

Health & Wellbeing Board – Norfolk and Waveney

Date: **Tuesday 17 July 2018**

Time: **11:00am – Please note later start time**

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

Representing

Adult Social Care Committee, Norfolk County Council (NCC)
Adult Social Services, NCC
Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Children's Services Committee, NCC
Children's Services, Norfolk County Council
Director of Public Health, NCC
Great Yarmouth Borough Council
Healthwatch Norfolk
NHS England, East Sub Region Team
NHS Great Yarmouth & Waveney CCG
NHS Great Yarmouth & Waveney CCG
NHS Norwich CCG
NHS Norwich CCG
NHS North Norfolk CCG
NHS North and South Norfolk CCG
NHS South Norfolk CCG
NHS West Norfolk CCG
NHS West Norfolk CCG
Norfolk Constabulary
Norfolk County Council
Norfolk County Council
North Norfolk District Council
Norwich City Council
Police and Crime Commissioner
South Norfolk District Council
Sustainability & Transformation Partnership (Chair)
Sustainability & Transformation Partnership (Executive Lead)
Voluntary Sector Representative
Voluntary Sector Representative
Voluntary Sector Representative
Waveney District Council

Membership

Cllr Bill Borrett

James Bullion
Cllr Elizabeth Nockolds
Cllr Paul Claussen
Cllr Andrew Proctor
Cllr Penny Carpenter
Sara Tough
Dr Louise Smith
Vacancy
William Armstrong
Simon Evans-Evans
Dr Liam Stevens
Melanie Craig
Tracy Williams
Jo Smithson
Dr Anoop Dhesi
Helen Stratton
Dr Hilary Byrne
Dr Paul Williams
John Webster
ACC Paul Sanford
Cllr David Bills
Dr Wendy Thomson
Cllr Maggie Prior
Cllr Matthew Packer
Lorne Green
Cllr Yvonne Bendle
Rt Hon Patricia Hewitt
Melanie Craig

Dr Joyce Hopwood
Dan Mobbs
Vacancy
Cllr Mary Rudd

Substitute

Cllr Shelagh Gurney

Debbie Bartlett
Cllr Sam Sandell
Cllr Lynda Turner
Cllr Roger Foulger
Cllr Stuart Dark
Sarah Jones

Alex Stewart

ACC Nick Davison

Cllr Becky Palmer
Adam Clark
Dr Gavin Thompson
Cllr Florence Ellis

Laura Bloomfield
Elly Wilson
Jon Clemo

Tony Osmanski
Anna Davidson
Geraldine Broderick

John Fry
Gary Page
Edward Libbey

Standing invitation to attend Board meetings:

East Coast Community Healthcare CIC
James Paget University Hospital NHS Trust
Norfolk Community Health & Care NHS Trust
Norfolk Independent Care
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Queen Elizabeth Hospital NHS Trust

Jonathan Williams
Christine Allen
Josie Spencer
Dr Sanjay Kaushal
Mark Davies
Antek Lejk
Jon Green

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:

Hollie Adams on 01603 223 029 or email committees@norfolk.gov.uk

Health & Wellbeing Board – Norfolk and Waveney Agenda

Time: 11:00am

1	Apologies	Clerk	
2	Election of Chair	Clerk	
3	Election of Vice Chairs	Chair	
4	Chairman's opening remarks	Chair	
5	Minutes	Chair	(Page 3)
6	Action points arising from the minutes	Chair	
7	Members to declare any interests	Chair	
8	Public Questions Maximum of fifteen minutes for questions from members of the public by 5pm on Thursday 12 July. For information on submitting a question to Health and Wellbeing Board, please visit the Health and Wellbeing board website .	Chair	
9	Norfolk & Waveney Sustainability and Transformation Partnership (STP): a) Update, including integrating health and care services b) Update on governance	Patricia Hewitt/ Melanie Craig	(Page 11) (Page 19)
10	Our Joint Health and Wellbeing Strategy 2018 -22	Louise Smith/ Chris Butwright	(Page 22)
11	Autism Strategic Update	James Bullion/ Zandrea Stewart	(Page 49)
12	Information and Support for unpaid carers in Norfolk (Healthwatch Norfolk presentation)	Ed Fraser/ Sharon Brooks	
13	A Carer's Strategy for Norfolk	James Bullion/ Emma Bugg/ Sharon Brooks	(Page 54)

Information updates

- **Further information about the Health and Wellbeing Board** – can be found on our website at: [About the Health and Wellbeing Board](#)
- **Norfolk Health Overview & Scrutiny Committee (NHOSC):** Agenda papers relating to items on the HWB agenda include: [Children's autism services \(central & west Norfolk\) – assessment and diagnosis](#) (Jan 2018, Item 7)

Health and Wellbeing Board
Minutes of the meeting held on 02 May 2018 at 11am
in the Edwards Room, County Hall

Present:

Cllr Yvonne Bendle (Vice-Chair)
 Cllr David Bills
 Cllr Bill Borrett (Chairman)
 James Bullion
 Cllr Stuart Dark
 Cllr Paul Claussen
 Melanie Craig
 Dr Joyce Hopwood
 Adam Clark
 Dan Mobbs
 Cllr Elizabeth Nockolds
 Cllr Maggie Prior
 Cllr Roger Foulger
 Dr Janka Rodziejewicz
 ACC Paul Sanford
 Dr Louise Smith
 Dr Wendy Thomson
 Sara Tough
 Alex Stewart
 Dr Paul Williams
 Tracey Williams (Vice-Chair)

Representing:

South Norfolk District Council
 Norfolk County Council (NCC)
 Adult Social Care Committee, NCC
 Adult Social Services, Norfolk County Council
 Children's Services Committee, Norfolk County Council
 Breckland District Council
 NHS Great Yarmouth & Waveney CCG
 Voluntary Sector Representative
 Norwich City Council
 Voluntary Sector Representative
 Borough Council of King's Lynn and West Norfolk
 North Norfolk District Council
 Broadland District Council
 Voluntary Sector Representative
 Norfolk Constabulary
 Public Health, Norfolk County Council
 Norfolk County Council
 Children's Services, Norfolk County Council
 Healthwatch Norfolk
 West Norfolk Clinical Commissioning Group
 Norwich Clinical Commissioning Group

Invitees Present:

Christine Allen
 Dr Sanjay Kaushal
 Rt Hon Patricia Hewitt
 Cllr Mary Rudd
 Tony Osmanski

Representing:

James Paget University Hospital
 Norfolk Independent Care
 Chair, STP Chairs Oversight Group
 Waveney District Council
 East Coast Community Healthcare

Officers Present:

Linda Bainton John Barber	Senior Planning & Partnerships Officer, Public Health, NCC Director of Strategy, James Paget University Hospitals NHS Foundation Trust
Jane Harper-Smith	Norfolk & Waveney STP Programme Director, NCC

1. Apologies

- 1.1 Apologies were received from Dr H Byrne, Mr L Green, Mr A Lejk, Cllr K Maguire (Mr A Clark substituting), Cllr A Proctor (Cllr R Foulger substituting), Ms J Smithson, Mr J Webster, and Mr J Williams (Mr T Osmanski substituting).
- 1.2 Also absent were Ms J Cave, Mr M Davies, Dr A Dhesi, Mr S Evans-Evans, Ms R Fallon-Williams, Cllr A Grant, Mr J Green and Dr L Stevens.

2. Chairman's Opening Remarks

- 2.1 The Chairman welcomed new members Helen Stratton, acting Chief Officer of NHS

North and South Norfolk CCG (Clinical Commissioning Group), and Dr Sanjay Kaushal who replaced John Bacon as Chairman of Norfolk Independent Care.

- 2.2 The Chairman **proposed** to take item 9, “Health and Wellbeing Board Governance” as the first report on the agenda, after Declarations of Interest.
- 2.3 The Chairman reported that draft extracts of the CCGs Annual Reports 2017-18 relating to the Health & Wellbeing Board/Joint Health and Wellbeing Strategy had been signed off at the Chair and Vice-Chairs’ meeting in order to meet the NHS England deadline. The Chairman was keen that in future these extracts of the Annual Reports are brought to the Board for discussion and sign off before submission. A draft resolution was circulated (see appendix A); the Health and Wellbeing Board **RESOLVED** to **ENDORSE** this resolution.
- 2.4 The Better Care Fund (BCF) 2017-18 Quarter 4 monitoring report had also been signed off on behalf of the Health & Wellbeing Board (HWB) at the Chair and Vice-Chairs’ meeting, and the BCF was discussed in full in the report at item 10, “Integration – a vision for Norfolk Adult Social Services and review of the Better Care Fund 2017/18”.
- 2.5 The Chairman commented that there was no forum for the District Councillors on the HWB, together with their senior lead officers, to discuss their work across the County and explore the issues; therefore he **proposed** that a sub-group was set up to facilitate this. The Health and Wellbeing Board **SUPPORTED** this proposal.

3. Minutes

- 3.1 The minutes of the meeting held on the 06 March 2018 were agreed as an accurate record and signed by the Chairman.

4. Actions arising from minutes

- 4.1 7a.2.3: Information was covered in the report at item 8, “Update on integrating health and care services”.
- 4.2 9.3.1: Having been endorsed by the HWB, the Norfolk Pharmaceutical Needs Assessment 2018 was now published online, in line with statutory guidelines.

