Strategic Commissioner
Norfolk & Waveney Transforming Care Partnership - Services for Adults with a Learning Disability	Review progress with plans for developing the care and support available for people with learning disabilities, autism and challenging behaviour and agree what the HWB wider system partners will do to support areas for improvement	Executive Director of Adult Social Services/South Norfolk CCG (on behalf of the CCGs)
6 December 2017 – Informal session		
Development of the Joint Health and Wellbeing Strategy 2018 onwards	Further development of the Strategy in preparation for final stages, including: • Identifying the system priorities for the wider determinants of health and wellbeing and agreeing a way forward for the HWB's Strategy • Identifying how the CCGs Commissioning Intentions/Plan 2017 -19 and other HWB partners'	Director of Public Health/ HWB partners to lead key elements

Subject	Action needed (if known)	Sponsor and Lead(s)
	strategic plans will contribute to the Strategy • Social Prescribing - STP workstream	
21 Feb 2018		
Norfolk's Joint Health and Wellbeing Strategy 2018 onwards	Agree the Joint Health and Wellbeing Strategy	Director of Public Health
Norfolk and Waveney Sustainability & Transformation Plan (STP): • Focus on Primary Care vision and development in Norfolk and Waveney	Consider system progress and provide constructive challenge and support in line with the HWB's role as part of the wider system strategic oversight of the STP	STP Independent Chair STP Primary Care Workstream Sponsor (Chief Officer, Great Yarmouth & Waveney CCG)
Integrated commissioning and integrated health and social care delivery	Consider the model of integrated commissioning and integrated health and social care delivery for community social care, learning disabilities and mental health, and agree arrangements for its oversight by the wider HWB system	Executive Director of Adult Social Service
Norfolk Early Help Strategy	Consider the Strategy and agree how the HWB wider system partners can add value to the work going forward	Executive Director Children's Services/
Norfolk All Age Autism Strategy	Consider and comment on the draft Norfolk Strategy, which outlines the system wide response to the National Autism Strategy.	Executive Director of Adult Social Services/ CCGs
Pharmaceutical Needs Assessment (PNA) 2018	Agree the PNA 2018 for publication	Director Public Health/ Deputy Director Public Health (Public Health Services)

Subject	Action needed (if known)	Sponsor and Lead(s)
2 May 2018		
Norfolk and Waveney Sustainability & Transformation Plan (STP): • Focus on mental health/ or acute care (to be agreed)	Consider system progress and provide constructive challenge and support in line with the HWB's role as part of the wider system strategic oversight of the STP	STP Independent Chair STP Workstream Sponsor
Child and Adolescent Mental Health Services (CAMHS) Service Redesign	Consider the CAMHS Service redesign and agree how the HWB wider system partners can add value to the work going forward	South Norfolk CCG (on behalf of Norfolk and Waveney CCGs)/Executive Director Children's Services
Prevention approach to people at risk	Consider proposals for developing a system wide prevention approach to people at risk, and associated service and agree priorities for the way forward	Executive Director of Adult Social Services / Norfolk's city, borough and district councils
Suicide Prevention Strategy and action plan	Review system wide progress with implementing the Strategy	Director Public Health/ Commissioning Manager (Vulnerable People) Public Health
Norfolk Integration and Better Care Fund (BCF) Plan 2017-19	Review progress and learning from the	Executive Director of Adult Social Services/ Norfolk and Waveney CCGs
18 July 2018		
HWB Governance and Forward Plan	Agree governance arrangements and a Forward Plan	Director of Public Health/ Senior officer support
Norfolk and Waveney Sustainability & Transformation Plan (STP): • Focus – to be agreed	Consider system progress and provide constructive challenge and support in line with the HWB's role as part of the wider system strategic oversight of the STP	STP Independent Chair STP Workstream Sponsor

Subject	Action needed (if known)	Sponsor and Lead(s)
Housing development plan for wellbeing	Consider an outline for a system wide housing development plan for wellbeing and agree priorities for the way forward	Executive Director of Adult Social Services/Norfolk's city, borough and district councils
Towards a Smoke free Norfolk	Review system wide progress in co-ordinating and aligning smoking policies & approaches across the wider HWB system	Director Public Health/ Commissioning Manager Public Health

Norfolk Health and Wellbeing Board

Item 7b)

Report title:	**Norfolk & Waveney Sustainability & Transformation Plan (N&W STP) update – focus on implementation planning**
Meeting date:	**27 September 2017**
Sponsor:	**Antek Lejk, STP Lead Norfolk & Waveney**
Author:	**Jane Harper-Smith, STP Programme Director**

Reason for the report

The purpose of this paper is to update members of the Health & Wellbeing Board (HWB) on the N&W STP, with a focus upon our STP Delivery Plan, in line with the Next Steps of Five Year Forward View and the priorities set out in our last report in July.

Report summary

This report provides information on STP delivery. It outlines the main transformation deliverables that the STP workstreams are focused on and the key challenges faced by system partners in delivering these changes.

Note - A more detailed presentation on the proposed implementation plan will be presented on the day.

Action

The Health & Wellbeing Board is asked to:

- Consider and comment on the report
- Identify actions that the HWB/member organisations could take to accelerate progress on delivering the changes necessary to deliver sustainable services.

1. Background

1.1 The Health and Wellbeing Board considers a report on the N&W STP at each of its meetings – here is a link to the most recent report: STP Report 12 July 2017.

2. Update on the work of the Stakeholder Board

2.1 The STP Stakeholder Board, chaired by Graham Creelman, continues to meet monthly and provides an overview of engagement and communication plans to ensure that effective engagement and consultation takes place. The Board engages with key stakeholders from District councils, the voluntary and community sector and Healthwatch Norfolk plus other key stakeholder groups in Norfolk & Waveney. To date they have reviewed and commented on our plans for Social Prescribing and mental health service developments, including our new perinatal mental health service, which is one of the first in the country. In the last month they have commented upon our Communication Strategy which is due to be published shortly.

3. STP Delivery

3.1 We are pleased to confirm that in the recent STP Ratings that Norfolk and Waveney **STP was rated as category 2- 'Advanced'** out of 4 categories, with 4 needing the most improvement. This means that we have a good foundation upon which to work and further develop our plans with stakeholders and the public to deliver sustainable transformation. We now aspire to become an Outstanding STP-Category 1.

3.2 Appendix A outlines the key STP priorities against each of the four STP work streams, together with the respective Senior Responsible Officer and workstream lead. Information on our proposed Delivery plans, subject to further engagement and consultation, is provided below. A more detailed presentation on our proposed plan will be presented on the day.

Main transformation Deliverables

Primary & Community Care

3.3 A Director of Primary Care, Sadie Parker, has recently been appointed to lead the transformation around Primary Care across the STP in line with the GP Five Year Forward View.

3.4 As a result we propose to refocus the work stream with a stronger emphasis on Primary Care, who will take responsibility for driving the changes needed to ensure services meet the needs of local communities and ensure services are clinically sustainable.

3.5 We are proposing to develop optimal integrated care models of provision known as Multispecialty Community Providers (MCPs) by locality to ensure consistency and reduced variation across Norfolk & Waveney. This represents a key shift in the way services are delivered across Norfolk and Waveney as MCPs involve groups of GPs combining with other services such as community health services, pharmacists and mental health and social care to provide integrated community services.

3.6 As part of delivering sustainable services for local communities we propose to deliver the following changes in primary care by using an MCP approach, following local engagement and communication sessions, in line with 'The Changing Face of Primary Care'. Where appropriate we will create community hubs for community services to be accessed locally. We are currently working with our Estates teams to identify potential sites for consultation.

Change 1.	Active signposting across the STP Footprint to help people access the most appropriate services.
Change 2.	New consultation types to ensure 50% of the public have access to evening and weekend appointments by March 2018 and 100% by March 2019
Change 3.	Reduce the number of people who do not attend their appointment
Change 4.	Develop the primary care workforce through education and training to reduce pressure on GPs.
Change 5	Introduce new ways of working to support practices to become more streamlined particularly around back office and reception functions
Change 6.	Staff development to increase staff satisfaction and retention of staff

Change 7	Develop partnership and collaborative working across practices building upon existing arrangements
Change 8	Introduce and rollout social prescribing to assist people with a greater access to a wide variety of services through a Directory of Services
Change 9.	Support self-care with accessible advice and information
Change 10	Develop additional expertise including from clinical pharmacists and physicians associates

3.7 We will continue to seek the views of the public in determining the exact service model within different communities and looking to other STPs across the country where we can learn from their models and adapt them to suit our communities

3.8 **Prevention** is a strong focus of our plan with projects being implemented around those areas for which there is a strong evidence base and will have the biggest impact upon people's health.

Change 1.	Expanding the diabetes prevention programme to reduce Type 2 Diabetes across the whole STP. This includes rolling out a tool across General Practice to identify those people who are most at risk of developing diabetes.
Change 2	Optimising care for patients with existing long term conditions, through improved secondary prevention and reducing complications of the disease.
Change 3	Developing with stakeholders and the public a systematic social prescribing offer
Change 4.	Targeted Lifestyle interventions to help people reduce smoking and alcohol consumption
Change 5	Extension of the Weight Management Service

3.9 The **Acute Care work stream** has several key deliverables which include;

Change 1	Developing the strategic direction for acute services delivery. Some of the main shifts will include moving services out into the community – for example, with service areas such as Ear, Nose and Throat (ENT) and Dermatology, where there are opportunities for more of an emphasis on community-based services.
Change 2.	Reviewing the recommendations of the Lord Carter review and where appropriate driving efficiencies in back office functions.

3.10 We are currently in the process of procuring a supplier, who is due to be appointed in September, to assist us with developing a series of detailed options on service changes, for consultation towards the end of this year. In particular to address;

- How we ensure that services are clinically sustainable and of high quality by working differently across the three hospitals in particular in radiology, cardiology and urology
- How we could provide some services in a community setting which don't need to be provided in a hospital setting (ie ENT and Dermatology).

3.11 There are also detailed plans being developed to deliver;

- Improvements to **Cancer Services** and cancer outcomes, and we are still awaiting confirmation of the bids we submitted in March to finalise our plans for engagement.

- Improvements in **Maternity Services** and Delivering the National Strategy around Better Births. A draft plan for engagement will be produced in October.

3.12 Details around the deliverables for Cancer and Maternity Services will be outlined in the presentation to the Board.

3.13 Through the **Demand Management workstream** system partners are focused on improved management of planned care, ensuring consistent approaches and equitable access to a range of providers to deliver the18 week waiting time standard.

3.14 This is being driven by close, collaborative working across the 3 acute sites. Another key objective is reducing urgent and emergency activity through improved demand management (supporting the other work streams to deliver admission avoidance schemes) and reduced length of stay.

3.15 NHS England **Urgent and Emergency Care** 'Must-dos' include;

- The roll-out of the digital 111 service and clinical triage in the 111 service. We have already exceeded the national target 30% of calls or referrals to be seen by a clinician and are now putting in plans to increase this to 50%.
- The expansion of urgent treatment centres - with a target of 25% of the population to have access to a centre by March 2018.
- Work to avoid unnecessary admissions including the implementation of the new ambulance response programme and a Falls Vehicle with rapid response.
- The new streaming models in Accident & Emergency (A&E).
- There is also a system focus on improving the flow of patients through hospital to avoid delays and we have recently been commended by the Secretary of State for the significant improvements we have made in this regard.

3.16 Some of the deliverables of the **Mental Health workstream** include;

- Supporting community and primary care to provide mental health support at an early stage, in particular for people with psychosis.
- Increasing community based treatment for children and young people with mental health problems
- Reducing acute hospital use for people of all ages with reported mental health problems, including those with dementia.
- Re-designing the Mental Health Crisis Pathway to support better access to care in the community and ensure people get the care they need during crisis. We will shortly be engaging with people about these services and establishing crisis cafes
- Mental health practitioners to work alongside emergency services in Accident and Emergency Department providing 24 hour cover within the Norfolk and Norwich Hospital.
- Peri-natal mental health (supporting women with post-natal depression and pre-birth depression) which has already secured funding nationally.

3.17 The key risks and challenges for system partners are;-

- Achieving the scale and pace of change within the available resources
- Implementing the changes to ensure a sustainable workforce
- Developing our digital maturity across Norfolk and Waveney as a key enabler to change.

Officer Contact

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

Name	**Tel**	**Email**
Jane Harper-Smith	07801 635008	jane.harper-smith@norfolk.gov.uk

IN TRAN communication for all

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Prevention, Primary & Community Care workstream

1.1 The key objectives of the Prevention, Primary & Community Care workstream include:

- Improving the prevention, detection and management of major chronic illnesses
- Increasing individual and community capacity for self-care
- Developing a social prescribing model
- Developing and implementing a primary care provision model that improves access and capacity and addresses retention and recruitment in line with the GP 5 Year Forward View
- Developing and implementing optimal integrated care models (Multispecialty Community Providers) by locality to ensure consistency and reduced variation across Norfolk & Waveney

Roisin Fallon-Williams, Chief Executive of Norfolk Community Health and Care, is the SRO and **Catherine Underwood**, Director of Health Integration at Norfolk County Council, is the Lead for this workstream.

Demand Management workstream

1.2 The key objectives of the Demand Management workstream include:

- Managing the flows of patients into elective care by:
  - Reviewing procedures of limited clinical value in line with national guidance
  - Ensuring CCGs adopt consistent clinical policies and procedures across the system where appropriate
  - Ensuring effective pathways are in place
  - Ensuring consistent approaches to demand and referral management and reducing unnecessary variation in referral
- Ensuring there is good access to a range of providers and encouraging more delivery in the community where appropriate
- Ensuring our provider infrastructure has the capacity to deliver the care it needs and ensure equitable access
- Ensuring we have good quality, consistent, up to date data systems that help us track, review and adjust patient flows

Antek Lejk, Chief Officer for North Norfolk and South Norfolk CCGs is the SRO, and **Mark Burgis**, Chief Operating Officer for North Norfolk CCG, is lead for this workstream.

Acute Care workstream

1.3 The key objectives of the Acute Care workstream include:

- Developing the strategic direction for acute services delivery and exploring opportunities for back office efficiencies between the acute, community and mental health providers
- Reducing urgent and emergency activity through improved demand management (supporting the other work streams to deliver admission avoidance schemes) and reduced length of stay

- Ensuring acute clinical service sustainability at an STP footprint level across the key nominated specialty areas and their interdependencies by working collaboratively across the 3 sites

Christine Allen, Chief Executive of James Paget University Hospitals is the SRO, and **Andrew Palmer**, Director of Performance & Planning, James Paget University Hospitals, is lead for this workstream.

Mental Health workstream

1.4 The key objectives of the Mental Health workstream include:

- Offsetting and reducing the growth in out of area bed days
- Increasing recording of dementia, improving access to support and reducing the use of residential and acute care
- Supporting community and primary care to provide mental health support at an early stage
- Increasing community based treatment for children and young people with mental health problems
- Reducing acute hospital use for people of all ages with reported mental health problems, including children and young people and dementia

Michael Scott, Chief Executive of Norfolk and Suffolk NHS Foundation Trust is the SRO, and **Jocelyn Pike**, Chief Operating Officer for South Norfolk CCG, is lead for this workstream.

Enabling Workstreams

1.5 Further workstreams have also been established to ensure that the delivery of the STP is supported by system-wide approaches to Workforce, Estates, ICT, Finance and Communications.

Norfolk Health and Wellbeing Board

Item 8

Report title:	**Hospital discharge in Norfolk**
Date of meeting:	**27 September 2017**
Sponsor (H&WB member):	**James Bullion, Executive Director of Adult Social Services**

Reason for the Report

Effective discharge is vital to a good experience and good outcomes for individuals who have been admitted to hospital. It is also important in order to manage the available capacity of the services in our hospitals. Delayed discharges or delayed transfers of care (DTOCs) are receiving national attention and are seen as a key indicator of how well local health and care systems are functioning. The purpose of this report is for the Board to consider how partners are able to contribute to effective discharge from hospital which secures good health and wellbeing outcomes for citizens.

Report summary

The report considers why timely and effective hospital discharges are so important in allowing people to continue to recover their wellbeing after a hospital stay and notes the evidence from a national review by Healthwatch of where difficulties may arise. It provides summary data about delayed discharges from hospital across the Norfolk system. It notes that while delays in Norfolk have been consistently lower than the Eastern Region and national averages, numbers are rising over the past year.

The report sets out expectations for action in local areas in relation to hospital discharge, noting that as part of the Better Care Fund targets have been proposed nationally for local areas which give Clinical Commissioning Groups and Local Authorities who provide social care responsibilities for substantially reducing delayed discharges. The report highlights examples of good practice in Norfolk and provides detail of the activities which the system is committed to in the High Impact Change plan (Appendix 2). However, the pressures on local systems are clear and targets are challenging.

It is clear that successfully enabling people to return home once they no longer need acute medical care may be reliant on many parties: health and social care, but also families and friends, district councils and voluntary and community services.

