Norfolk County Council

Health and Wellbeing Board
Minutes of the meeting held on 06 March 2018 at 10:30
in the Abbey Conference Centre, Norwich.

Present:	**Representing:**
William Armstrong	Healthwatch Norfolk
Cllr Yvonne Bendle	South Norfolk District Council
Cllr Bill Borrett	Adult Social Care Committee, NCC
James Bullion	Adult Social Services, Norfolk County Council
Cllr Penny Carpenter	Children's Services Committee, Norfolk County Council
Cllr Steve James	Breckland District Council
Melanie Craig	NHS Great Yarmouth & Waveney CCG
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Laura Bloomfield	Voluntary Sector Representative
Antek Lejk	NHS North and South Norfolk Clinical Commissioning Groups
Joyce Hopwood	Voluntary Sector Representative
Cllr Elizabeth Nockolds	Borough Council of King's Lynn and West Norfolk
Jon Clemo	Voluntary Sector Representative
ACC Nick Davison	Norfolk Constabulary
Dr Louise Smith	Public Health, Norfolk County Council
Dr Liam Stevens	NHS Great Yarmouth & Waveney CCG
Dr Wendy Thomson	Norfolk County Council
Sara Tough	Children's Services, Norfolk County Council
Dr Paul Williams	West Norfolk Clinical Commissioning Group
Tracy Williams	Norwich Clinical Commissioning Group

Invitees Present:	**Representing:**
Cllr Mary Rudd	Waveney District Council
Jonathan Williams	East Coast Community Healthcare
Tony Osmanski	East Coast Community Healthcare

Officers Present:	
Hollie Adams	Clerk
Linda Bainton	The Senior Planning & Partnerships Officer
Chris Butwright	The Head of Public Health Performance & Delivery
Suzanne Meredith	The Deputy Director of Public Health (Healthcare Services)
Maureen Orr	The Democratic Support and Scrutiny Team Manager

1. Apologies

1.1 Apologies were received from: Ms C Allen, Dr Hilary Byrne, Ms J Cave, Dr Anoop Dhesi, Mr S Evans-Evans, Cllr A Grant (Cllr E Flaxman-Taylor substituting), Mr L Green, Mr J Green, Mrs P Hewitt, Cllr A Proctor, Cllr K Maguire and Ms J Rodziewicz.

Also absent were: Mr J Bacon, Cllr D Bills, Ms R Fallon-Williams, Cllr P Claussen, Mr M Davies, Mr D Mobbs, Cllr M Prior, Ms J Smithson, and Mr J Webster.

2. Election of Vice-Chair (CCG)

2.1 The Director of Public Health nominated Tracey Williams for the Vice-Chair CCG

(Clinical Commissioning Group) representative role; all Norfolk CCGs supported this nomination. Tracy Williams was **duly appointed** as CCG Vice-Chair for the remainder of the ensuing council year.

3. Chairman's Opening Remarks

3.1 The Chairman welcomed attendees to the meeting, in particular ACC Nick Davison as his first HWB (Health and Wellbeing Board) meeting, Cllr Mary Rudd, Cllr Flaxman-Taylor, and Dr Paul Williams from West Norfolk CCG.

4. Minutes

4.1 The minutes of the meeting held on the 27 September 2017 were agreed as an accurate record and signed by the Chairman.

4.2 Ms J Hopwood raised a concern related to paragraph 6.2, point 3; she felt the voluntary sector were not adequately represented on the Board. The Chairman pointed out there were 3 voluntary sector representatives; Ms Hopwood felt they should be more involved in decision making processes. The Chairman reminded Members that all Board Members could suggest agenda items for discussion and encouraged voluntary sector representatives to do so.

5. Actions arising from minutes

5.1
- Paragraph 6.2, point 3; it had been decided to continue with two Vice Chairs; one from the CCGs, who were statutory members of the Board, and the other from the District Councils, who were elected by the public to represent their views;
- Paragraph 6.3, point 2; the HWB's revised terms of reference, as agreed at the September 2017 meeting of the HWB, had been approved at the Norfolk County Council meeting on 11 December 2017 and the Council constitution updated;
- Paragraph 8.3, point 2; the refreshed Local Transformation Plan for Norfolk and Waveney 2017-18 had been signed off by the CCGs and by NHSE;
- Paragraph 10.2, point 3; Norfolk Health Overview & Scrutiny Committee had begun to investigate physical health checks for adults with learning disabilities; this was covered under item 10 of the agenda;
- As agreed, information had been sent to Board members about:
  - Item 8: Children and Young People's mental health and emotional wellbeing; the potential new 'Thrive' service model; the CAMHS service re-design Vision along with a briefing for general use;
  - Item 9: Hospital Discharge in Norfolk including information on the BCF High Impact Change plan around voluntary sector involvement in the Home from Hospital scheme and a housing review;
  - Item 10: Transforming Care Partnership (Services for Adults with a Learning Disability) Housing Plan.

6. Declarations of Interests

6.1 No interests were declared.

7. Sustainability and Transformation Partnership (STP) - Vision for the future model of Primary Care in Norfolk and Waveney

7a. An Integrated Care System

7a.1 The Board considered the report setting out the opportunities for improved health services and integrated care from the invitation to submit an expression of interest to become one of eight STPs in a 'second wave' of Integrated Care Systems.

7a.2.1 Mr A Lejk, STP Executive Lead, introduced the report, advising that Government were seeking systems to become integrated to achieve a single financial model planned around population need; planning services around wellbeing and prevention would allow people to remain independent for longer and would require organisations to work together to shift resources towards a self-sustainable model.