5. Declarations of Interests

- 5.1 No interests were declared.

6. Point of Order

- 6.1 The HWB resolved to take Item 9, “Health and Wellbeing Board; “Governance and systems leadership” next and then continue with the running order set out on the agenda.

7. Health and Wellbeing Board (HWB); Governance and systems leadership

- 7.1 The Board received the report highlighting key areas of the HWB’s governance arrangements in terms of membership and current ways of working, inviting Members to consider and make comments on proposals for change.

- 7.2.1 The Chairman noted it had been previously suggested that there should be an opportunity for the public to ask questions at Health and Wellbeing Board meetings. He welcomed Patricia Hewitt and Cllr Mary Rudd, noting the importance of involvement of Waveney District Council and the Norfolk and Waveney Sustainability & Transformation Partnership (STP) in HWB business and discussions.
- 7.2.2 Mr T Osmanski of East Coast Community Care noted that the HWB comprised a number of organisations and there may be issues related to competitive advantage brought about by the public questions process; he **requested** that a review of the process was carried out after 6 months.
- 7.3 The Health and Wellbeing Board **RESOLVED** to:
1. **AGREE** that the Chair of the Norfolk and Waveney Sustainability & Transformation Partnership (STP) and the Norfolk and Waveney STP Executive Lead become full members of the HWB (para 2.3 of the report)
 2. **AGREE** that the cabinet member for Community Health and Safety at Waveney District Council becomes a full member of the HWB (para 2.5 of the report)
 3. **AGREE** that there should be provision for members of the public to ask questions in-line with procedural rules (as outlined in Appendix B of the report)
 4. **RECOMMEND** that Norfolk County Council be asked to consider amending its constitution accordingly to enable the changes above (para 4.1 of the report)
8. **Norfolk & Waveney Sustainability and Transformation Partnership (STP): Update on integrating health and care services**
- 8.1 The HWB received a report giving an update on integration of health and care services in Norfolk and Waveney, following on from the paper presented at the March 2018 meeting about the Expression of Interest for an Integrated Care System (ICS).
- 8.2.1 Rt Hon P Hewitt, Chair, Norfolk & Waveney STP, thanked members for endorsing the Expression of Interest discussed at the last HWB meeting. She reported that the publication of the HWB papers had led to a 'lay person's guide' being published in local papers, helping increase public understanding and a good example of the STP and the HWB working together.
- 8.2.2 The STP Chair confirmed that NHS England (NHSE) would provide extra support over the next 6-12 months and were enthusiastic about the progress being made. NHSE had commented on the Norfolk and Waveney STP strengthening relationships with District Councils and showing a positive emphasis on primary care and prevention.
- 8.2.3 The finances were challenging; the NHS across Norfolk and Waveney was reported to be £70m off budget with a larger deficit, out of a total spend of £1.6bn. To make better use of resources, a system wide modelling and analysis of resources would be carried out.
- 8.2.4 The deadline for submitting the next round of NHS capital funding bids was 16 July 2018; capital bids by Norfolk and Waveney NHS providers were required to come through the STP and be part of the strategic plan and outcomes. Rt Hon P Hewitt stressed the value of working with District Councils to ensure housing developments were taken into account when planning for area hubs.
- 8.3.1 Collectively, and with considerable engagement, we will need to decide what we want an ICS to mean for Norfolk and Waveney – NHSE (NHS England) were not dictating the structure and governance, it would be informed by local need. The STP will want to come back to the HWB with emerging ideas around this.

- 8.3.2 In the course of the discussion, the Executive Director, Adult Social Services, supported the view that the drive for sustainability was about better outcomes, but also about an economic case and the shift towards demand management. The Vice Chair (District Councils), commented on the collaborative work related to Delayed Transfers of Care (District Direct project) and hoped this would be supported by CCG colleagues and integrated into the STP moving forward.
- 8.3.3 It was considered important to ensure registered social landlords were included in the estates debate and, more generally, the Board queried how relevant people would be informed about how they could contribute to the NHS capital bids. The STP Programme Director reported that the STP Executive sub-group had an estates workstream which included relevant organisations and would be reviewed to ensure the correct organisations were involved, including district councils.
- 8.3.4 Mr D Mobbs, voluntary sector representative, reported from the perspective of the STP engagement group that it was important to have the STP vision in the public eye.
- 8.3.5 The Chief Officer, Great Yarmouth and Waveney CCG, reported that capital bids were seen as an opportunity for Norfolk and Waveney and therefore a top priority by the STP Executive team; additional communication would be sent out to partners.
- 8.4 The Health and Wellbeing Board **NOTED** the update on the integration of health and care services in Norfolk and Waveney.

9. Norfolk & Waveney Sustainability and Transformation Partnership (STP): Update on the Acute Care Workstream

- 9.1 The HWB considered a report giving an update on the work of the STP Acute Care workstream, with a focus on the Acute Speciality Sustainability Review involving Cardiology, Radiology and Urology. Christine Allen, Chief Executive, James Paget University Hospitals NHS Foundation Trust (JPH) introduced the report and updated members that Ear Nose and Throat (ENT) services had also now been reviewed.
- 9.2.1 Jonathan Barber, Director of Strategy (JPH), confirmed that the Norfolk Acute Hospitals Group were working together to accelerate the pace of change and deliver the 'Five Year Forward View'. He emphasised that the key principle of this work was sustainable services and people closer to home as far as possible. Considerable progress had been made by the three acute hospitals on these specialist services.
- 9.2.2 The Group had met on 30 April 2018 and further discussions were planned with commissioners, primary and community care, patients and relatives. Mr Barber reported that the centre and unit model of delivery was discussed, which would require service models for each area of speciality across the system. Draft timescales and resources would be presented to STP Chairs later in the week and, following on from this, consultation and engagement with stakeholders would be important; the new models would aim to provide services were closer to patients' homes where possible.
- 9.2.3 As ENT services were now included in the workstream, Mr Barber **proposed** an additional recommendation "that the board supported the strategic direction of work around Ear, Nose and Throat Services".
- 9.2.4 In response to a query about whether there were any early indications around implications for community services, Christine Allen confirmed that it may be possible to offer some services provided by units through community services, however

conversations were needed with commissioners about what services to commission across Waveney and Norfolk.

- 9.2.5 In answer to a question by the Director of Public Health, NCC, Ms Allen confirmed there was a strong transformational element to the approach based on best practice evidence. Implementation would take time (approximately 6 to 9 months) and would inform the work that could be done in developing and transforming other services. The specialities to develop next had not yet been identified.
- 9.2.6 It was queried how South Norfolk fitted in to the unit model; Ms Allen reported that some of the Queen Elizabeth Hospital's work was provided by Addenbrookes Hospital, therefore work related to this hospital needed careful mapping over a longer period.
- 9.2.7 Cllr S Dark, NCC Children's Services Committee representative, queried the difference in level of service between centres and units. Ms Allen clarified that, where safe to do so, services would be provided locally, however, where services required a tertiary centre, they would be provided at the centre and not at the King's Lynn or James Paget Hospitals. The current centre and hub model for cancer services meant radiotherapy was carried out only at the centre.
- 9.2.8 The Vice Chair (CCG) commented that it was positive to see the three hospitals working together in this way and referred to the fact that the New Models of Care and services were about the importance of services being transformed for the future and closer to peoples' homes.
- 9.2.9 The Chairman asked about the pace of change and whether we were being ambitious enough; Ms Allen reported there had been much debate around cardiac services and new techniques and that they were working hard to keep a balance, being mindful of the need to take staff, patients, voluntary staff and carers along with them.
- 9.3 The Director of Public Health proposed a recommendation to "invite Christine Allen in 6 months to update the Health and Wellbeing Board meeting and hold a further discussion with the HWB about the transformational plans".
- 9.4 The HWB **AGREED** to:
1. **SUPPORT** the strategic direction of joint working focused around Cardiology, Radiology, and Urology
 2. **NOTE** that the service redesign seeks to ensure sustainable and resilient services across the Norfolk and Waveney system
 3. **INVITE** Christine Allen, in 6 months, to update the Health and Wellbeing Board meeting and hold a further discussion about the transformational plans

10. Integration – a vision for Norfolk Adult Social Services and review of the Better Care Fund 2017/18

- 10.1 The HWB considered a report discussing the commitment of Norfolk County Council and the health and care system to pursue integration, and progress through the Better Care Fund (BCF) and Integration Plan.
- 10.2 Mr J Bullion, Executive Director of Adult Social Services, NCC, outlined the contents of the paper which:
- Described how Norfolk Adult Social Care were working together with the NHS in Norfolk and Waveney on integration based on their delivery model
 - Updated on the BCF overall performance for the year, and

- Provided some information about one innovative and social approach - Social Prescribing and Community Support

