Norfolk Health & Wellbeing Board

Date: **Wed 8 February 2017**

Time: **Part A in public 9:30am /Part B in private (informal meeting)**
Venue: **Edwards room, County Hall, Norwich**

Membership	Substitute	Representing
William Armstrong	Alex Stewart	Healthwatch Norfolk
Cllr Yvonne Bendle	Cllr David Bills	South Norfolk District Council
Cllr Bill Borrett	Cllr Margaret Stone	Adult Social Care Committee, Norfolk County Council
James Bullion	Catherine Underwood	Adult Social Services, Norfolk County Council
Matt Dunkley		Children's Services, Norfolk County Council
Dr Hilary Byrne	Antek Lejk	South Norfolk Clinical Commissioning Group
Cllr Penny Carpenter	Cllr Marlene Fairhead	Great Yarmouth Borough Council
Pip Coker		Voluntary Sector Representative
Dr Anoop Dhesi	Antek Lejk	North Norfolk Clinical Commissioning Group
T/ACC Mike Fawcett		Norfolk Constabulary
Lorne Green	Dr Gavin Thompson	Police and Crime Commissioner
Joyce Hopwood		Voluntary Sector Representative
Dr Ian Mack	Chris Humphris	West Norfolk Clinical Commissioning Group
Dan Mobbs		Voluntary Sector Representative
Cllr Elizabeth Nockolds		Borough Council of King's Lynn and West Norfolk
Cllr Andrew Proctor	Cllr Roger Foulger	Broadland District Council
Dr Louise Smith		Public Health, Norfolk County Council
Cllr Roger Smith	Cllr Shelagh Gurney	Children's Services Committee, NCC
Dr John Stammers	Cath Byford	Great Yarmouth & Waveney Clinical Commissioning Group
Cllr Vaughan Thomas	Adam Clark	Norwich City Council
Dr Wendy Thomson		Norfolk County Council
Cllr Paul Claussen	Cllr Trevor Carter	Breckland District Council
Vacancy		North Norfolk District Council
Cllr Brian Watkins		Norfolk County Council
Tracy Williams	Jo Smithson	Norwich Clinical Commissioning Group
Joanna Yellon		NHS England, East Sub Region Team

Standing invitation to attend Board meetings:

Christine Allen	David Wright	James Paget University Hospital
Dennis Bacon		Norfolk Independent Care
Mark Davies	John Fry	Norfolk & Norwich University Hospital
Roisin Fallon-Williams	Geraldine Broderick	Norfolk Community Health & Care
Dorothy Hosein	Edward Libbey	Queen Elizabeth Hospital
Michael Scott	Gary Page	Norfolk & Suffolk NHS Foundation Trust
Jonathan Williams	Paul Steward	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

Part A – public meeting

1	**Apologies**	Clerk
2	**Chairman's opening remarks**	Chair
3	**Minutes**	Chair
4	**Members to declare any interests**	Chair
5	**Any urgent business**	Chair
Items for discussion/action		
6	Norfolk & Waveney Sustainability & Transformation Plan (STP) – **To Follow**	Wendy Thomson
7	Better Care Fund Plan 2017-19: Progress and Future Planning	Catherine Underwood
8	Norfolk's Response to Domestic Abuse	Jon Shalom
9	Developing our future Strategy – a draft framework	Chris Butwright
10	Prevention and Promoting Independence	Sandra Dinneen/Sam Cayford/Matthew Cross/Robert Read
Close of public meeting		
Part B - Whole system thinking & planning - developing our Strategy		
	• Workshop on our strategic theme: Driving Integration	Catherine Underwood
Information updates		

- **Norfolk and Waveney Transforming Care Programme (TCP)** – you can access an update on the N&W Transforming Care Programme at the following link
- **Healthwatch Norfolk** – you can access the most recent HWN Board minutes at the following link
- **Norfolk Health Overview & Scrutiny Committee** – you can access the most recent NHOSC papers at the following link

Norfolk County Council

Health and Wellbeing Board
Minutes of the meeting held on Wednesday 21 September 2016 at 9.30am
in the Edwards Room, County Hall

Present:

William Armstrong	Healthwatch Norfolk
Cllr Yvonne Bendle	South Norfolk District Council
Christopher Butwright	Children's Services, Norfolk County Council
Cllr Bill Borrett	Chairman, Adult Social Care Committee, Norfolk County Council
Cllr Penny Carpenter	Great Yarmouth Borough Council
Sera Hall	Acting Director of Integrated Commissioning, Norfolk County Council
Joyce Hopwood	Voluntary Sector
Dr Ian Mack	West Norfolk Clinical Commissioning Group
Dan Mobbs	Voluntary Sector
Cllr Elizabeth Nockolds	Borough Council of King's Lynn and West Norfolk
Cllr Andrew Proctor	Broadland District Council
Michael Rosen	Executive Director, Children's Services, Norfolk County Council
Dr Louise Smith	Director of Public Health, Norfolk County Council
Dr Gavin Thompson	Office of Police and Crime Commissioner for Norfolk
Cllr Vaughan Thomas	Norwich City Council
Cllr Brian Watkins	Norfolk County Council
Debbie White	Norfolk and Suffolk NHS Foundation Trust

The Chairman welcomed Cllr Bill Borrett, Dr Gavin Thompson and Debbie White to their first meeting of the Board.

1 Apologies

1.1 Apologies were received from Cllr Roger Smith, Tracy Williams, Assistant Chief Constable Nick Dean, Dr Hilary Byrne, Cllr Lynda Turner, Andy Evans, John Stammers, Lorne Green (substituted by Dr Gavin Thompson), Pip Coker, Dr Wendy Thomson, Catherine Underwood (substituted by Sera Hall), Christine Allen, Mark Davies, Dennis Bacon, Roisin Fallon-Williams, Dorothy Hosein, Michael Scott (substituted by Debbie White), and Jonathan Williams.

2. Chairman's Opening Remarks

2.1 As it was the first meeting of the Board since the sudden death of the Executive Director of Adult Social Services, the Chairman paid tribute to the Executive Director and the Board stood for a moment's silence as a mark of respect.

3. Minutes

3.1 The minutes of the Health and Wellbeing Board (HWB) held on the 20 July 2016 were agreed as a correct record and signed by the Chairman.

4. Declaration of Interests

4.1 Dan Mobbs declared an 'Other Interest' in item 7, Children and Young People's Mental Health – Local Transformation Plan for Norfolk and Waveney (2016/17 Refresh), as he was the Chief Executive of MAP, which was commissioned to provide mental health

services for children and young people in Norfolk.

5. Urgent Business

5.1 There was no urgent business received.

6. Integration and Transformation - Norfolk and Waveney Sustainability and Transformation Plan (STP)

6.1 The Board received the report from the Managing Director, Norfolk County Council, which provided an update on the developing Norfolk and Waveney Sustainability and Transformation Plan (N&W STP). The report included recent feedback from NHS England on the June checkpoint submission, an outline of key milestones and next steps.

6.2 The Board also received a presentation outlining the draft Local Digital Roadmap (LDR) for Norfolk and Waveney, which would be central to achieving clinically led digital transformation.

6.3 Members considered the strategic implications of whole system transformation and discussed the governance arrangements, including the need for greater clarity around the partners' roles and responsibilities.

6.4 It was confirmed that the STP Executive Board had been focusing on getting the right governance, organisational arrangements, infrastructure, mechanisms and overall resources in place, along with the necessary capacity required for the next stages of the detailed work. Members noted that the STP Executive Board had also established a specific Mental Health Work Programme, which was being developed across the breadth of the STP.

6.5 The Board noted that the 21 October 2016 deadline for submission of the STPs to NHS England would be challenging and that there would be an additional, informal, meeting of the Health and Wellbeing Board on 18 October 2016 to consider the N&W STP before submission. It was also recognised that considerable progress was being made with the collective commitment by local leaders to tackling the 'big ticket' changes that are required to secure a sustainable future for health services.

6.6 The Board **Resolved** to:

- Note the progress with the STP and identified any actions that Board member organisations could take at this stage to support its developments.

- Note the draft Local Digital Roadmap (LDR) for Norfolk and Waveney and note the content of the plans.

7. Mental Health and Wellbeing - Children and Young People's Mental Health – Local Transformation Plan for Norfolk and Waveney (2016/17 Refresh)

7.1 The Board received the report which was sponsored by the five Clinical Commissioning Groups and the Executive Director of Children's Services. The report set out progress made to implement the 8 specific recurrent service developments that were outlined in the Local Transformation Plan (LTP). It also summarised some of the challenges and issues

with the current system and pathways for children and young people with mental health difficulties.

7.2 Two key strategic priorities were proposed in the report:-

1. To ensure all 8 LTP recurrent service developments are fully implemented and operational as soon as feasible.
2. To undertake an extensive re-design and re-engineering of the entire system for children and young people with mental health needs over the next 2 years to maximise the opportunities for integrated pathways and economies of scale.

7.3 The Board welcomed the report and discussed the clear need for collaboration as well as the need for preventative approaches. Members offered their support, as system leaders, in helping break down the barriers both in delivering the priorities set out in the original LTP and in future system re-design.

7.5 It was noted that due to significant financial pressures on the CCGs, and the lack of additional ring-fenced central funding, that some of the funding coming down to the local system was not making it into the plan.

7.6 The Board **Resolved** to;

- Endorse the refreshed Local Transformation Plan
- Recommended that the five CCGs and NHS England approve and sign off the plan.
- Comment on what other activity could complement or support delivery of the LTP.

8. Improving Health and Wellbeing: developing our future strategy

8.1 The Board received a report from the Director of Public Health which provided some key information on the current health and wellbeing of the Norfolk population, drawn from the Norfolk Joint Strategic Needs Assessment (JSNA) Annual Report Summary 2016. It also provided information on some key health and wellbeing indicators based on the Norfolk Health and Wellbeing Profile June 2016. The paper set the context and outlined the high level messages for future strategy and an approach for developing the Joint Health and Wellbeing Strategy 2017.

8.2 The Board noted some of the key challenges that Norfolk continues to face in relation to Norfolk, in relation to its longer term goals, such as the support and care needs of an aging population in Norfolk, and the inequalities gap in terms of life expectancies between those living in different parts of Norfolk.

8.3 Issues relating to deprivation were discussed, including the indicators used to measure it. Related factors such as mental health issues were also discussed and Members noted the preventative work which had been focusing on building foundations of resilience for later in life, with the mental health of adolescents being a next area of focus.

8.4 The Board considered that the impact of housing on health and wellbeing was a key issue. It was noted that work was currently underway between the Public Health team and district councils to examine data at local level, which would enable, for example, better targeting of housing improvements. It was agreed that, in taking forward the development of the new strategy, it would be important to look at housing and what

could be done to make a difference. Members were also keen to better understand and make best use of the wealth of local assets in communities.

8.5 The Board agreed to move forward with the development of the new Strategy based around the framework of their three longer term goals or themes:-

- Prevention – providing help and support at an earlier stage before problems become acute
- Reducing health and wellbeing inequalities – narrowing the gap in life expectancy between the most and least deprived people in Norfolk
- Integration – partners working together to provide effective, joined up services.

8.6 The Board **RESOLVED** to:

- Note the key messages in the information provided and the implications for the development of our strategy
- Identify any key factors that should inform our further strategic planning
- Agree an approach for developing the Joint Health and Wellbeing Strategy 2017.

The meeting closed at 11.50 after which it continued into a workshop.

Chairman

Norfolk Health and Wellbeing Board

Item 7

Report title:	**Norfolk Better Care Fund Plan 2017-19: Progress and Future Planning**
Date of meeting:	**Wednesday 8th February 2017**
Sponsor:	**Catherine Underwood, Director of Health Integration, Norfolk County Council**

Reason for the Report

The Health & Wellbeing Board has a duty to promote integration and Board members have agreed that driving integration is one of its three strategic goals in its Joint Health & Wellbeing Strategy. It is the body responsible for developing and implementing the strategic plan for the Norfolk Better Care Fund Plan and is accountable, overall, for the Norfolk Better Care Fund.

This report provides a summary of progress of the Better Care Fund for 2016/17 and an overview of the strategic direction for the 2017-19 Plan. This report is supported by a presentation which can be accessed at this link.

Report summary

Norfolk's BCF programme is a key mechanism for the delivery of integration in Norfolk - it provides a vehicle not only for furthering integration between health and social care, but to support transformation which is required to address the sustainability of the system.

The report updates on the development of the Norfolk 2017-19 programme, which builds on the learning from the 2016/17 programme and views of the Board are sought.

Detailed BCF guidance and policy documents are still awaited. The latest advice from NHS England (NHSE) is that the planned publication date for these is early February 2017.