7a.2.2 The submission would be made available after the meeting; see appendix A.

7a.2.3 NHS England would provide feedback on the submission and the STP would come back to the HWB at its meeting on 2 May 2018 for a further discussion, when more detail would be available. This would be followed by a consultation.

7a.2.4 Members spoke in support of the prevention priority outlined in the submission; the Chairman noted this involved using existing services more efficiently and focusing the system on the needs of the patient.

7a.2.5 East Coast Community Healthcare had endorsed the submission the previous week and circulated it to their governing bodies.

7a.3 The Health and Wellbeing Board unanimously **RESOLVED** to **SUPPORT** the Expression of Interest to become an Integrated Care System, subject to agreement by Trust Boards, Governing Bodies and Council Committees.

7b. Vision for the future model of Primary Care in Norfolk and Waveney

7b.1 The Board considered the report updating members on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on the vision for the future model of primary care in Norfolk and Waveney.

7b.2 Ms M Craig, STP Sponsor for the Primary and Community Care Workstream, gave a presentation (see appendix B) and highlighted:

- The Strategic workforce planning area led by NHS England aimed to tackle decline in GP numbers;
- Increased national demand on GPs impacted on the declining numbers;
- University of East Anglia's medical school was a positive resource for Norfolk for training and retaining doctors and medical staff;
- The "GP practice forward view plan" encouraged GP surgeries to expand their team structures to include a wider range of professionals.

7b.3.1 Members discussed how primary and community healthcare could improve outcomes for patients and carers and the view was expressed that the voluntary and community sectors and district councils working together to integrate services was important.

7b.3.2 One of the biggest barriers to integration was felt to be information sharing, particularly

for the health sector; the public were often fearful of their information being shared and debating the benefits of this with them could be useful. Difficulties were caused by the inability to share information between organisations within the NHS. The Chairman felt a single, separate regulator and compatible ICT systems would support sharing of information and hoped the STP would support this.

7b.3.3 It was noted that £1m was put into social prescribing from the Better Care Fund (BCF) and Public Health annually; to ensure further investment it would be important to capture evidence of impact. In relation to the new prevention based social work model, discussions were being held with other local authorities about information sharing, and HWB members were encouraged to be bold about information-sharing - not break the law but addressing the myths.

7b.3.4 Members noted some of the actions taking place across the county by the district councils which were making a positive impact. These included the Community Connectors in GP surgeries and the "home from hospital" scheme piloted in South Norfolk, and the "Living Independently in Later Years" service in West Norfolk. Members also noted that discussions were being held with the Queen Elizabeth Hospital about West Norfolk District Council staff supporting patients with housing queries prior to discharge.

7b.3.5 Plans for the resource model to support the vision were queried and Ms Craig replied that, as a large proportion of budgets were spent on emergency admissions to hospital and social care, it was important to shift towards a prevention model and integrate services.

7b.3.6 The support in place to help GPs adjust to the culture shift was discussed and it was noted that, while some practices had embraced change, it was not being discussed widely and more peer to peer discussions would be useful. Information on 'One Norwich' was given and their use of training and forums to share information between practices. East Coast Community Care reported that GPs had found resistance to change from some staff; some practices were seen to want to maintain a personal identity.

7b.3.7 New innovations and ways of working would be important to encourage doctors to apply for roles in more remote practices. The use of information technology would also be important, for example encouraging online booking, although it needed to be understood that such changes were not intended to replace the phone or receptionist but instead to provide a wider variety of options.

7b.3.8 A key way forward in addressing our workforce challenge might be to make best use of our workforce assets. It was recognised, however, that there was also a nursing workforce challenge and a survey of practice based staff found a possible future lack in nursing staff due to upcoming retirements; work was underway to encourage student nurses to work in GP practices. It was noted that nurse recruitment in the community was facilitated by staff leaving roles in hospitals to return to work in their home areas and therefore discussion with hospitals would be helpful. Hiring specialist nurses and therapists was recognised to be more challenging.

7b.4 1. The Health and Wellbeing Board unanimously **NOTED** with concern the workforce challenges facing the sustainability of general practice, especially in recruitment of GPs;

2. Given these workforce challenges the Health and Wellbeing Board unanimously **RESOLVED** to **APPROVE** the strategic direction of primary care development, including proposals to:
    - promote self-care and responsible health seeking behaviours from the public;
    - widen the range of staff working in general practice;
    - introduce new consultation and communication methods;
    - a focus for GPs on people with the most difficult health problems;
    - bring GP practices to work more closely together.

8. Norfolk's Joint Health and Wellbeing Strategy 2018-22

8.1 The Health and Wellbeing Board (HWB) received the report outlining a summary of key points from the HWB workshop, which had focused on developing the strategic approach to the next Joint Health and Wellbeing Strategy.

8.2.1 Members discussed how they might work towards simpler system governance in practice with fewer organisations while maintaining a streamlined service. It was recognised that the current system was complex, involving a large number of different organisations working towards similar outcomes, and so looking at each different domain, challenging it and finding the right level might be the best approach to simplification; the Chairman felt that organisations commissioning in complementary ways would reduce the divisions between them and support common strategies to be adopted.

8.2.2 It was suggested that using the term "people" rather than "patients" would be more appropriate in promoting the wellbeing perspective in the strategy.