- 10.3 The Executive Director stated that the approach built on a history of integrated commissioning and joint working, and included looking at how the delivery of integration might be developed further to make our budgets more sustainable, in the light of more complex casework being seen and a more acute financial situation.
- 10.4 Dr J Rodziewicz left the meeting at 12.01
- 10.5.1 Mr Bullion reported that the default way of working is a Multi-Disciplinary Team around a vulnerable person, and the broad model going forward would be to work with primary care partners through 19 or 20 hubs, with community health, mental health and social care practitioners coming together. To support this, the BCF was now much better aligned with the emphasis very much on the healthcare and housing aspects. The Executive Director confirmed that the BCF delivery was on track, with the exception of delayed transfers of care, and announced that a Multi-Agency Discharge Event, centred on progress on hospital and care discharges, was due to be held in June 2018. Mr Bullion stated that prevention was key to integration and confirmed that a preventative social work and nursing strategy was now in place, and work underway on preventative measures and initiatives focussed on social prescribing and tackling loneliness. It was noted that the County Council also had a deficit in their budget, and £17m savings would be made by Adult Social Care through demand avoidance and providing services more cost-effectively.
- 10.5.2 Cllr R Foulger, Broadland District Council, reported that the BCF had enabled the parameters of the disabled facilities grant to be broadened in Broadland District Council.
- 10.5.3 The Vice-Chair, District Council Representative, thanked the Executive Director for support from social care, noting that 2 more GP practices in South Norfolk would offer community connectors and early help support by 1 June 2018.
- 10.5.4 Mr A Clark, Norwich City Council, commented that for the district councils the process around social prescribing had been very positive and the approach had enabled a supportive countywide network of support.
- 10.5.5 Cllr E Nockolds, Borough Council of King's Lynn and West Norfolk, reported that the extra income from BCF had enabled the Borough Council of King's Lynn and West Norfolk to consider a permanent member of staff to target social isolation.
- 10.5.6 Ms M Craig updated the Board that Great Yarmouth had been shortlisted for a national award because of the work done through this scheme.
- 10.5.7 Mr D Mobbs welcomed the paper and the plan and noted that a future challenge for the HWB would be to show how one part of the system had impacted on outcomes for another part of the system.
- 10.5.8 The Chairman encouraged HWB partners, and the system as a whole, to continue to move forward with the focus on prevention, and keeping the public at front and centre.
- 10.6 The Health and Wellbeing Board:
1. **CONSIDERED** system progress in relation to integration in Norfolk over the past year (2017-18)
 2. **ENDORSED** Adult Social Services' vision for integration and agree to commit to collaborate on developing and implementing the model

11. Any Other Business

- 11.1 Dr L Smith, the Director of Public Health, NCC, reported that, throughout May, a blood pressure check campaign was being run to encourage people to get their blood pressure checked; it was thought that around 140,000 people were being treated for high blood pressure and many more were still undiagnosed; it was hoped that the campaign would help prevent incidences of heart attacks and strokes by identifying undiagnosed cases of high blood pressure.
- 11.2 Cllr D Bills, NCC, reported that, following discussions about annual health checks held before Christmas 2017, he had tried to book a health check however found he was not eligible as he was under 76 years of age. Dr L Smith clarified that NHS healthchecks were aimed at people aged from 40 to 75 years every 5 years, unless they had a qualifying health condition.

The Meeting Closed at 12.19

**Cllr Bill Borrett, Chairman,
Health and Wellbeing Board**



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**Health and Wellbeing Board meeting
2 May 2018**

Draft Resolution

**CCGs Annual Reports – extract relating to the Health & Wellbeing Board
and the Joint Health and Wellbeing Strategy**

1. Each year the HWB Chairman, and more recently the Vice Chairs Group, has reviewed and provided comments on draft extracts of the Clinical Commissioning Groups (CCGs) Annual Reports relating to the HWB/Joint Health and Wellbeing Strategy. This has been undertaken each year on behalf of the Health & Wellbeing Board (HWB), in order to meet the annual deadline for submission to NHS England (NHSE).
2. It is proposed that, in future, the relevant extracts of the CCGs Annual Reports are brought to the HWB for consideration and comments, before submission to NHSE. In order to meet the annual submission deadline this will need to be considered at the HWB's early spring meeting (usually February).

The HWB resolves to:

- Consider and comment on the relevant extracts of the CCGs Annual Reports each year at its early spring meeting (usually February), in advance of their submission to NHSE.

Report title:	Norfolk and Waveney Sustainability & Transformation Partnership (STP) – Update including the integration of health and care services
Date of meeting:	17 July 2018
Sponsor (H&WB member):	Patricia Hewitt, STP Chair/ Melanie Craig, STP Interim Executive Lead

Reason for the report

The purpose of this paper is to update members of the Health & Wellbeing Board (HWB) on the Norfolk and Waveney STP, including the integration of health and care services.

Report summary

This paper provides an update on the integration of health and care services in Norfolk and Waveney, information about significant developments with STP projects and an update on what the STP Chairs' Oversight Group has been discussing. It focuses on the development of our integrated care system (ICS), the development of a long-term strategy for mental health, improvements to maternity services, how we can use technology to improve health and wellbeing, and our estates strategy.

Action/decisions needed:

Members of the Health and Wellbeing Board are asked to:

1. support the continued development of our integrated care system
2. endorse conducting a strategic review of mental health services and the development of a long-term mental health strategy for Norfolk and Waveney
3. agree to align the work programmes of the STP and the Health and Wellbeing Board
4. agree to receive two reports from the STP at future meetings; a paper providing an overview of progress and a detailed report into one of the strategic workstreams

1. NHS 70

- 1.1 The National Health Service celebrated its 70th birthday on 5 July 2018. This milestone has given the NHS and the nation the perfect opportunity to celebrate the achievements of one of our most loved institutions, to appreciate the vital role the service plays in our lives, and to recognise and thank the extraordinary NHS staff – the everyday heroes – who are there to guide, support and care for us, day in, day out.
- 1.2 Alongside this, there is also a focus on looking forward, considering what the next 70 years could bring and thinking about how the NHS and care services need to change and adapt. The NHS is publishing a 'Spotlight Series' about how the NHS could look in the future, which are well worth reading: www.england.nhs.uk/nhs70/spotlight-series.
- 1.3 With the future in mind, senior STP leaders and clinicians were invited by Simon Stevens, NHS Chief Executive, to a special event in London on 6 June to talk about what the future holds for health and social care systems and integrated care. Melanie Craig attended on behalf of our STP.
- 1.4 Throughout the day, the NHS Executive expressed sincere thanks to all frontline staff for their commitment to delivering services through last winter. The focus of the event was about how the NHS must change to meet the rising demands on services as our elderly population grows. The message was clear; integrated care systems are the future of care provision.
- 1.5 **Key messages for all STPs** were:
 - Individual organisations will not be able to respond to the high demands of the frail elderly – our mission must be to serve the NHS and the population, by working much more closely together
 - Integrated care systems (health and social care) must be delivered – integrated care on a population health budget basis
 - Every STP must measure its progress on three practical delivery tests:
 - Care must be joined up between teams and organisations
 - Care must be anticipatory
 - Care must be about sharing control
 - Each system must have a clear financial strategy
- 1.6 These messages and the infographic at the end of this report were shared with the Norfolk and Waveney STP Chairs Oversight Group meeting on 7 June, which was also attended by the STP Executive members. Integrated care systems are the future, and the group agreed that our system wide work will be simplified to deliver transparency, pace and rigour, working with our partners, staff, patients, carers and stakeholders to do this.

2. Integrating health and care services in Norfolk and Waveney

- 2.1 NHS England announced the creation of four new integrated care systems (ICS) on Thursday, 24 May. We're encouraged by the feedback we've received from NHS England, who've told us that they want to work with us more closely over the next six to ten months so that we are fully prepared and ready to become an ICS. We are going to continue to work towards becoming an ICS, because we believe that this will help us to accelerate the improvement in Norfolk and Waveney's health and care system.
- 2.2 NHS England has praised the speed at which our STP is progressing, in particular our work around primary and community care. They were very positive about our work to develop new models of care, improve access to GP services and make primary care more resilient, in line with the Five Year Forward View and the General Practice Forward View. A priority for our STP is to create a strong financial plan to enable the system to return to financial health.
- 2.3 We have made two appointments who will play key roles in supporting our drive towards integration. Melanie Craig, Chief Officer at NHS Great Yarmouth and Waveney CCG, has been appointed as the new Interim Executive Lead for our STP. Melanie has taken over from Antek Lejk, who left the role following his appointment as Chief Executive of the Norfolk and Suffolk NHS Foundation Trust. John Hennessey, the Finance Director at the Norfolk and Norwich University Hospitals Trust, has been appointed as the Finance Director for our STP.
- 2.4 In addition to these two key appointments, we are reviewing and simplifying our governance arrangements to make sure they are streamlined and inclusive of colleagues from primary care and secondary care, as well as the voluntary, community and social enterprise sector and patients / service users.
- 2.5 The Suffolk and North East Essex STP was announced as one of the four new ICS. We work closely with our colleagues in our neighbouring STPs and we will be able to learn from their experience as we continue to develop our plans for closer working between health and care organisations.
- 2.6 NHS England has not confirmed the timescales or process for the development of additional ICS, however we are working towards being ready for spring 2019.
- 2.7 Here is a summary of the key steps we are taking to develop our ICS:

Modelling our finances, demand and capacity across the health and care system

- 2.8 We have just started a significant piece of work to analyse and model in more detail:
 - the collective finances of all the organisations involved in our STP
 - demand for health and care services in Norfolk and Waveney
 - our resources and capacity to meet the demand for health and care services.
- 2.9 This review is building on all of the work we have done to date and will provide us with a more detailed picture of the impact of the changes we are making. It will enable us to use our collective capacity better, help us to meet the standards expected of us and ultimately improve the care we provide. We have commissioned

some external support to help us with the review. This work started in June and will be complete by the end of 2018.