Action/decisions needed:

The Health & Wellbeing Board is asked to:

- Consider the existing performance and commitments and agree how stakeholders can support effective hospital discharge in Norfolk**.**

1. Why does hospital discharge matter?

1.1 Going home from hospital, even without significant continuing needs, may call on the co-ordination of a range of services such as transport home, medication and follow up clinical support. However, some people need considerable support to progress their recovery and indeed their long term needs may have changed significantly. In these circumstances, assessing needs, understanding the most suitable pathway of support and putting in place the necessary services are vital. This is particularly likely to be the case for older people with more complex pre-existing conditions.

1.2 Timely hospital discharges matter. Delays in discharging people from hospital when they are ready can have a negative impact on health outcomes and the wellbeing of individuals. If they are not able to leave hospital to continue their recovery, older people particularly risk losing their mobility and ability to manage daily living tasks, increasing their level of care needs and impacting on their independence and quality of life. It has been estimated that 10 days unnecessary stay in hospital for an older person will lead to the equivalent of 10 years loss of muscle strength and associated loss of functioning. Ensuring services are available to support timely discharge is vital to avoiding this kind of impact.

1.3 With longer lives, we are living with more long term conditions and around half of older people have three or more long term conditions. Frailty can make people more vulnerable to loss of functioning after a crisis, such as a fall, and they may need particular treatment and support in the right setting to get the best health outcomes. Ensuring such services are available in a timely manner is essential to achieving good outcomes.

1.4 The risk of deterioration in wellbeing and longer term loss of independence following a delay in discharge may apply in acute, mental health or community hospital settings.

1.5 Alongside the outcomes for individuals, hospital discharges are important to ensure the capacity in services is optimised. With increasing demand for hospital care, making optimum use of the available resources is critical to provide for all those needing such specialist care.

1.6 Ensuring effective and timely discharges from hospital requires co-ordination and planning across the wide health and care system, working closely with individuals and families. It should start early and be planned with the individual.

2. The experience of hospital discharge

2.1 In 2015, Healthwatch undertook a national project to understand the experience of discharge from hospital, engaging with older people alongside people with mental health needs and who were homeless. They set out five core reasons people felt their departure was not handled properly:

i. People are experiencing delays and a lack of co-ordination between different services;

ii. People are feeling left without the services and support they need after discharge;

iii. People feel stigmatised and discriminated against and that they are not treated with appropriate respect because of their conditions and circumstances;
iv. People feel they are not involved in decisions about their care or given the information they need; and
v. People feel that their full range of needs is not considered.

2.2 Whilst we do not have such detailed local research, these findings were derived across a wide range of the country. Local experience tells us that critical to our success is our shared focus on the individual and achieving the right outcomes for them, alongside understanding the intelligence which our data can provide for us in terms of how to improve our systems.

3. Current performance in Norfolk

3.1 NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

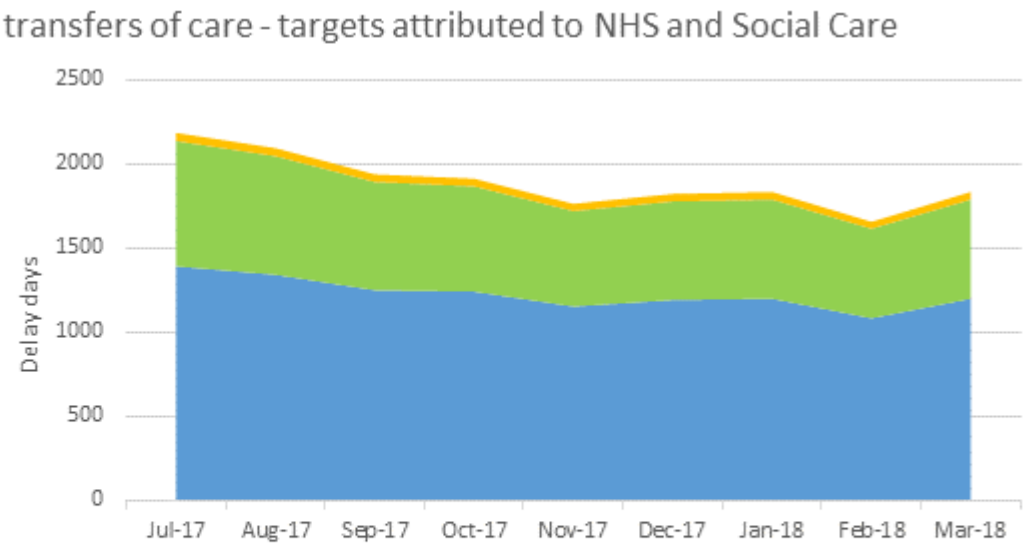
3.2 When an adult patient meets these three conditions and remains in hospital, they are classified as 'a delayed transfer'. There is a process to classify delays as either due to NHS, social care or to both. All hospitals are required to collect this data and provide it to NHS England. Reporting is well-established and we are testing our process across local services to ensure it is consistent.

3.3 The proportion of discharges from hospital which are delayed in Norfolk has been consistently lower than the East of England and national picture. However, this number has been rising overall. See figures 1 and 2 in appendix 1.

3.4 In terms of local providers, figures 3 and 4 in appendix 1 set out the trends and reasons for delays as formally designated. The constraints of the social care market are significant locally as they are in many areas, with insufficient availability of home care, residential care and nursing care in some localities. However, a wide range of factors can be seen to be impacting on timely discharges.

3.5 Whilst the numbers of formally designated delayed transfers of care are important, it is vital that the outcomes for individuals are also optimised, for example, being able to return home with reablement and therapy support to regain independence where possible rather than moving into residential care. As we approach winter and the system prepares for potential additional demand, ensuring effective discharges from hospital – alongside admission avoidance – is an important element of making sure that capacity is available in hospital services for those who need it.

3.6 As part of the Better Care Fund process, targets have been set for each area. These are challenging, particularly given the increase in demand for services but reflect Department of Health expectations.



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Jointly attributed delayed days	48.5	47.7	45.3	45.9	43.6	45.0	45.3	40.9	45.3
Social Care attributed delayed days	744.8	705.0	643.8	625.4	566.7	585.6	589.4	532.3	589.4
NHS attributed delayed days	1393.9	1343.9	1252.1	1243.8	1155.3	1193.8	1201.4	1085.2	1201.4
Total Delayed Days	2187.2	2096.5	1941.1	1915.1	1765.6	1824.4	1836.1	1658.4	1836.1

4. National requirements

4.1 Next Steps on the NHS Five Year Forward View, published in March 2017, sets out key deliverables for 17/18 and 18/19 from NHS England in relation to effective hospital discharges:

- "By October 2017 every hospital and its local health and social care partners must have adopted good practice to enable appropriate patient flow, including better and more timely hand-offs between their A&E clinicians and acute physicians, 'discharge to assess', 'trusted assessor' arrangements, streamlined continuing healthcare processes, and seven day discharge capabilities."

See section 4.4 below on High Impact Changes.

- "Hospitals, primary and community care and local councils should also work together to ensure people are not stuck in hospital while waiting for delayed community health and social care. They need to:
  - ❖ ensure that the extra £1 billion provided by the Chancellor for investment in adult social care in the March budget is used in part to reduce delayed transfers of care, thereby helping to free up 2000-3000 acute hospital beds – the equivalent of opening 5 new hospitals – and regularly publish the progress being made in this regard."

4.2 Clear agreement is in place for iBCF spend on activity which will be focused on reducing delayed discharges including in mental health, reduce A&E attendance and reduce non-elective admissions including social work assessment capacity, home care capacity, trusted assessor arrangements. This has previously been notified to the board (link to the report to the 12 July 2017 meeting).

- ❖ Ensure that 85% of all assessments for continuing health care funding take place out of hospital in the community setting, by March 2018.

4.3 Focused and innovative work has been undertaken locally to ensure that people are not delayed in hospital as they await assessment for continuing health care, that assessments take place outside of the hospital setting and that we have improved 'discharge to assess' pathways. This work is being considered for adoption across the area and is provoking national interest.

- ❖ Implement the High Impact Change Model for reducing DTOCs, developed by the Local Government Association, the Association of Directors of Adult Social Care Services, NHS Improvement and NHS England."

4.4 Appendix 2 sets out our response to the high impact changes framework. We have created a joint programme of activity between hospitals and community health and care services to implement the changes to ensure timely and effective discharge. This is supported by funding from across health and care. District Councils and the voluntary and community sector make an important contribution to effective discharge, for example in addressing housing needs and in practical support when returning home.

4.5 Of course preventing admissions is key, particularly for frail older people and the work between primary care and community health and care continues to identify and actively support people most at risk.

5. Local practice examples

5.1 There is a range of examples of good practice, with a number of integrated approaches supported by the existing Better Care Fund. There are well-established integrated discharge arrangements in place at each hospital, with multi-disciplinary teams planning, reviewing and facilitating discharge. This is supported by local information systems to understand flow and capacity in the hospitals and work to develop better visibility of the capacity outside of hospitals.

5.2 District councils are bringing housing expertise to contribute to preparation for discharge and admission avoidance at each hospital. Approaches include:

- Supporting access to suitable housing and welfare benefits
- Co-ordinating actions required to ensure the home environment is suitable
- Providing access to services including welfare entitlements and debt advice
- Connecting people to a range of other agencies as appropriate including Early Help Hubs, community and voluntary organisations and private landlords regarding suitability of accommodation
- Accessing food banks and community projects
- Providing key safe installation and adaptations
- Support to access assistive technology such as lifeline and telecare.

5.3 A pilot is underway at Norfolk and Norwich University Hospital with South Norfolk Council, Broadland Council, North Norfolk Council, Norwich City Council and Breckland Council, at the James Paget Hospital with Great Yarmouth Borough Council and between Kings Lynn and West Norfolk Borough Council and the Queen Elizabeth Hospital.

5.4 Voluntary sector services provide practical support on returning home, for example ensuring homes are warm and people have provisions at home, alongside supporting people's independence and future resilience.

5.5 Work is underway with independent care providers to understand how we best facilitate discharge to care services where this is needed and how we support care services to prevent admissions, including considering how the Trusted Assessor models will work best for Norfolk.

6. Key issues for discussion

6.1 Given the existing plans to support effective discharge, what can partners contribute to secure success?

Officer Contact

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

Name	Tel	Email
Catherine Underwood	01603 223034	catherine.underwood@norfolk.gov.uk

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Figure 1: Delayed Transfers of Care: attribution