8.2.3 The Chairman commented that he was looking into whether it was possible to extend the remit of the HWB to include Waveney and whether this would require external agreement.

8.2.4 Members recognised that, given the urgency in the system highlighted by the cost of emergency admissions, there was a need to achieve a balance in the Strategy of both actions which would make an impact in the shorter term, as well as actions which would make an impact over the long term. It was noted that, for example, the plans being put in place through the STP prevention work stream and with district councils would support people to stay healthy and would have both short term and long term outcomes for the population.

8.4 The Health and Wellbeing Board unanimously:

1. **AGREED** the Board's strategic approach, based on the outcomes of the workshop before Christmas;
2. **ENDORSED** the draft Strategic Framework, which will form a core element of the Strategy;
3. All HWB Partners **AGREED** to sign up to the HWB Joint Strategy according to the timetable outlined in section 4, through their formal organisational mechanisms

9. Pharmaceutical Needs Assessment (PNA) 2018

9.1 The Board considered the report outlining the Pharmaceutical Needs Assessment for 2018 and heard a presentation; see appendix C.

9.2.1 The Board heard that the assessment concluded that the number and distribution of

pharmaceutical service provision in Norfolk is adequate and that no current need had been identified for more pharmaceutical providers at this time.

9.2.2 The Chairman supported the document and thanked the Deputy Director of Public Health for her presentation.

9.3 The Health and Wellbeing Board **RESOLVED** to:

1. **APPROVE** the publication of the new Norfolk Pharmaceutical Needs Assessment 2018 by April 2018, in line with the HWB's statutory responsibilities;
2. **ENDORSE** the PNA recommendations at paragraph 2.3 of the report;
3. **CELEBRATE** the value of Community Pharmacies - the contribution they make to health and wellbeing and their potential for making a positive contribution in future

10. Health and Wellbeing Board (HWB) and health scrutiny - briefing note

10.1 The Board received the report outlining and clarifying the complementary roles of the Health and Wellbeing Board and health scrutiny.

10.2.1 The Director of Public Health clarified that this report had been brought to highlight the differences between the role and remit of the HWB and the Health and Overview Scrutiny Committee (HOSC). The two bodies are complementary; HOSC focussing on existing performance and the HWB on future strategy.

10.2.2 Members noted that the report made the distinction between the roles of the two Committees clear.

10.3 The Health and Wellbeing Board **NOTED** the contents of the briefing.

The date of the next meeting was Wednesday 2 May 2018. The venue would be confirmed nearer the time.

The Meeting Closed at 12.23

Mr B Borrett, Chairman,

Health and Wellbeing Board

Appendix A

in good health

INTEGRATED CARE SYSTEM: WAVE 2 Expression of Interest (EOI)

Norfolk & Waveney

Sustainability & Transformation Partnership (STP)

Antek Lejk, STP Executive Lead

February 2018

1. The proposed geographical area and system for our Integrated Care System (ICS)

The proposed geographical area for our Integrated Care System is the same as that covered by our current Sustainability and Transformation Partnership (STP), which is Norfolk and Waveney with a population of 1.1m

Our health and care system is comprised of the following partners, all of whom are involved in our current STP and are represented on either the STP Oversight , Executive or Stakeholder Board;

- NHS Great Yarmouth and Waveney CCG
- NHS North Norfolk CCG
- NHS Norwich CCG
- NHS South Norfolk CCG
- NHS West Norfolk CCG
- Norfolk County Council
- Suffolk County Council
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- James Paget University Hospitals NHS Foundation Trust
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- East Coast Community Healthcare CIC
- Norfolk Community Health & Care Trust
- Norfolk and Suffolk NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Norfolk Independent Care
- IC24 Integrated Care
- Norfolk & Waveney Local Medical Committee
- Healthwatch Norfolk & Healthwatch Suffolk

If things continue as they have and our population increases as we predict it will, by 2025 every year:

800,000 more appointments will be needed

92,000 more people will go to our A&E departments

48,000 more people will arrive at A&E by ambulance

Number of people with dementia in Norfolk and Waveney

13,586 2015

24,671 2036

Based on current trends, we estimate that by 2020 obesity will contribute to:

7,000 more people having coronary heart disease

2,000 more people suffering from a stroke

100,000 more people with hypertension

50,000 more people getting diabetes

2. What are we trying to achieve? What will we accomplish as an ICS which is distinct from working as a set of individual organisations?

As an Advanced (Category 2) STP we have already begun to make progress towards the development of a more integrated care system. We see the opportunity to become a wave 2 ICS as the next step in the evolution of our partnership, which will enable us to achieve greater sustainable transformation of our services, and improved population health outcomes more rapidly, whilst delivering greater financial efficiency and regaining a sustainable financial position. Our progress includes;

- A Joint Strategic Commissioning Committee across all 5 CCGs
- A strong focus on prevention and population management with public health, county and district councils.
- Acute service redesign across our three hospitals to deliver better outcomes for our population and greater access
- A three year integration programme, now in its third year, between social care and our community services with a Joint Director of Integration and five joint assistant directors of integration within the five localities.
- A joint strategy for integrating health and social care for mental health and learning disabilities in the community
- Increasing collaboration and development of GP Federations across Primary Care delivering GPFV
- An MCP pilot in 'Your Norwich', which is being used as a model by the other four Local Delivery Groups.
- A strong programme of transformation which would be accelerated by having greater financial flexibility as an ICS

Benefits to our system capability

Becoming an ICS will enable us to;

- Develop a Joint commissioning strategy and a single operating plan to accelerate the pace of delivering NHS Five Year Forward View priorities and the new model of social care and independence.
- Develop a more sophisticated approach to population health management using ECLIPSE.
- Deliver a single interoperability platform across our ICS to improve digital maturity.
- Integrate more clinical pathways across the three hospitals and move to a single waiting list across the ICS to deliver RTT.
- Enable greater financial efficiency and benefits through working towards a single control total.
- Deliver a single Estates strategy to maximise reductions in void costs and increase land sales through estates efficiencies to optimise capital.
- Access the National ICS Development Team and resources to assist with technical support.