Organisational development

- 2.10 To support all of this we are putting in place an organisational development programme across all the partners involved in our STP. NHS England has funded some external support to do this from Deloitte. As part of this process, they have begun to speak to key organisations and people involved in health and care across Norfolk and Waveney, including representatives of the voluntary, community and social enterprise sector, about how health and care organisations currently work together and areas for improvement.

3. Developing a long-term strategy for mental health

- 3.1 We are conducting a strategic review of mental health services to help us write our ten year mental health strategy for Norfolk and Waveney. Mental health is everyone's responsibility. Improving the services and support is a priority for our STP, we need integrate mental health care with physical health and other care services.

- 3.2 The aims of our review are to:

- Provide clear recommendations for the strategic direction of mental health services in Norfolk and Waveney, including a priority to promote resilience and wellbeing and improve prevention
- Explore opportunities for improvements in quality across services, including an end to out-of-area placements
- Review patterns of demand across the county to ensure services are meeting the needs of local populations
- Consider the key outcomes of mental health services across Norfolk and Waveney, compared with other similar areas.

- 3.3 We are working very closely with colleagues in Suffolk who are conducting a very similar piece of work. We have commissioned some external support to help us with our review. Engagement with service users and professionals from primary care, secondary care and mental health services will be critical. Our 'Breaking the Mould' event on 1 May 2018 started this engagement and we are developing a full engagement programme for the year ahead. The review will be completed by the end of 2018 and the strategy written by next spring.

4. More funding for suicide prevention

- 4.1 We have been awarded £374,000 to help prevent suicide. Suicide is an important public health issue and a priority for Norfolk, given our relatively high local rate (12.4 suicides per 100,000 people, which is higher than the national average of 10.1) equating to 95 suicides in Norfolk each year for the last three years.
- 4.2 The Norfolk and Waveney STP has endorsed the Suicide Prevention 'I am (really not) okay' strategy and action plan (2016-2021) which sets out what we are doing to meet the national target of reducing suicide by 10% by 2020/21. A multi-agency partnership has made good progress on implementing the strategy and action plan, such as developing and publicising resources to support both people in crisis and

professionals. The funding will be used to enhance this work which is already underway.

- 4.3 The STP is in the process of applying to become a member of the National Suicide Prevention Alliance (NSPA), which is an alliance of public, private and voluntary organisations in England who care about suicide prevention and are willing to take action to reduce suicide and support those bereaved or affected by suicide. Membership will give us access to information, reports, good practice and guidance, as well as opportunities to collaborate with other members.

5. Leading the way in making maternity services more personal

- 5.1 The Norfolk and Waveney STP is one of ten areas across the country which will be piloting new ways of providing maternity services from this October. The National Maternity Review, Better Births, recommended that most of a woman's maternity care, including during labour and birth, should be provided by the same midwife or a small team of midwives known to the woman. This is regardless of whether they want their baby to be born in the community or hospital.
- 5.2 Most maternity services in England do not work in this way at the moment. Many women already see the same midwife or a small team of midwives that they know in the antenatal and postnatal periods. Our aim is to have the same midwife or team of midwives looking after the woman during labour as well. Currently that part of care is provided by hospital midwives.
- 5.3 From October our three hospitals will be trialling different ways of working so that pregnant women are cared for by one midwife or a small team of midwives. Mothers and partners have told us that when they have built-up a relationship with a midwife it has helped them to feel more comfortable, less worried about things and more trusting of the professional caring for them. This way of working means that pregnant women don't have to repeat their wishes or medical history to lots of different midwives, which we know is particularly important for those with complex pregnancies.
- 5.4 We are going to pilot working in this way and each hospital has chosen a small group of women to experience how this could work. At the James Paget University Hospital they are going to focus on providing continuity of carer to pregnant women who smoke in order to support them to stop smoking. The Norfolk and Norwich University Hospital are going to focus on providing continuity of carer for women who live in the most deprived areas of the city. At the Queen Elizabeth Hospital they are going to provide continuity of carer for those with low-risk births, with the aim of increasing the number of births delivered in the Midwife Led Birth Unit or at home.
- 5.5 Professor Jacque Dunkley-Bent OBE, Head of Maternity, Children and Young People at NHS England, visited the Norfolk and Waveney Local Maternity System on 29 May to support us with our planning and the roll out of our pilot models for delivering continuity of carer. The pilots will start in October 2018. Our ambition is that by March 2019, 20% of women from across Norfolk and Waveney will be offered continuity of carer when they get pregnant. We will be increasing our offering and including more groups of women year-on-year.

6. Norfolk and Waveney Digital Strategy – using technology to improve health and care

- 6.1 We are making good progress with the development of our digital strategy for Norfolk and Waveney's health and care system. This work is being led by our new Chief Information Officer, Anthony Lundrigan, who works both for the STP and the Norfolk and Norwich University Hospital (NNUH), and Shawn Haney, who's leading on Electronic Patient Records for our five CCGs.
- 6.2 People sometimes assume that all the IT systems already speak to each other in the NHS and local councils. Sadly that's not the case. Most hospitals run anything up to 100 different IT systems, many of which don't talk to each other - let alone to the different systems used in GP practices and social care teams. And lots of vital information about patients is still kept on paper.
- 6.3 We want to use technology to make sure that as a patient:
- You don't have to repeat your story over and over again
 - Your GP, community nurse, social worker, ambulance paramedic or hospital staff all know what everyone else is doing to look after you, so that they don't waste time collecting information or risk prescribing medicines that don't go with other medicines you're already taking
 - You (or someone else on your behalf) can look at your own records and put in details of your condition and how you prefer to be treated
 - You can monitor your own condition at home, using simple automatic kits that can alert your doctor or community nurse if there's a problem
 - You get the care you need, it's good quality care, and it's cost effective.
- 6.4 We can also better use technology to measure health outcomes, to see if the treatment you received worked.
- 6.5 One of our top priorities is developing a single care record for all health and social care organisations in Norfolk and Waveney to use. To do this, we will be working with patients, carers, staff, clinicians, GPs and the voluntary and community sector to develop one vision and a clear plan for how this will work. This includes making sure that people's personal health and care records are kept absolutely safe and secure, that health and care staff can only access it in when they really need to and that people are able to decide whether or not their information should be shared.
- 6.6 One exciting development is the Eclipse system, invented by a local GP, Dr Julian Brown. Eclipse, which is already available to GP surgeries all over the country, analyses information from GP records. It can be used by GPs to identify patients that might need different treatment. For example GPs could use it to identify patients that they haven't seen for a while but who have visited A&E on a few occasions because of an ongoing long-term condition, like breathing problems. The GP could then invite them to an appointment to talk about how they are managing their condition and whether they need to change their treatment or medication. This is better for the patient, as they get the support they need from their local GP surgery and don't have to go to hospital in an emergency. It also helps reduce the pressure on our ambulance service and A&E.

7. Our Estates Strategy – using our land and buildings to improve health and care

- 7.1 Health and care services are run from a wide range of buildings right across Norfolk and Waveney, including county council and district council centres, GP surgeries, local health centres and community facilities, as well as the three acute hospitals. As an STP we've been looking at whether we have the right buildings, in the right places, to provide more integrated care, nearer to where people live. It's also vital to make the most efficient use of all our resources (unfortunately, some of our buildings are currently under-occupied) and reduce the backlog of maintenance.
- 7.2 The Estates Strategy we are developing will also be used to support bids for NHS capital funding; in future, all these will go through the STP. Our first priority is to decide which capital bids will go forward to NHS England in July (the deadline for the next bidding round). Over the next twelve months, we will be considering where to co-locate services together with general practice. In 19 different places across Norfolk and Waveney we want social workers, physiotherapists, occupational therapists, community matrons, district nurses, community mental health workers and so on to be based together and working closely with groups of GP practices.

8. Reporting to the Norfolk Health and Wellbeing Board

- 8.1 To enable closer working between the STP and the Health and Wellbeing Board, it is proposed that their work programmes are aligned. To make sure that members of the Board understand what the STP is doing and are more actively involved in its work, it is proposed that the STP provides two reports at future meetings. The first, like this one, to provide an overview of progress towards the integration of health and care services, as well as important developments for our health and care system. The second would be a detailed report into one of the strategic workstreams of the STP.