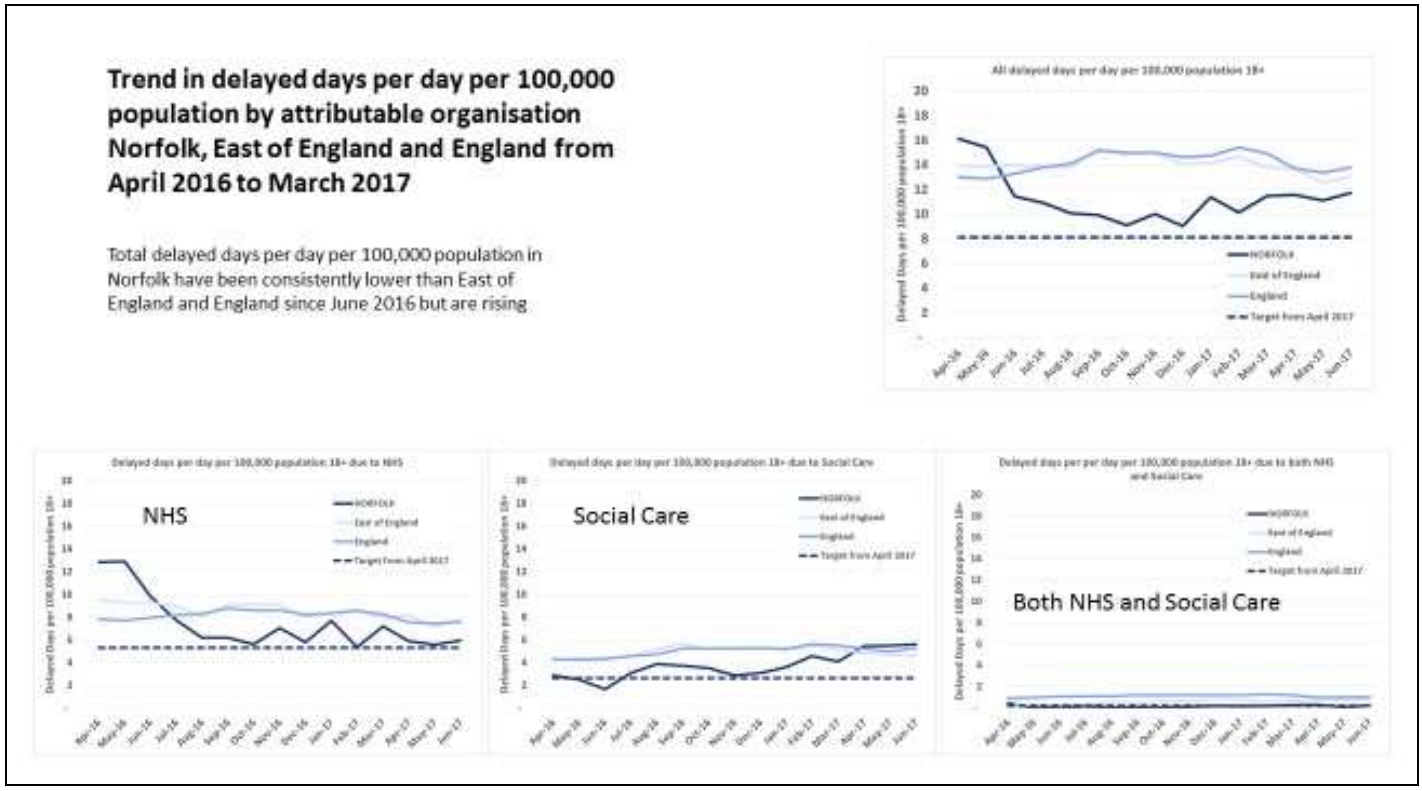


Figure 2: Delayed Transfers of Care: comparative performance

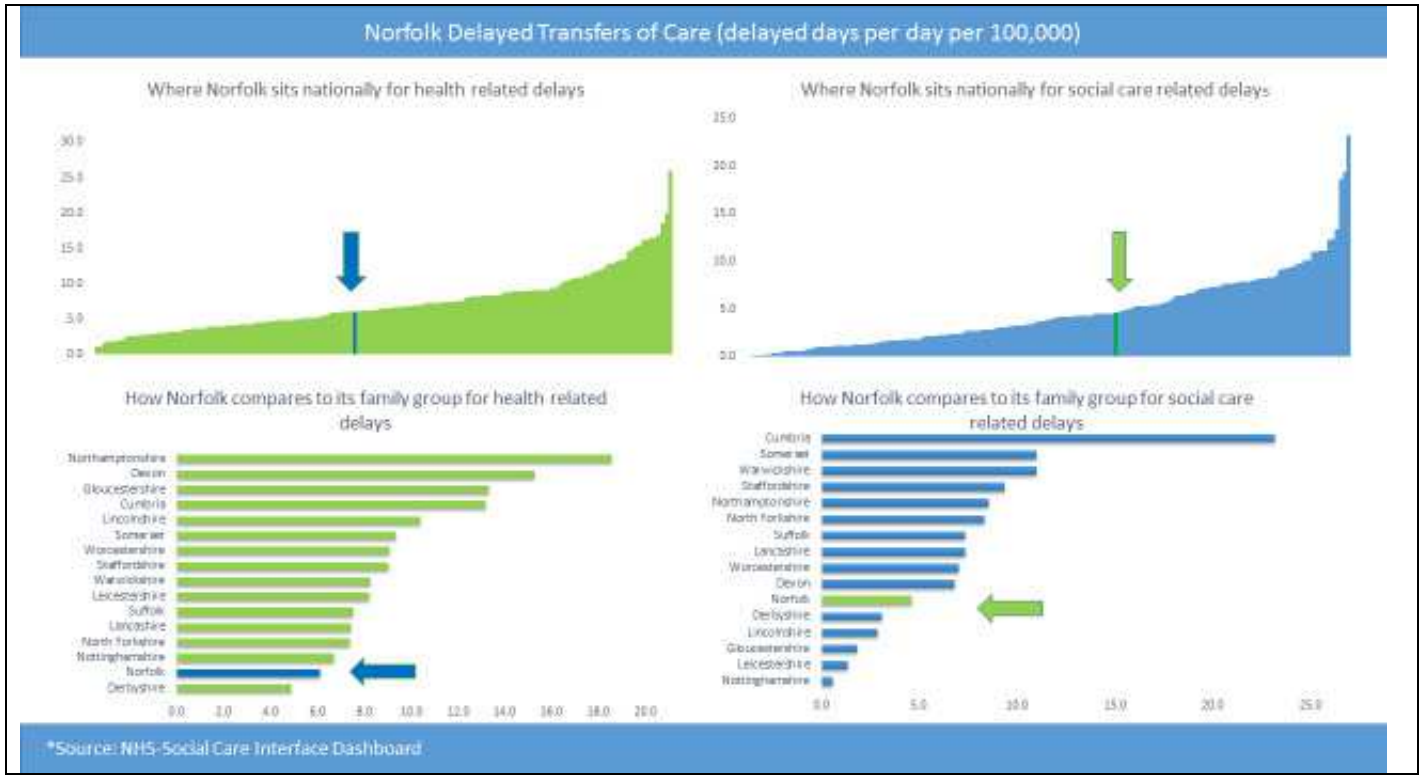


Figure 3: Provider overview and delays by reason

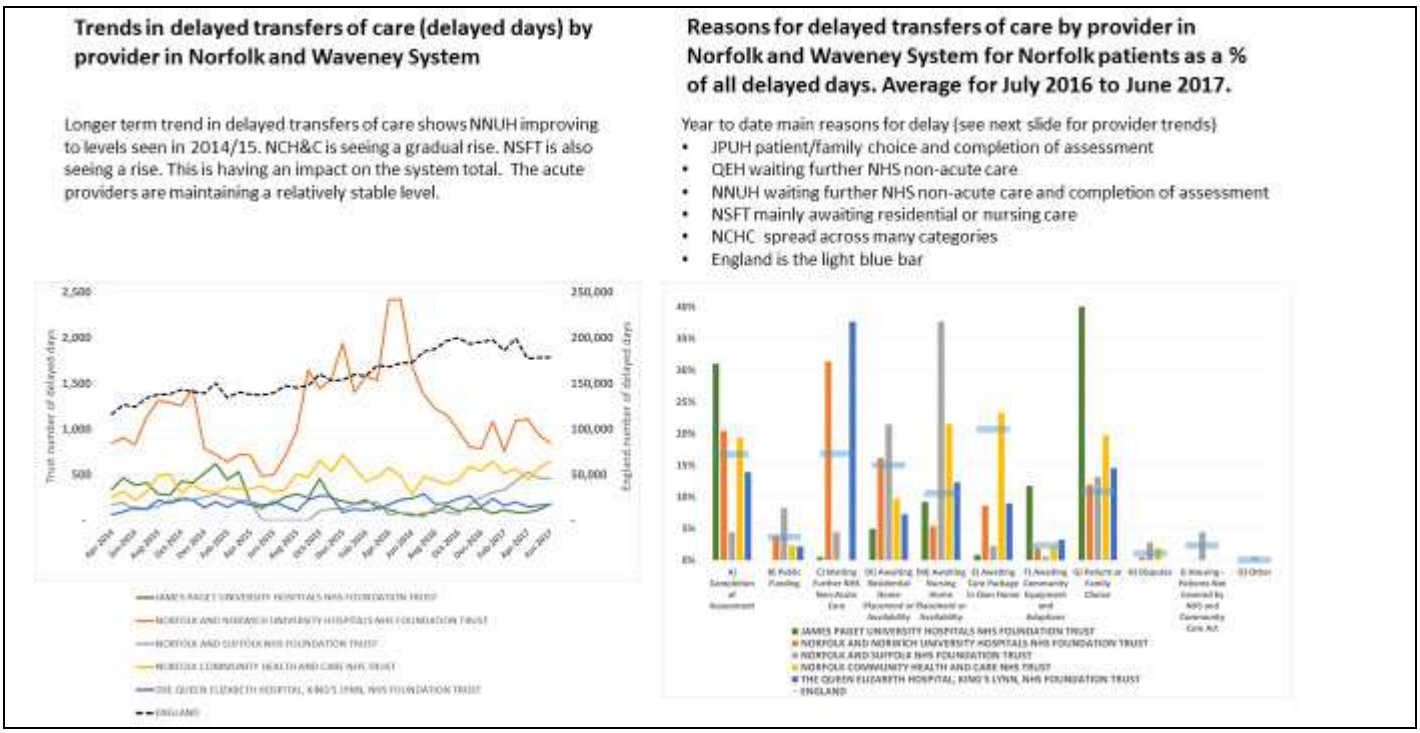
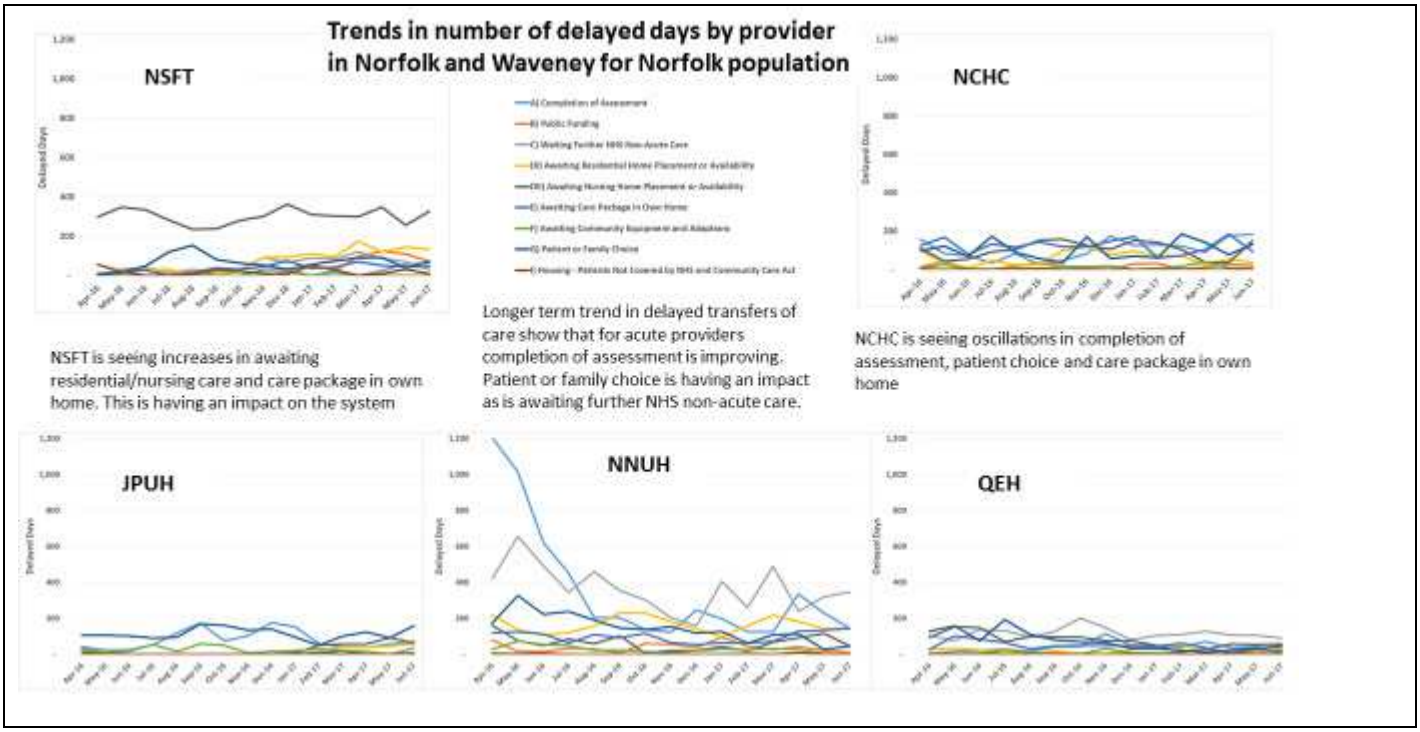


Figure 4: Breakdown by provider in more detail



High Impact Change Model Milestone Plan

Change descriptor		Norfolk wide	Key dates
Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.	**Current Position**	All 3 acutes have a planned approach in place, but have identified areas for improvement. Some will be at a local system level, others at County / whole system level	April 2017
	Planned Activity	Increased focus on supporting the red to green approach and board and ward round attendance. (Local) Increased focus use of Integrated Care Co-ordinators & Multi-Disciplinary Team Meetings in GP surgeries.(Local) Plan to be developed to improve discharge date planning across the system including community hospitals.(System wide) Appointment of a Capacity Manager post to understand, monitor and facilitate capacity across the system (System wide)	Work commenced July 17 Systemwide plan to be approved October 17 By October 17
Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services	**Current Position**	Silver systems in place at two acutes NNUH & QEH, with dashboards and information monitored daily. JPH takes Red & Green bed day approach.	April 2017
	Planned Activity	JPH A&E delivery board to review plans linking with NNUH and QEH. (Systemwide) Consider introduction of electronic patient flow systems (Local / Systemwide)	A&E Joint Delivery Board to have approved plan by Oct 17

around the individual.			
Multi-disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients	**Current Position**	Across the system plans are established to mature, with daily MTD meetings taking place. Involvement of voluntary sector and housing varies across the system. In NNUH; discharge to assess in place with care providers, adult social care and community health provider. CHC assessments increasingly undertaken outside hospital (D2A).	April 2017
	Planned Activity	Review involvement of voluntary sector and housing. (Local) Expand Social prescribing wider than GPs (Systemwide)	 Plans shared with stakeholders Sept 17
Home First/Discharge to Assess. Providing short-term care and reablement in people's homes or using 'stepdown' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.	**Current Position**	Due to the variance in DTOC figures across the whole system each acute has a slightly different current model and future plan. Development of Intermediate Care Strategy Discharge to asses review undertaken with Emergency Care Improvement Programme (ECIP)	April 2017 June 2017 July 17

	Planned Activity	**Discharge to assess** Proposals to joint A & E Board for a programme of work to support Pathway 1 (System wide). Existing Pathway 3 work in East & Central being evaluated with support from Healthwatch to inform future investment in posts to support D2A (System wide) **Home First** Commissioning to support increased capacity and improve sustainability in the Home Care Sector (system wide) Crisis Homecare – To include: Home support wrap around service, Enhanced flexible dementia offer. (systemwide) Micro Commissioning to support Homecare (local) Bed Based Reablement – Delivery models being developed (system wide)	August 2017 September 2017 October 2017
Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs	**Current Position**	Plans are in place system wide for social care services, including availability of Care Arranging Services at weekends. Local schemes are in place such as Healthy Homes Project and Hospital Care at Home	April 2017
	Planned Activity	Further work is required at both system wide and local level to: Define the core level of services that are required at weekends. Clarify 7 day service not 7 day working. What this means for health services?	Ongoing
Trusted Assessor. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response	**Current Position**	No consistent system wide approach in place, some local examples of Trusted Assessor models at QEH	

times so that people can be discharged in a safe and timely way	**Planned Activity**	**Systemwide model** Research of Trusted Assessor Models undertaken. Planning commenced at Health & Social Care Consultative Forum. Data analysis to inform demand. Meetings with all 3 Acutes. Meetings with representatives of the provider market to support co production. Link with Enhanced Health in Care Homes Project.	July 2017 August 2017 September 2017
Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.	**Current Position**	Local arrangements in place including contracts with provider working within a Trust to expedite a range of patients – predominantly family choice / self-funders.	
	Planned Activity	Each acute is looking at their current system with a focus on how Discharge Coordinators link with Integrated Care Coordinators /GP surgeries / Local voluntary organisations. (Local)	Ongoing
Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital	**Current Position**	Well established project with a clear forward looking plan.	April 2017

as well as improve hospital discharge.	**Planned Activity**	Development of a robust care homes dashboard. Workforce development. Develop and introduce a falls prevention tool for care homes. Improve the pathway between hospital and care homes. Introduce a communication tool to support decision to support decision making by care home staff. Target support at care homes making most use of 999.	30th June 2017 30th Sept 2017 30th November 2017 31st December 2017 31st March 2018

Health and Wellbeing Board

Item 9

Report title:	**Children & Young People's Mental Health - Local Transformation Plan for Norfolk & Waveney (2017/18 Refresh)**
Date of meeting:	**27 September 2017**
Sponsor (H&WB member):	**Antek Lejk, Chief Officer, North & South Norfolk CCGs (on behalf of the Chief Officers of North, South, Norwich, West Norfolk and Gt Yarmouth & Waveney CCGs)**

Reason for the Report

- To approve the refreshed CAMHS Local Transformation Plan (LTP)
- To reflect changes and amendments to the plan including how original LTP proposed service developments have progressed and been implemented
- To endorse the proposed strategic LTP priorities for the next 2 years

Report summary

NHS England requires each partnership to refresh their LTP annually to reflect the anticipated annual financial uplift, how this will be spent and how the original plan has been implemented and evolved. The full sum of £1.9m was invested in 2016/17 and is now a recurrent commitment in provider contracts (2017-19). Additionally in 2016/17 the CCGs invested £168k of additional recurrent core CAMHS funding for increased specialist CAMHS capacity in the Thetford area and upwards of £350k non-recurrent funding to reduce waiting times in core CAMHS.

The refreshed LTP for 2017/18 is deliberately different from previous iterations in that the original projects have become 'business as usual', but continues to be influenced by ongoing consultation with children and young people. It sets out the progress made to implement the 9 specific recurrent service developments that were outlined in the LTP. It also summarises some of the challenges and issues with the current system and pathways for children and young people with mental health difficulties. It also answers specific Key Lines of Enquiry (KLoEs) required by NHS England. It proposes that two key strategic priorities are delivered over the next 2 years, namely:

1. To ensure the final one of the 9 LTP recurrent service developments is fully implemented and operational as soon as feasible
2. To ensure the project to re-design and re-engineer the entire system for children and young people with mental health needs continues to progress at pace in order to maximise the opportunities for integrated pathways and economies of scale

Action/decisions needed:

The Health & Wellbeing Board is asked to:

- endorse the refreshed LTP
- recommend that the 5 CCGs and NHS England approve and sign off the Plan
- advise about other activity which could complement or support delivery of the LTP

1. Background

1.1 In 2015 CCGs were required to produce Local Transformation Plans (LTPs) to improve mental health provision for children & young people. The 5 CCGs agreed to collaborate to produce a single LTP for Norfolk & Waveney, covering the geographic area served by:

- Gt Yarmouth & Waveney CCG
- North Norfolk CCG
- West Norfolk CCG
- Norwich CCG
- South Norfolk CCG

1.2 With each anticipated yearly uplift, NHS England requires LTPs to be refreshed, signed off by the same bodies as last year, and published on local websites.

1.3 In July 2016 NHS England published an Implementation Plan to set out the actions required to deliver the Five Year Forward View for Mental Health in the years up until 2020/21 – including what LTPs are expected to achieve. LTP specific priorities include:

1.3.1 Explicit numeric targets each year until 2020/21 for improved access to services. One of the key national expectations/targets is that by 2020/21 at least 35% of children with diagnosable mental health problems will be able to access support and treatment. In Norfolk & Waveney this is already achieved, with 55% of under 18 yr olds (10,455) with a diagnosable mental health problem accessing support and treatment during 2016/17. However, our ambition is to reach as many of the 8,500 (35%) of under 18 yr olds with diagnosable mental health conditions who do not currently access support and treatment.

1.4 It is a formal part of the governance requirement of the NHSE Key Lines of Enquiry (KLoE) that the Health and Wellbeing Board (HWB) approves the annual refresh of the LTP. In September 2016, the HWB received a report on the refreshed LTP 2016/17 and approved the refreshed Plan. [The minutes of the Board's discussion is at pages 4-5 of the following link.]

2. CAMHS Local Transformation Plan

2.1 Our original LTP contains 9 agreed recurrent developments. Of the 9 recurrent service developments, 8 are complete and fully operational and 1 (online developments) is in process of being mobilised. A brief update relating to each now follows:

2.1.1 **CAMHS Eating Disorders increased specialist capacity** - £544k of recurrent LTP funding has been allocated to boost capacity. Our specialist provider (Norfolk & Suffolk Foundation NHS Trust – NSFT) has recruited to 13 new clinical posts (including psychologists, nurse therapists, other therapists and support posts).

2.1.2 **Point 1 increased capacity** - £242k of recurrent LTP funding allocated to boost capacity in Point 1 (the countywide Targeted CAMH Service). All 6 new posts have been recruited to and referrals received and accepted into the service continues to rise.

2.1.3 **Link work function for schools and universal settings** - Staff have been appointed and liaison work between the Norfolk County Council PATHS team and the provider has been established to ensure join up and sharing of expert knowledge. The function will provide advice, support and training to help ensure schools and universal settings are well equipped to meet the mental health needs of children and know when and how to ask for help from our Targeted and Specialist CAMHS teams.

2.1.4 **Online developments** - £100k of non-recurrent funding allocated to enable core CAMHS to offer some online therapy to clients/patients and to introduce online and 'app' based self-help materials.

2.1.5 **Increased capacity for neurodevelopmental pathways** - £28k of recurrent funding allocated. The initial option put to CCGs was rejected. Revised options are to be put to CCGs regarding the best way in which this funding could be deployed within the Accessibility strand of the LTP.

2.1.6 **Increased CAMHS support for Children & Young People affected by domestic abuse and sexually harmful behaviours** - £84.5k of recurrent funding allocated. Two posts have been appointed to across health and Youth Offending and the service is operational.

2.1.7 **Extended opening hours of NSFT CAMHS** - £227k of recurrent funding allocated. This became operational in April 2017.

2.1.8 **Crisis Pathways increased capacity** - £384k of recurrent funding to boost specialist capacity to assess and provide intensive support for the most vulnerable clients/patients in crisis. The capacity will also provide training and advice to 'first responders' (Ambulance, Police, Hospitals and Social Care staff) so they feel better equipped to manage such cases. Currently in the final stages of contract negotiations. The increased capacity went live in April 2017.