Shifting Care Closer to Home & Improving Outcomes;

In addition to delivering service transformation and the key milestones set out in NHS Five Year Forward View, we will review our original STP submission and accelerate the existing programmes of work to increase self care, independence, prevention and early intervention and by so doing shift care closer to home and improve population health outcomes including;

- Reduce the growth of emergency admissions below the national average.
- Reduce the growth of A&E attendances below the national average.
- Reduce the number of acute occupied bed days below the national average.
- Reduce permanent placements into Nursing and Residential Homes by 83 by 2021.
- Reduce emergency admissions from care homes below the national average.
- Increase Case Management of Long Term Conditions in all 20 integrated teams.
- Reduce emergency admissions with a primary diagnosis of dementia by 25% to 300 pa.
- Increase the number of people accessing social prescribing by 6000 per annum.
- Reduce the number of deaths from lung, prostate and colorectal cancers and sustain the 62 day standard across the ICS.
- Reduce Still births and neonatal deaths by 50% by 2025.
- Reduce Suicides from 99 per year to zero and Out of Area Placements to zero.
- Reduce Variation in outcomes across the ICS in line with our STP submission.

3. How becoming an ICS will enable us to implement the service improvements described in the Next Steps delivery plan, demonstrate faster progress and realise tangible improvements in 18/19

Being an ICS will…	Which will enable us to work a more systemic way and…	And mean that in 18/19 we will…
Enable us to make better use of our health and care resources which total £2.6bn per annum	Further consolidate our resources and take a more robust approach to resource allocation through our joint strategic commissioning committee to address unwarranted variations , inequalities and benefit the whole system and develop system contracts that make providers work more closely around population health needs.	Remodel our contract model to strengthen integration and incentivise shifts in capacity to support early intervention, work towards more integrated control totals, create better partnership working to deliver our joint QIPP/CIP programmes and unlock greater efficiencies across primary, community, social, mental health and secondary care.
Increase integration of services in the community	Further build on existing integration models particularly between primary, community and social care as well as between acute hospitals to develop more locally focused new service models to reduce unplanned admissions , with a particular focus on frailty and Long Term Conditions. Improve physical health of mental health service users through integration.	Continue to develop our five Local Delivery Groups building integration and capacity in primary, community, mental health and social care building upon the existing Integration programme between the council and community services and learning from the MCP pilot and new model of care in Norwich.
Enable a whole system approach to supporting challenged services	Continue and sustain improvements already implemented to address the RTT challenge across the three acute hospitals and implement new system solutions to other challenged services including mental health services through further integration.	Take a whole systems approach to sustaining improvements around RTT and tackling further challenges in mental health and all three A&E services by building capacity in primary and community care. Continue to deliver against NHS FYFV priorities.
Mean we work more closely as regulators, commissioners and providers	Better align our efforts around performance and service transformation, reduce the costs of commissioning and regulation, leverage more resources to improve services.	Explore taking on more responsibility for some regulatory functions. Implement the new National Integration Performance Framework and associated system dashboard reporting arrangements. Align tactical commissioning resources around our emerging local delivery groups. Leverage learning from Vanguards to progress key areas of delivery.

Being an ICS will…	Which will enable us to work a more systemic way and…	And mean that in 18/19 we will…
Support continued integration between acute services	Create more resilience particularly in clinical services facing workforce challenges and those that may be vulnerable to peaks and troughs in demand. Reduce variation through more integrated delivery across the acute hospitals. Integrate and redesign clinical pathways which can be delivered out of hospital.	Build on the alliance between acute hospitals through the Acute Hospitals Group, look to establish single waiting list systems and work with the 5 Local Delivery Groups to develop locally integrated services, delivering a system wide approach to the delivery of cancer and maternity services and other FYFV priorities.
Make our local system a more attractive place to work	Attract new clinical leaders and talent to help us create additional capacity and capability, meaning that patients can access more services locally.	Develop a 'One Clinical Community' within our footprint. Take more of a whole systems approach to addressing workforce challenges and support staff through our Organisational Development Strategy and Leadership Programmes.
Enable whole system working	Leverage the full strengths, potential and capability of our whole system including our local authorities, community and voluntary sector and independent contractors. Make the best of the potential of our strongest services.	Work together across localities and the full breadth of partner organisations to deliver against our national objectives, including the NHS FYFV, and local objectives, including our locally agreed outcomes. Increase collaboration and development of GP Federations.
Enable a fundamental shift in the culture of health and care delivery	Create an environment that enables everyone to think about services rather than organisations and is truly focused on delivering flexible, person centred solutions for every patient and every family.	Start to implement our Organisational Development Programme starting with a 360 degree appraisal of our leadership teams to create a culture to support integrated working.

4. How our aspirant ICS will work together to manage funding for its population and commit to a shared system control total across commissioners and providers. How our system will work together to achieve the efficiencies implied by operational plans and contracts for 18/19.