Officer Contact

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

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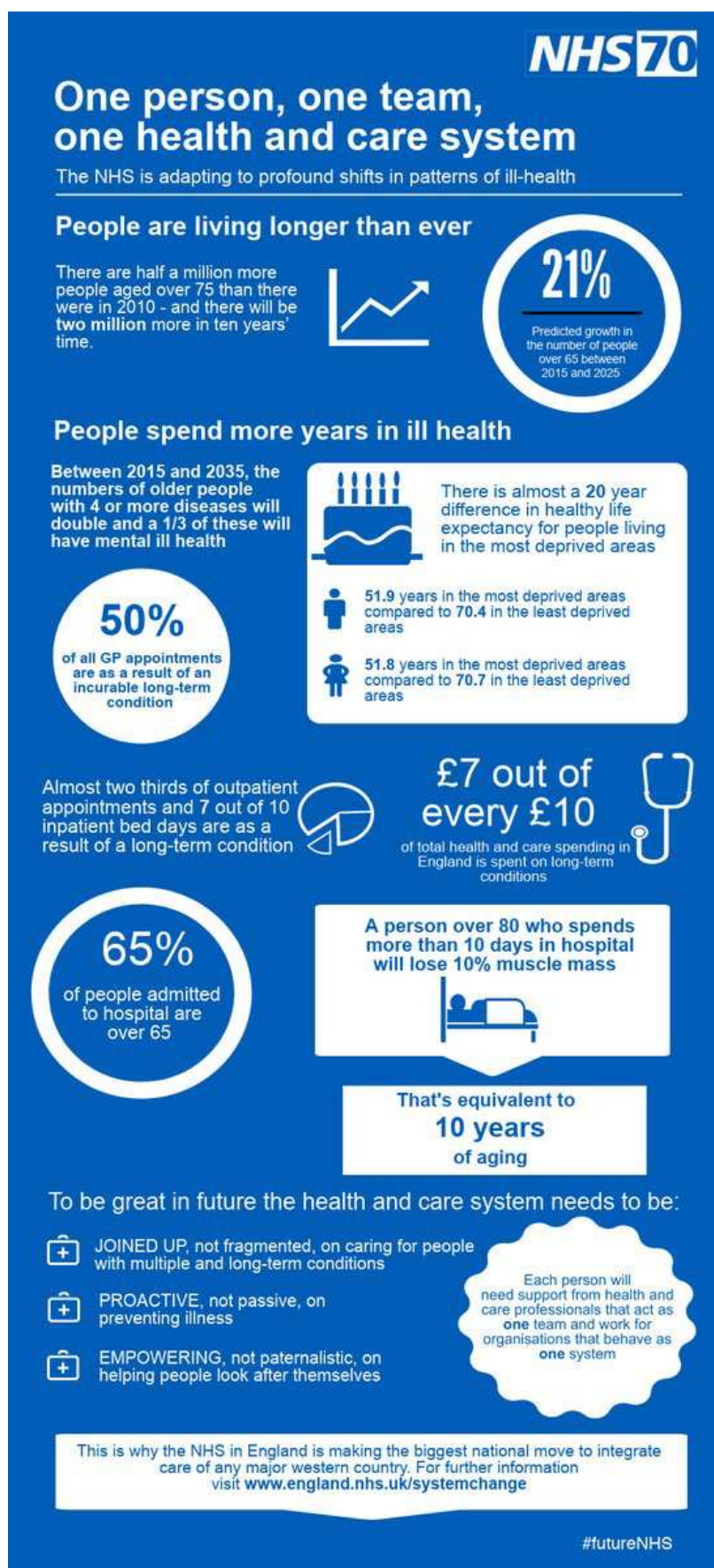
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This helpful graphic was used to explain why health and care services need to change:



Report title:	Norfolk and Waveney Sustainability & Transformation Partnership (STP) – Update on Governance
Date of meeting:	17 July 2018
Sponsor (H&WB member):	Patricia Hewitt, STP Chair/ Melanie Craig, STP Interim Executive Lead

Reason for the report

The purpose of this paper is to update members of the Health & Wellbeing Board (HWB) on the current governance arrangements.

Action/decisions needed:

Members of the Health and Wellbeing Board are asked to:

1. Note the current governance arrangements and consider the implications for the wider health and wellbeing system.



1. STP appointments

- 1.1 John Hennessey has been appointed as the new STP Finance Director. He is the new permanent Chief Finance Officer at the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH). He has started work on his STP role. To enable him to take on the additional STP role, we are going to help the NNUH to make arrangements for backfill and to strengthen his team.
- 1.2 Anna Morgan, Director of Nursing and Quality at Norfolk Community Health and Care NHS Trust (NCHC) has taken on lead director responsibilities across the STP for workforce. Anna will take on this role and continue to be the STP Chief Nurse as well.

2. Revised approach to the way we work

- 2.1 The STP Executive has discussed how they currently work together, governance arrangements and what the Executive can do to:
 - Ensure better connections between STP workstreams
 - Speed up progress of the strategic workstreams
 - Make sure we have a collective grip and understanding of our financial position
 - Make our governance arrangements more inclusive
 - Simplify our governance and terms of reference

- 2.2 The STP Executive has agreed to establish a **System Financial Recovery Group**, made-up of finance directors and chaired by the STP Finance Director. It will focus on making sure we have a collective understanding of our financial position.
- 2.3 The Executive has also agreed to set-up a new **STP Workstream Delivery Group** made-up of workstream Senior Responsible Officer (SROs) and director leads, the STP Finance Director and the leads of the cross-cutting workstreams. It will be chaired by the STP Executive Lead and focus on holding SROs to account for making progress with their workstream.
- 2.4 A new **Acute Transformation Workstream** will be established, chaired by Christine Allen, Chief Executive of the James Paget University Hospitals NHS Foundation Trust. The STP Acute Care Programme Board will be responsible for ensuring delivery of the acute care work programme for the STP. It will oversee Referral to Treatment (RTT) and system-wide performance, but accountability for performance will remain with individual organisations.
- 2.5 It will receive updates from the acute care projects under the remit of the Norfolk Acute Hospitals Group (NAHG). In the first instance, this will include the Acute Services Review Stage 2. The workstream will also receive highlight reports from acute related workstreams, including Coronary Heart Disease (CHD) RightCare, Stroke and Local Maternity System (LMS) Programme Boards.
- 2.6 The **Urgent and Emergency Care Workstream** will meet as one Norfolk and Waveney wide A&E Delivery Board, chaired by Jo Smithson. The A&E Delivery Board will enable us to plan and oversee delivery together, but accountability for A&E performance will remain with individual organisations. We will have one winter plan, with finance, activity and capacity aligned for Norfolk and Waveney. We will have one winter 'systems resilience' room and a winter director.
- 2.7 James Bullion will be the new SRO for the **Primary and Community Care Workstream**. The **Prevention Workstream** will report into the Primary and Community Care Workstream to make sure that the two workstreams are well connected and joined-up. No other changes are proposed to the Prevention Workstream.
- 2.8 The mental health and cancer workstreams remain largely unchanged.
- 2.9 The **five strategic workstreams** and their senior responsible officers (SROs) are now:
- Primary and Community Care – **James Bullion**, Executive Director, Adult Social Services, Norfolk County Council
 - Mental Health – **Antek Lejk**, Chief Executive, Norfolk & Suffolk NHS Foundation Trust
 - Acute Transformation – **Christine Allen**, Chief Executive, James Paget University Hospitals NHS Foundation Trust
 - Cancer – **Mark Davies**, Chief Executive Officer, Norfolk & Norwich University Hospital NHS Trust
 - Urgent and Emergency Care – **Jo Smithson**, Chief Officer, NHS Norwich CCG
- 2.10 Work will now take place to map all the related groups which currently meet, such as the planned care networks and right care groups, to understand the links with the new STP governance arrangements, make sure we avoid duplication and address any gaps.

- 2.11 Each of the five strategic workstream will have representatives of the voluntary, community and social enterprise (VCSE) sector, healthwatch, primary and secondary care. Leads for the cross-cutting workstreams will be able to attend any of the workstreams when they want to.
- 2.12 The value of the Clinical and Care Reference Group and the Stakeholder Board is recognised. The Executive will strengthen its support for these groups and work with the chairs of the Clinical and Care Reference Group to see how we can further strengthen clinical leadership and involvement in the STP.
- 2.13 NHS England has funded Deloitte to develop an organisational development programme for our STP. It was agreed that Deloitte's report will inform any further work we need to do to strengthen our governance arrangements.

Norfolk and Waveney STP governance

in good health



Officer Contact

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Report title:	Our Joint Health and Wellbeing Strategy 2018-22
Date of meeting:	17 July 2018
Sponsor (H&WB member):	Dr Louise Smith, Director of Public Health, Norfolk County Council
<p>Reason for the Report</p> <p>The Health and Wellbeing Board (HWB) has been developing its Joint Health & Wellbeing Strategy 2018-2022 and it is now its last stage. This paper brings the draft Strategy to the HWB for final comments and approval before sign off by all HWB partners.</p> <p>Report summary</p> <p>This paper outlines key points from the HWB workshop on 2 May, which focused on the outstanding issues following consultation with all HWB partners and how they might be addressed. It provides the draft Joint Health and Wellbeing Strategy 2018-22 and outlines next steps. An updated final draft Strategy will be tabled at the meeting.</p> <p>Recommendations:</p> <p>Members of the HWB are asked to:</p> <ol style="list-style-type: none"> 1. Confirm that they are happy with the content and agree the HWB's Joint Health and Wellbeing Strategy 2018-22 2. Agree to taking the finalised Strategy to HWB partners' organisations/bodies boards for formal sign off prior to 31 October 2018 3. Commit to taking an active role in the implementation of the Strategy, as outlined at paragraph 3.2 below 	

1. Background

- 1.1 The HWB is developing its Joint Health & Wellbeing Strategy 2018-22 and over the past months members have:
- Agreed that our longer-term strategic goals are still important to us - **Prevention, Inequalities** and **Integration**
 - Engaged with **wider stakeholders** to help shape our thinking
 - Agreed a **vision** for our next Strategy
 - Explored partners' **existing priorities** and **potential areas for further collaboration** on shared outcomes

- Reviewed **best practice** and what other areas are doing to improve health and wellbeing outcomes in these areas
- **Agreed the overall strategic direction** through our Strategic Framework
- **Refined our draft Strategy** and explored how we will need to work together to deliver our Strategy

2. Key themes from the HWB workshop

- 2.1 Following consultation on the Draft Strategy involving all HWB partners, the Board explored the remaining key issues and how they might be addressed at its workshop on 2 May 2018.
- 2.2 Some general themes arising from the workshop were around keeping the language of our Strategy as simple as possible and jargon free, making sure that every community is important, and does not fall through the net - particularly children and young people and their families, and considering how we bring the business community into our work. There were also themes around using the evidence intelligently and making sure that we are focussing on the evidence and the key drivers, and around planning & infrastructure, with a strong message about looking at how we might plan collectively.