2.1.9 **CAMHS Capacity in the Police Control room -** £30k is provided annually to ensure that Constabulary staff in Norfolk and Waveney dealing with CYP with mental health issues have expert advice and guidance on hand whenever they need it. This service has been operational since funding began in 2015/16.

2.2 **Challenges and opportunities for the refreshed LTP to address** – The 9 new recurrent service developments (when fully implemented) will provide welcome additional capacity and will in part 'transform' provision, particularly for children and young people in crisis. However, there are a number of long standing systemic issues and barriers to effective integration that the refreshed LTP will seek to address, including:

2.2.1 Several different providers, all working to different contracts & KPIs, and all producing different performance and outcome data

2.2.2 Several different commissioning organisations with lead commissioning responsibility for parts of the CAMHS system, which are managed via separate reporting and performance management routes (thereby making it hard to effectively co-ordinate and join up commissioning activity)

2.2.3 Potential joint commissioning opportunities to deliver more cost effective, integrated provision not maximised

2.2.4 Inconsistencies and gaps in some pathways/services which could be 'designed out' – variations in age ranges served and variations in the service 'offer' in some areas (e.g. Thetford)

2.3 **Proposed priorities for the refreshed LTP to address over the next 2 years** - it is proposed that the following two high level strategic priorities are pursued, with appropriate direction and support provided by the arrangements being put in place to deliver the Norfolk & Waveney Sustainability and Transformation Plan (STP), which is operating to the same (5 CCG) planning footprint as the LTP:

2.3.1 To ensure the final one of the 9 LTP recurrent service developments is fully implemented and operational as soon as feasible

2.3.2 To ensure the project to re-design and re-engineer the entire system for children and young people with mental health needs continues to progress at pace in order to maximise the opportunities for integrated pathways and economies of scale.

2.4 If such a system-wide re-engineering exercise is to be successfully delivered, key strategic bodies in Norfolk & Waveney will need to collaborate and pull together. Essential to success will be that effective joint governance/decision-making arrangements are in place to deliver the desired changes at scale and pace. It is anticipated that developing effective joint governance and decision making structures will be a central priority for the Norfolk & Waveney STP.

2.5 The proposed re-design and re-engineering should include the full system-wide spend on mental health activity for children and young people, which is in excess of £17.5m per year.

Officer Contact

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

Name	Tel	Email
Jonathan Stanley	01603 638321	Jonathan.stanley@norfokl.gov.uk

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NORFOLK AND
WAVENEY CCGS

CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES LOCAL TRANSFORMATION PLAN 2015-2020

and Waveney
Clinical Commissioning Group

SEPTEMBER 2017 REFRESH

Produced collaboratively by Norfolk's CAMHS Strategic Partnership

Assured by the Health and Well Being Boards of Norfolk and Suffolk

Contents

Who do the Norfolk and Waveney CCGs commission services for?

The area of Norfolk and Waveney covers 2900 square miles, with approximately 110 miles of coastline. The area extends from the fens in the west to the broads in the east, the north Norfolk coasts and the Brecks of south Norfolk. It covers a vastly rural landscape with 4 main urban areas of Norwich, King's Lynn, Great Yarmouth and Thetford. The population is estimated at 976,000 people with 40% of them living in the 4 built up areas. The map below shows the geographical footprint of the area. Within that area there are five CCGs: Norwich, West Norfolk, South Norfolk, North Norfolk, and Great Yarmouth and Waveney. Waveney is within the county of Suffolk and is administered by Suffolk County Council.

- The five CCGs and Norfolk County Council jointly commission a Targeted CAMHS offer for Norfolk. The provider is a consortium of two third sector organisations and the local Mental Health trust.
- The five CCGs jointly commission Specialist CAMHS services for Norfolk and Waveney. The provider is the local Mental Health Trust.
- Both the Targeted and Specialist offers have a PIMHS element.
- The geographical area above is covered by two separate Children's Services, and Public Health departments, and two Youth Offending Teams – Norfolk County Council and Suffolk County Council.
- There are 8 District Council areas.
- Norfolk and Waveney has 3 acute hospitals in its area with a fourth in Suffolk that covers the Thetford population.

There are also many other third sector and private providers who cater for children and young people with mental health and emotional wellbeing concerns, and some of our schools provide outstanding CAMHS and wellbeing support in-house to their pupils. In addition there are youth services, family support and social care provisions that together play a key role in the delivery of a whole system of support for children, young people and their families and carers.

National Context

Transforming children and young people's mental health and emotional wellbeing services has a current and high national profile that goes back to the launch of the Future in Mind report. This set a challenge and clear guidance for the next five years, backed up by the Five Year Forward View, with specific focus on eating disorders, early intervention and crisis support. Some of the requirements include increasing access to CYP IAPT and evidenced based therapies, increasing access to eating disorders services and improving waiting times, and enabling at least 35% of children and young people with a diagnosable mental health condition to access the help they need.

Norfolk and Waveney has sought to look for ways to transform the existing system, whilst looking to the future and a wider whole system redesign of CAMH services to ensure that children and young people, in line with government expectations that radical change can be effected by health and care systems.

Funding

Nationally £1.25 billion has been committed by 2020 to transform CAMHS, with £150 million for eating disorders. Norfolk and Waveney received £1.9 million in the first year, including £0.5 million for eating disorders.

Local Context

Norfolk and Waveney faces a population increase in the 0-24 age range in the next 10 years, despite an increasing aging population being the major focus for the area. This group make up 27% of the total population within Norfolk and Waveney. The projected increase in 0-18 year olds is predicted to be higher at 6.5% by 2015. This group make up 20.2% of the total population within Norfolk and Waveney.

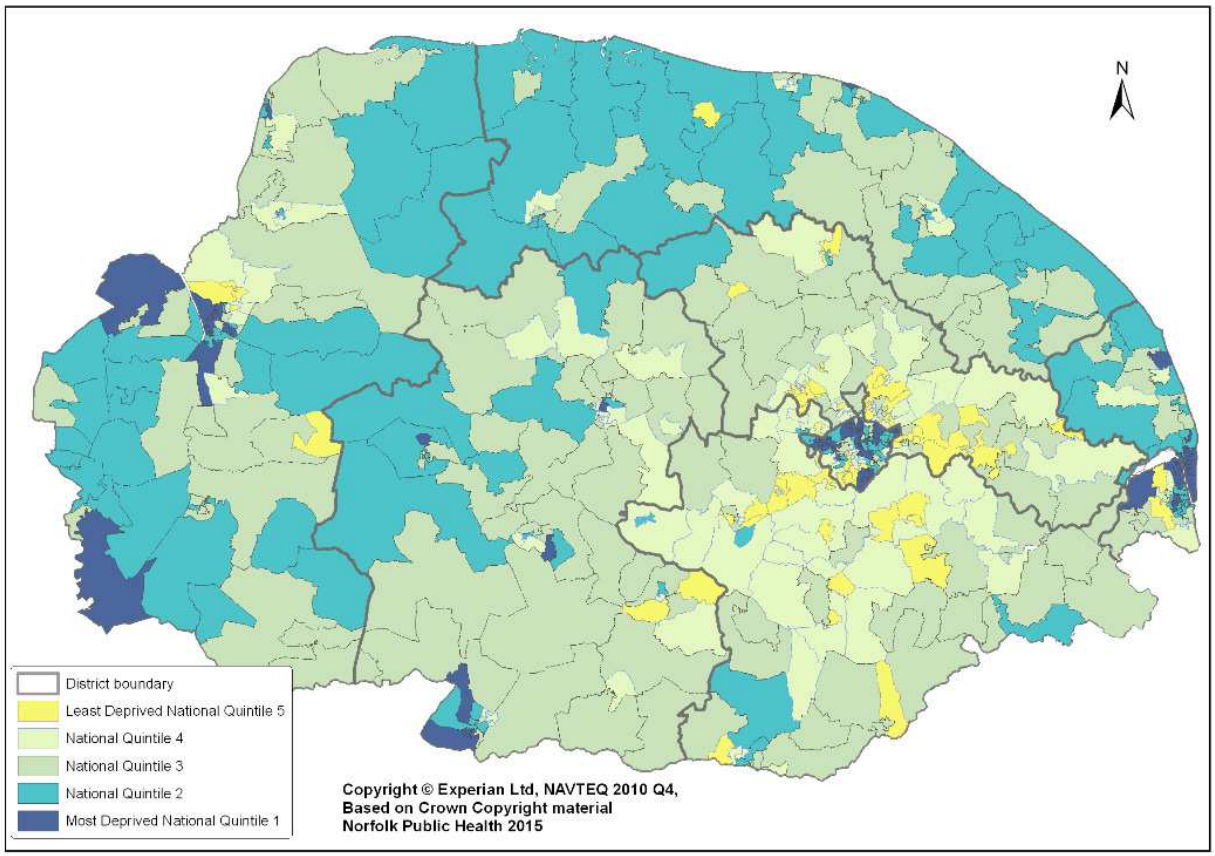
0-24 year olds	2015	2025	Population Change (%)
Norfolk & Waveney	**271,698**	**278,600**	**2.5%**

0-18 year olds	2015	2025	Population change (%)
Norfolk & Waveney	**201,989**	**215,958**	**6.5%**

Deprivation

Norfolk, as a county authority, has a deprivation ranking score of 88 out of 152 local authorities. The mean deprivation score for all single tier and county councils within England is 77 (out of 152). This means that Norfolk is less deprived than the mean (average) for single tier and county councils. In terms of deprivation, Norfolk and Waveney is more deprived than the mean for county local authorities, but not as deprived as the mean for the single tier and county councils. The areas that are within the 10% most deprived nationally include pockets within Great Yarmouth, Lowestoft, Norwich, King's Lynn and Thetford.

The percentage of children aged 16-18 years who were not in education, employment or training (NEET) in Norfolk in 2015 was 4.2%. This was slightly higher than the mean for all English county local authorities (3.8%).



National deprivation quintiles

Schools

The Child and Young People Health and Wellbeing survey carried out in Norfolk schools in 2015 found that 5% of secondary school pupils scored very low on the Warwick-Edinburgh Mental Wellbeing Scale, a validated screening tool. This was very similar to the national average. The survey indicated that emotional resilience and self-esteem declined as pupils got older, this was more marked for girls than boys. Also higher amongst girls is the prevalence of self-harm and this too increases with age. The survey will be repeated in October 2017.

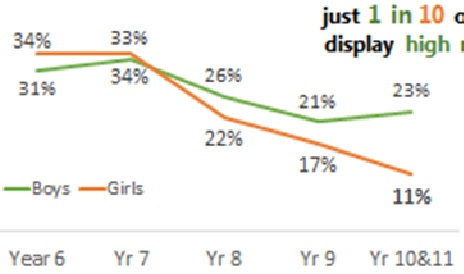
Emotional Health

of children have **poor mental health**

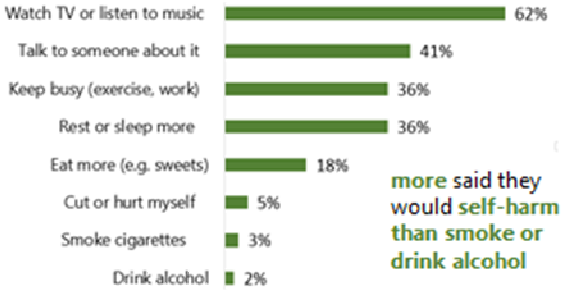
(the survey used validated mental health screening questions)

Emotional resilience declines with age:

just 1 in 10 older girls display high resilience



"What do you do when your stressed?"



more said they would self-harm than smoke or drink alcohol

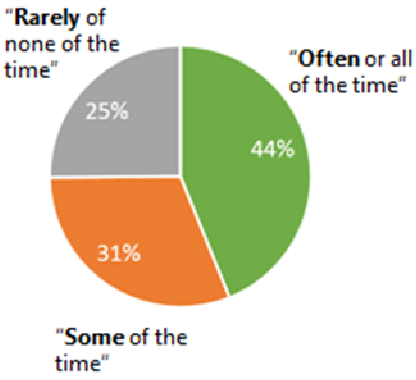
"I would usually or always cut or hurt myself"

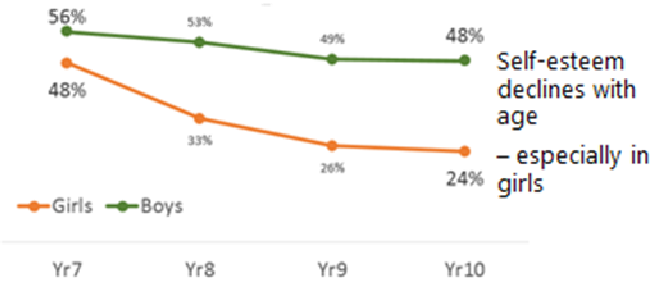
	Boys	Girls
Year 7	6%	2%
Year 8	5%	5%
Year 9	3%	7%
Year 10	2%	10%

1 in 3 are optimistic about the future "rarely" or "none of the time"

Self-esteem

"I feel good about myself"





Self-esteem declines with age – especially in girls

Results show the **link** between:

positive mental wellbeing ↔ positive health behaviours

Children with medium-**low resilience** scores are

- More likely to **smoke**
- More likely to have **drunk alcohol** last week
- Less likely get their **five a day**

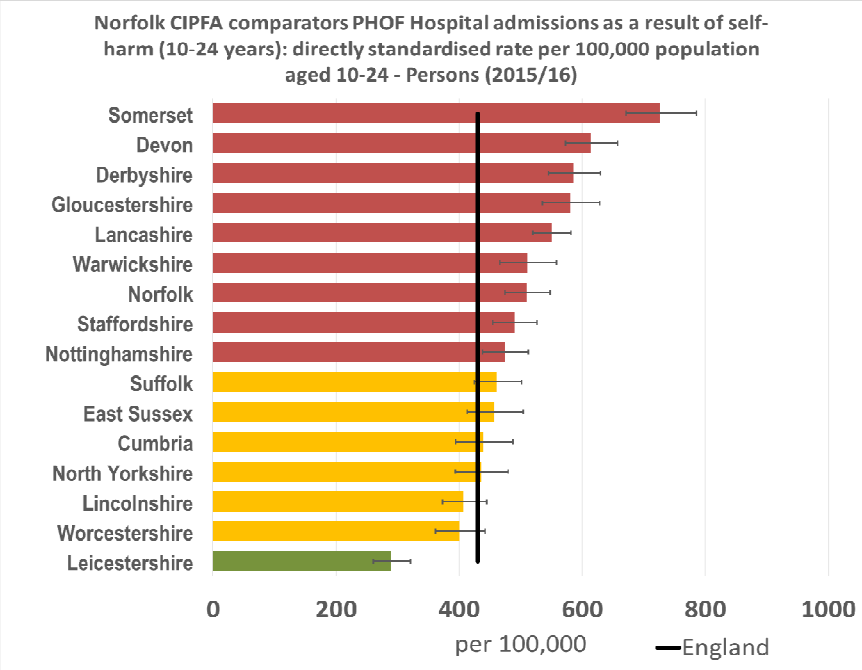
Population Increase

Looking to the future, the population increase will bring higher numbers of mental health and emotional wellbeing needs for CYP. The table below outlines the predicted increases over the next 8 years.

	Diagnosable Mental Health Condition		Emotional Disorder		Conduct Disorder		Hyperkinetic Disorder		Less Common Disorders	
Year	2015	2025	2015	2025	2015	2025	2015	2025	2015	2025
Boys	7,256	8,044	1,962	2,197	4,778	5,291	1,632	1,794	1,220	1,334
Girls	4,648	5,252	2,590	2,984	2,387	2,691	244	270	451	514
All	11,904	13,296	4,551	5,181	7,165	7,982	1,875	2,064	1,671	1,848

Self Harm

From analysis of CIPFA comparators, it is clear that Norfolk has a role to play in reducing self-harm admissions in acute hospitals. However, alcohol related admissions are low compared to the same comparators and remain under the national average by some distance.



Youth Justice

Norfolk has significantly higher proportion of children aged 10 to 17 entering the youth justice system for the first time compared to the England average and its CIPFA (Chartered Institute of Finance and Accountancy[1]) comparator group. This has the impact of raising the proportion of 10 to 17 year olds ever entering the youth justice system and suggests another group of young people who may be experiencing or bordering on emotional wellbeing concerns that are manifesting in criminal behaviour.

[1] CIPFA nearest neighbour' is a comparative analysis between a local authorities *nearest neighbours* based on their distance apart. Available at: http://www.cipfastats.net/resources/nearestneighbours/.

In Norfolk, there were 325 first time entrants to the youth justice system in 2015, compared to 424 (-99) in 2014. There were a total of 838 children recorded as being in the youth justice system in 2015, compared to 830 in 2014.

Looked After Children

The average difficulties score for all looked after children in Norfolk aged 5-16 who have been in care for at least 12 months as of 31st March 2016, was 14.6[2]. This is above the national average of 14.0 but comparable to the East of England average of 14.5. Ofsted have shown that this is a focus of their activity in Norfolk and include those young people leaving care.