As a local health and care system we continue to develop our collaborative approach to managing our finances across the system. As a finance community within the STP we have held monthly meetings during 2016/17 and 2017/18, and have been collating the system financial position and reporting to the STP executive and the Chairs' Oversight Group. A dedicated Finance Manager is in place and we will appoint a dedicated Strategic ICS Chief Finance Officer shortly. A process for triangulation of planning assumptions and year-end forecasts is in place.

2016/17 Sustainability and Transformation Plan

- Joint work across system to develop financial bridge as part of STP
- Finance Group established

2017/18

- Joint planning approach in place for 2018/19

2018/19

- Appoint ICS Chief Finance Officer
- Agree shadow system control total

2019/20

- Full system control total in place
- System in balance
- New contracting mechanisms in place

System Progress to date (2017/18)

- STP Finance Leads Forum in place including health providers, commissioners and social care.
- Process in place for supporting the planning and delivery of capital and revenue bids for transformation.
- Full year forecast for 2017/18 is off plan by £66.2m at month 9, predominantly within the provider sector although CCG pressures are also emerging. Full year CIP/QIPP off forecast by £17.7m.
- Net value of control totals in 2017/18 is a surplus of £6.7m.

Short Term Financial Plans (2018/19)

- Strengthen finance infrastructure led by an ICS Chief Finance Officer.
- Work to agree control totals and move towards a system control total in shadow form during the year.
- Enhance financial assurance processes within the ICS and reporting to Executive, and Chairs' Oversight Groups.
- Agree STP Financial Strategy.
- Build financial model across the STP footprint ensuring a coordinated approach to activity planning across providers and commissioners.
- By September 2018 develop a new financial plan and new contracting mechanisms that ensure that the system achieves financial balance by 2020.
- Develop a proposal for a more 'open book' approach.

Medium and Longer Term Financial Plans (2019/20)

- System meets its control total.
- Implement System Control total and Financial Plan that takes us back to financial balance in year, with plans in place to repay historic debt.
- Implement new contracting mechanisms for implementation in 2019/20, and moving to a 3 part payment mechanism ; fixed, variable and risk share.
- Work with ICS partners to determine how spending can be re-profiled and the system approach to PSF and CSF.
- Invest in medium and long-term initiatives around prevention and treatment that are articulated in the STP.

5. How will we develop effective collective decision making and governance, aligning the statutory accountabilities of the ICS constituent bodies in 2018/19?

We aim to build on the existing governance arrangements already in place during 2018/19 and by the 1st April 2019 we will have agreed a stronger, simpler governance structure and collective decision making arrangements for our ICS. The key elements of this are:

- Evolution of our current STP Oversight Group into a strong **ICS Leadership Group** with membership as detailed in section one (with additional representation from GP providers via the emerging MCPs). The Group will continue to be chaired by Rt Hon Patricia Hewitt, the STP's Independent Chair.
- Executive leadership from an **ICS Executive Board with the current STP Lead**, leading the ICS through transition and mobilisation phases. Each work stream will continue to be led by a chief executive/ accountable officer acting as a Senior Responsible Officer. We envisage making greater use of joint meetings of the Oversight Group, and ICS Executive Board, to continue strengthening our decision-making and leadership capabilities.
- Development of the **Joint Strategic Commissioning Committee** from its current shadow form, to full operation with delegated powers from 1 April 2018, supported by a single management team
- An **ICS Delivery Board** supported by a dedicated Programme Management Team, headed by a **Programme Director**, to accelerate delivery of Five Year Forward View and Clinical Transformation working as an integrated unit with the JSCC management team:
- An **ICS Chief Information Officer** has recently been appointed who will lead system wide digital transformation.

Working with our Regulators

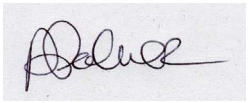
We see our regulators as key partners who will work with us to create our ICS. Whilst initially individual organisations will need to maintain relationships on an individual basis and ensure they meet regulatory requirements, we aim to work with our regulators over the next twelve months to co-produce a new, more collective mechanism for system oversight and regulation. We believe that many of our solutions to the financial, performance and/or quality challenges faced by individual partners can only be found through effective working as a whole system and that, as a result, some of the functions currently performed by the national regulators can be devolved to the system's own leadership.

- The priority now is to create a strong, dedicated finance function led by an **ICS Chief Finance Officer**, responsible for creating and leading the delivery of a detailed financial strategy to move the system into financial balance.
- An enhanced role for the **Norfolk and Waveney Health and Wellbeing Board's**, which already provide a democratic forum, meeting in public, for presentation and discussion of STP progress, as well as vital connectivity with Borough and District Councils. Proposals to use the HWB to provide greater democratic oversight and accountability will be developed, with the aim of reaching a decision in May 2018.
- Development of five **ICS Localities**, led by Primary Care and involving senior representatives of social care, community care, mental health, acute services and other key partners, building upon the existing integration programme between NCC and community services.
- Continued evolution of our **ICS Clinical and Care Leadership** through the Clinical & Care Reference Group, jointly led by Professor Erika Denton (secondary care) and Dr Anoop Dhesi (primary care) together with Dr Louise Smith (Public health) and Anna Morgan (ICS chief nurse).
- Development of our current STP Directors of Finance Group into an **ICS Finance Board**, to ensure the development of a robust plan based on a shadow system control total to return the system to balance over a specified time period. The Finance Board will also provide a structured assurance process for decisions around internal and external investment in system transformation and capital.
- The **STP/ICS Stakeholder Board** will continue to ensure effective engagement with the district, borough and city councils, voluntary and community sector, Healthwatch, trade unions and other stakeholders
- **Integrated Workforce Development and Organisational Development** in participation in Health Education England (HEE), the Leadership Academy and the University of East Anglia (UEA) strengthening our leadership and developing the right system-wide culture. This will start shortly with a 360 degree appraisal of system leadership (both the Oversight Group and the Executive Board).