The 2017-19 Plan is therefore not yet available for approval and the report indicates how this will be progressed.

Key questions for discussion

- What are the key issues for the Board in relation to the challenges going forward?
- How can the Board/Individual members support and influence the 17/19 programme?
- The Board could consider how it could help dovetail the BCF plan with the STP?
- The Board could consider how it could help with the integration aspects of the plan?

Action/decisions needed:

The Health & Wellbeing Board is asked to:

- Note the overall strategic direction of the BCF Plan, in particular noting that it should

be aligned with the Norfolk and Waveney STP.

- Note that the final submission will not be taken to the full Health and Wellbeing Board as there is not a planned full Health and Wellbeing Board meeting prior to the national submission deadline (31 March 2017).
- Agree that the Sub-Group of the Health and Wellbeing Board, which includes the Chair and Vice Chairs, will be convened to approve the final submission in March 2017.

1. Background

1.1 Since the Better Care Fund Plan for 2016/17 was approved for Norfolk, there is a new key policy which requires local areas to have in place a Sustainability and Transformation Plan (STP), which sets out a vision for Health and Social Care for the next 5 years.

1.2 Norfolk and Waveney have a single STP whereas the BCF Plan covers Norfolk only.

1.3 The BCF is increasingly viewed as a 'delivery arm' of the STP.

1.4 Authorities are required to align the BCF Plan with the STP.

2. Planning for the 2016/17 BCF and proposals

BCF 2017-19 guidance

2.1 Detailed BCF guidance and policy documents are still awaited. Originally due in November 2016, the latest advice from NHSE is that the anticipated publication date is early February 2017.

2.2 We are expecting that there will be three National Conditions, rather than eight as for the previous year. However, we are anticipating that the narrative plan will still need to address all eight of the original National Conditions.

2.3 Local partners will need to develop and the HWB approve:

- A jointly agreed narrative including details of how national conditions will be addressed
- Confirmed funding contributions from each partner organisation
- A spending plan which sets out funding for each of the BCF schemes
- Quarterly plan figures to meet the national metrics
- Arrangements undertaken to engage stakeholders in formation of the plan

2.4 We are anticipating that the final submission of the plan will need to be signed off by the Health and Wellbeing Board sub-group in March 2017.

2.5 In addition (and as for 2015/16 and 2016/17), Disabled Facilities Grant (DFG) has been included in the Fund so that the provision of adaptations and associated funding can be incorporated in the strategic consideration and planning of investment. While DFG will be paid to upper tier authorities, the statutory duty on local housing authorities to provide aids and adaptations under the DFG, to those who qualify, will

remain and funding will be transferred accordingly. All funding pooled through the Better Care Fund, including DFG funding, will need to be allocated on the basis of plans that are jointly developed and agreed with relevant local authorities.

BCF Schemes 2016/17

2.6 A number of both Countywide and Locality Schemes were included within Norfolk's BCF Plan for 2016/17. These have been developed with stakeholders at local integrated care boards and bought together at the Norfolk wide BCF Programme Group. The following provides brief highlights from 2016/17:

- Integrated Care Teams: These have been further developed and embedded within locality based integrated care teams and through local approaches to care coordination.
- Community Based Care and Support including crisis response: An objective here is provide targeted community care and support closer to home. Further introduction of self-care and management has been designed so as to enable people to live independently at home for longer.
- Care Home admissions to hospital: Targeted interventions in care homes have been developed to reduce hospital admissions.
- Effective discharge and Delayed Transfers of Care (DTOC) plans: Interventions to reduce delayed transfers of care have been reinforced to ensure that people have a timely return home from hospital.
- Disabled Facilities Grant and Housing Adaptations: Locality plans have progressed, including working with Local Housing Authorities to increase capacity in line with the available funding.

Proposed BCF Schemes for 2017-19

2.7 It is proposed that the following schemes will be included in Norfolk's BCF Plan 2017-19, for the protection of Social Care:

- Out of Hospital Teams, including Integrated Reablement – linking to primary care, risk stratification, admission avoidance/discharge.
- Care Homes
- Disabled Facilities Grant/ and other housing related services
- Integrated Community Equipment Service
- Carers
- Medicine Management
- Integrated Reablement Service

3. Proposals/Action

3.1 The Health & Wellbeing Board is asked to:

- Note the overall strategic direction of the BCF Plan, in particular noting that it should be aligned with the Norfolk and Waveney STP

- Note that the final submission will not be taken to the full Health and Wellbeing Board as there is not a planned full Health and Wellbeing Board meeting prior to the national submission deadline (31 March 2017).
- Agree that the BCF Sub-Group of the Health and Wellbeing Board, which includes the Chair and Vice Chairs, will be convened to approve the final submission in March 2017.

Officer Contact

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

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IN TRAN communication for all

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Norfolk Health & Well-being Board

Item 8

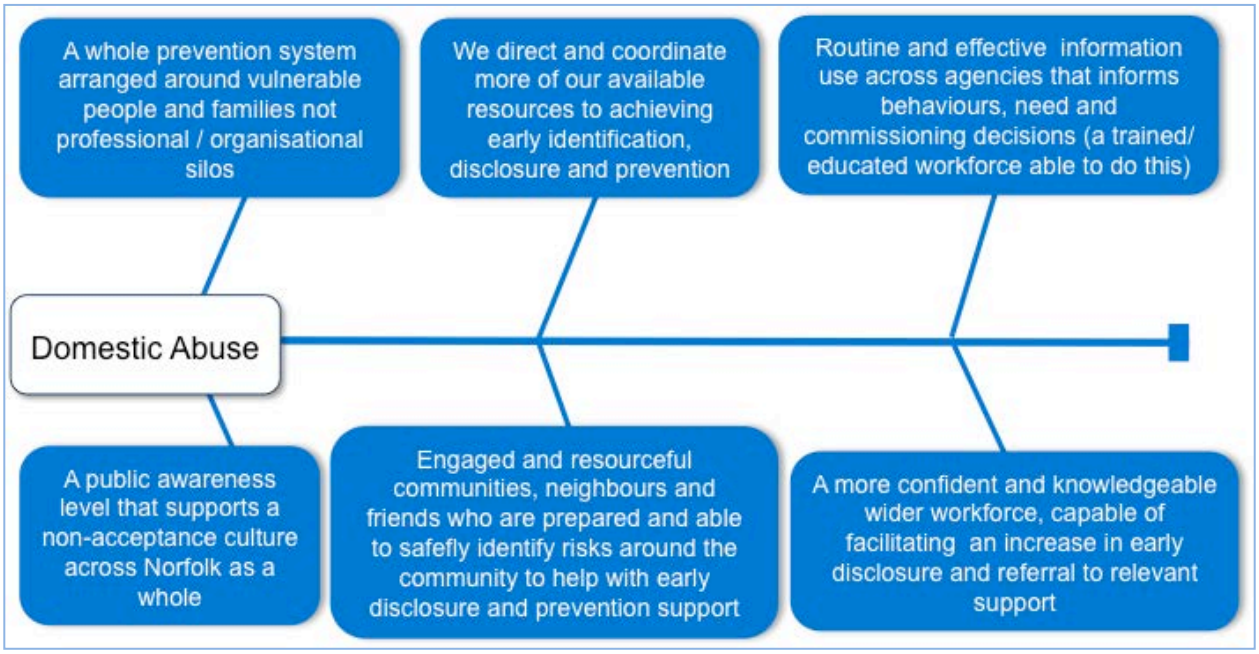
Report title:	**Norfolk's Response to Domestic Abuse**
Date of meeting:	**8 February 2017**
Lead:	**Jon Shalom, Norfolk Countywide Community Safety Partnership Manager**

Summary

1. This paper summarises the strategic direction of work to improve how we tackle Domestic Abuse (DA) in Norfolk, and suggests how the HWB could contribute.

2. Multi-agency partnership working at both an operational and strategic level is the most effective approach for addressing DA. This is reflected in the NICE quality standard for DA which specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people experiencing or perpetrating DA.

3. Significant work is underway in Norfolk under our Domestic Abuse Change Programme, aimed at realising the following ambitions:



4. Progress made in achieving the ambitions for lasting change are summarised.

5. Next steps are identified which focus on Norfolk's role as a beacon site for National DA charity SafeLives, which will bring at least £2m into the county. The Beacon Project is a 5 year programme of work which complements our DA Change Programme, and will involve joint working in the development and piloting of improved approaches to domestic abuse and safeguarding. The principles for the scope of this work are

summarised but the practical implications for organisations and staff need working through.

6. The Beacon Project comprises 3 elements:

One Front Door – this builds on our existing MASH model, and seeks to integrate safeguarding children and domestic abuse referrals, and collaboratively safeguard vulnerable people at the earliest opportunity. This fits with Norfolk's vision of developing the MASH as a wider vulnerability hub for a holistic view of linked issues for families, enabling appropriate pre-emptive responses.

Penta interventions – developing and piloting interventions in Norwich aimed at addressing 5 areas for improving DA services:

(i) Medium Risk (ii) Complex Needs (iii) Staying Together

(iv) Step down & Recovery (v) Children & Young People.

Norfolk partners will provide funding and resources to match philanthropic donations from a range of funders, including the Big Lottery Fund.

Drive Perpetrator programme – services to address the behaviour of perpetrators of DA are very limited. The SafeLives Drive programme is being trialled in other parts of the country, and the charity is pursuing funding to support development in Norfolk.

Action/decisions needed:

The Health & Well-being Board is asked to review Norfolk's approach to DA and:

- **Confirm that partners endorse the approach** being taken to tackle DA in Norfolk, through the partnership with SafeLives for MASH development, and the piloting of Penta interventions
- **Assist in building awareness** of our approach and influencing the alignment of strategy between partners
- **Consider the role** that partners could play, both collectively and individually, **in ensuring the practical implementation** and embedding of our approach:
  for example:
  - Promote Norfolk's DA campaigns to the public and professionals, to raise awareness and reduce the stigma (posters have been distributed to HWB members)
  - Ensure that all frontline staff, particularly in health and social care, are trained to enable them to respond to disclosures about DA
  - Ensure that appropriate frontline staff, particularly in health and social care, are trained to be able to identify possible DA issues, and are confident in sensitively prompting disclosure.
- **Consider how integrated care pathways for DA are commissioned**, so that:
  - People experiencing DA are identified, referred and provided with support
  - People who misuse alcohol or drugs or who have mental health problems and are affected by domestic violence and abuse are also referred to the relevant health, social care and domestic violence and abuse services
  - All service pathways have consistent, robust mechanisms for assessing the risks facing adults who experience domestic violence and abuse and any children who may be affected

- **Identify major risks or barriers** and how these might be addressed.

Introduction

8. Domestic Abuse (DA) in Norfolk has societal costs approaching £100m every year, as well as the human and emotional costs on victims and their families.

9. These costs reflect the impact on the criminal justice system, social care, long term health consequences, homelessness and economic productivity.

10. The true costs will be even higher if we include the longer term impact on children growing up in dysfunctional families and not achieving their potential. So there is considerable benefit from focusing on prevention and early intervention, ensuring that people are able to live their lives free from abuse.

Domestic abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

• Psychological • physical • sexual • financial • emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Home Office, 2014

Evidence

11. National and local evidence on the prevalence and characteristics of DA can be summarised as follows:

12. Nationally, DA affects around 1 in 4 women during their life, with repeat incidents often becoming more serious. 2 women are killed each week by their partner or ex-partner.

13. DA is no respecter of social, economic or demographic boundaries, but it is known that risks of experiencing DA are increased if a person:
    - is female, Is aged 16–24
    - has a long-term illness or disability
    - has a mental health problem (55% of users of MH services experience DA)
    - is separated/in process of separation

- is pregnant or has recently given birth (30% of domestic violence and abuse begins during pregnancy)
- is experiencing postnatal depression
- has a perpetrator who is under influence of alcohol and/or illicit drugs.

14. DA presents a major public health concern due to the long-term health consequences for victims, and for their children who witness the overt violence and coercion.

15. While men can also be victims of DA, numbers are smaller, and frequency and severity of incidents tends to be lower. However, this is not to minimise the impact of such intimate partner abuse, which fundamentally undermines personal, social and economic well-being.

16. There is significant under-reporting of DA. In Norfolk it is estimated that for women affected by DA, around 5,000 report abuse to the police each year. But Government figures for Norfolk suggest that there are at least a further 10,000 women in our county who suffer DA but do not report.