The rate of looked after children in Norfolk is 62.2 per 10,000 population (0-18 years). This is higher than the regional rate of 48.7 per 10,000 and national rate of 60.3 per 10,000. This places Norfolk children and young people more at risk of suffering from emotional wellbeing concerns that in turn can lead to mental health issues.

As of April 2017, there were 1,090 looked after children in Norfolk. Over 1,700 vulnerable families have been supported by Norfolk Family Focus.

Learning Disabilities

In the United Kingdom, there is an estimate of between 700,000 to 1.5 million people living with a learning disability. Using the QOF 2015/2016 register for Norfolk and Waveney a total of 6,268 people with learning disabilities (all ages) were registered with GP practices, from a total GP practice population of 1,029,714. This is equal to a prevalence of 0.61% across Norfolk and Waveney (up 0.02% from 2014/2015). The prevalence of learning disabilities for England is 0.5%.

Using the SEND report data (Special Educational Needs Data, metric 2212, Department for Education, Special Educational Needs in England), in Norfolk 15.4% of pupils have a statutory plan of SEN (statement or EHC plan) or are receiving SEN support (previously school action and school action plus). This compares to an average of 14.4% across all English regions and a CIPFA nearest neighbours average of 13.6%.

Summary of the Previous Local Transformation Plans

The 2015/16 and 16/17 CAMHS LTP for Norfolk and Waveney followed a similar pattern of proposing project streams that were developed through collaboration with providers, the third sector in the region, youth justice partners, and young people. This particular involvement took the form of youth councils and specific youth led projects to determine how the service should be planned and what CYP wanted from their MH services going forward.

The projects identified through this collaborative format were brought online in 2015-17 and their costed spend is listed below.

[2] Fingertips tool. Available at: www.fingertips.phe.org.uk

ASSURED LTP PLAN		
Section	**Proposal / Activity**	**Recurrent Cost**
Early Help and Prevention	Develop a 'link work' function for universal settings	£ 200,000
Accessibility	Online platform and resource e.g. self help, apps	£ 100,000
Accessibility	Increase capacity to targeted CAMHS (Point 1 Service, 6 new posts)	£ 241,696
Accessibility	Increased capacity for neurodevelopmental pathways	£ 28,075
Accessibility	Increase capacity in specialist CAMHS and the local authority to support children exhibiting sexually harmful behaviours	£ 150,000
Eating Disorders	Increase staffing and capacity in line with the new national guidance	£ 543,633
Crisis Pathways	Extension of Core Hours of the 3 specialist CAMHS Teams - Admin cover	£ 105,000
Crisis Pathways	Extension of Core Hours of the 3 specialist CAMHS Teams - Clinical provision	£ 122,000
Crisis Pathways	Increase capacity of intensive support team workforce	£ 49,000
Crisis Pathways	Out of hours crisis assessments	£ 150,000
Crisis Pathways	Trainer /Adviser for Ambulance, police, hospitals, social care & bank staff	£ 30,000
Crisis Pathways	Crisis Support Workers	£ 155,000
Crisis Pathways	Integrated Mental Health Team - CAMHS capacity at the Police Control Room	£ 30,000
		£ 1,904,404

Link work function for schools and universal settings – Staff have been appointed and liaison work between the Norfolk County Council PATHS team and the provider has been established to ensure join up and sharing of expert knowledge. The function will provide advice, support and training to help ensure schools and universal settings are well equipped to meet the mental health needs of children and know when and how to ask for help from our Targeted and Specialist CAMHS teams.

Online developments - £100k of non-recurrent funding allocated to enable core CAMHS to offer some online therapy to clients/patients and to introduce online and 'app' based self-help materials.

Point 1 increased capacity - £242k of recurrent LTP funding allocated to boost capacity in Point 1 (the countywide Targeted CAMH Service). All 6 new posts have been recruited to and referrals received and accepted into the service continues to rise.

Increased capacity for neurodevelopmental pathways - £28k of recurrent funding allocated. The initial option put to CCGs was rejected. Revised options are to be put to CCGs regarding the best way in which this funding could be deployed within the Accessibility strand of the LTP.

Increased CAMHS support for Children & Young People affected by domestic abuse and sexually harmful behaviours - £84.5k of recurrent funding allocated. Two posts have been appointed to across health and Youth Offending and the service is operational.

CAMHS Eating Disorders increased specialist capacity - £544k of recurrent LTP funding has been allocated to boost capacity. Our specialist provider (Norfolk & Suffolk Foundation NHS Trust – NSFT) has recruited to 11 new clinical posts (including psychologists, nurse therapists, other therapists and support posts).

Extended opening hours of NSFT CAMHS - £227k of recurrent funding allocated. This became operational in April 2017. Opening hours have been extended from 9-5 to 8-8, Monday to Friday and a minimum of 3 hours on weekend days and bank holidays.

Crisis Pathways increased capacity - £384k of recurrent funding to boost specialist capacity to assess and provide intensive support for the most vulnerable clients/patients in crisis. The capacity will also provide training and advice to 'first responders' (Ambulance, Police, Hospitals and Social Care staff) so they feel better equipped to manage such cases. Currently in the final stages of contract negotiations. The increased capacity went live in April 2017.

CAMHS Capacity in the Police Control room - £30k is provided annually to ensure that Constabulary staff in Norfolk and Waveney dealing with CYP with mental health issues have expert advice and guidance on hand whenever they need it. This service has been operational since funding began in 2015/16.

What's next and priorities for the next year

The full sum of £1.9m was invested in 2016/17 and is now a recurrent commitment in provider contracts (2017-19). Additionally in 2016/17 the CCGs invested £168k of additional recurrent core CAMHS funding for increased specialist CAMHS capacity in the Thetford area and upwards of £350k non-recurrent funding to reduce waiting times in core CAMHS.

The projects listed above now operate as business as usual with performance and outcome reporting occurring regularly and as part of existing contracts. They have been costed year on year at the original £1.9m funding agreement.

The refreshed LTP has a series of priorities over the next year, all of which will continue to move the transformation of CAMHS forward and toward improving services for children and young people in Norfolk and Waveney. These priorities are:

- To maintain the trajectory of transformation in CAMHS in Norfolk and Waveney, a wider and more ambitious redesign project, first outlined in the refreshed LTP in 2016/17 has begun. This will seek to redesign the entire CAMHS system in Norfolk and Waveney within existing budget constraints with an ambition to see approximately 50% of all CYP in the area with diagnosable mental health and emotional wellbeing needs. This would exceed the national Five Year Forward

View target by 15%. It will seek to address identified issues with the current provision:

a) Several different providers, all working to different contracts & KPIs, and all producing different performance and outcome data
b) Several different commissioning organisations with lead commissioning responsibility for parts of the CAMHS system, which are managed via separate reporting and performance management routes (thereby making it hard to effectively co-ordinate and join up commissioning activity)
c) Potential joint commissioning opportunities to deliver more cost effective, integrated provision not maximised
d) Inconsistencies and gaps in some pathways/services which could be 'designed out' – variations in age ranges served and variations in the service 'offer' in some areas (e.g. Thetford)

- Reporting targeted services activity to the MHSDS to ensure Norfolk and Waveney is accurately represented in UNIFY returns.
- Taking the place-based/collaborative commissioning agreement forward.
- Improving our online presence and information available to universal settings and the wider public.
- Establishing a SPOC for our main services (Targeted and Specialist).

The priorities bring together health and social care partners to focus on the child as a whole to provide resilience for CYP and families and carers until the redesigned service is agreed and implemented, the best and most joined up provision we can.

KLOEs

To ensure that all the elements of the Key Lines of Enquiry are answered we have provided detail below and this forms the final element of the refreshed LTP for 2017/18.

Transparency and Governance

This refreshed LTP and previous versions are available online at https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/childrens-health-and-wellbeing/mental-health-camhs/professionals

This includes an annual declaration showing the key investment, staffing and referral rates for providers in the area. It shows the level of investment commissioners are making in CAMHS. Information about KPIs will be appended to this refreshed version of the LTP (Appendix available on request). Our previous LTPs included specific plans to improve local services and these can be found in the 2015/16 LTP. These plans are now operational and we are moving on to a wider plan of transformation that is outlined above.

The LTP has been incorporated into the Norfolk and Waveney STP which has a strong focus on mental health issues for all ages.

The existing services perform well, with an estimated 55% of children in Norfolk and Waveney with a diagnosable mental health condition accessing services. Waiting times

are below the national guidelines and feedback from users is mainly positive. The projects instigated by the CAMHS LTP have ensured the extra capacity has been added to services and new and innovative ideas have been introduced to ensure that children and young people in the area have improved access and improved services. This is illustrated above in the list of work that has been implemented. As we move forward, the finance trajectory below shows that a different approach to transforming services needs to be taken.

The challenge for the future lies in using the existing committed funding across the entire CAMHS system to provide a redesigned service that even more CYP can access, where tiers are removed and gaps between services disappear, where entry criteria no longer exist between levels of need, and where there is no confusion about which service a child needs, because there is only one service. To continue to take transformation forward, Norfolk and Waveney is carrying out a whole system redesign. This will use the existing committed funding for all CAMHS services deemed to be in scope, and will seek to find a fully integrated, easy to navigate MH system for CYP to ensure there are no gaps between teams or services provider to ensure there are no gaps between services. It will also seek to achieve economies of scale to enable more children (50%) with a diagnosable mental health problem to access services.

Finance

Norfolk and Waveney CCGs have committed the following spend year on year.

2015/16	2016/17	2017/18	2018/19	2019/2020
£1,904,404	£1,904,404	£2,125,793	£2,125,793	£1,904,404

Staffing – ED (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
16	26.4	29.3	29.3	29.3

Staffing – Crisis Pathways (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
		14.6	14.6	14.6

N.B. The new and extended service has taken advantage of some existing staff from previous services that no longer exist. The numbers above indicate the number of staff now used to fully run the crisis pathway but it should be noted that some did exist prior to the creation of the new provision. The provider has been unable to state exactly how many are brand new posts but indicate that all the above are funded from the LTP.

Staffing – Link Work Function (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
	5	5	5	5

Staffing – Harmful Sexual Behaviours (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
	2	2	2	2

Staffing – Extra Capacity in Targeted Service (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
6	6	6	6	6

Activity

All activity across targeted and specialist services

2015/16	2016/17	2017/18	2018/19	2019/2020
49%	51%	55%	62%	69%

Activity across specialist and targeted services as reported in the Annual Declaration

Year	Activity	% increase
14/15	9252	
15/16	9682	4%
16/17	10455	7%

This includes Point 1 (Targeted), NSFT (Specialist), NCH&C (ADHD cases only). It excludes cases with a dual diagnosis of CAMHS and LD.

Currently Norfolk and Waveney have a population of 190,482 0-17 year olds. Mentalhealth.org.uk reports that 10% of children will have a diagnosable mental health problem. Currently Norfolk and Waveney are reaching 55% of children with a diagnosable mental health problem.

Activity across Specialist services reported via Unify returns

	16/17	17/18	18/19
Great Yarmouth and Waveney	22.80%	30.00%	32.00%
North Norfolk	24.90%	27.50%	30.00%
Norwich	25.30%	27.50%	30.10%
South Norfolk	19.10%	23.00%	27.00%
West Norfolk	18.30%	22.50%	26.70%

Currently the targeted service is unable to feed data into the MHSDS returns as they do not have access to the required secure connection. The Annual Declaration shows that with their level of referrals, Norfolk and Waveney currently in 16/17 saw 55% of children with a diagnosable mental health issue. Various options regarding the MHSDS return are being explored, including the Clinical Network and NHS Digital working together to find

ways to fund small third sector providers so they can provide data to the MHSDS. We are also in negotiations for this data to be submitted via the local MH provider as a separate data set to ensure that a more accurate picture of Norfolk and Waveney is available.

Engagement

During the planning for the original LTP a significant programme of user involvement took place culminating in a presentation by students from the University of Arts London that explored what CYP in Norfolk and Waveney had asked for in their transformed services. This direct involvement in the service planning ensured that the projects outlined above were in line with those aspirations.

As we move forward with the redesign as the next phase of service transformation there is a further extensive programme of involvement lined up to ensure CYP and their families are consulted on various elements of the proposed new service, including service design, proposed specs, how we evaluate services, and how we will oversee the contracts. We recognise that we need to develop an involvement plan that clearly outlines youth involvement at every stage, both during and after the redesign.

Other aspects of involvement include the Health and Wellbeing Boards sign off: the committee has an obligation to oversee and work on behalf of the residents of Norfolk and Suffolk and ensure that plans represent their needs. In addition we have presented a series of reports to the Norfolk Health Overview and Scrutiny Committee which began soon after the plans launched in 15/16. The committee scrutinises Health decisions and has taken a particular interest in CAMHS work, along with the Children's Services Committee who set up a Task and Finish Group looking directly at CAMHS provision across the county at all levels. We were present at all of these meetings which include service users, providers and commissioners all discussing what was provided and what needed to be provided. The final report has also been instrumental in how we are designing our new service.

The LTP and all CAMHS work is oversighted by the CAMHS Joint Commissioning Group which is made up of the CCG funding partners for the LTP, NHSE Spec Comm and Norfolk County Council who manage the targeted contract for the CCGs and Council. Further oversight is provided by the CCG Mental Health and Learning Disabilities Commissioning Network, The Norfolk Health and Wellbeing Board, Norfolk Health Overview and Scrutiny Committee, and user involvement groups as and when they are needed. Further than this the CAMHS Strategic Partnership (the formal mental health sub-group of the Children and Young People's Partnership for Norfolk) also has oversight of the LTP and its work streams. This group also include youth justice, the Police, providers, third sector representatives and Healthwatch, who all have input into the plan.

The refreshed LTP will be signed off by CCGs and Norfolk Health and Wellbeing Board before it is published and will also be available to any other interested party to endorse including, specialist commissioning, Directors of Children's Services (closely involved in the CAMHS Redesign project), the local safeguarding children's board, and local

participation groups. It will be endorsed by the CAMHS Strategic Partnership before being published too.

The refreshed LTP will also be available in an accessible format by April 2018.

Understanding Local Need

Our LTP has been informed by a range of involvement and engagement activity, including:

a) Feedback from children and young people who have used our services, via routine service user experience of service questionnaires, structured interviews with young people, group work with Norfolk's Youth Parliament, workshop activity with our Mental Health Trust's Youth Council, and quality concerns/complaints raised by children and young people and their parents/carers
b) Feedback from staff in schools and other universal settings
c) Workshops and interviews with front line staff from targeted and specialist mental health teams
d) Interviews with staff who depend on our targeted and specialist mental health teams for advice and support regarding children/young people they are concerned about – including those who most commonly act as 'first responders' to children and young people during a mental health crisis.

In addition, as stated in the section above, we carried out a programme of involvement prior to the original LTP which informed the projects that were and remain funded by this initiative. Since that point a Task and Finish group carried out a significant and extended piece of work that explored all CAMHS services in Norfolk regardless of funding stream, to explore how provision could be bettered and what exactly service users would want to see.

We are addressing health inequalities directly through several elements of the original LTP including the Crisis Pathway work, the introduction of specific harmful sexual behaviours workers and the link work function in schools. In the redesigned service it is apparent that Looked After and Adopted Children and their carers require a specific pathway to enable them to build resilience and explore their lives. There is also a conversation being had to explore the neurodevelopmental pathways needed to ensure that once children are diagnosed there are better treatment options available to them.

Our JSNA no longer contains any data relating to children's mental health and refers readers to the STP. The needs assessment to this plan gathers information from a wide range of data sources to clearly produce a rounded picture of mental health needs of children in Norfolk and Waveney. It also sets out how these needs could be better met and the implications for local services.

LTP Ambition

It is clear from the financial trajectory above that for the duration of the LTP the funding will not increase. Therefore, commissioners have sought another way to identify and

implement system wide transformation in CAMHS in Norfolk and Waveney. The CAMHS whole system redesign is a project that includes partners from NHS England, local authorities, third sector partners (both providers and representatives), youth justice, primary care GP leads and schools and education establishments via our involvement and link work.

The redesign envisions a service with no tiers and no boundaries to movement between services, either up or down, sideways, in or out. Children and young people will no longer fall between services as criteria for access will cease to prevent movement between provisions, with a focus on collaboration between the child and the professionals to provide what is needed.

The deliverables set out in the Five Year Forward View for children and young people's mental health relate to 70,000 additional children and young people receiving and evidence based treatment. This equates to 35% of children with a diagnosable mental health issue receiving treatment, which in Norfolk and Waveney is already occurring. Norfolk and Waveney is seeking to increase this to 50% by redesigning the service. It has also sought to increase the number of staff who can provide evidenced based treatment by joining a CYP IAPT collaborative and putting 13 people through a variety of treatment based training. Further to this a Mother and Baby unit is opening in East Anglia, and the LTP ensured that MH support in A&E was enhanced with our 24 hour Crisis Pathway ensuring staff and CYP are supported when they present in crisis. In addition we provide support to the Police control room so Constabulary staff are able to access expert help when they encounter CYP with mental health needs, be it in the community, at hospitals or in the cells.