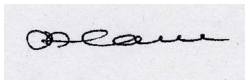
ICS Executive Partner Organisations

Norfolk and Norwich University Hospitals
NHS Foundation Trust

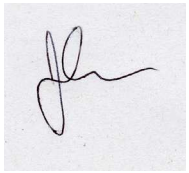
James Paget University Hospitals
NHS Foundation Trust



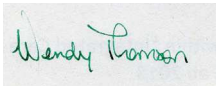
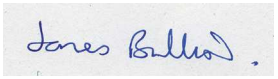
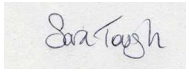
Norfolk and Suffolk
NHS Foundation Trust



The Queen Elizabeth Hospital
King's Lynn
NHS Foundation Trust



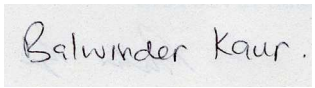
Norfolk County Council

Norfolk Community
Health and Care
NHS Trust

West Norfolk
Clinical Commissioning Group

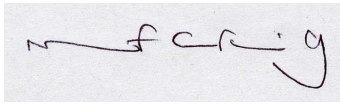
Suffolk
County Council



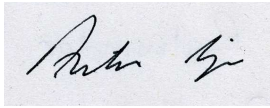
Norwich
Clinical Commissioning Group

Great Yarmouth and Waveney
Clinical Commissioning Group

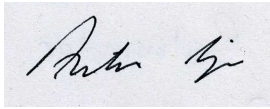
HealthEast



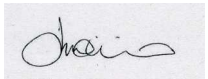
South Norfolk
Clinical Commissioning Group



North Norfolk
Clinical Commissioning Group



All executive partner organisations are now seeking formal sign off through governing bodies, trust boards, county council committees and the Health and Wellbeing board.



east coast
community healthcare

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communication for all

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Vision for the future model of Primary Care in Norfolk and Waveney

Melanie Craig, Chief Officer Great Yarmouth and Waveney and SRO STP Primary and community care

Background

- People are living longer – mainly because of better living standards but a little bit because of modern medicine.
- Although people are smoking less, they are less active and more overweight – which causes health problems like diabetes, heart trouble, joint conditions and cancer.
- People are living longer, some with more complex long term conditions that we could not have treated in the past.
- Our health is affected by a wide range of issues, such as housing and social exclusion.

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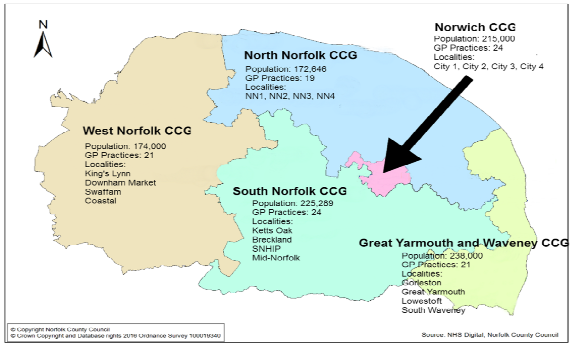
Norfolk and Waveney footprint

- 109 GP practices across Norfolk and Waveney
- 557 GPs FTE (2015 baseline)



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The current picture: a challenged workforce

- **Ageing workforce:** 23% of local GPs are aged over 54, compared with 22% nationally.
- **Challenges recruiting:** For various reasons including workload, income, pension changes and demography. If we do nothing by 2020 there will be a shortfall of 85 GPs across Norfolk and Waveney.
- **Variation in outcomes:** Significant difference in life expectancy between the most and least deprived parts of Norfolk and Suffolk.
- **Patient demand:** Nationally demand for appointments has risen about 13% over the last five years.

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Addressing the challenge

- A more holistic approach to health and wellbeing with a specific focus on prevention and self-care, supporting patients to live well at home for longer.

- Workforce development and skill mix opportunities to deliver a more responsive and accessible NHS (in line with national directive on 7 day a week working).

- Improved end of life planning for patients wishing to die at home or elsewhere.

- Much more joined up and integrated primary and community services for sharing expertise and resource across localities to build resilience and sustainability.

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Addressing the challenge cont'd

- Pro-active older peoples care by proactively identifying the most vulnerable and high risk patients requiring focused and in-depth interventions.

- Better care co-ordination so there are fewer people involved in care and reducing the burden of appointments.

- Released time for GPs to focus on people with the most difficult problems.

- GPs heading a team which includes different health workers e.g. physician associates and medical assistants.

- New specialist support services across primary and community care helping the GP team and their patients.

- GP practices working together to share skills, expertise and resource.

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STP Primary Care Workforce Strategy and delivery plan

- Successful international recruitment bid for £2.66 Million to recruit 70 GPS across Norfolk and Suffolk over next 2 years.

- Development of GP Fellowship posts recruited using Health Education England funding.

- Implementation of the NHS England 'GP Career Plus Scheme' in GYW to retain GPs in the local system. Funding secured for further roll out across STP.