17. This is a significant gap, with considerable numbers of children growing up in dysfunctional families:
    - DA has a powerful but still often neglected long term impact on children, with potential intergenerational impacts and costs
    - Witnessing DA between parents without physical harm to a child has a similar impact as physical abuse to the child without DA between parents
    - Such children tend to display increased fear, inhibition, depression, as well as high levels of aggression and antisocial behavior, which can persist into adolescence and adulthood
    - DA is a central issue in child protection, and is a factor in the family backgrounds in two thirds of serious case reviews where a child has died.
    - Mental health, substance misuse and domestic abuse are known as the ‘toxic trio’. All three of the ‘toxic trio’ are present in around a third of serious case reviews where a child has died.

National Landscape

18. There has been concerted action on DA over recent years, highlighted by the Government’s Violence Against Women & Girls (VAWG) Strategy:
    - The Government has renewed the VAWG Strategy and is committed to a cross-government response, with improved focus on prevention and earlier intervention
    - A new offence of controlling or coercive patterns of behaviour in intimate or familial relationships which has a serious effect on the victim introduced
    - The Home Office has recently issued a new National Statement of Expectations highlighting the approach it expects to be taken in the commissioning of DA services in local areas (see Appendix 1)
    - The Home Office requires Community Safety Partnerships to conduct independent Domestic Homicide Reviews (DHRs) so that response within and between agencies

can be improved. Since 2012, Norfolk has undertaken 6 DHRs with another 2 underway. Focus for DHRs is to identify learning for improvement of a whole system response.

- The Government's Troubled Families programme now recognises that families affected by DA is a significant problem – estimated that 80% of 'troubled families' have been in contact with the police or the NHS in relation to DA.
- Early Intervention Foundation review assessing the extent to which evidence on DA indicates that it can be an important cause of long term problems for children and families, and the role of Early Intervention in pre-empting this, recommending:
  1. prevention of DA is central to local strategies on crime prevention, health & wellbeing and children & young people
  2. More effective support to deliver school-based programmes to scale for example Personal, Social Health Education and Sex and Relationship Education.
  3. Strengthening support for couple and family relationships where there is a risk or history of domestic violence and abuse
  4. A comprehensive workforce development plan on domestic violence and abuse for all Early Intervention workers
  5. Improved measurement, evaluation and research of domestic violence and abuse with a particular focus on the impact of Early Intervention in preventing it.
- NICE DA Review and guidelines published, which need to be considered in planning and delivering services. Quality standards specified:
  1. People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion
  2. People experiencing domestic violence and abuse receive a response from (appropriately) trained staff
  3. People experiencing domestic violence or abuse are offered referral to specialist support services
  4. People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services.

Norfolk's Response

19. Effective responses to domestic abuse rely on a whole system response, across a wide range of agencies. Domestic abuse has been the key priority for Norfolk's Countywide Community Safety Partnership (NCCSP) for a number of years, ensuring that there is strategic leadership of this agenda in Norfolk. This recognises that no one organisation can deal with the impact of domestic abuse alone, particularly with the significant reduction in resources available to public services today.

20. NCCSP commits to working in a joined up way, and holds itself and member organisations to account in ensuring that there is effective support for vulnerable people. Partnership activity is coordinated by the Domestic Abuse & Sexual Violence Board, which is a sub-group of NCCSP.

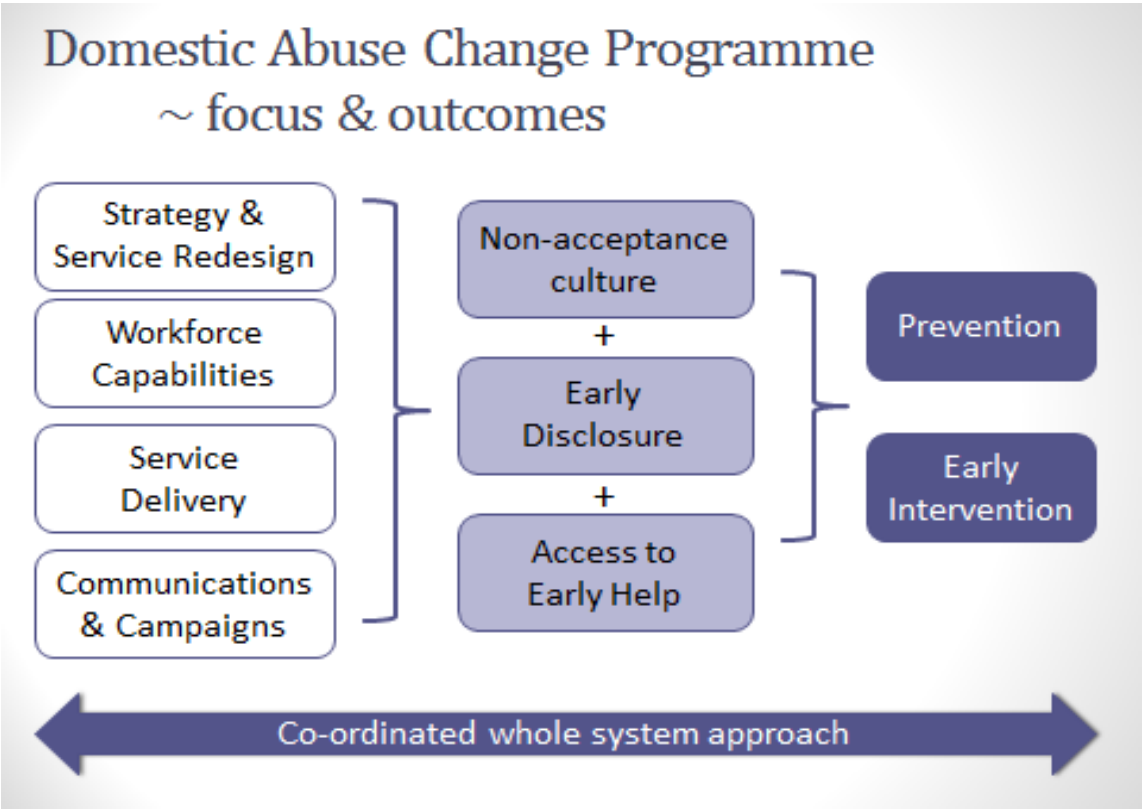
21. Recognition of the complexities of domestic abuse and its impact across a wide range of agencies and partnerships was one of the issues leading to the creation of Norfolk's Public Protection Forum. This provides a focus for the chairs of Norfolk's

partnerships who work with vulnerable people to identify common issues and approaches, helping to ensure a coherent response (see Appendix 2).

22. Following a major, 3 month, multi-agency review in 2014, 4 key areas of improvement were agreed by the NCCSP, and endorsed by Norfolk's other strategic partnerships involved in safeguarding, early intervention and prevention:

- Strategy & Service Redesign – delivery of a strategic approach to integrated service provision using the NICE domestic abuse commissioning guidelines, to include a framework for services to explicitly consider how DA will be identified and tackled alongside other issues.
- Workforce Capabilities – all staff trained to recognise both DA and wider safeguarding & welfare issues, and how to take positive action.
- Service Delivery – embedding DA as part of co-ordinated early help service delivery. DA Change Co-ordinators providing specialist DA support to partners and community across Early Help hubs, developing and supporting a network of DA Champions.
- Communications & Campaigns – improving visibility and knowledge about DA, and wider safety issues. A single integrated Media & Comms group developed across all strategic boards working to keep people safe.

23. These areas overlap with each other, comprising a single programme for change, focusing on prevention and early intervention:



Progress Summary

24. Summary of progress in key areas as follows:

25. Enhanced Service Provision

- In accordance with the responsibility of the Police and Crime Commissioner for the delivery of practical and emotional support services to victims of DA, sexual violence and child sexual abuse, almost £1.2m p.a. has been committed on commissioned services in this area
- This includes provision of 10 fulltime equivalent Independent Domestic Violence Advisors (IDVAs), providing keyworker support to those at high risk of serious harm.

26. Domestic Abuse Change Coordinators

- 3 staff funded by Children's Services and the Office of the Police and Crime Commissioner for Norfolk (OPCCN), based in the Early Help Hubs across Norfolk
- Responsible for the development of the Domestic Abuse (DA) Champions Network – over 500 staff have been trained and supported to improve awareness, confidence and engagement with domestic abuse and how this impacts on services
- Champions trained across health, social care, housing, voluntary agencies, district councils, mental health, disability services and more. This has achieved real gains in how we recognise, routinely enquire and respond to DA in Norfolk
- Evaluation of this initiative is underway to assess the case for continued funding.

27. Communications & Campaigns

- This is a crucial element of building a non-acceptance culture to DA, with NCCSP partners contributing to campaign costs
- Campaign being run to raise awareness – *I walked away*. This encourages people to seek help to enable them to leave abusive relationships safely;
  Is this you? – raising awareness of abusive behaviours and help available (which will be launched shortly)
- Formal evaluation of campaign to be undertaken to assess impact. Increased reporting would be expected. This has been seen in reports to specialist DA services. However, there is an apparent drop in reporting to the police which is being investigated.

28. Domestic Homicide Reviews (DHRs)

- The NCCSP chair has a statutory responsibility to ensure an independently chaired multiagency review is conducted for any deaths in Norfolk where DA is implicated, in order to learn lessons for practice across the system
- 2 DHRs have been completed in 2016 and published following Home Office review. Actions have been identified from the recommendations made and these are being implemented
- Sadly, a further DHR has recently commenced. DHRs are a sobering reminder of the importance of improving awareness of DA, earlier intervention and effective joint working
- A key finding from DHRs is the role of health, particularly GPs, as a universal service that often has contact with those both suffering and perpetrating DA. It is therefore important that health staff have a sound knowledge of DA and are able to respond and support appropriately, as stated in the NICE Guidelines for DA.

- o 1,500 frontline GPs and practice staff have received DA awareness seminars across more than 100 surgeries. These briefings have been delivered following collaboration between Leeway, Health and the OPCCN.

Development Areas

29. There are several difficulties that are important to tackle in improving Norfolk's response to DA:

- Very limited provision of **perpetrator programmes** for changing behaviour. The scale of need and the resources needed to address this effectively are considerable.
- Effective **communications** for partnership issues such as DA is under-developed. Improved engagement of agencies across Norfolk needed.
- DA awareness training being developed as a key element of Safeguarding training.

Next Steps – Beacon Project

30. NCCSP is working with National domestic abuse charity SafeLives as a beacon site for the development and piloting of improved approaches to domestic abuse and safeguarding.

31. This complements our local approach, building on existing work within safeguarding children & adults, and reflecting the DA Change Programme.

32. Joint work with SafeLives on the Beacon Project will take place over the next 5 years. The Beacon Framework is shown at Appendix 3.

33. The Beacon Project comprises 3 elements:

One Front Door – this builds on our existing MASH model, and seeks to integrate safeguarding children and domestic abuse referrals, and collaboratively safeguard vulnerable people at the earliest opportunity. This fits with Norfolk's vision of developing the MASH as a wider vulnerability hub for a holistic view of linked issues for families, enabling appropriate pre-emptive responses.

Penta interventions – developing and piloting interventions in Norwich aimed at addressing 5 areas for improving DA services:

(iv) Complex Needs
(v) Medium Risk
(vi) Staying Together
(vii) Step down & Recovery
(viii) Children & Young People.

Norfolk County Council, Norfolk Police and the PCC have committed resources up to the value of £833,000 over this period, of which no more than half may be in kind. These resources will be match funded by philanthropic donations from a range of funders, including the Big Lottery Fund, to pilot these interventions.

Drive Perpetrator programme – services to address the behaviour of perpetrators of DA are very limited. The SafeLives Drive programme is being trialled in other parts of the country, and the charity is pursuing funding to support development in Norfolk.

APPENDIX 1

National Statement of Expectations

National Statement of Expectations, setting out government's expectations about local provision of services to tackle the national Violence Against Women and Girls (VAWG) Strategy: https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations

This highlights Government 'requirements' for how local strategies and services are commissioned:

1. Put the victim at the centre of service delivery;
2. Have a clear focus on perpetrators in order to keep victims safe;
3. Take a strategic, system-wide approach to commissioning acknowledging the gendered nature of VAWG;
4. Are locally-led and safeguard individuals at every point;
5. Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

APPENDIX 2

Norfolk's Public Protection Forum (PPF)

The NCCSP is one of the statutory partnerships for Norfolk with a key role in ensuring that there are effective arrangements for ensuring that people in Norfolk, particularly the most vulnerable in our society, are properly protected. This role is shared with a number of strategic partnerships:

- Health & Well-being Board
- Norfolk Safeguarding Children Board
- Norfolk Safeguarding Adults Board
- Children & Young People's Strategic Partnership
- Domestic Abuse & Sexual Violence Board
- Community Relations & Equalities Board
- Norfolk Youth Justice Board
- Rehabilitation of Offenders Board
- Strategic Mental Health & Disabilities Group
- NCCSP

It is important that there is good coordination between these partnerships to ensure our overall approach is coherent, efficient and effective, that gaps are identified and duplication avoided.