- 2.3 In terms of **outcomes and measures**, key themes were:

- **System leadership** – the need to measure our system leadership, based around our priorities. For example, the extent to which we are all:
 - Prioritising prevention in our organisations, both at a policy level and in decision-making so that as a system we are preventing, reducing and delaying needs and associated costs
 - Co-ordinating our knowledge and efforts to ensure that those most vulnerable in our communities are supported to be healthier, independent, and better able to manage their health and wellbeing
 - Working closely across organisations and systems to deliver person centred care, as experienced by the individual/their carer
- **Effectiveness of cross organisational working** – measuring how effective we are in our organisations' working together across the system, and across budgetary issues, to support the prevention agenda.
- **Public attitudes** – measuring how people feel about their health and wellbeing. For example, asking what "prioritising prevention means to you"?

3. Our Joint Health and Wellbeing Strategy 2018-22

- 3.1 These views have informed the last stage of development and a further draft Joint Health and Wellbeing Strategy 2018-22 is attached (**Appendix A**). An updated final draft Strategy will be tabled at the meeting.

3.2 We will next move into the **implementation** phase and this will involve all HWB partners in:

- **Identifying the actions** - that each HWB partner will take in delivering our Strategy, either through partners' existing plans or new initiatives
- **Developing an implementation plan** – based on the above and use it to inform our action and prioritisation
- **Developing an outcomes framework** – so we can monitor our progress
- **Bringing reports regularly to our HWB meetings** - challenging ourselves on areas where improvements are needed and supporting action to bring about change
- **Carrying out in-depth reviews** (or deep dives) – reviewing the evidence and making time at our meetings to explore in detail the impact we are making and how we could improve
- **Holding ourselves to account** - for our progress towards achieving our priorities, for the impact we are making, and for our effectiveness as system leaders

Officer Contact

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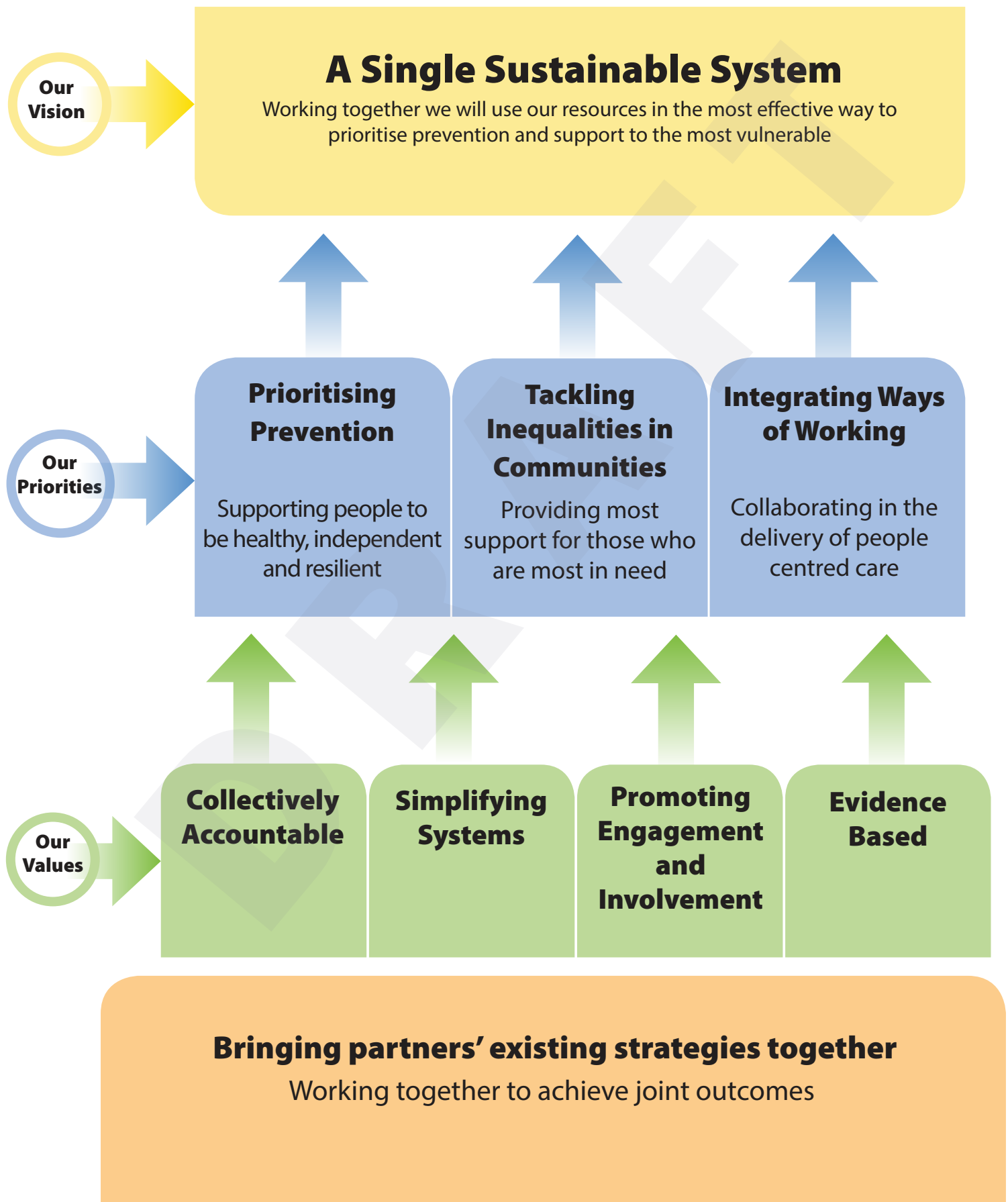
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Health and Wellbeing Board
Norfolk & Waveney

Joint Health and Wellbeing Strategy 2018 – 2022

***“A single sustainable health
& wellbeing system”***

Our Strategic Framework



Welcome

Image to follow

Cllr Bill Borrett
Chairman Health and Wellbeing Board for
Norfolk and Waveney

We are delighted to introduce our **Joint Health and Wellbeing Strategy 2018-22: A single sustainable health and social care system** for the people and communities in Norfolk and Waveney.

This Strategy is **different** - it's about **how we all work together** as system leaders to drive forward improvement in the health and wellbeing of people and communities, given the unprecedented challenges facing our health, care and wellbeing system.

Health and care services across the country are under **considerable financial strain** – and Norfolk and Waveney is no exception. There is a significantly large total annual budget for health and social care services in Norfolk and Waveney, but with growing demand our budget spend continues to increase leading to over-spend which needs to be addressed.

At the same time, **our population continues to grow**, and the pattern of family life has changed. **People are living longer** and have access to many more medical specialists than in the past. **Families are under increasing pressure**, and society's concern for children's and adult's safety has placed additional responsibilities for ensuring their protection.

Image to follow

Dr Louise Smith
Director of Public Health

The health and social care system is working together under the **Norfolk and Waveney Sustainability & Transformation Partnership** and underpins support for the move towards an **integrated care system** from the Health & Wellbeing Board for Norfolk and Waveney.

This Strategy builds on that **collaborative mandate - our top priority is a sustainable system** and we are evolving our longer-term priorities from our previous Joint Health & Wellbeing Strategy to help us face the challenges of the future. **Prevention and early intervention is critical** to the long term sustainability of our health and wellbeing system. Stopping ill health and care needs happening in the first place and targeting high risk groups, as well as preventing things from getting worse through systematic planning and proactive management. Through our Strategy, we are focusing the whole system on **prioritising prevention, tackling health inequalities in our communities** and **integrating our ways of working** in delivering people centred care.

Through our Strategy, we are **making a difference** – creating a single sustainable health and wellbeing system for Norfolk and Waveney.

Our Priorities

Our vision of a single sustainable system requires us to work together, implementing what the evidence is telling us about health and wellbeing in Norfolk and Waveney, on these key priorities:

Priorities	By this we mean
1. A Single Sustainable System	Health and Wellbeing Board partners taking joint strategic oversight of the health, wellbeing and care system – leading the change and creating the conditions for integration and a single sustainable system.
2. Prioritising Prevention	A shared commitment to supporting people to be healthy, independent and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services.
3. Tackling Inequalities in Communities	Providing support for those who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.
4. Integrating ways of working	Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.

Image to follow

Our Values

Our values describe our shared commitment to working together to make improvements and address the challenges:

Values	By this we mean:
Collectively Accountable	As system leaders, taking collective responsibility for the whole system rather than as individual organisations.
Simpler system	Reducing duplication and inefficiency with fewer organisations - a commitment to joint commissioning and simpler contracting and payment mechanisms.
Engagement	Listening to the public and being transparent about our strategies across all organisations.
Based on evidence of needs	Using data, including the Joint Strategic Needs Assessment (JSNA), to target our work where it can make the most difference - making evidence-based decisions to improve health and wellbeing outcomes.
Bringing partners' existing strategies together	Under the umbrella of the Health and Wellbeing Board for Norfolk and Waveney - identifying the added value that collaboration brings and working together to achieve joint outcomes.