- Practice nurse development in areas including asthma and palliative care

- Introduction of new roles e.g. Clinical Pharmacists, nurse practitioners and physician associates posts established in practices

- Practice Manager Development Funds (£42k 17/18) to support coaching and mentoring distributed via CEPN.

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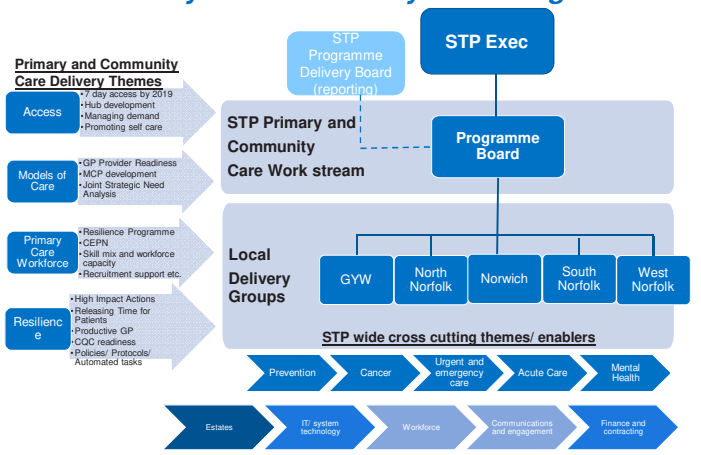
Proposed Governance
STP Primary and Community Care Programme



Local Delivery and impact

NHS England published a document called the GP Forward View in April 2016. It sets out what the future looks like for GP services:

- It introduces the concept of locality / hub working and 'working at scale' in general practice.
- GP practices working together to share skills, expertise and resources.
- GPs heading a team which includes different health workers e.g. physician associates and pharmacists.
- GPs focussing on people with the most difficult problems.

As well as practical advice for GPs to improve capacity, capability and resilience in practice via the '10 High Impact Actions'.

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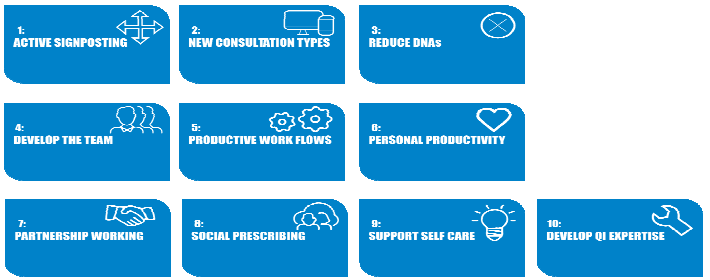
Ten high impact actions

The GP Forward View sets out ten actions that will have the biggest impact on improving primary care:



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GPs working at Scale

- West Norfolk Health Limited - all practices are members and have experience of biding for and providing contracts such as referral management and community cardiology.
- North Norfolk Primary Care – all practices are members and have a long history of working collegially as one group.
- *One*Norwich – GP alliance with the legal vehicle Norwich Practices sitting behind it. One Norwich has a track record of engaging practices to deliver local practice based interventions and are developing strong relationships with NCHC.
- South Norfolk or '4SN'- the practices have begun to work together to form a single voice for South Norfolk and they have called the emerging organisation 4SN.
- GY&W are currently developing localities and supporting resilience and stability in general practice.

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Local delivery and impact cont'd

- **Active sign-posting and self care** - Promoting self-care and responsible health seeking behaviours from the public. Practice staff are currently under going sign-posting training e.g. Norwich have trained 42 reception and clerical staff and GY&W trained 70 staff members including GPs.
- **Social prescribing** - Better use of referral and signposting to non-medical services in the community that increase wellbeing and independence, adopting a holistic approach to patient care e.g. South Norfolk where 19 practices signed up to South Norfolk District Council Social Prescribing project
- **Improved Extended access** - Delivering 7 day access across primary care by October 2018, local pilots are being implemented aligned to patient need.
- **New consultation types** - Using new technology to improve continuity and care for patients adopting a shared approach with tailoring for local need e.g. Online consultation, skype etc.

Recommendations:

- Promote self-care and responsible health seeking behaviours from the public

- Broaden the range of staff working in general practice

- Introduce new consultation and communication methods

- A focus for GPs on people with the most difficult health problems

- Bring GP practices to work more closely together

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Pharmaceutical Needs Assessment (PNA) for Norfolk, 2018

Health and Wellbeing Board
6 March 2018
Suzanne Meredith
Deputy Director of Public Health

Requirement for a PNA

- From 1 April 2013, every HWB in England has a statutory responsibility to publish and keep an up–to–date statement of the *needs for pharmaceutical services* for the population in its area
- Structured process to determine the need for and provision of pharmaceutical services and to identify any unmet need.
- Used by NHS England when making decisions on applications to open new pharmacies – therefore important to meet legal requirements.
- Kept up to date.
- As part of developing the PNA, HWBs must undertake a consultation for a minimum of 60 days.

Pharmaceutical Services

- Community Pharmacy, Dispensing general Practices, Internet Pharmacies and dispensing appliance contractors
- National Framework: Essential services, Advanced services, Enhanced services
- This PNA also describes local services which are commissioned by the local authority or other NHS commissioners (e.g. Norfolk CCGs).