In order to achieve this, the chairs of these strategic partnerships now meet as Norfolk's Public Protection Forum (PPF). This provides a valuable forum for discussion and challenge, and has helped to coordinate work undertaken in the broad area of public protection, particularly where this falls across or between the clear remits of individual boards. The PPF is chaired by David Ashcroft, independent chair of the Safeguarding Children Board.

The statutory functions of individual partnerships and boards remain, with the PPF providing a focus for tackling shared challenges. This ensures that cross cutting agendas affecting vulnerable people are effectively joined up and we use our resources to best effect. Current development includes:

- Improving Information Sharing
- Norfolk Early Help Approach
- Learning from Serious Case / Domestic Homicide / Safeguarding Adult Reviews
- Safeguarding communications development.

APPENDIX 3

Beacon Site Framework

Introduction

This document aims to summarise the purpose and key components of a SafeLives Beacon Site, to explain how the partnership will work and how the funding is sourced and managed.

The Goal

A Beacon Site is an area where we will work in partnership to develop and pilot a model response to safeguarding and domestic abuse, with the aim of assisting all families, including those without children and older adults, to become safe more quickly, and stay safe in the long-term. This will be tailored to Norfolk's local approach, building on existing work within safeguarding children and adults and reflecting the innovative DA Change Programme.

Each different intervention will be designed to address gaps in the UK's response to safeguarding and domestic abuse, evidenced by our own research from across the country, as well as national analysis including Domestic Homicide Reviews, Safeguarding Adult Reviews and Serious Case Reviews. Gaps include:

- Limitations in the range and quality of services available for victims and their children, with significant unmet need;
- No consistent national response to perpetrators, with limited help or challenge for those perpetrating high risk abuse;
- Gaps in support available across whole families and insufficient opportunities for longer term recovery and support.

SafeLives were also informed by women about their experience of domestic abuse, as well as members of our survivor and family and friend group.

SafeLives response was to develop a blueprint which includes the concept of a Beacon Site where we would work in close collaboration with local strategic and operational leaders, locally implementing three new approaches that address the current gaps. These key components of a Beacon Site respond to what evidence repeatedly tells us and supports the creation of a truly collaborative approach to achieve meaningful and sustained change. These are:

1. Collaborative and pre-emptive response to safeguarding concerns across whole families, building on Norfolk's existing MASH model - **One Front Door.**
2. A range of interventions that offer holistic support that are tailored to the varying needs of domestic abuse victims and children, to be tested in Norwich – **Penta.**
3. A proactive, targeted response for high risk perpetrators of domestic abuse – **Drive**

The Beacon site approach will provide:

- Women and children experiencing DA with appropriate support through coordinated, holistic approaches that increase safety and offer early intervention, long term recovery and build resilience[1];
- Evidence based strategies for responding to domestic abuse which are informed by survivors; and
- Better quality evidence of what works to influence policy, practice and commissioning decisions.

None of the Penta interventions, Drive or One Front Door stands alone; victims and survivors will have a range of experiences and needs and the Beacon Site approach will offer flexibility to reflect this and local challenges and best practice.

The Partnership

SafeLives and the Norfolk County Community Safety Partnership (NCCSP), as well as local statutory and voluntary organisations will work together to design and deliver these new approaches. Due to separate funding and governance requirements for the three core components, this will be delivered via three separate agreements signed between SafeLives and the NCCSP, which will exist within the framework described in this document.

Governance

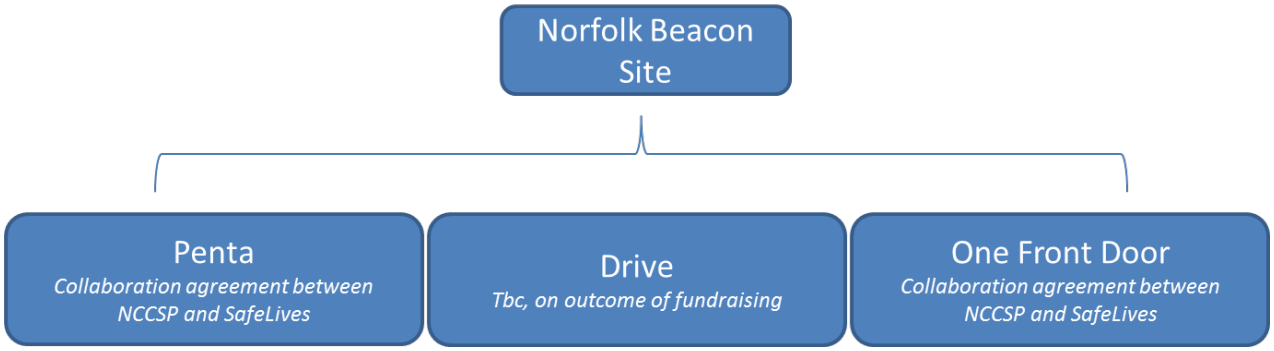
The three projects will be delivered in overlapping periods over the next five years. Each project will have a dedicated SafeLives lead, Kate Biles, the SafeLives Norfolk Beacon Lead will lead on the Penta project but will also be responsible for representing and coordinating all three projects at the senior stakeholder level. Drive and One Front Door leads will be appointed closer to the start date. SafeLives aims to minimise the impact on the local authority and agencies but some dedicated management and reporting will be required for each project in order to meet the terms of the different funding arrangements.

The NCCSP has nominated Dr Louise Smith, Director of Public Health, as sponsor for the overall Beacon Site development. Individual leads for each project remain to be nominated (these do not necessarily all need to be different people). The NCCSP sponsor, and project leads, will be responsible for championing the work internally and ensuring co-operation with SafeLives as far as is practicable. One of the first actions for the SafeLives Beacon lead will be to agree the local governance framework, including meetings and participants.

What constitutes a Beacon Site

[1] In accordance with Big Lottery funding, the primary focus will be women and girls, but the interventions will accept referrals from male victims. Whilst interventions with male victims will be evaluated internally, they will not form part of the external Big Lottery Fund evaluation.

APPENDIX 3



SafeLives will harness the skills and insight of Norfolk's influencers, practitioners, statutory agencies and other experts, as well as relevant contributors from across the country to provide a blueprint for earlier, better identification and response to people who are vulnerable. This work will be broken down into 3 components:

1. **One Front Door** is SafeLives' vision for the transformation of local systems, processes and the multi-agency response to child and adult safeguarding concerns. Building on Norfolk's existing MASH model, and aligning with the Signs of Safety approach, the One Front Door provides a clear referral pathway for any safeguarding concern by any agency, members of the public, self-referrals, or for friends and family members. A multi-agency team behind the Front Door will collaboratively and simultaneously assess the risks and needs of individuals, the whole family and any linked people. This specialist team of professionals will deliver a pre-emptive, appropriate response within timescales that are proportionate to risk and need identified, for all vulnerable people and across whole families. The first step to the One Front Door will be delivered in Norfolk through the Home Office 'Sooner the Better' funding when we will integrate safeguarding children and domestic abuse referrals, and collaboratively safeguard vulnerable people who are identified by voluntary or statutory agencies, at the earliest opportunity[2].

[2] During this first stage, referrals from the public, friends, family, neighbours and self-referrals will continue to be managed in line with current procedures.

2. **Penta** will build on good practice locally and nationally by enhancing current services to provide a holistic package of support to women and children[3] experiencing domestic abuse, offering a range of interventions to address their needs and improve the response of and options available to agencies. The purpose of the project is to address five major gaps in our overall response to domestic abuse, through the development of interventions which will be piloted over three years in the two Beacon Sites. This is part of a partnership with Women's Aid which, through testing their own model, will inform our interventions to ensure they flex and improve throughout the lifetime of the pilot and provide the best response to women and children[4]. Interventions will be defined and developed with five sector leading domestic abuse services ('expert partners') who will each lead on one of the following:

   - **Medium Risk**: Development of quality services and response for people identified as at medium risk of harm, building on the existing risk led model;
   - **Complex Needs**: Ensuring dedicated and extra specialist support for victims and survivors who have a range of complex and co-existing needs and are vulnerable and/or requiring intensive support. These may be victims and survivors who are vulnerable, have mental health and / or substance use issues and require intensive support and specialist intervention, potentially over a longer term
   - **Staying Together**: Developing a pathway / intervention that supports and protects people who remain in their relationships, focusing on the ability of the victim and any children to stay and leave safely;
   - **Children and Young People**: interventions that work in parallel with mothers and their children, making connections between domestic abuse and risk to the child and the longer term implications of their experience.
   - **Step Down and Recovery**: An intervention supporting healing, building resilience and enabling long term recovery. Success of this project will be the development of a complete care pathway of support that recognizes need and builds in a clear recovery element, supporting victims to be less isolated and more independent;

   The interventions will be introduced in a phased approach –see timeline. They will be open to victims of any age whether they have children or not.

[3] See footnote 1.

[4] See footnote 1.

3. **Drive**: will provide a sustainable response to perpetrators of domestic abuse that holds them to account in order to keep victims and children safe. Our primary aim is to reduce the number of victims of domestic abuse by developing a whole system response that sustainably changes the behaviors of perpetrators. It is underpinned by 8 Core principles[5], targeting those responsible for domestic abuse to improve outcomes for victims and children. We work in partnership with local expert voluntary services to keep victims and children safe and promote the effective implementation of a co-ordinated community response. The Drive Project coordinates interventions around the perpetrator, to challenge behaviour, support change and disrupt abuse; always with planned IDVA input, to ensure victims are safer, sooner.

SafeLives Resource Commitments

In order to deliver the three projects that make up the Norfolk Beacon Site, SafeLives will commit the following resources:

One Front Door

SafeLives will provide an on-site lead four days a week, to assist in the development and implementation for six months. SafeLives will then provide one day a week of remote support for a further six months. There is also a project support team, providing the equivalent of one full time resource, plus a sponsor and other internal SafeLives resources as necessary to best achieve the outcomes. These resources are funded via the Home Office grant and provided at no cost to the NCSSP.

Penta

SafeLives is providing one full time lead for Norfolk, who is expected to be based on site, for up to five years. SafeLives is also dedicating a full time Head of the Beacon Project, who will split her time between overall governance, Norfolk and the other Beacon Site in West Sussex for the duration of the project. There will be a full time practice advisor who will lead on development of the interventions with the support of five expert partner organisations around the country, and co-ordinated input from victims and survivors. There is also a project support team, providing the equivalent of one full time resource, plus a sponsor and other internal SafeLives resources as necessary to best achieve the outcomes. SafeLives will also grant up to a further £833,000 to local organisations as necessary to resource the pilots. These resources are funded by the funders listed below. The £833K to local organisations will be match funded by the NCSSP.

[5] Drive Principles: Prioritises increasing the safety of victims and children in all decision making; Focuses on behavioural change of those who perpetrate domestic abuse; Promotes change and resilience; Promotes collaborative and co-ordinated multi-agency working; Strives to make relationships healthier; Delivers a holistic and individualised provision; Is commented to hearing the experience of the service users and victims of abuse in the design and evolution of service provision; Is committed to outcome monitoring, transparency and sharing learning.

APPENDIX 3

Drive

Resource commitments will depend upon the funding secured, but SafeLives would expect to allocate at least one full time project lead dedicated to the development and implementation of the intervention in Norfolk, plus significant additional contributions from the existing Drive team in ongoing support.

Funding and Agreements

One Front Door is funded under a 'Sooner the Better' grant agreement from the Home Office, and will be delivered via a Collaboration agreement between SafeLives and the NCCSP. The funding allows SafeLives to provide assistance and support to local agencies in the development and support of the One Front Door.

Penta is principally funded under a grant agreement with the Big Lottery Fund, plus grants also from Esmée Fairbairn and the Peter Cundill Foundation. Learnings and outcomes are being jointly evaluated under a partnership with Women's Aid. The NCCSP have agreed to match fund the charitable donations to a total of £833,000 over the period 2017-2021, of which no more than half may be in kind (i.e. staff time). This will be delivered via a collaboration agreement between SafeLives and the NCCSP, and any other such agreements with local organisations as required.

Drive development is not yet underway in Norfolk, and funders are to be identified. In other areas the service provision has been funded by a grant from the Police and Crime Commissioner and/or the Local Authority, and is being delivered by local voluntary organisations contracted directly to SafeLives. Drive is developed and led by the Drive Partnership, made up of SafeLives, Respect and Social Finance. Development was funded through Lloyds Bank Foundation, the Tudor Trust and Comic Relief.