Image to follow

1. A Single Sustainable System

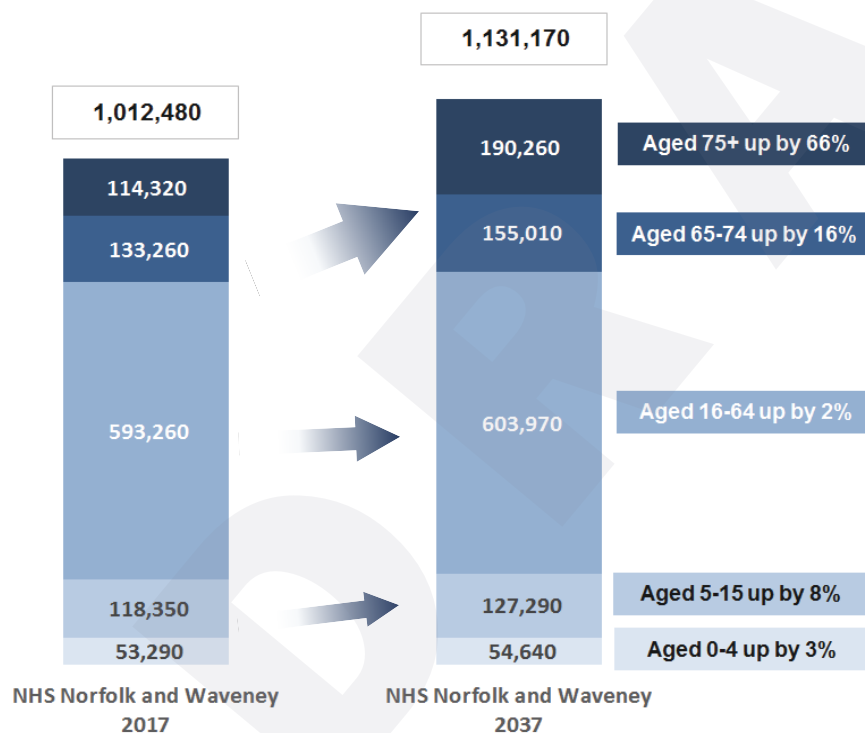
Working together we will use our resources in the most effective way to prioritise prevention and support to the most vulnerable.

Our Population

Norfolk and Waveney's population of 1.01 million is forecast to increase by over 10% by 2037, about 120,000 people.

The main population growth will be people aged 65+ years. Life expectancy is 80 years for men and 84 years for women.

Currently 90% of retirement age people are economically inactive. By 2037 this is forecast to be 1 in 3 of the population.



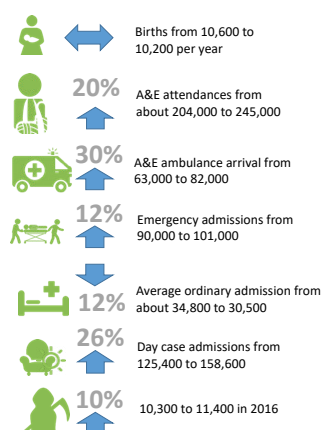
Our System

Our health and wellbeing system is complex including: Norfolk County Council, 8 District Councils, 5 Clinical Commissioning Groups, 3 acute hospitals, 3 community NHS providers, and mental health, and ambulance trusts, police and Police Crime Commissioner, around 110 GP practices, 400 care homes and 10,000 voluntary, community and social enterprise organisations.

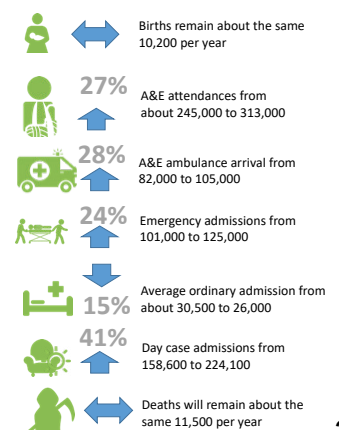
Future Activity

Planning future services is challenging with increasing demand and needs alongside reducing or level budgets.

What has happened between 2011 and 2016
Median age for emergency admissions has increased from 62 to 64



What is likely to happen between 2016 and 2022



1. A Single Sustainable System – Actions

What's important strategically?

Norfolk and Waveney has an annual budget in excess of £1.5bn for health and social care services. However as a system we are seeing increasing demand resulting in budget pressures.

Needs are becoming increasingly complex and so our service improvements must be more co-ordinated and effective for the service user and their carer.

Services are improved where there is a coordinated, effective and seamless response.

Priority actions

We will work together to lead change for an integrated financially sustainable system by:

- Sharing our thinking, planning, opportunities and challenges – informing new ways of working and transformation.
- Engage with and listen to service users, residents and communities to inform our understanding and planning.
- Undertake needs assessments, including the JSNA, to help us keep our Strategy on track and understand its impact.
- Develop mechanisms such as risk stratification tools and the sharing of information to target care where it is needed most.
- Use partners' existing plans - building on the priorities partners are already working hard to address, identifying the added value that collaboration through the HWB's Strategy can bring.

Key Challenges

- Addressing these needs with all partners managing on reducing or level budgets.
- Working as a single system in the delivery of people centred care, across a complex organisational and service delivery landscape
- Driving the cultural change necessary to deliver a single sustainable health and wellbeing system

Key Measures

Each HWB organisation can clearly report to the HWB how they are:

1. Contributing to financial sustainability and an integrated system.
2. Reviewing the impact of strategy and outcomes.
3. Using the evidence intelligently – including evidence from service users - in our discussions and our planning.
4. Working in partnership with others to support delivery of partners' transformation plans.

Image to follow

1. A Single Sustainable System - A case study

Healthwatch Norfolk (HWN)

The development of the Pharmaceutical Needs Assessment (PNA) is a good illustration of collaborative working in Norfolk.

The Health and Wellbeing Board is responsible for publishing and updating the PNA which sets out the current pharmaceutical services available in Norfolk, identifies any gaps in services, and makes recommendations on future development.

Healthwatch Norfolk (HWN) were selected to coordinate and produce the PNA through a steering group of partners. A HWN survey to support the assessment resulted in over 2700 responses.

Alex Stewart, Chief Executive of Healthwatch Norfolk, said:

"This has been the liveliest and most interactive Needs Assessment that HWN have been involved in to date and we have had pleasure in helping to ensure that the voice of the public and patients are represented in this process. A feeling of trust and sound working relationships built over time between several group members has enhanced the sense of achievement. Other additional benefits to this collaborative partnership approach has brought a cultural sensitivity to the PNA. Recommendations around translation services in pharmacies have identified possible cost savings with avoidance of potential adverse events."

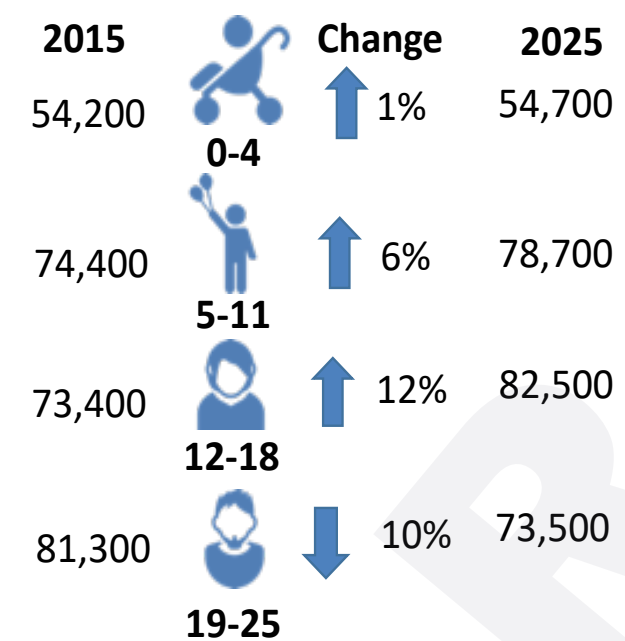
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2. Prioritising Prevention

Supporting people to be healthy, independent and resilient

Children & Young People

About 283,200 under 25 year olds live in Norfolk and Waveney - this number is forecast to remain steady



The health and wellbeing of children is consistent with the England average, as are recorded levels of child development.

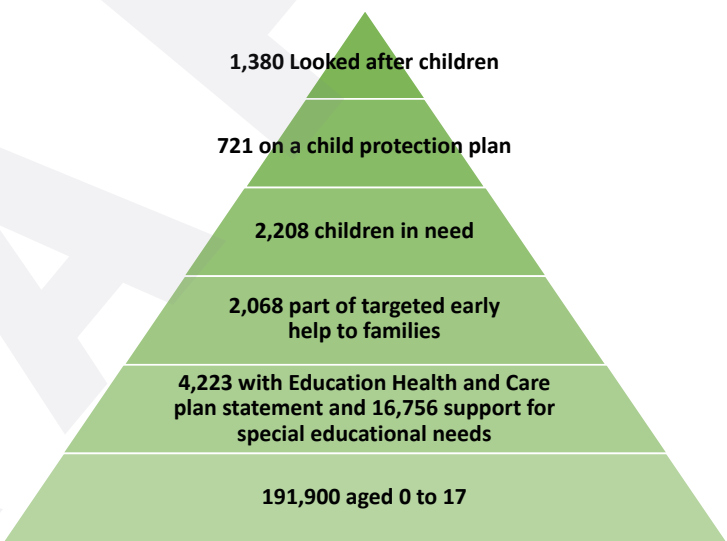
1 in 4 children are overweight by age 4 – 5.