The PNA process

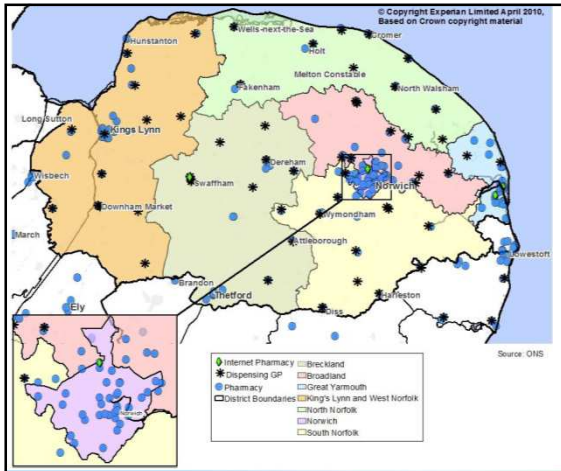
- HWB delegated the lead to the Director of Public Health.
- PNA development overseen by a Steering Group
- Provision of pharmaceutical services was assessed against the demographic and health needs of the population of Norfolk.
  - Mapping of current provision: Access, location, distance to travel, opening hours, range of services
- Views of a wide range of key stakeholders
- A public consultation was held from 7th November 2017 to 9th January

Questions asked

- Is the provision of pharmaceutical services to our population adequate?
- How is the pharmacy contractual framework effectively used for the benefit of the population of Norfolk?
- How can community pharmacy, through nationally or locally commissioned services, support us to deliver our priorities for the health and wellbeing for the population of Norfolk?

Strategic context

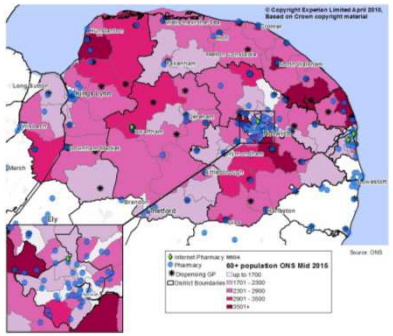
- JSNA
- Norfolk and Waveney Sustainability and Transformation Partnership
- Impact of the new national pharmacy contract 2016
- National evidence re value of Community Pharmacy services
- Local commissioning plans



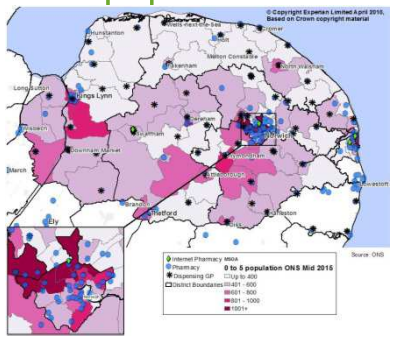
The Results

- Since 2014, the total number of community pharmacies in Norfolk has reduced by one from 165 to 164.
- The number of dispensing GP practices has remained static at 56, and 1 Dispensing Appliance contractor.

60 plus population



0-5s population



Growing population

- The population in Norfolk is expected to both age and grow substantially in numbers.
- Several housing developments are in progress.
- An increase in population size is likely to generate an increased need for pharmaceutical services, however this does not necessarily mean a need for more providers of pharmaceutical services.

Public Survey Headlines

- 2,236 respondents
- 90% rate pharmacy services as “excellent”, “very good” or “good”
- 98% of people were aware they could get prescription medicines from a pharmacy and 74% were aware of advice and help for minor ailments
- 89% had used a pharmacy in the last year to get prescription medicine, 34% for minor ailments and 26% for advice on the best way to take medicines
- About 50% were going to their pharmacy service once a month
- Proximity to their home (61%) and the GP surgery (54%) are top reasons for using a particular pharmacy
- Overall 96% are 20 minutes or less away from their nearest pharmacy service, 46% are within 5-10 minutes away
- 92% said pharmacy services are “always” or “usually” open when they need to go to one
- Opening on Saturdays, between 6.30 – 800pm and on Sundays would be most desirable
- 93% haven’t used a Distance Selling Pharmacy

Service provision

- Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical services in Norfolk.
- There appears to be good coverage in terms of opening hours across the county.
- The extended opening hours of some community pharmacies are valued.
- Many pharmacies and dispensing surgeries have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.
- There is also access to pharmaceutical services via the internet with 1% of respondents to the survey stating they used a distance selling pharmacy.
- Community pharmacies and pharmacists can have an impact on the health of the population by contributing to the safe and appropriate use of medicines. The results of the community pharmacy provider survey show that community pharmacies currently provide a wide range of services and are willing to explore the provision of more.

Overall PNA Conclusion

The PNA concludes that the number and distribution of pharmaceutical service provision in Norfolk is adequate. There is no current need identified for more pharmaceutical providers at this time.

The key recommendation is that commissioners and the STP should seek to fully integrate the skills, expertise and capability of community pharmacy teams into system redesign and emerging models of care. Medicines are the single most common intervention in the NHS and the commissioning of sustainable services from community pharmacy will contribute to improving the health of Norfolk’s population and/ or contribute to reducing pressures elsewhere in the health system.

Keeping the PNA up to date

- Need to agree a process for monitoring significant changes in provision and need and the impact this will have and to produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.
  - Changes in local populations e.g. new housing developments
  - New models of care
  - Potential closures or mergers of local pharmacies

Action

The Health and Wellbeing Board is asked to:

- Approve the publication of the new Norfolk Pharmaceutical Needs Assessment 2018
- Endorse the PNA recommendations
- Celebrate the value of Community Pharmacies – the contribution they make to health and wellbeing and their potential for making a positive contribution in the future