The LTP addresses the whole system of care as follows:

Early help and early intervention including universal setting, schools and primary care – the plan allows for an online offer which is currently being drafted by the provider as well as the Link Work function already in place. This function will link with schools and primary care and ensure they are supported and informed in relation to the CAMHS system and how to access it. The Healthy Child Programme has also employed 9 staff to provide support and advice to early help settings.

Early help provision with local authorities – two projects fulfil this aspect, the 1st responder training provided as part of the crisis pathway, and the work being carried out to support CYP with harmful sexual behaviours. The 1st responder training is open to local authority staff who may encounter children in crisis, often social work staff. The sexually harmful behaviours workers are helping children in the justice environment to prevent reoffending.

Routine care – Three areas of work have improved and increased routine care, increased capacity in the Point 1 service, the targeted function; increased capacity in the eating disorders service to within 12% of the total suggested by the workforce calculator provided by NHS England; and the specialist function has increased its opening hours to better suit CYP in the Norfolk and Waveney area.

Crisis care and intensive interventions – The crisis pathway in Norfolk and Waveney is now 24 hour, with CAMHS assessments and access to support for CYP and acute hospital staff if needed. Clinics assess children admitted at weekends to ensure they do not stay in a hospital bed longer than they need to, and ensure that a referral is made for ongoing support following the crisis. Police staff also receive expert CAMHS help and support from staff based in the police control room to ensure that any situation involving a child with a CAMHS need is supported and referred for services if required. This provides the police with a level of confidence that enables them to better deal with these situations.

Both the existing plan and the redesign include elements that focus on providing care for particular needs, those in the LTP are outlined above. The redesign is specifically looking at pathways for LAC CYP and those with neurodevelopmental needs, as well as any outlined in the national model CAMHS specification. There also exists a protocol outlining how the CAMHS needs of looked after children and care leavers will be met that was signed off by the Norfolk Safeguarding Children Board meeting in June 2017 and the East of England Clinical Network's Future in Mind Steering Group in March 2017 .

Our ambition is to jointly commission seamless pathways for those children and young people who may require inpatient care. Facilitated by the East of England Clinical Network, over the last 12 months CCGs and Local Authorities in the East of England have worked with NHS England's Specialised Commissioning team to develop an agreed set of objectives that we want to achieve for those who may need inpatient care. The objectives have guided work to co-produce a Collaborative Commissioning (or Placed Based Commissioning) Agreement for CAMHS Tier 4 pathways in the East of England.

Specialist care has been improved in the plans outlined above, included increased capacity in specialist provision from eating disorders to more suitable and longer opening hours.

There are currently no sustainability plans in place as there is an assumption that funding will continue at the current level beyond the end of the LTP lifetime, as indicated by NHS England.

Workforce

The LTP does not currently have a multi-agency workforce plan as the existing funding remains level and staff appointments have been made. However, the need for a plan remains where the redesign is concerned as this seeks to explore the balance of funding and staffing at current tiers and whether it requires rebalancing to enable the new service to see more CYP. It will also link with the involvement plan to ensure that key organisations are consulted, and it will show how capacity and capability will be increased within the wider system. Currently this is achieved via the 1st responder training, the link work function and the support to the police control room, each provider the wider CAMHS community with a level of confidence and support not previously experienced. The challenge for this workforce plan will be to continue CYP IAPT training programmes after back fill funding assistance ceases altogether. Currently the uptake for this training is encouraging, with year three providing the highest application rate so far.

Through the original funding we have implemented a 24/7 crisis care pathway that is fully staffed. This required additional staff to be drafted in and existing working patterns to be changed but enabled the provider to create a modern reactive pathway from existing resources, thinking smarter.

Collaborative and Place Based Commissioning

A joint place based plan exists between CCGs and specialised commissioning which develops in-patient care pathways across the locality footprint. It includes work to support crisis and admission avoidance, whilst looking at ways to ensure safe and appropriate discharge.

The plan will be submitted to the team supporting the STP to ensure it is integrated and published as part of the next iteration. It is currently published on the Norfolk County Council website alongside the previous LTPs.

The plan also outlines oversight of the work and was drafted by an implementation group for the region who are ensuring clear leadership is in place to bring about the changes the plan outlines.

In the Spring of 2017 the East of England Health & Justice Commissioners undertook a piece of work to review the evidence base and good practice, and to identify key priorities to invest new recurrent funding to better meet the needs of children involved in health and justice settings. Norfolk providers and commissioners supplied data to KPMG, were interviewed by them and participated in two regional workshops to help identify how the funding could be put to best use. At the time of writing it is expected that CCGs will be invited to bid for a share of £700k to invest in their local communities. Norfolk & Waveney's CCGs anticipate participating in the bidding round.

The Place-Based/Collaborative Commissioning Agreement provides further opportunities to build stronger links with the work of Health & Justice commissioners as the CYP served by Health & Justice commissioned provision also often need access to core community based and inpatient CAMHS units. To facilitate this, Health & Justice Commissioners are invited to join the East of England working group being established to enable greater collaborative commissioning between community and inpatient provision.

CYP Improving Access to Psychological Therapies (CYP IAPT)

Following feedback from two management Service Leadership candidates who trained through the CYP IAPT collaborative in 2016/17, the PID for the CAMHS redesign has been written around the CYP IAPT principles and a commitment from the project board to follow these throughout the project has been made.

Norfolk and Waveney joined the South East CYP IAPT collaborative in 2015 and has, in the three years since, supported or hopes to support 10 therapists and 5 managers through a variety of training, ensuring that CYP IAPT evidence-based practice and principles are embedded in all of our main providers. Both health and the third sector have put forward staff for training at all levels and there has been a move toward routine outcome monitoring were previously there wasn't, as well as improved supervision arrangements.

CCGs have provided salary support from one off grant funding whilst salary support for the third cohort remains to be secured. At the current time there are no sustainability plans for the Norfolk and Waveney element of the collaborative beyond the 3rd year.

The Norfolk CYP IAPT Stocktake shows the following table regarding uptake in its accredited training.

	Intervention	Presenting problems	Staff began training	Status (Complete unless stated otherwise) + EOIs / Applications 2017/19
	Service leadership		3	1 Completed 2017 2 In Progress due to complete 2018 **2 Applications 2017/18 – offered**
Supervision	**Supervision**		2	
Supervision	**Supervision (SFP ED)**		0	
Supervision	**Supervision (CBT)**		1	1 Completed 2017
Supervision	**Supervision (SFP CDD)**		1	1 Completed 2017
Supervision	**Supervision (PT)**		0	
Therapy Training	**Parenting Training (PT)**	Children (3-10 years) with conduct problems and their parents/carers	0	
Therapy Training	**CBT**	Anxiety and Depression	3	1 Withdrew 2016 2 Completed 2017 5 Expressions of Interest 2017/19 **4 Applications received – 3 of which from EOIs, 1 asked not to process by manager as 2 ppl already training**
Therapy Training	**Interpersonal Therapy (IPT-A)**	Adolescents with depression	3	1 Completed 2017 1 Withdrew 2016 1 In Progress due to complete 2019
Therapy Training	**Systemic Family Practice (SFP CDD)**	Depression, Self-Harm and Conduct Problems	3	1 Completed 2017 1 Withdrew 2016 1 In Progress due to complete 2019 **4 Expressions of Interest 2017/19**
Therapy Training	**Systemic Family Practice (SFP ED)**	Eating Disorders	0	2 **Expressions of Interest 2017/19**
Therapy Training	**Staff working with Autistic Spectrum Conditions and Learning Difficulties (ASDLD)**	Autistic Spectrum Conditions and Learning Difficulties	0	
Therapy Training	**Evidence Based Counselling Practice (EBCP)**	Depression, Anxiety	0	**1 Expression of Interest 2017/19 1 Application received - asked not to process by manager as 2 ppl already training**
Therapy Training	**Working with 0-5s and their parents/carers (0-5s)**	Mixed (Conduct problems)	0	**1 Expression of Interest 2017/19**

Eating Disorders

Baseline performance of the 0-18 Eating Disorder Service is shown below as at Quarter 4 2016/17, the most recent published data available. All five Norfolk and Waveney CCGs are part of the cluster. (Data provided by NHS England).

Urgent Cases: The number of patients started treatment by week since referral

CCG Name	>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 1 week
NHS GREAT YARMOUTH AND WAVENEY CCG	1	0	1	0	2	50.00%
NHS NORTH NORFOLK CCG	9	2	3	0	14	64.30%
NHS NORWICH CCG	5	1	0	2	8	62.50%
NHS SOUTH NORFOLK CCG	3	2	2	1	8	37.50%
NHS WEST NORFOLK CCG	4	1	1	0	6	66.70%

Routine Cases: The number of patients started treatment by week since referral

CCG Name	>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 4 weeks
NHS GREAT YARMOUTH AND WAVENEY CCG	0	6	2	3	11	54.50%
NHS NORTH NORFOLK CCG	0	10	9	1	20	50.00%
NHS NORWICH CCG	1	14	3	1	19	78.90%
NHS SOUTH NORFOLK CCG	2	21	6	1	30	76.70%
NHS WEST NORFOLK CCG	9	8	3	1	21	81.00%

As reported to the Norfolk Health Overview and Scrutiny Committee in July 2017, figures for April 2017 prepared and data cleansed by the provider suggest that performance has improved considerably and will meet and exceed the targets. However, until these figures are verified and submitted to the MHSDS we won't be publishing them in this refreshed LTP.

Further funding has been awarded to the provider by CCGs for the 17-19 contract as the LTP funding was not originally sufficient to provide the total number of staff suggested by the workforce calculator. This new funding is focusing on further staff recruitment to improve the waiting times above and ensure more people can access the services faster.

The current ED service is in line with commissioning guidance and provides a community based, family focused service that uses evidence based NICE concordant treatment protocols. It has excellent transition arrangements with local adult services, and also works with services if a young person is transitioning to a destination service outside of

Norfolk or Waveney, e.g. going to university. Liaison services are established and work well, with GPs providing risk management around collecting routine medical data for young people in the care of the ED service. Staff go above and beyond to ensure that their clients are seen, despite remaining below the workforce calculator advised staffing levels. Individual staff are also being supported through CYP IAPT ED specific evidence based training and whole team is enrolled on CAMHS ED training.

Both the CEDS provider and commissioners attend the East of England meeting of the national quality improvement programme held at NHS England at Fulbourn in Cambridgeshire.

Data

Commissioners recognise the fact that services funded by CCGs must flow data into the Mental Health Services Data Set, regardless of whether they have the required network connections that are standard in large NHS providers. For some providers this cost is significant and cannot be met. To remedy this we are looking at an offer from the large NHS MH provider in Norfolk and Waveney to flow the data on behalf of other smaller providers, some NHS, some non-NHS which we hope will reduce the cost significantly. This will ensure that all providers are able to meet the requirement to provide data for key national metrics and which in turn will reflect a large upturn in the currently reported figures relating to referrals in Norfolk and Waveney. We are also exploring with NHS England and NHS Digital whether there are other solutions that can be found to enable the required data to flow to NHSE (without necessarily requiring small providers to undertake the complex task of installing a large national database system that may not be relevant to much of their non-mental health/NHS work). The Clinical Network is currently working with east of England colleagues and NHS Digital to explore this.

It is estimated that the targeted provider is handling over 4000 referrals a year currently. The referral rates are shown below.

13/14	14/15	15/16	16/17
2946	3556	3978	4113

Currently providers use different templates for reporting their performance data with differing levels of input. However, another purpose of the redesign is to ensure that the provider/s report performance data to a single template that marries with the MHSDS and provides key information to commissioners on how the services are working towards targets.

Urgent and Emergency (Crisis) Mental Health Care for CYP

The original LTP in 2015/16 laid out a series of initiatives that ensured CYP had a functioning 24/7 crisis service where previously it did not (as outlined above in the list of projects). That service has been operational since April 2017 and will remain fully funded for the duration of the LTP. KPIs for the service were embedded in the new 2 year contract with the provider, along with clear access and waiting time ambitions. The service is seeking the involvement of CYP and their families, including monitoring their

experience and outcomes. This involves looking at the best time to seek feedback from this group of service users to ensure that the best outcomes are available to both the provider and the CYP and their families. The provider has a user involvement group that is able to provide some insight but will be working on how to locate and best extract user experience about the crisis pathway.

Integration

A two year Transition CQUIN is being delivered locally. The local MH trust is exploring transitions to adult services at ages 17/18 and 25/26 but currently is unable to provide data relating to the numbers involved as people can transition out of a service for reasons other than age. It is hoped that the CQUIN will help uncover the true picture around this and provide ways to map the year on year improvements in metrics.

The Link Work function introduced by the LTP in 2015/16 is now live with the task of providing support and training to all schools across Norfolk and Waveney, as well as GPs. There are links between this service and the PATHS team in Children's Services to ensure that whole school approaches are considered for schools. In addition the Healthy Schools Programme also has new staff appointed to provide advice and support to universal settings. A priority area that is receiving specific staffing funded by the LTP is CYP with sexually aggressive behaviour that are accessed via the Youth Offending Team. The redesigned service is seeking to have pathways focusing specifically on LAC and care leavers around resilience, with any SEND child able to access the services if they require a mental health or emotional wellbeing intervention. The same being said for BME and CSE communities. The revised needs assessment documents the areas of Norfolk and Waveney's population that would benefit from specialist services and this has been taken into account in the planning for the new service.

The integration with liaison psychiatry already exists in our acute hospitals with CYP from 16 upwards accessing this service and support. Crisis pathway CAMHS workers and the mental health psychiatry liaison work collaboratively with cases that overlap.

Early Intervention in Psychosis (EIP)

CYP in Norfolk and Waveney have access to the EIP service provided by the local mental health trust's Youth Service. This provides a full age range service that includes all CYP experiencing their first episode of psychosis up to the age of 25. They are offered NICE recommended treatment in house where all treatment is provided and includes pathways for those who present to the specialist MH service. It currently exceeds the national waiting time standard of 50% (61%). This service operated prior to the LTP and continues to do so and was therefore not highlighted as a service requiring further transformation. However, it will be considered as part of the redesign package as the LTP moves forward.

Impact and Outcomes

The transformation road map will be appended to the Plan.

The CAMHS system redesign project is a prime example of innovation and a key enabler for transformation without increasing cost. It will seek to increase access, innovation whilst maintaining existing levels of expenditure. It will also focus on outcome using the CYP IAPT principles as a framework and will require a common dataset be used by the chosen provider to ensure that data can be compared equally across all aspects of the system.

Other Outcomes

The risk register for the CAMHS system redesign project will be appended to the Plan.

The original LTP highlighted recurrent funding for online services and several business plans have been put forward, none of which were accepted. A further plan has been presented by the provider for consideration that looks at how best to use the money. This remains an area for development and will also be a focus of the redesign, acknowledging that CYP have identified social media and apps as an area for improvement.

The original LTP projects are business as usual now with performance reporting from providers being received regularly by commissioners against agreed KPIs. The updated provision has been written into contracts for existing providers, including how and when they will report outcomes.

Health and Wellbeing Board

Item No 10

Report title:	**Transforming Care Partnership – Services for Adults with a Learning Disability**
Date of meeting:	**27 September 2017**
Sponsor:	**James Bullion, Executive Director of Adult Social Services and Antek Lejk, Accountable Officer North & South Norfolk CCGs and Executive Lead for Norfolk & Waveney STP**

Reason for report

The purpose of this report is for the Board to receive and respond to the end of year report of the Norfolk and Waveney Transforming Care Partnership (TCP).

Report summary

Transforming Care is a national programme established to transform the way that we support children, young people and adults with learning disabilities and/or autism who display behaviour which challenges in order to ensure better outcomes for them. The programme originated in the discovery of abuse and neglect at Winterbourne View assessment and treatment unit and the realisation that too many people were living in inpatient services. The changes require a focus on the development of community services which enable people to be supported in their own homes and communities, leading to a reduction in the use of inpatient care.

In November 2015 the Board received a paper setting out the proposed response to the requirements of Building the Right Support, the national programme published by NHS England, the Association of Directors of Adult Social Services and the Local Government Association.

Norfolk and Waveney TCP's end of year report (Appendix A) provides an overview of progress made in the first year of the programme. The Norfolk and Waveney TCP is meeting, to date, the key target set by NHS England to reduce the use of inpatient care. To strengthen community services we have established a new community-based intensive support team, successfully bid for funding to strengthen forensic support and put in place robust application of Care and Treatment Reviews, as required by NHS England. Governance of the programme has been assessed as sound.