Evaluation and Review

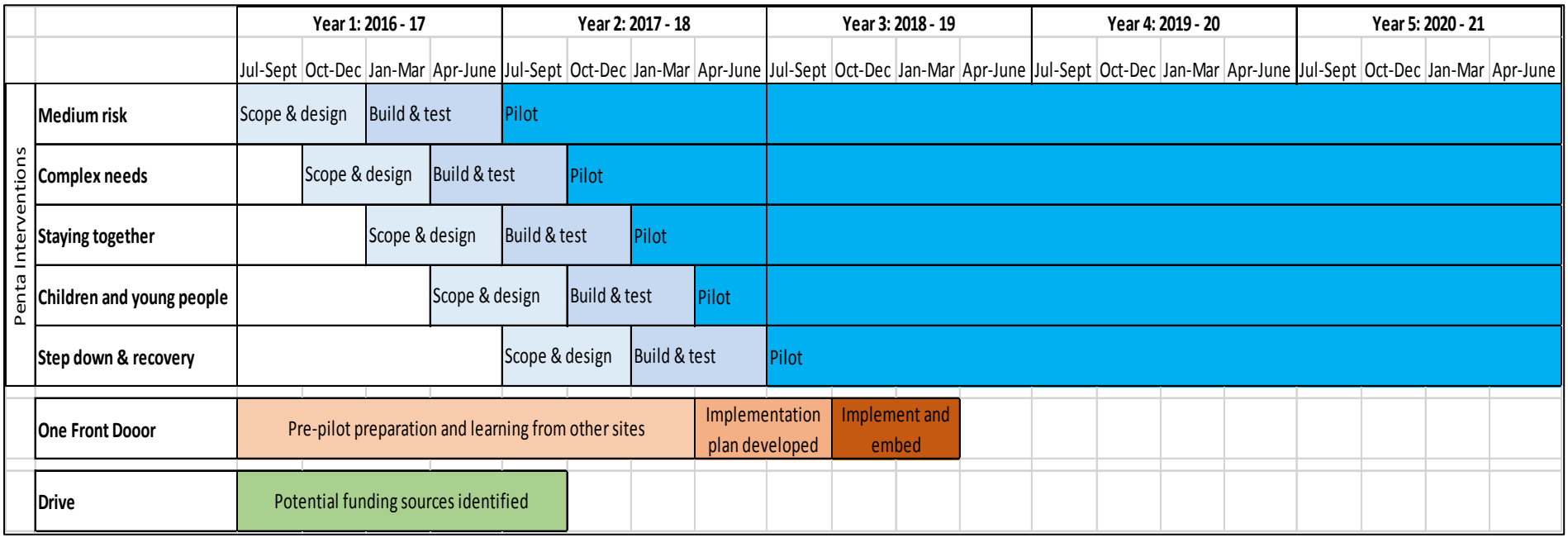
Our Big Lottery funded partnership with Women's Aid will be underpinned by a structure and relationship where learning is valued and shared, consistently; about interventions they are piloting which will inform and improve our approach. Alongside the independent Big Lottery Funded evaluation, in conjunction with Women's Aid, we will carry out our own internal evaluation using quantitative and qualitative data collection and analysis. This will include relevant outcome data from survivors and where appropriate, their children, as well as practitioners and stakeholders including our expert partners and survivor voices.

The opportunity to work with Norfolk as a Beacon site and test the SafeLives Blueprint will be significant and directly contribute to achieving SafeLives and Women's Aid shared aim, funded by the Big Lottery, to: *Transform the lives of women and girls by a systemic change to policy, practice and commissioning that promotes early intervention and reduces the prevalence, impact and tolerance of domestic abuse.*

APPENDIX 3

TIME SCALES FOR THE BEACON ELEMENTS[6]

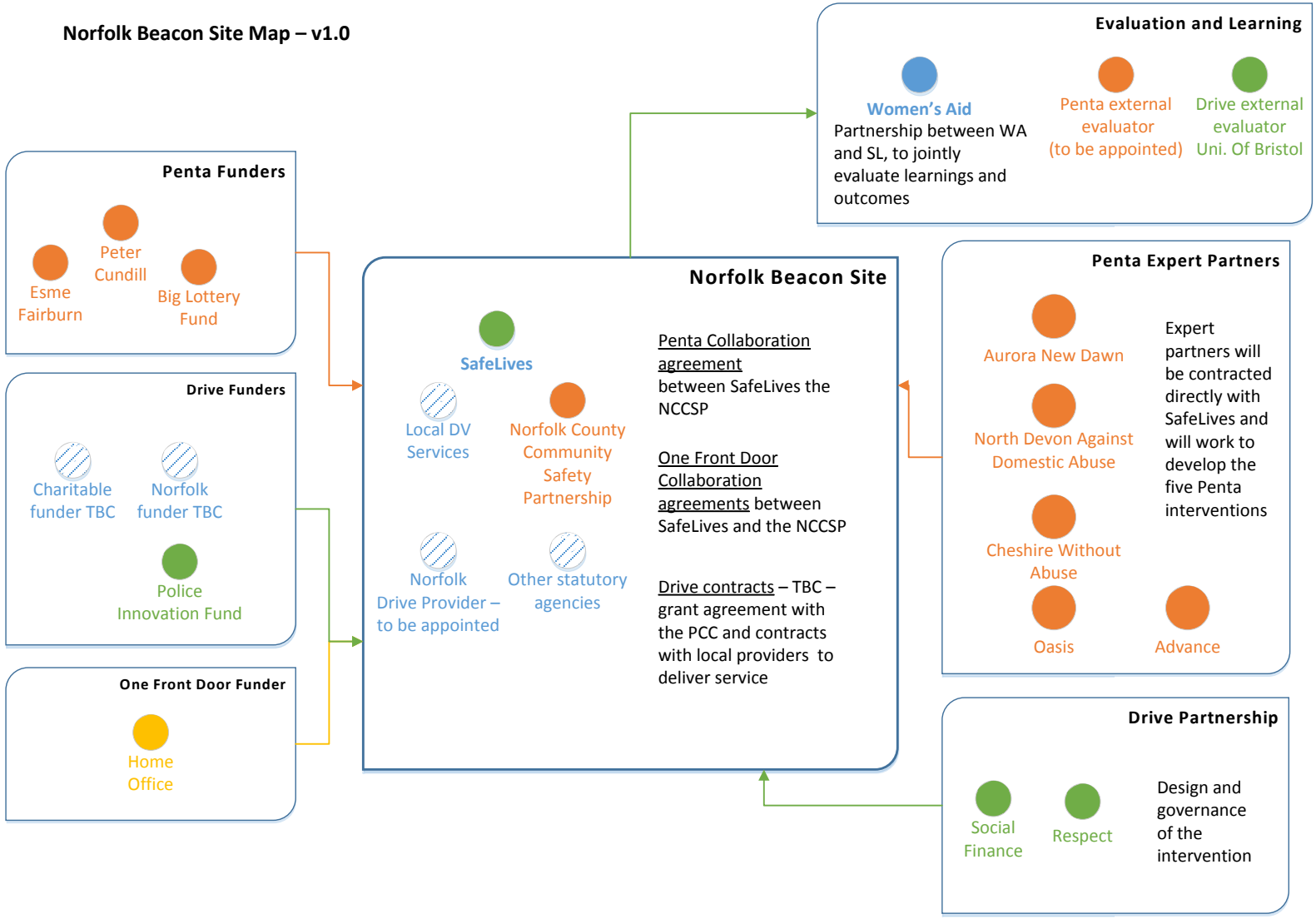
HIGH LEVEL PLAN



[6] Timescales for further Drive activity will be dependent on achieving sufficient funding, resource availability, and site readiness.

APPENDIX 3

Norfolk Beacon Site Map – v1.0



Beacon Site summary document for Norfolk

Norfolk Health and Wellbeing Board

Item 9

Report title:	**Developing our future Strategy – a draft Framework**
Date of meeting:	**8 February 2017**
Sponsor:	**Dr Louise Smith, Director of Public Health, Norfolk County Council**

Reason for the Report

The Joint Health & Wellbeing Strategy 2014-17 is now in its final year and the Board is developing its future Strategy. This paper outlines a Framework for further developing the new Strategy and provides an opportunity for the Board to inform the next stages of its development.

Report summary

This discussion paper provides a draft Framework for developing our future Strategy based on the Board's three longer term goals or themes:

- Driving Integration
- Reducing Inequalities
- Keeping the focus on Prevention

For each of these longer term goals, the draft Framework outlines the Board's overall purpose and principles involved, and a high level statement about how the Board will go about addressing the challenges facing the system.

Key questions for discussion

- Is this Framework approach a helpful way for us to develop the Board's next Joint Health & Wellbeing Strategy?

- What is our level of ambition in relation to our 3 longer-term themes or goals and is that reflected here?

- Where are the opportunities for the HWB to make a difference – and do the statements about what the Board will do make best use of those opportunities?

- What other significant factors do we need to take into account in the next stages of development?

Action/decisions needed:

The HWB is asked to:

- Consider and comment on the contents of this paper
- Agree the draft Framework as the basis for developing our next Joint Health & Wellbeing Strategy
- Approve the outline proposals for an engagement event with wider stakeholders on the developing Strategy to be held this summer (see HWB Conference at Appendix B)
- Identify any key factors that should inform the next stages of its development

1. Background and context

1.1 The Joint Health and Wellbeing Strategy 2014-17 is now in its final year and, building on learning from this, the Health & Wellbeing Board (HWB) is developing its future Strategy.

1.2 At its meeting on 21 September, the Board considered key information on the current health and wellbeing of the Norfolk population, drawn from the Norfolk Joint Strategic Needs Assessment (JSNA) Annual Report Summary 2016. It also considered information on some key health and wellbeing indicators as they relate to our existing priorities, based on the Norfolk Health and Wellbeing Profile June 2016.

1.3 The Board considered the high level messages from this as well as the context in which the Board is currently operating. In particular, members reflected on Board's developing role as system leader - exploring and agreeing its response and commitment, individually and collectively, to the whole system challenges facing us all. The Board had already identified the two key strands of its system leadership approach:

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

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

2. Developing our future Joint Health & Wellbeing Strategy

Our longer term goals or themes

2.1 Our three longer term goals or themes are:

- **Prevention** - providing help and support at an earlier stage before problems become acute

- **Reducing health and wellbeing inequalities** - narrowing the gap in life expectancy between the most and the least deprived people in Norfolk

- **Integration** - partners working together to provide effective, joined up services

A Framework approach

2.2 It is well understood that these three areas continue to present increasingly significant challenges for us in Norfolk. Building on the Board's earlier discussions, and in moving forward with developing our new Strategy, it is helpful to look at using a Framework approach for further developing our new Strategy.

2.3 We have spent time in earlier meetings exploring in some detail what the evidence is telling us about health and wellbeing in Norfolk and the challenges faced and this has helped inform our strategic direction. In order to move on with our thinking

we need to consider where we want to be – our vision of where we want to be in relation to our longer-term themes or goals and what we could do to get there.

2.4 Attached is a draft Framework which takes our three longer term themes in turn and outlines for each the Board's overall purpose, the principles involved and a high level statement about how the Board will go about addressing the challenges. The **draft Framework is at Appendix A**.

2.5 The draft Framework has been prepared as a starting point for discussion – rather than as a fully formed set of statements. The purpose in bringing it to the Board at this stage is to ask Board Members for its views on using this Framework approach for the further development of our future Strategy, to test the Board's level of ambition in relation to these three longer term goals, and to discuss the kinds of things that the HWB can do to address the challenges faced. It is also an opportunity to identify any key factors that should inform the next stages of the Strategy development.

2.6 A series of key questions for our discussion are included in the summary (page 1 of this report).

2.7 Last year the Board agreed a strategic framework for Mental Health which has four main aims - reducing stigma, making mental health everyone's business, improving access to self-help resources and early help, and commissioning better pathways into and through services. Multiagency partnership working to improve Mental Health outcomes in Norfolk will continue and the commitment to action across all agencies will be strengthened though linkages with, and opportunities created by, our new Joint Health & Wellbeing Strategy, as well as the Mental Health workstream of the Norfolk & Waveney Sustainability & Transformation Plan (STP).

Moving our Strategy development forward

2.8 In moving our Strategy development forward we have already agreed, amongst other things, that we need to:

- Explore some of the key challenges in relation to our three longer term goals
- Identify the opportunities for the HWB, as whole system leaders, to make a difference through the 'lens' of its three longer term goals or themes
- Develop our vision, purpose and principles – the framework for our strategy
- Develop and agree our actions and commitment to bringing about improvement

2.9 The Board has been setting aside time following each of its formal meetings to work informally on exploring our ambitions in more detail. At the **informal session** immediately following our formal agenda on **8 February** we will have an opportunity to look at **Driving Integration**, one of our three longer-term themes.