The lead agencies are the Clinical Commissioning Groups (CCGs) and Norfolk County Council, however, critical to success will be the work of all stakeholders to support this group of vulnerable citizens in their own communities where possible, to improve their outcomes. There is a complex programme of service change and culture change needed to maintain progress and this is set out in section 4.5 of the end of year report. This will require actions across key work streams:

- Finance: ensuring the right flow of funding between NHS England, CCGs and the Council and making bids for financial support
- Accommodation: developing and implementing a housing plan to secure accommodation which meets the needs of individuals
- Support: continuing development of care pathways across all age ranges
- Workforce: developing and implementing a workforce strategy across health and care
- Communications and engagement: continuing to work with Opening Doors to ensure the programme is co-produced with people with lived experience

- Operational practice: continuing to ensure co-ordinated care which supports people in achieving good outcomes
- Governance: retaining our robust programme governance approach.

Actions

The Health and Wellbeing Board (HWB) is asked to endorse the next steps tor CCG governing bodies and local authority partners, as recommended by the end of year report:

- Development of a local Risk Share Agreement across NCC/Strategic Commissioning Committee, CCG's and Specialised Commissioning Group (SCG) for people with a learning disability and/or autism with challenging behaviour.
- Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable workforce.
- To support an increase in the use of integrated Personal Health and Social Care Budgets.
- To transfer the Transforming Care database to BroadCare.
- To agree a budget to support co-production for the remainder of the programme.

Background papers

- The Transforming Care Programme report to the HWB in November 2015 is at the following link - HWB Agenda papers - 4 November 2015 (see page 125 of the agenda papers)

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Catherine Underwood	01603 223034	catherine.underwood@norfolk.gov.uk

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Norfolk and Great Yarmouth and Waveney Transforming Care

Partnership

End of year report

June 2017

Alison Leather Director of Quality

SNCCG/Deputy SRO

Contents

1. Executive summary

Transforming Care is a response to the crises at Winterbourne View and other inpatient units for people with learning disabilities (LD) and/or autism. The national agenda is being driven by a national, cross-sector programme, and delivered locally across the footprint of the Sustainability and Transformation Plan (STP) through the Norfolk and Great Yarmouth and Waveney Transforming Care Partnership (TCP). The programme period is from April 2016 to March 2019.

The Norfolk and Great Yarmouth and Waveney TCP consists of the CCG's and councils of Norfolk and Great Yarmouth and Waveney and NHS England Specialised Commissioning (SCG).

The Transforming Care initiative is now setting the agenda nationally for all services for people with LD and/or autism. NHS England's monitoring and assurance of services for people with LD and/or autism is increasingly under the Transforming Care agenda and moving to an STP/TCP footprint.

The Transforming Care agenda is broad however the key performance metric for the programme is a reduction in inpatient numbers – there is a national commitment to reduce the number of people in inpatient settings by 35 to 50%, by March 2019.
The Norfolk and Great Yarmouth and Waveney TCP has a relatively low number of inpatients currently 24 patients in inpatient beds funded by the CCGs and 18 funded by SCG.

While we have fewer inpatients than we did at the start of the programme, and are working hard to reduce this number to deliver the CCG trajectory of 12 inpatient beds by the end of March 2019 this is hugely challenging. This is in part due to the complexity of need and an increase in activity whereby we are seeing an increase in both admissions and discharges, with admissions outstripping the number of discharges. This means that without making significant changes to the way we commission services across health and social care we will not deliver the trajectory agreed by NHS England, the CCG's and Local Authorities.

There is no recurrent revenue funding available to deliver the Transforming Care agenda. NHS England has provided a small amount of capital funding and non-recurrent transformation (programme) funding for the programme period. Not all TCPs have received programme funding from NHS England's national transformation fund. Locally we have bid for and have successfully obtained programme funding for the development of a small community Forensic service.

In the first year of the programme, the TCP governance was established and a number of changes were delivered across the Norfolk and Great Yarmouth and Waveney TCP. We have delivered against our local trajectory consistently since Quarter 4 of 2016. We have successfully reconfigured services to deliver a new Intermediate Support service for people with Learning disabilities in the community and implemented the new Clinical Treatment Review process across the TCP. We have successfully bid for £880k Capital programme funding from NHS England, for the development of local accommodation. We have also successfully bid for £70k and £87k non-recurrent revenue funding which has enabled us to recruit a Programme Manager to support the TCP and to establish a new community forensic service respectively. Finally we have been recognised nationally for both our approach to co-production working in partnership with Opening Doors to deliver the programme and for our delivery of the new Learning Disability Mortality Review Programme which was launched on April 1st this year.

This paper sets out a proposal for the on-going governance of the programme and seeks support from CCG's and Local Authorities for its delivery in the following key areas:

- Development of a Risk Share Agreement across NCC/SCC, CCG's and SCG for people with a Learning Disability & Autism with Challenging Behaviour.
- Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable work force.
- An increase in the use of integrated Personal Health Budgets.
- To transfer the Transforming Care Database to BroadCare.
- An identified resource to support co-production for the remainder of the programme.

2. Purpose of this document

This paper is for the governing bodies of the Norfolk and Great Yarmouth and Waveney CCG's and Norfolk and Suffolk County Councils. It provides information about the Transforming Care agenda, the national Transforming Care programme and Norfolk and Great Yarmouth and Waveney Transforming Care Partnership (TCP).

The Norfolk and Great Yarmouth and Waveney TCP was established in April 2016. This paper takes stock of progress made by the TCP. It also sets out a plan for the remaining two years of the programme, and seeks support from CCG's governing bodies and other key partners in delivering this programme.

Specifically, stakeholders are asked to:

- confirm their continued support for the Transforming Care agenda
- help raise awareness of learning disabilities and autism, and statutory sector organisations' legal duties in relation to these groups under equalities legislation
- commit to working with the TCP in delivering the programme outlined in section 3.3 below.

3. Transforming Care in England

3.1 National population

In England there are around 900,000 to 1.2 million people with learning disabilities and around 650,000 people with autism (some of whom also have LD). Of that population, around 24,000 present behaviour that challenges and around 2,500 are in inpatient beds.

3.2 The Transforming Care agenda

In 2011, the BBC programme Panorama exposed abuse and neglect at Winterbourne View, an assessment and treatment unit for people with learning disabilities (LD). A further programme in 2012 showed that staff were continuing to abuse patients at Winterbourne View, that training was poor and there was evidence of false record keeping. The Panorama programmes sparked a national debate about not just Winterbourne View, which was then closed, but about the way in which the health and care system, and society as a whole, treats people with learning disabilities.

In 2012, following the scandal at Winterbourne View, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Services, a number of Royal Colleges and voluntary sector organisations signed the Winterbourne View Concordat[2] to "*commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them*".

Following the Winterbourne View Concordat, a large number of people were discharged from inpatient units. Between September 2013 and September 2014, 923 people were discharged from inpatient care. However, over the same period 1,306 people were admitted to inpatient care. The Winterbourne View Concordat did not achieve a key aim of reducing the number of people in inpatient care.

In 2014, the Government commissioned Sir Stephen Bubb to produce a report on how services for people with learning disabilities (LD) and/or autism can be transformed. Following Sir Stephen Bubb's report, and building on the Winterbourne View Concordat, the national Transforming Care Programme was established by six partner organisations: NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England. The programme will run from April 2016 to March 2019.

3.3 The national Transforming Care programme

In October 2015, the paper 'Building the Right Support[3]' was published. This is the key paper for the national Transforming Care programme and sets out the vision and plan for that programme.

The scope of the national programme, and all work under the Transforming Care agenda, is people with LD or autism, who present 'behaviour that challenges' – referred to as the 'Transforming Care cohort'.

The aims of the national programme are:

- reduced reliance on inpatient services (by closing hospital services and
- strengthening support in the community)
- improved quality of life for people in inpatient and community settings
- improved quality of care for people in inpatient and community settings.

The national programme consists of five work-streams, each led by one or more of the national partners. The work-streams (with lead organisation):

1. Empowerment (Local Government Association)
2. Right Care, Right Place (All six. This work-stream includes setting up Transforming Care Partnerships and the development of Care and Treatment Reviews)
3. Data (Department of Health)
4. Workforce (Health Education England)
5. Regulation and Inspection (Care Quality Commission).

The documents which set out the national programme and requirements of CCGs under the Transforming Care agenda are:

- *'Building the Right Support'* – produced by NHS England, ADASS and the LGA, this paper sets out the national plan for a three-year programme, April 2016 to April 2019, to deliver Transforming Care agenda. TCPs were set up following the publication of this paper.
- NHS England's *Operational Planning and Contracting Guidance, 2017- 2019* – this was published after 'Building the Right Support'. It sets out the nine 'must do' priorities for CCGs and STPs. One of those must do areas is 'learning disabilities'.
- '*High impact actions for service improvements and delivery by Transforming Care Partnerships*' – this NHS England paper sets out key areas of work for TCPs.

3.4 NHS England monitoring

Whilst Transforming Care is sector-wide agenda, the delivery is primarily through the NHS and the NHS assurance process is central to monitoring delivery of the agenda. As the second national response to the crises at Winterbourne View, the programme is closely scrutinised by NHS England.

A key lesson from the first national response to the Winterbourne View scandal is that we cannot focus only on discharging individuals from inpatient care. Therefore, any change programme must also focus on prevention. Whilst the number of inpatients remains a key performance metric, monitoring of the Transforming Care agenda is broader, and includes:

Inpatient numbers – 'Building the Right Support' sets out the levels of reduction in inpatient numbers required by the national programme. Inpatient beds for adults, without forensic needs, are commissioned by CCGs. Inpatient beds for adults with forensic needs and for children and young people are commissioned by NHS England Specialised Commissioning. **By April 2019, there should be a 45-65% in CCG-commissioned inpatient beds and 25-40% reduction in inpatient beds commissioned by NHS England Specialised Commissioning**.

NHS England continues to monitor the number of people in inpatient units. CCG commissioners must update NHS Digital with information on individual inpatients, including planned discharge dates and information about Care and Treatment

Reviews (CTRs). CCG commissioners have to submit detailed weekly updates to NHS England to monitor inpatient numbers.

In addition to individual CCGs monitoring their inpatients, the TCP monitors the number of inpatients across all five areas on a monthly basis. As part of the national programme, the TCP had to submit a three-year trajectory of inpatient numbers, showing the estimated number of inpatients every quarter between April 2016 and March 2019. The TCP is now monitored against this trajectory.

Monitoring of TCP set up and programme – NHS England is closely monitoring TCP's through quarterly assurance meetings. The TCP must submit monthly milestone monitoring reports. In addition the TCP has to submit information through the process for bidding for funding and we respond to additional requests from NHS England and organisations which are working with them, e.g. in the first year we responded to in the region of thirty information requests from NHS England on this agenda.

CCGs' Improvement and Assessment Framework – NHS England's assurance approach is evolving and the latest Improvement Assessment Framework (IAF) was started in March 2016. The IAF includes a number of fields for individual CCGs on the Transforming Care agenda and also for TCPs. The IAF reflects the requirements set out in the NHS Operational Planning and Contracting Guidance 2017-19.

The programme is one of a series of must-do's of the Sustainability and Transformation Plan (STP) and as such we are also required to report via the STP.

3.5 Programme funding

There is no recurrent funding available for Transforming Care. Programme funding, both revenue and capital, was announced for the three-year programme, when 'Building the Right Support' was launched.

3.5.1 Capital funding

There are two sources of capital funding for projects and initiatives carried out by TCPs:

1. One-off capital funding from the NHS England national Transforming Care team - £15M is available for the three-year programme. This funding has been allocated to a small number of TCPs which are undertaking major capital developments.
2. Funding from the sale of buildings on which the Department of Health has a charge. Councils or independent provider organisations, including registered social landlords, are able to apply for this ongoing funding stream, through the TCP.

Norfolk and Great Yarmouth and Waveney TCP have been successful in bidding for c£870 of capital. To date this has not been drawn down due to lack of assurance about revenue costs associated with care costs to support people in the community.

3.5.2 Revenue funding

There is no recurrent revenue funding for Transforming Care, NHS England have opened a series of bidding processes whereby all TCP's apply to access non-recurrent funding. Any non-recurrent funding is allocated on the assumption that the TCP will match the funding locally.

Norfolk and Great Yarmouth and Waveney TCP have recently been awarded £78k non-recurrent revenue for the implementation of a new community forensic service.

4. Transforming Care in Norfolk and Great Yarmouth and Waveney

4.1 Population

The TCP footprint has a population of around 1,000,000 (As of June 2015 Norfolk's population, excluding Waveney, was estimated at 877,700 in mid-2014). Data from local Joint Strategic Needs Assessments suggests that there are around 21,786 adults with learning disability living in Norfolk including Waveney (as of 2011) and 5136 people with autism.

A proportion of the population with LD or autism (2-3% is a reasonable assumption, based on national data) will, at some point in their lives, present behaviour that challenges, and therefore be at risk of admission to specialist Mental Health or LD hospitals or assessment or treatment units.

Many factors can bring about behaviour that challenges in an individual e.g. a mental health crises, physical changes (e.g. onset of adolescence) or changes in an individual's life. It is unpredictable, and some people who end up in inpatient care are not known to local health and care learning disability teams.

This group of individuals i.e. those who are at risk of admission, the 'Transforming Care cohort' – is not a readily identifiable cohort. The number of people in inpatient beds changes every day. As the number of individuals is small, the data needs to be treated carefully and information governance advice is that we avoid sharing exact numbers of patients, where possible.

As at the end of April 2017, there were around 23 adults from Norfolk and Great Yarmouth and Waveney in CCG-commissioned inpatient beds and 17 adults and children and young people in beds commissioned by NHS England Specialised Commissioning.

4.2 Locality-based work

The Transforming Care agenda was launched in 2014 and work on the agenda was already taking place before the publication of 'Building the Right Support' and the creation of TCPs.

The first change brought about by the Transforming Care agenda was the introduction of Care and Treatment Reviews (CTRs). CTRs are a tool for managing people with LD or autism, who present behaviour that challenges, and who are in an inpatient unit or at risk of being admitted to one. The CTR is similar to the 'Care Programme Approach' used in Mental Health services, with some additional requirements, notably CTRs must include 'Experts by Experience'.

The national Transforming Care programme has also introduced the concept of 'At Risk of Admission Registers' (also known as 'Dynamic Registers'), as a tool for monitoring individuals who may be at risk of inpatient admission.

The TCP has established a CTR Steering Group to monitor and actively manage inpatients and those at risk of admission.

Work on the Transforming Care agenda at locality level now continues as business as usual and this work builds on and supports the ongoing work of the TCP.

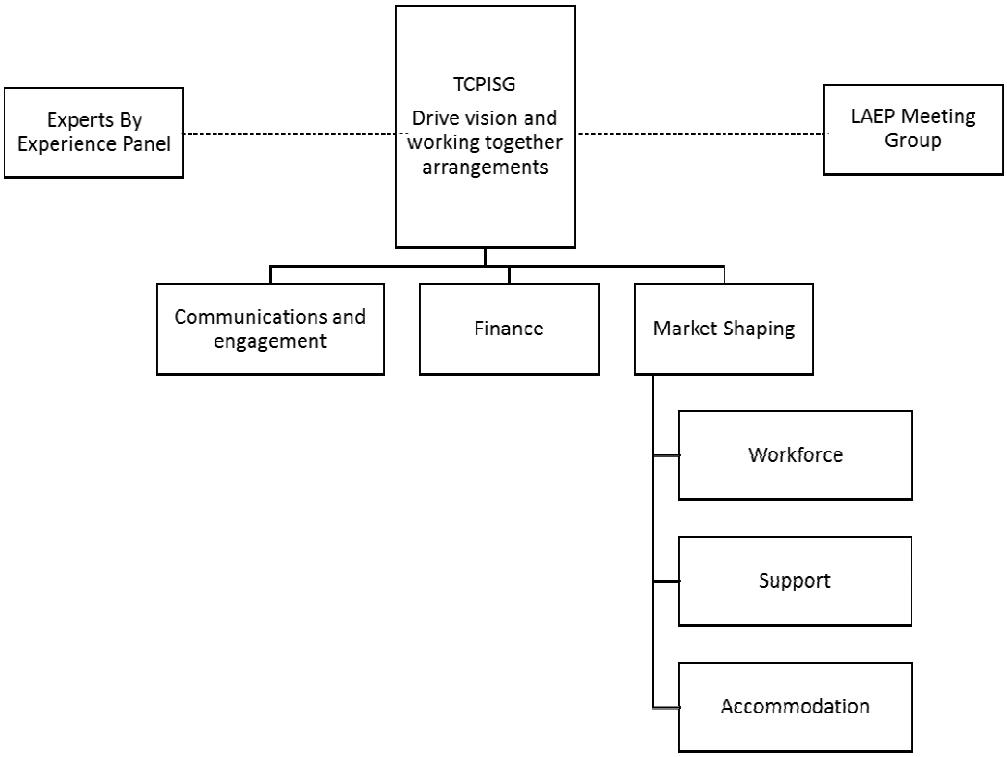
It is also worth bearing in mind that health and care services for people with LD or autism are commissioned by CCGs and councils. As a result of the Transforming Care agenda, there is a move towards monitoring patient numbers and provision on a TCP basis as opposed to a locality basis and an expectation that CCGs and councils will commission some services on a TCP footprint.