Next stages and high level timeline

2.10 The following outlines key stages in the development of our new Joint Health & Wellbeing Strategy:

- We continue to explore and develop our ambitions, commitment and high level actions, in relation to each of our 3 longer-term themes, in more detail at HWB workshops

- It is proposed to use part of our **informal meeting** set up for the morning of **26 April 2016** to look at '**Reducing Inequalities',** and we will identify a suitable date for exploring '**Prevention**' in more detail

- Members have already agreed that the development of our new Strategy should be informed by **engagement with wider stakeholders** and planning for this is progressing well towards an event in early summer **(see Appendix B**)

- Further detailed development will continue over the summer and early autumn with the HWB providing a formal steer at its meetings in July and September

- A fully developed Strategy will be brought back to the HWB for final approval end of 2017/early new year 2018

Driving our new Strategy forward

2.11 It is anticipated that, in due course, there will be a review of the arrangements for driving the HWB's new Strategy forward, including the structure and support necessary for its effective implementation.

3. Action

3.1 The HWB is asked to:

- Consider and comment on the contents of this paper
- Agree the draft Framework as the basis for developing our next Joint Health & Wellbeing Strategy
- Approve the outline proposals for an engagement event with wider stakeholders on the developing Strategy to be held this summer (see HWB Conference at Appendix B)
- Identify any key factors that should inform the next stages of its development

Officer Contact

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

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IN TRAN communication for all

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Norfolk Health and Wellbeing Strategy

2017-20

Everyone in Norfolk living healthy, happier lives for longer

This strategic framework outlines how the Norfolk Health and Wellbeing Board, in working together as whole system leaders, will deliver its ambitions to address the challenges and achieve the best possible health and wellbeing outcomes for people and communities – managing demand and promoting independence to enable people to remain in their homes with appropriate levels of care

Strategic themes **We will do this by…..**

Keeping the focus on *PREVENTION and PROMOTING INDEPENDENCE*	Developing an approach for prevention across the whole system	Stopping ill health and care needs happening in the first place - reducing lifestyle risks and targeting high risk groups	Promoting independence - through systematic and proactive management of health and social care circumstances	Making best use of our evidence and shared intelligence to enable us to identify where improvement is needed	Working with partners to ensure prevention forms part of policy, strategy and commissioning plans	Ensuring evidence based preventive interventions are in place across the county	Identifying how services can be provided to people who are not reached by mainstream services

Strategic themes	**We will do this by….**							
Reducing *INEQUALITIES*	Understanding accurately where the inequalities exist within Norfolk and ensuring plans reflect how these will be reduced	Providing an approach that is holistic and person centred with actions to benefit all but with a scale and intensity reflecting the level of disadvantage	Assessing *Health Equity* in all local policies and service delivery systems including access to health and social care	Aiming for a fair distribution of health and wellbeing and of sustainability	Tackling the social determinants of health, in order to save money and create value	Identifying trade-offs between short term solutions and investment in long term strategic improvements, within the known economic constraints	Understanding the impact of complex upstream interventions and the differing effects of interventions on different vulnerable groups	Quantifying the level of expenditure that is actually committed to health inequalities reduction activities
Driving *INTEGRATION*	Providing systems leadership to ensure that the focus is on ways of working and collaboration on issues that can only be addressed by an integrated solution	Working together across the system to identify affordable pathways of care and only propose structural/ organisational changes where it is deemed to be essential for effective delivery of services	Collaborating in the delivery of person centred care, irrespective of the employing organisation	Providing appropriate access to information and information systems wherever they are based or operate from	Ensuring integration extends beyond health and social care to the wider services which support local communities	Keeping a focus on integrated services which are built around local populations to ensure commissioning is based on the needs of communities	Preparing for an ageing population ensuring services are designed to address needs	Critically self-assessing our ambitions, capabilities and capacities to integrate across the system

Health & Wellbeing Board

Annual Engagement Conference

Background

- The Board's Joint Health and Wellbeing Strategy 2014-17 is now in its final year and, building on learning from this, the Health & Wellbeing Board (HWB) is developing its future Strategy

- Board members have already agreed that the development of our new Strategy should be informed by **engagement with wider stakeholders** and planning for this is progressing well towards an event in early summer

- Such a conference would provide the Board's wider stakeholders with an opportunity to contribute and support the development of the Board's future Strategy

- It is intended that this will be the first annual conference of the Health & Wellbeing Board.

Proposal

- For the HWB to hold an Annual Conference which brings together leaders, influencers and those who can influence the health and wellbeing of people across Norfolk

- The event to include public, private, voluntary, community & social enterprise sectors for one day, to think about health and wellbeing in the broader context, and discuss and debate the challenges facing us all to help make sure that we are working from a position of common understanding.

- The scale is to hold a full day's event for about 300 people

Purpose of the HWB annual Conference

The overall aims of the annual conference are to provide the opportunity for the wider health and social care stakeholders to:

- Learn from best practice and national evidence
- Take a Norfolk-wide strategic overview to inform the HWB Joint Health and Wellbeing Strategy
- Debate the challenges facing each of us now, and the transformation necessary to address them.
- Make the connections and links between what we are doing and how they affect each other.
- Ensure we are all working from a position of shared understanding.
- Identify areas where we need to co-ordinate our activity and plan around common agendas
- Inform each of our organisational strategic planning and priority setting processes.

Aims
The specific aims of this year's conference are for:

- The HWB to share more widely its thinking and planning for the next Joint Health & Wellbeing Strategy
- The HWB to listen to, and take into account of, the insights and opinions of wider stakeholders
- A wide range of stakeholders to engage actively with the Boards' developing Strategy and the possibilities for it provides for bringing about improvement
- A wide range of stakeholders views to inform the next stages of development of the Board's Strategy.

Objectives
The key objectives are to:

- Bring leaders, influencers and wider stakeholders together to consider the current context for health and wellbeing in Norfolk and the opportunities presented by the Board's Joint Health & Wellbeing Strategy for working together to bring about improvement
- Familiarise wider stakeholders with the Board's 3 strategic themes and what they mean in practice
- Engage wider stakeholders in the key elements of the Board's draft Strategy and deepen our shared understanding of the implications for the system as a whole
- Obtain feedback on both the opportunities and the challenges involved and secure commitment to be part of the solutions
- Provide an environment that enables all to contribute and have a stake in the HWB's next Strategy

Outline of activity being planned

- It is proposed that the conference will involve a combination of Presentations, Workshops and Questions & Answers Panels, chaired by a subject lead

- The agenda will be framed around the HWB's 3 strategic themes:
  - Keeping the focus on Prevention
  - Reducing Inequalities
  - Driving Integration

There will be:
- Presentations from speakers who are expertise in their field

- Opportunities for showcasing good practice

- A "marketplace" of stands for in between formal activity

- Two sets of 3 workshop sessions which will run in parallel, and be repeated

- The first set of workshop sessions will have presentations based on one of the HWB's 3 themes and the second set will involve delegates in greater discussion and interaction

Report title:	**Prevention and Promoting Independence. Creating wellbeing and improving health and social care – a district council perspective**
Date of meeting:	**Wednesday 8th February 2017**
Sponsor:	**All District Council Chief Executives**

Reason for the Report

This paper has been prepared with the aim of developing a shared vision of the role District Councils have in supporting residents across Norfolk to live independently in their own homes, promote independence and prevent ill health.

Report summary

There is an emphasis in policy change and published national literature about investing in preventative or early intervention services and behaviour change in order to reduce the demand for high end costly health and social care services. District Councils are currently in the process of building on existing relationships with Public Health, Adult Social Care and Clinical Commissioning Groups as well as primary and secondary health services i.e. hospital and GP Practices. Each partner is facing similar challenges with regard to finite and diminishing resources, increased demand on services and residual discoordination of approaches.

This report highlights the areas where District Councils are providing existing early help or prevention-type services as part of statutory service provision (housing, environmental health, leisure and planning) and discretionary service provision (early help hubs).

Furthermore, the report offers insight into the benefits and potential of working collaboratively across county and health care services at a locality level; how closer working with District Councils can help manage the impact of reductions in spend across the public sector in Norfolk as a whole and how implementing initiatives within District Councils who are close to the community improves the health and wellbeing of residents.

The role District Councils play in advancing the preventative agenda in Norfolk had previously been highlighted through the STP Prevention Work Stream before this was subsumed into the remaining work streams. District Councils have raised the potential of this being reinstated with CCG Executive Board Members and this work stream being fast tracked with the support of a moderate amount of dedicated resource. The importance of addressing the inevitable increase in demand due to budgetary/resource reductions of health and social care preventative services must be a priority to ensure the public sector is sustainable.

Key questions for discussion

- What are Board members views on the principle of utilising existing District Council functions in delivery of preventative initiatives?
- Do Board Members see the benefit of reinstating the STP Prevention work stream to increase the non-medical response to demand on health and social care?
- Are Board members aware of the functions of district councils and the benefits of more integrated working with District Councils can bring in mitigating the resource deficits across the public sector as a whole in Norfolk?

Action/decisions needed:

The Health & Wellbeing Board is asked to:

- Agree to adopt a set of principles which recognise the importance of locality working and the role played by District Councils, alongside other partners, in building stronger communities, creating wellbeing, early help and prevention and the potential to integrate services

- Identify any actions that Board member organisations could take to support its development.

Officer Contact

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IN TRAN communication for all

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

1. Background

1.1 This paper has been developed with the aim of developing a shared vision across District Councils, Adult Social Care, Clinical Commissioning Groups, Public Health and NHS health service partners to support residents.

1.2 The purpose is to develop a joint framework to support Norfolk's residents to maintain independence for as long as possible and to live healthy and active lives.

1.3 The focus is not solely older and vulnerable adults and the proposal fits with the broader approach to early help focussing on all residents, individuals, families and children where support is required to achieve better outcomes and prevent more costly interventions.

1.4 Shifting the focus to early intervention requires a flexible approach to meet the needs of the community and not organisational criteria.

2. Context

2.1 District Council services can and do have a significant positive impact on resident's health and wellbeing. This stems from our statutory functions such as housing, environmental health and planning, our services to build stronger communities through, for example, economic and community development, sports and leisure and arts and culture as well as our role as local leader and place shaper.

2.2 We are all engaging with Norfolk County Council and CCGs through a variety of local and countywide structures and projects which more often than not, have wellbeing as their central goal, for example, the development of Early Help Hubs, healthy living and reducing inequality initiatives and the Better Care Fund.

2.3 The District Councils believe that improved joint working can contribute to creating stronger communities and better outcomes to improve the wellbeing of our residents. It is proposed that by working more collaboratively we can develop a Norfolk wide overarching joint framework supported by locality developed delivery models which recognises the importance of a whole system approach including greater resilience, prevention, early-help and joined-up specialist services.

2.4 We believe that this can only happen through the development of a clear and consistent strategic approach across the County which is based on three key elements:

- Building strong, well-connected communities which help create wellbeing
- Early help, prevention and support to people who need it, some of whom may have long term conditions; to continue living in their community – based on the concept of co- production, both between services and between services and communities
- Integration of public sector services – building local, cross sector teams of staff which both remove barriers for residents but also reduce duplication, waste and cost

2.5 Achieving this requires a step change and focused effort to balance countywide strategic join up and consistency with clear localised delivery in order to meet

the diverse needs across the county.

2.6 These aspirations are shared across the public sector, however, pressures to respond to demands on the system – be they from residents or central government – often result in piecemeal change. This may lead to conflict over relatively small issues, whilst leaving the opportunity for genuine transformational change unaddressed.

2.7 As District Council's we believe the time is right to achieve whole system transformational change rather than focussing change on our own organisational silos or on a locality by locality basis in a piecemeal approach.

3. The Norfolk Picture

3.1 The Norfolk public services summits (September 2015 and in March 2016), described Norfolk County Council's ambition of looking at ways that customer demand and spend on public sector services could be reduced by working in partnership. The vision of the Norfolk Better Care Fund 2016/17 includes a commitment to explore, within the integrated commissioning model, how health, social care and community-based services can be brought closer together to ensure residents benefit from a place-based approach to health and social care services wrapped around the customer.

3.2 The Sustainability & Transformation Plan (STP) for Norfolk & Waveney Health & Care Partnership sets out how the health and social care sector intends to deliver a new care model taking a place-based approach to address both national and local challenges relating to improving health and wellbeing including '…Radical upgrade in prevention, patient *activation, choice and control, and community engagement*.'