4.3 The Norfolk and Great Yarmouth and Waveney Transforming Care Partnership

The Norfolk and Great Yarmouth and Waveney TCP consists of both Suffolk and Norfolk County Councils and the CCG's of North Norfolk, South Norfolk, Norwich, West Norfolk and Great Yarmouth and Waveney and NHS England Specialised Commissioning. The TCP forms part of the Norfolk Sustainability and Transformation Plan (STP).

The Norfolk and Great Yarmouth and Waveney Transforming Care Partnership was established in April 2016. All seven organisations added their signatures to the original Transforming Care Plan in July 2016 agreeing to work together on this agenda.

NHS England have recently reviewed the programme governance. In keeping with this and following the appointment of a new programme lead the TCP has refreshed the local programme and the diagram below shows the new governance structure of the TCP:



The Senior Responsible Owner (SRO) for the TCP is Catherine Underwood Director of Health and Integration at Norfolk County Council. The Deputy SRO is Alison Leather Director of Quality Assurance, NHS South Norfolk CCG.

The TCP Board is responsible for delivery of the Norfolk and Great Yarmouth and Waveney Transforming Care programme. It consists of representatives from all seven organisations as well as NHS England and Specialised Commissioning. The work of the TCP Board is supported and co-produced with Opening Doors. This is a forum of service users and carers who have direct experience of services for people with LD or autism and behaviour that challenges.

4.4 Progress to date

4.4.1 What has gone well?

The Norfolk and Great Yarmouth and Waveney TCP is established and working – the TCP structure and governance are in place and the TCP is working to deliver the Transforming Care agenda. All organisations involved added their signatures to the original Transforming Care Plan in July 2016 agreeing to work together on this agenda. We have representation from all organisations on our TCP Board. Despite financial pressures, local authorities and CCGs are working together to review and, where possible, move patients to the community, and are contributing to the Midlands and East Regional and national programmes.

Inpatient numbers – we are currently meeting the local trajectory for our inpatient numbers.

Intensive community-based support – we have established a new community based intensive support team who are now actively helping to prevent admissions and facilitating early discharge from inpatient beds.

Programme funding – we were awarded £70k programme funding in 2016.

LeDeR – we have received national recognition for the rapid roll out and implementation of the learning disability mortality review programme with over 20 reviewers trained and now undertaking active reviews**.**

NHS England assurance – at the start of the programme, i.e. March 2016, our initial plan did not meet the standards set by NHS England. By July 2016 we were informed that ours was an 'assured' programme. Our TCP set up, governance and plan have received positive feedback.

Influencing the regional programme – we have developed a good working relationship with the regional programme team and are active members in a number of regional work streams that are influencing and driving the programme forward both regionally and nationally.

User and carer forum and co-production - we have worked with Opening Doors and people with lived experience in planning our programme and in workshops and events. We have appointed Opening Doors to set up and run an 'Expert by Experience' reference group for people with lived experience, and to undertake other engagement work. This forum will ensure that our programme is grounded in people's real experience.

4.4.2 What could have been better?

A consistent pathway across Norfolk and Great Yarmouth and Waveney – the national Transforming Care agenda has provided guidance on managing people with LD or autism and challenging behaviour, and on how the health and social care system should meet their needs. As commissioning arrangements and service provision are different in our five CCG's there are different operational responses in each areas approach to the Transforming Care agenda. We have not yet explored whether these approaches need to be different and, whether by working closer together, we could implement a consistent pathway for this cohort across the TCP and so further reduce the number of people who are in hospitals or assessment and treatment units.

There are also cultural differences across health and social care that need to be further explored. Establishing a shared understanding and commitment at an operational level in both adults and children's services is an area that continues to develop. We will need to focus on this to help us meet our objectives. This will be helped by the development of a set of shared outcomes for the programme.

Risk Share across Specialised Commissioning, CCG's and Local Authorities – there are 18 people from Norfolk and Great Yarmouth and Waveney CCGs who are in beds commissioned by NHS England Specialised Commissioning including seven who have been in an inpatient setting for five years or more.

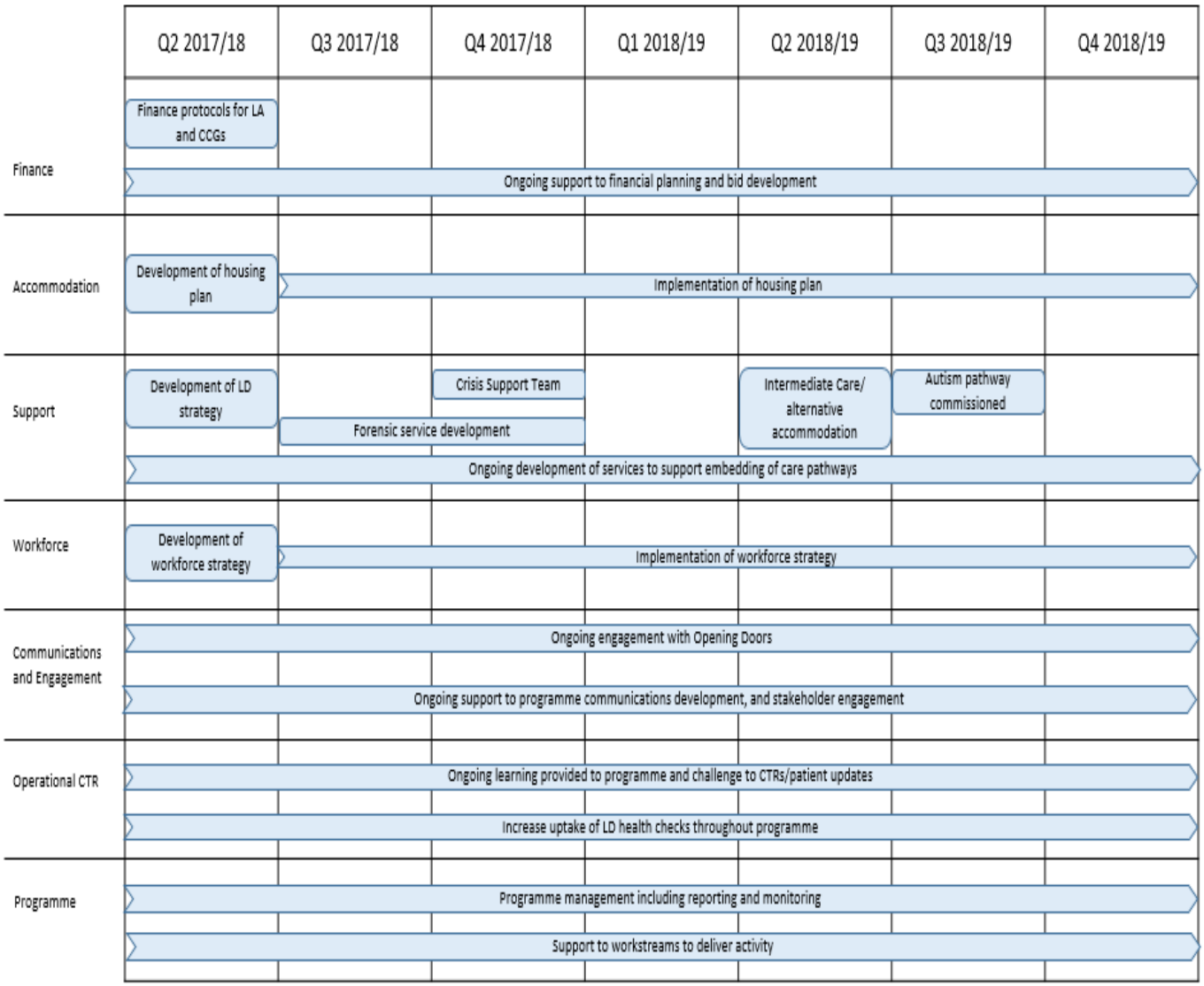
'Building the Right Support' suggests that the responsibility and budget for Specialised Commissioning may be managed on a TCP footprint. There is a proposal from NHS England that, for people in Specialised Commissioning's beds who have LD or autism, some funding – and commissioning responsibility – may be transferred to TCPs. There is uncertainty around Specialised Commissioning and we need greater understanding of the plans for Specialised Commissioning and to be more involved in shaping their development.

'Building the Right Support' also suggests that a local Risk Share or Pooled Budget should be developed between the CCG's and Local Authority. Recognising that both parties are concerned about additional cost pressures in what are difficult financial environments, there is a need to progress this sooner rather than later.

Integration with the STP – the governance of the Norfolk and Great Yarmouth and Waveney TCP was well established before that of the STP and while it is a key deliverable of the work of the STP, the governance structure of the STP continues to emerge. The SRO of the TCP is a member of the STP. In order to deliver its aim, the Transforming Care programme needs to influence other component parts of the STP especially the Housing/Estates Strategy and Workforce Development Plan. Working closely with and influencing existing groups, set up under the STP will be crucial to the success of the TCP.

4.5 Next Steps

The national Transforming Care programme is evolving and the requirements of NHS England are developing. Moreover, the wider health and care system is undergoing enormous change, at national, regional and local levels. In addition to this, we have revised the governance of the TCP locally in order to shape the work of the TCP going forward. Therefore any plan for the remaining two years of the national Transforming Care programme period needs to be flexible. The plan presented below is an initial view, and will be subject to change, through an agreed change control mechanism:



As shown in the diagram above, there are a number of large, ongoing pieces of work, and some smaller one-off projects, to be delivered by the TCP. All of the work of the Norfolk and Great Yarmouth and Waveney TCP will be informed by Opening Doors 'Experts by Experience'. We will also liaise with a range of providers, exactly which and when will be determined by the nature of the project or initiative.

More information on the specific areas of work is given below:

Locality-based work on Transforming Care – the TCP has worked with the local CRT groups, to share knowledge and good practice. This will continue through the remaining two years of the programme. Through the TCP, we will ensure that each area is following national guidance, and using CTRs and Dynamic Registers to ensure people are only in inpatient care when they need to be and only there to be assessed and treated.

Localities will also be responsible for ensuring that Physical Health Checks are implemented for people with Learning disabilities and Autism including new cancer screening programmes. The ongoing alignment of health and social care Learning Disability Registers will support this work. The outcome of this work will be:

- To make a significant and sustained increase the number of people on LD registers, and increase the number of people who have LD health checks

- To raise awareness of annual health checks and the primary care pathway, including medication reviews and the summary care record, for people with LD amongst local people
- To ensure that annual health checks are done consistently and to a high standard across the TCP, including medication reviews (STOMP)
- To increase the use of summary care records for people with LD.

TCP-wide monitoring – in order to develop and deliver more appropriate services for people with LD or autism and behaviour that challenges, we need to understand our population and this cohort in particular. As part of this work, we will monitor inpatient numbers across the TCP area, including data on patients' needs, the types of services used and their location. We will work with the NHS England Information Governance Task and Finish Group to ensure that this work is compliant with good information governance practice.

Locally we are proposing that the data is held on BroadCare and the Transforming Care cohort will be monitored by the new CHC Business Unit.

TCP inpatient commissioning – most of the inpatient beds being paid for by CCGs in Norfolk and Great Yarmouth and Waveney are spot-purchased. The requirement for inpatient services is so small – though could be smaller – that it does not make sense for CCGs to commission on their own. The numbers alone make a compelling case for working beyond borough and organisational boundaries. As part of the work of the TCP, we will produce a more detailed cost model, showing the overall cost impact of Transforming Care and the likely inpatient requirement in future years. We may then make a case for commissioning inpatient services for the Transforming Care cohort on the TCP footprint. This project will include work on improving the quality of inpatient provision.

We will also redesign current Assessment and Treatment beds to deliver alternatives to admission, crisis beds and intermediate care beds.

CAMHS co-commissioning – in its first year, the TCP, has focused primarily on adults. We have now established a link with commissioners of Children Services including Education. We need to move towards co-commissioning with NHS England Specialised Commissioning.

The TCP will support this work and ensure that the CAMHS transformation plan takes account of the needs of children and young people with LD or autism, and that the co-commissioning model fits with Specialised Commissioning's New Care Models programme.

Local SEND pathways – pathways for children and young people with Special Educational Needs or Disabilities (SEND) are being developed locally, by education and social care departments in councils and CCGs. This needs to ensure that these pathways work for children and young people who have LD or autism and supporting local work, where needed.

Personalisation and increasing the uptake of Personal Health Budgets – we are mindful of the requirement in the NHS Mandate to expand the offer of Personal Health Budgets and the planned work by the Department of Health to expand the rights of people with LD to a Personal Health Budget. Our personalisation and Personal Health Budget work has two strands:

1. Ensuring that everyone with LD or autism who has the right to have a personal health budget is offered one, and has a good experience of PHBs. This includes people eligible for NHS Continuing Healthcare, children and young people eligible for continuing care and Education, Health and Care plans.
2. Work with STP work-streams to identify which other patient groups can benefit from personal integrated health and social care budgets and personalised care planning, and develop a TCP wide strategy and delivery plan to make this happen.

Accommodation-based services for the Transforming Care cohort – this initiative will require us to develop a local TCP cost model. The cost model will allow us to understand the accommodation needs and associated costs of the Transforming Care cohort in Norfolk and Great Yarmouth and Waveney. We will work with local councils, and providers, to obtain capital funding from NHS England, and we will enable commissioners to work together to find suitable accommodation for this group of people.

4.6 Key challenges

Undertaking any change in the current financial climate, with a number of other major changes in the NHS infrastructure currently also underway, is not easy. Transforming Care is a particularly complex agenda and some of the challenges which we face as a TCP are listed below:

Financial risks – everyone in the TCP agrees that delivering services closest to people's homes is the right thing to do. However, it must be noted that for Norfolk and Great Yarmouth and Waveney TCP the Transforming Care agenda carries very real financial risks. Our TCP is not closing any NHS inpatient units and we will not have financial savings to re-invest. Whilst moving people closer to home, to the least restrictive environment is absolutely the right thing to do, for CCG's and councils the Transforming Care agenda represents a potential cost pressure. This is in addition to the financial risks related to NHS England Specialised Commissioning's proposals, outlined below.

Proposed changes to Specialised Commissioning – NHS England Specialised Commissioning currently commission 'tier four' services, i.e. inpatient beds for children and young people and for adults who have forensic needs. We understand there are two proposals from NHS England with regard to Specialised Commissioning:

- The New Care Models programme - which involves moving a significant number of people with complex needs are discharged into local areas, with no additional funding for their care.
- A proposal from NHS England's national Transforming Care team that some funding (around £120k per patient, adult or child) is given to the CCG of origin when the patient is discharged. This may not meet the full cost of care locally and the CCG then has responsibility for re-commissioning inpatient care if the individual required re-admission.

Both options represent a financial risk to CCGs and councils and the TCP needs to work with NHS England to better understand and influence this work.

Autism – the scope of the Transforming Care agenda is autism as well as learning disabilities. However, the national delivery programme which supports the Transforming Care agenda is NHS England Learning Disability programme. There is potentially a gap in the national and sub-regional programmes and a risk that the programme does not deliver for people with autism.

An evolving agenda – the national programme is changing, as are the requirements of NHS England. This impacts the work, and the resourcing, of the TCP.

Information governance – the national programme requires the TCP to operate as a single entity, to manage and monitor patients, to deliver a change programme and to plan as a TCP. However, the constraints on CCGs holding person-identifiable data make this difficult. We are working with NHS England to address this issue.

4.7 Making it happen

The Transforming Care agenda represents an opportunity to improve services for and increase awareness of a group of people whom the NHS has consistently failed. Whilst the agenda is broad, we can deliver real change within the programme period, but we need the support of those directly involved with the TCP and others in CCGs and councils.

From those individuals directly involved with the Norfolk and Great Yarmouth and Waveney Transforming Care Partnership, we need:

- Recognition that working on the TCP is about more than delivering a response to NHS England's assurance requirements – it is about working across the TCP to make a positive difference to people with LD or autism.
- Working in way that embodies the values and principles which are behind the Transforming Care agenda.
- Confirm commitment to work collaboratively across organisational boundaries.

What we need from CCGs and councils:

- Recognition that the scope of the Transforming Care agenda is all services for people with LD and/or autism and challenging behaviour, and not just those referred to as the 'Winterbourne cohort'.
- Confirmation of the ongoing commitment to the Transforming Care agenda and to improving services for people with LD and/or autism.
- Confirmation of the ongoing commitment to developing community-based services for people with LD or autism
- Ensure that local health and social care change programmes take account of the needs of people with LD or autism, working with the TCP when needed.

5. Recommendations

We would like Norfolk and Great Yarmouth and Waveney CCG governing bodies to continue to support the Transforming Care agenda and the work of the Norfolk and Great Yarmouth and Waveney TCP. The agenda is about equalities and the whole system making reasonable adjustments for people with LD or autism, as it should under equalities legislation. This is massive cultural change that cannot happen in isolation.

We recommend the following next steps:

- Development of a local Risk Share Agreement across NCC/SCC, CCG's and SCG for people with a learning disability and/or autism with challenging behaviour.
- Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings

into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable workforce.

- To support an increase in the use of integrated Personal Health and Social Care Budgets.
- To transfer the Transforming Care database to BroadCare.
- To agree a budget to support co-production for the remainder of the programme.