3.3 The STP work streams are:

- Primary, Community & Social Care
- Mental Health
- Acute care

3.4 District Councils provides a wide range of prevention services including housing (this includes a landlord function in Norwich and Great Yarmouth), leisure, parks and open spaces, benefits, handyperson, care & repair services, direct work with communities such as community development and community connectors, debt & welfare advice to name a few.

<u>Strategic Housing</u>

3.5 As strategic housing authorities and key multi-agency players, we are ideally placed to work with public health, adult social care, childrens services, CCGs and primary health care providers to ensure Norfolk residents' lives are lived long and well with maintained independence.

3.6 Good housing is fundamental to health and wellbeing. Districts have a role in house building & supply of affordable housing, homelessness prevention, housing adaptation and enforcement powers to improve the condition of private rented housing. District Councils produce Housing strategies that set out their position and direction of travel on key housing issues such as these and

increasingly these strategies are highlighting the relationship between health and housing.

3.7 The allocation of the disabled facilities grant through the Better Care Fund has presented health and social care with the opportunity to work collaboratively with Districts to develop locality plans that deliver a joined up approach to improving outcomes across health, social care and housing. Although the main drive of the plans has been around the delivery of DFG, they have also provided the opportunity to consider and trial different schemes and approaches that for example, support hospital discharge and prevent readmission.

3.8 In addition a number of districts have used their own capital resources to operate discretionary schemes that support homeowners to carry out essential repair work through the provision of loans or grants. Districts have made use of the powers conferred in the Regulatory Reform (Housing Assistance) Order 2002 to provide such discretionary assistance for urgent/emergency works. One such form of assistance is the Norfolk & Waveney Equity Loan Scheme, which was established using funding from the East of England Regional Housing pot. This scheme provides equity loans to carry out essential works. The loan is repayable when the property is sold and the money is then reused to help others.

Prevention services

3.9 Early Help arrangements are now in place across Norfolk, and these have developed on the principle of:

- using current resources in a more efficient, effective and joined-up way
- achieving better outcomes for all residents and not solely children which was the original concept
- preventing issues escalating to higher cost interventions
- reducing demand

3.10 We all face financial pressures and need to make the Norfolk and locality "£" work better. Nonetheless NHS England's 5-Year Forward View has set a direction of travel and mandate to transform and re-shape health and social care services around the customer.

3.11 Working collaboratively across County, District Council and health care services, we have an opportunity to improve the integrated offer for residents, working closely with voluntary & community organisations. It is also critical to the delivery of the STP.

3.12 The challenge is if and how this opportunity is grasped to bring together the services delivered or commissioned by the public sector, the assets in each locality with the innovation of the voluntary sector and local knowledge of the community sector.

3.13 It is proposed that building on the developing early help arrangements now in place across Norfolk, a set of principles are developed at a Norfolk wide level and joint delivery and commissioning arrangements are developed and agreed at a district and locality level to reflect the different challenges and opportunities in each district/locality.

3.14 This would achieve a collaborative service delivery model with prevention and independent living at its heart that would be flexible to meet local needs and

held deliver better outcomes more effectively and efficiently.

3.15 Some practical examples of what be the focus are included at appendix 1. However, it is not envisaged that all District Councils and localities would work towards implementing all of these activities. In developing local approaches, authorities will identify and implement locality or place based solutions, building on assets and responding to local need.

3.16 Partners contributing to the health and wellbeing agenda will be working across a variety of geographical areas; Countywide, CCG areas, Districts etc., however a commitment to locality working means understanding and developing the assets which drive health and wellbeing as well as understanding the needs of different areas. District Councils have always understood this and the appendix 2 and 3 shows some examples of the wide range of initiatives that have been developed in response.

4. Next Steps

- District Councils, Norfolk CC and the CCGs adopt a set of principles which recognise the importance of locality working and the role played by District Councils, alongside other partners, in building stronger communities, creating wellbeing, early help and prevention and the potential to integrate services
- The principles should set out a countywide commitment to work together to build on the strengths in local communities which create wellbeing as well as addressing health and wellbeing needs, including homelessness, poor housing, economic inactivity, loneliness and isolation as well as treating health conditions and providing social care
- The principles should set out clear governance arrangements which recognise the contributions made by the wide range of existing partnerships but that also makes explicit the strategic, commissioning and operational role of district based locality arrangements

4.1 To use these principles to help manage the impact of reductions in spend, for example the most recent proposals from Adult Social Services and to move towards new, bottom up commissioning arrangements, based on localities, which ensure that remaining investment is used in the most effective way to create wellbeing and promote resilience and independence.

Appendix 1 - Prevention and promoting independence – practical examples

ACTIVITY			
Issue/Aim	**Living Well (Universal Pathway)**	**Maintaining Independence (Step Up)**	**Reablement at Home (Step down)**
Type of activity	***Prevention***	***Early Intervention***	***Reablement***
Examples of activity:			
Reduction in move to residential care e.g. frequent fallers, management of long term conditions.	• Community support networks • Hoarding/self-neglect • Falls prevention classes • Increase in leisure activity • Frontline staff trained in falls hazards awareness • Working with at risk populations to prevent ill health • Boilers by prescription • GP referral schemes • Prevent homelessness	• Home options • Handyperson services – grab rails, falls hazards checks • Move to more suitable accommodation • Medicine checks • Independent living services • Welfare advice • Ensure housing with care schemes • Provision of home based care	• Move to more suitable accommodation e.g. permanent move or planning bed • Appropriate equipment in home following hip fracture • Timely planned discharge at point of entry • Norfolk first response care package in place • Assistive technology • Swifts & Night Owls
Examples in practice	• Resident physically activity programme improving postural stability and social networks. In warm and suitable accommodation. Aware of support services locally.	• Resident has home adapted to be able to maintain independence. Has support from within the community and access to the relevant services when they are needed.	• Resident is able to return to their home or is able to access more suitable alternative accommodation prior to discharge from hospital/respite. Service are working together to support reablement of resident.
Measures of effective activity	• Reduction in falls • Reduction in social isolation • Number of adults remaining in their own home	• Delayed entry into care • Service users find it easy to find information, advice and guidance on independent living options	• Reduction in hospital re-admissions • Reduction in delayed transfers of care • Older people at home 91 days after discharge • Reduction in residential/care home provision

Appendix 3 – details of local examples

North Norfolk District Council
Sports Clubs and Hubs/Libraries Seated Exercise Programme

Programme aimed specifically at the 60+ group (although not exclusive). The project aims to set up self-sustainable Community Hubs in rural locations that will offer a range of physical activity classes. The Council works with the communities, to build capacity with those individuals to enable them to set up sustainable Hubs.
A programme of seated exercise classes has also been set up in Cromer, Sheringham and Holt libraries.

Broadland District Council
Broadly Active – Exercise referral scheme

Broadly Active provides a structured, safe, affordable and local opportunity to become more physically active for residents with chronic medical conditions. It is a 12 week exercise referral programme that requires referral from a clinical source. A 12 week programme of group based exercise, gym access, independent training and signposting to other opportunities to be active is provided alongside support, guidance and motivation from specially trained instructors.

Kings Lynn & West Norfolk Borough Council
Ask LILY – Living Independently in Later Years

LILY (Living Independently in Later Years) is an initiative designed to help older people continue to live safely and independently at home. Older people, their families, friends and carers can access information about services, organisations, advice, activities and events.

- The creation of a single point of referral in west Norfolk.
- Older people will be able to remain at home safely and securely for longer.
- Older people will have increased opportunity to participate in their community and access social opportunities.

The LILY Project also funds dementia friendly home assessments. The aim of these is to enable those living with dementia to remain living safely in their own home for longer.

Great Yarmouth Borough Council
Neighbourhoods that Work

Increasing community and individual's capacity and resilience leading to lower reliance on statutory services by:-

- Building Community capacity through Community Connectors
- Enabling VCS integration with Public Sector
- Providing employment support and training opportunities for vulnerable residents

This programme will also support people with complex needs to greater stability and support those

Breckland District Council
'Dementia Friendly District'

In 2014 Breckland commenced its 'Our Day Out' programme. The aim of 'Our Day Out' is to encourage people living with early stage dementia, and their carers, to share enjoyable experiences and memories through activities taking place in their local community.

Funded by Creative Arts East (CAE) and has now received nearly £250,000 additional funding to deliver the programme for a further 3 years.

To compliment this and in recognition of the importance of physical activity the Council in partnership with its PFI Leisure Operator launched its Carers Membership which is a significantly discounted membership for carers and their cared for.

Norwich City Council
Rough sleeper &
Making Every Adult Matter (MEAM) projects

A programme to deliver better coordinated services, improve outcomes, and reduce costs, for those individuals who have multiple and complex needs and have been excluded from most other services.

c500 individuals are supported per year, including engagement with very vulnerable clients including those with mental health and/or substance misuse issues delivering cost reductions across the public sector.

South Norfolk Council
FIRST – Financial Independence, Resilience, Skills and Training

FIRST provides residents with skills and resources to maintain their financial independence prevent debt and achieve their potential.
The project incorporates a number existing and new work streams into one approach as part of our early help work. The project has three priorities:

- Preventing debt or financial difficulty through early identification and providing customers with the skills they need to manage budgets
- Supporting residents in our temporary accommodation to move to a more sustainable solutions
- Supporting residents to gain the skills and access the opportunities they need in order to maintain or access sustainable training and employment

Appendix 3 – details of local examples

Council	Programme	Programme Objectives	Outcomes	Impact on the Health & Social Care System
Breckland District Council	Dementia Friendly District	'To make Breckland a place people with Dementia and their carers can live well': In 2014 Breckland commenced its 'Our Day Out' programme. The aim of 'Our Day Out' is to encourage people living with early stage dementia, and their carers, to share enjoyable experiences and memories through activities taking place in their local community, and most importantly just to have a great time! The sessions are friendly, informal, and a perfect way to meet new people who are also living with dementia. Sessions ranged from chair based dance, poetry and African drumming. This has since been developed by Creative Arts East (CAE) and is now received nearly £250,000 additional funding to deliver the programme for a further 3 years, it will expand into Thetford as well as North Norfolk. To compliment this and in recognition of the importance of physical activity the Council in partnership with its PFI Leisure Operator launched its Carers Membership which is a significantly discounted membership for carers and their cared for. To date there have been 407 creative engagements with an average of 27 people a month and 9 participants per group. These numbers may not initially seem huge but what is overwhelmingly impressive is the massive impact that the programme is having for attendees.	Our Day Out: Evaluation undertaken by CAE identified that: . 94% said the activity supported them to feel less isolated . 100% enjoyed the 'our day out' experiences, 61% more than they anticipated! . 100% of participants feel confident to take part in new experiences, 78% more than before these sessions . 94.1% feel more informed about how to access positive activities . 94.4% have communicated with new/more people as a result . 94% think the programme is important to socialise, enjoy the company of others, fill life experiences and take away worries (if only for a few hours) Statistics are only one side of the story. The qualitative feedback received is incredibly positive and truly illustrates the impact of the programme. Some examples are shown below and there are many more in the accompanying documents of this submission. **Margaret**; "My husband really enjoys his 'out day out' and talks about it at home. Thank you all very much for what you organise for us, it is very much appreciated" **Mike**; "These sessions are essential to our wellbeing"	People who have good personal wellbeing and feel connected to their community are less likely to need health and social care support. Our Day out clearly has demonstrable benefits to the health and wellbeing of participants. Our Carers Membership is making access to leisure affordable and helping to keep not only carers but also the people they care for active and well.

		The Council has also taken positive steps to make itself more Dementia Friendly. Alzheimer's Society were consulted as part of the design of our new co-located reception are with the DWP and large numbers of staff have been trained by Age UK	**Peter**; "Brilliant. Dad and I have found the sessions a great help, good fun and something to look forward to." **Peggy**; "Been given a new life" and feels "less irritable" when she is out of the house. **David**; "…you don't get judged. Everyone is in the same position, so you can feel totally relaxed…..It really lifts you up!"	

Appendix 3 – details of local examples

Council	Programme	Programme Objectives	Outcomes	Impact on the Health & Social Care System
Broadland District Council	Broadly Active – Exercise referral scheme	Provide a structured, safe, affordable and local opportunity to become more physically active for residents with chronic medical conditions. Broadly Active is a 12 week exercise referral programme that requires referral from a clinical source. A 12 week programme of group based exercise, gym access, independent training and signposting to other opportunities to be active is provided alongside support, guidance and motivation from specially trained instructors. The social interaction with a group of peers aids the benefits physical activity brings to mental health and encourages retention. An exit plan is agreed at the end of the referral process to enable the resident to continue the benefits and form a long term habit of being active. The programme has been in operation in Broadland for over 10 years. It began as a part time project in 2 towns in Broadland and has grown to deliver exercise referral across Broadland, Norwich and South Norfolk. The scheme has recently expanded to deliver a Tier 2 Weight Management service in the Broadland district called Why Weight. Both of these entities are also going to be offered to all NHS patients referred to the Norwich CCG's Tier 3 Weight management service.	Since the scheme began 2939 people have been referred with a completion rate of 30% 87% completers have at least maintained their increased level of physical activity at 6 months. 98% report being very satisfied with the programme Completers report improvements such as weight loss, reduced blood pressure, cholesterol and blood sugar plus greater mobility. One client has lost over 35 stone and stopped requiring insulin injections since he was first referred to the scheme. Some clients have returned to work following attendance on the programme. Comments from clients *"I really do find the Broadly Active sessions to be very beneficial. They make me feel better about myself"*	• Less visits to GP/ other health services • Less need / lower dosage of medications • Lower risk of developing further conditions/comorbidities • Increased social interaction reducing isolation/ loneliness • Improved mental wellbeing • Improved resilience and responsibility for own health

			"I really enjoyed the Broadly Active scheme – I would never have gone to a gym without doing this first. The biggest thing about it has been the positive effect on my mental health" *"I am very grateful to Broadly Active for all the support I have received as I have come to terms with my condition and the help to understand my body"* The first year of Why Weight delivery saw 303 residents begin a programme with 206 completing. The average weight loss at 12 weeks was 3.3% of bodyweight. This had increased to 4.4% by follow up at 9 months. Comments from clients *"I would 100% recommend this programme, best weight loss programme I have attended"* *"I'm surprised to meet my goal. Helped put in place a manageable and easy to maintain regime"*	

Appendix 3 – details of local examples

Council	Programme	Programme Objectives	Outcomes	Impact on the Health & Social Care System
Kings Lynn & West Norfolk Borough Council	Ask LILY – Living Independently in Later Years	LILY (Living Independently in Later Years) is an initiative designed to help older people continue to live safely and independently at home. Older people, their families, friends and carers can access information about services, organisations, advice, activities and events. LILY is being developed so it can be accessed in a variety of ways; online directory, by email, telephone, community groups, locations and events, and home visits. LILY Advisors have been recruited from voluntary sector organisations and provided with mobile IT equipment to help search the LILY directory; both out in the community and in the clients home. They can also make referrals if needed. The LILY Project also funds dementia friendly home assessments. The aim of these is to enable those living with dementia to remain living safely in their own home for longer.	The creation of a single point of referral in west Norfolk. Older people will be able to remain at home safely and securely for longer. Older people will have increased opportunity to participate in their community and access social opportunities. Older people will have access to a range of information and services and will be able to make their own choices, thus remaining independent for longer. The project encourages joint working between statutory and voluntary sector organisations.	The project will delay the need for more formal and costly health and social care support through early help and prevention. This will enable health and social care professionals to focus on individuals needing more intensive support. The provision of low level adaptions will enable to people to remain in their own homes, thus reducing care home admissions and assisting with the hospital discharge process.

Appendix 3 – details of local examples

Council	Programme	Programme Objectives	Outcomes	Impact on the Health & Social Care System
Norwich CC	Rough sleeper outreach & Making every adult matter (MEAM) Projects	To deliver better coordinated services improve outcomes, and reduce costs, for those individuals who have multiple and complex needs and have been excluded from most other services. To reduce service users' inappropriate use of emergency provision.	• c500 individuals supported per year • Improved 'journey' from rough sleeping to settled accommodation. • Improved engagement with very vulnerable clients including those with mental health or substance misuse issues, or dual diagnosis. • Cost reductions across public sector	Through MEAM, there was a proven reduction in cost of providing services to specific individuals e.g. one case showing reduction in total public sector cost savings of £24,100 including £5,900 saving to GPs and hospitals. Clear routes into more sustainable accommodation on hospital discharge reducing likelihood of recurrence of crises.

Appendix 3 – details of local examples

Council	Programme	Programme Objectives	Outcomes	Impact on the Health & Social Care System
South Norfolk DC	**FIRST** – Financial Independence Resilience, Skills and Training	**FIRST** provides residents with skills and resources to maintain their financial independence , prevent debt and achieve their potential The project incorporates a number existing and new work streams into one approach as part of our early help work. It is a holistic support package which seeks to improve the resilience of customers by providing the earliest 1 to 1 help. The core features of FIRST: **Money FIRST:** The focus will be on preventing debt or continued financial difficulty through early identification of needs and providing customers with the skills they need to manage their budgets. It will also support customers already experiencing debt or benefit issues to deal with it through provision of specialist support**Home FIRST:** Will provide support to residents of our temporary accommodation to ensure they are able to successfully move on into stable and suitable accommodation. In future we hope to make the service available to housing partners to support their tenants to overcome issues and understand their tenancies; avoiding arrears and breaches of tenancies. **Jobs FIRST**: working with existing Jobs Services. Customers will gain the skills and access the opportunities they need in order maintain or access sustainable training and employment. **Further development**: The project also provides the foundation on which to deliver a number of other targeted initiatives	**Early identification of those in debt** : -Reduced overall level of customer debt -Earlier resolution of debt -Improved access to specialist services -Reduction in repeat instances of debt **Customers attain the skills needed to live independently**: -Reduced homeless -Reduced rent arrears for housing partners **Customers access the right support for their needs**: -Education, skills and training attainment -Number of FIRST customers gaining suitable employment **Temporary Accommodation (TA) residents develop independent living skills:** -Sustainment of accommodation -Reduction in repeat homelessness -Reduction in Anti-social Behaviour within TA units -Reduced customer debt	-Reduced demand on primary health for conditions such as depression and situational stress brought about by or exacerbated by financial exclusion, poverty or unemployment -Better home conditions and reduced fuel poverty, (warmer/ damp free homes) decreasing impact of on respiratory illnesses and mental wellbeing. -Reduction in health and social care costs connected to homelessness -Causal connection between homelessness and drug and alcohol dependency alleviated through reduced homeless and access to support services. -Ability to live independently in the community reduces demand on Social Care funded supported accommodation. -Improvements in healthy lifestyles through earlier access to specialist services leading to long term decreased demand on health and social care -Educational and training leading to better long term prospects, economic prosperity and resultant improvements in health and wellbeing

Appendix 3 – details of local examples

Council	Programme	Programme Objectives	Outcomes	Impact on the Health & Social Care System
Great Yarmouth Borough Council	Neighbourhoods that Work	NTW is a 3-5 year programme. GYBC leads the partnership, working alongside Great Yarmouth College, DIAL, GYROS, Future Projects, Voluntary Norfolk, Business in the Community and Great Yarmouth and Waveney Mind. The resilience of communities, the quality of services, and the growth potential of the local economy are all linked. Increasing capacity in communities enables them to become more resilient in the face of changing social, economic and environmental conditions. Connecting communities to the benefits of economic growth, by increasing community resilience, by improving responsiveness of voluntary sector support services, and by increasing participation of communities in driving forward sustainable economic development. NTW helps people living in the borough to identify their strengths, develop employability skills, and work through complex issues. It takes a joined-up approach to community work, and puts people at the centre of its philosophy. Integration is key to NTW, ensuring that local residents are linked to the right support and the right expertise, at the right time. Much of NTW is delivered through localised 'patch' teams via the stronger communities infrastructure in GY. The teams collectively have a broad role- to help individuals become more resilient and communities become stronger. Each team features a	Measuring our impact is essential in demonstrating the benefits of an integrated place based Community Development approach. Our Evaluation partner is the University of East Anglia and their work is supported by a small team of Great Yarmouth residents employed as Community Researchers. Headline outputs from year 1 include: 1014 people have been involved in NTW, 657 of whom have received more in-depth support from the project. 118 people have joined a new group or network 32 people have overcome issues preventing them from getting and keeping a job 41 Resident self-Help community groups supported to develop 470 residents taking part in at least one community event 186 people reporting improved skills after completing at least one training session 66 events were organised or supported 60 people with complex needs have attended taster days, work placements or volunteering activity All of those people now report improved confidence in competing for jobs 25 people have maintained involvement in community activity or employment for the first time 76 people have overcome vat least one personal challenge 187 people have completed at least one training session	• Community and individual capacity and resilience increased leading to increased community based support and self-help, and lower reliance on statutory services • People with complex needs helped to sustainably overcome personal challenges, maintaining greater stability, increasing personal resilience, reducing the risk of long term incapacity, and minimising the harmful physical, mental and social effects brought about by long-term complex needs. • People who become economically active become mentally and physically fitter with employment allowing people to obtain economic resources, essential for material well-being and societal participation • Employment and socio-economic status are key for social and mental health, promoting full independent participation in society.

		mixture of NTW practitioners, ensuring a wide range of skills and expertise. Teams prioritise getting to know local people, help residents to develop their interests, provide support to develop self-help projects, signpost to services, and access information around training and employment.	74 volunteers feeling more active in their community 94 Residents reporting new friendships	

Appendix 4

Building Stronger Communities – Moving towards a common understanding

As District Councils, we are close to our communities and are uniquely placed to provide a focal point for building stronger communities.

Stronger Communities are those where people are socially connected to others, where people have the capacity to make informed decisions that affect their lives and make things happen, and where people are organised to take action to influence power and authority to meet community priorities.

Understood through years of frontline Community Development work, residents' perceptions of Strong Communities incorporate, amongst other things; a sense of belonging and connection, a place of safety and security, somewhere people help one another to live a good life, and where there is access to good quality services, education, jobs and recreation. We all need and want these things, so it is not surprising that communities often hold collective priorities and common interests. As public agencies responsible for providing services that communities need and want, we unsurprisingly need to have a shared and increased focus on working with communities to help make them stronger.

We know that poor social conditions lead to poor health. As Public Services, we are committed to addressing the impact of the socio-economic challenges that contribute to disadvantage (poverty, ill-health, low economic engagement, limited educational opportunity) to minimise their impact on services. We also understand the value of offering support to people early enough to reduce risks and head off costly crisis interventions. However, a truly transformational approach would be to shift towards supporting those factors within communities which contribute to good health, improve wellbeing, establish opportunities, and drive social inclusion. In essence, the shift should have a significant focus on *wellbeing creation* and as a partnership of public services we should be helping communities to create wellbeing for themselves.

"As a doctor at the Royal, I never once wrote a death certificate saying the cause of death was living in a horrible house or unemployment. People die of molecular deaths, such as proteins coagulating in arteries and causing heart attacks and strokes. Yet we know that poor [social] conditions lead to poor health and premature deaths."

"People who do not feel in control over their lives struggle because the system does things to them – it doesn't work with them and help them create 'wellness' for themselves … when things happen that alienate people, they lose that sense of control and a whole range of biological, as well as psychological, things occur."

Sir Harry Burns, Chief Medical Officer for Scotland (2005-2015)

We can cite a number of existing community based interventions aimed at improving health and wellbeing, many of which will deliver good outcomes. However, whilst 'community capacity' or *'stronger communities'* will increasingly feature in agencies' strategies, presentations and job titles, there remains a question as to whether there is a common understanding of an approach. It may be variously described at times as 'signposting', 'people doing more for themselves' or 'more from the voluntary sector.'

To be truly transformational, we need to recognise that building stronger communities will need a strategy which is given the time and attention required to be truly effective and to deliver the outcomes we are looking for.

There are a number of different theories, concepts and methodologies, but those that underpin significant work locally include the theory of Social Capital, the practice of Community Development, and the

introduction of Asset Based Community Development, which has gained some traction in health and care terms, translated into 'strengths based assessments'.

Social Capital

"Building stronger communities involves building the social capital of a community. We can create and enhance wellbeing by "strengthening the connections among individuals,- social networks and the norms of reciprocity and trustworthiness that arise from them. (...) In measureable and well-documented ways, social capital makes and enormous difference to our lives".

Robert Putnam (2000) Bowling Alone: the collapse and revival of American Community

Asset Based Community Development (ABCD)

"Building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, asset-based community development draws upon existing community strengths to build stronger, more sustainable communities for the future."

The ABCD Institute

Community Assets may include:

- The skills, knowledge, passions and interests of local residents
- Networks and connections in a community – 'Social Capital'
- Resources of public, private and voluntary and community organisations
- Physical and economic resources of a place that enhance well-being

Health and ABCD

"The more familiar 'deficit' approach focuses on the problems, needs and deficiencies in a community such as deprivation, illness and health-damaging behaviours. It designs services to fill the gaps and fix the problems. As a result, a community can feel disempowered and dependent; people can become passive recipients of services rather than active agents in their own and their families' lives."

Foot & Hopkins, 'A Glass Half Full' 2010