There are fewer teenage pregnancies but remain above England average in Great Yarmouth and Norwich.

1 in 7 women are smokers at the time of having a baby.

Levels of anxiety in young people are rising as are hospital admissions for self-harm.

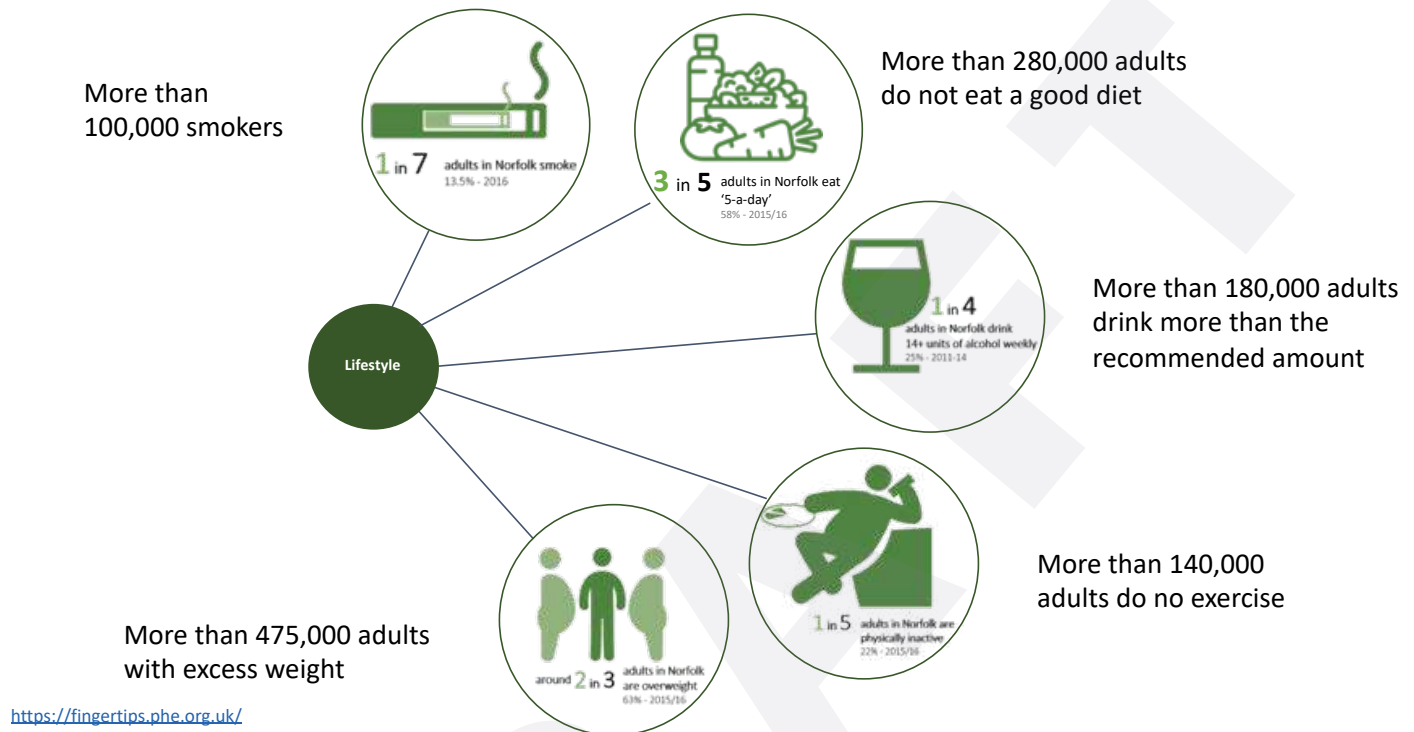
1 in 7 children live in relative poverty



The vast majority of children and families are supported by universal services such as health visiting, early years provision, schools and colleges. There are some children accessing additional social care and educational support and services based on their needs.

2. Prioritising Prevention

Unhealthy lifestyles impact on our health outcomes and need for health services.



Healthy lifestyles and health services

We are seeing demands on our hospital based services with:

- 10,900 smoking attributable hospital admissions in 2016/17.
- 8,911 hospital admissions where obesity was the main or secondary diagnosis.
- 6,020 hospital admissions for alcohol-related conditions.
- 3,852 emergency hospital admissions due to falls in people aged 65 and over.

Inequalities in healthy lifestyles

If the most deprived areas had the same rates as other areas then each year we would see:

- 400 more children at a healthy weight.
- 1,000 fewer emergency admissions for older people.
- 60 fewer deaths due to preventable causes.

2. Prioritising Prevention - Actions

What's important strategically?

There is strong evidence that interventions focussed on prevention are both effective and more affordable than just focussing on providing reactive emergency treatment and care. To build a financially sustainable system means we must promote healthy living, seek to minimise the impact of illness through early intervention, and support recovery, enablement and independence.

Priority areas for prevention are:

- Creating healthy environments for children and young people to thrive in resilient, safe families.
- Delivering appropriate early help services before crises occur.
- Helping people to look after themselves and make healthier lifestyle changes.

Priority actions

We will prioritise prevention by:

Developing in partnership a systematic approach for children and young peoples' support and provision.

Embedding prevention across all organisational strategies and policies.

Providing joint accountability so that as a system we are preventing, reducing and delaying needs and associated costs.

Promoting and support healthy lifestyles with our residents, service users and staff.

Key Challenges

- Identifying and protecting investment in prevention within budgets.
- Identifying needs early and providing early access to support.
- Embedding prevention across all of our strategies and policies.
- Raising awareness of the impact of lifestyle on health, for example with diabetes

Key measures

Each HWB organisation can clearly report to the HWB how they are:

1. Implementing an integrated strategy and a single system approach for children and young people where need is understood and priority actions shared.
2. Prioritising prevention both at a policy level and in decision-making.
3. Promoting the health and wellbeing of their workforce.

Image to follow

2. Prioritising Prevention - Case study

Early Help and Family Focus

Early Help and Family Focus Broadland received a request for support for a young couple who had just had a baby and were homeless with no extended family support.

The early help practitioner arranged a joint visit with the health visitor and talked with them about their worries and what was working well for them. (This is the Signs of Safety approach).

The 'team around' the family then worked with the young parents to produce a plan which resulted in the following support.

Who did what

The housing options advisor continued searching for a suitable permanent home.

The young parents met with the debt advisor from Broadland District Council who helped them understand how to plan a budget and manage their finances. A benefits advisor made sure they were claiming the correct benefits.

The early help practitioner supported the young parents to talk with each other and to understand both their own and each other's emotions – encouraging them to argue less.

The early help practitioner worked with the health visitor to explain to the young parents how babies develop and what they need at the different stages of development.

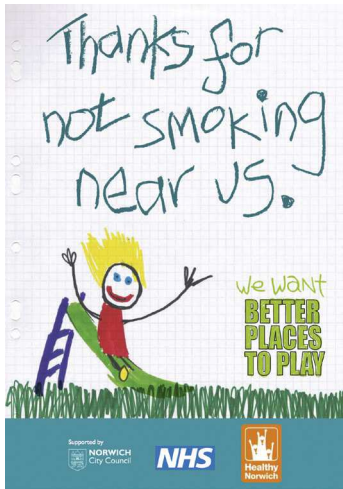
Conclusion

The family are now in their own two bedroom flat and have worked hard to decorate and furnish it. Mum is now taking her baby to activity sessions in the community and slowly making some friends.

Image to follow

2. Prioritising Prevention - Case study

A Smoke Free Norfolk



Healthy Norwich

is an example of an approach to improving health and wellbeing in the greater Norwich area by working together to make a healthier community.

Smoke Free Park

signage has been placed in play areas to ask adults

not to smoke nearby. This voluntary code will directly **help prevent children and young people taking up smoking** and potentially help smokers to **seek support to quit**.

Smoke-free sport, including **#Smokefree Sidelines**, is backed by Norfolk Football Association (FA) where local youth football clubs are championing the message that smoking has no place in youth sport. – **"#Smokefreesidelines.uses non-judgemental messaging and will encourage people to think twice before exposing young people to smoking. This will make the idea of smoking less normalised."**

Rebecca Burton, Communications Manager, Norfolk FA

As well as discouraging smoking, **Smoke Free Sport** brings about additional benefits including:

- **Protecting the environment** and saving money by reducing tobacco-related litter.
- Offering further protection from the **harmful effects of second-hand smoke**.
- Providing the opportunity for public acceptance of **voluntary smoke-free locations**.

Image to follow

3. Tackling Inequalities in Communities

Providing most support for those who are most in need.

Deprivation

Norfolk has average levels of deprivation but an estimated 68,700 people live in the most deprived areas of England.

Norfolk and Waveney has a diverse population and deprivation can be experienced in both urban and rural settings.

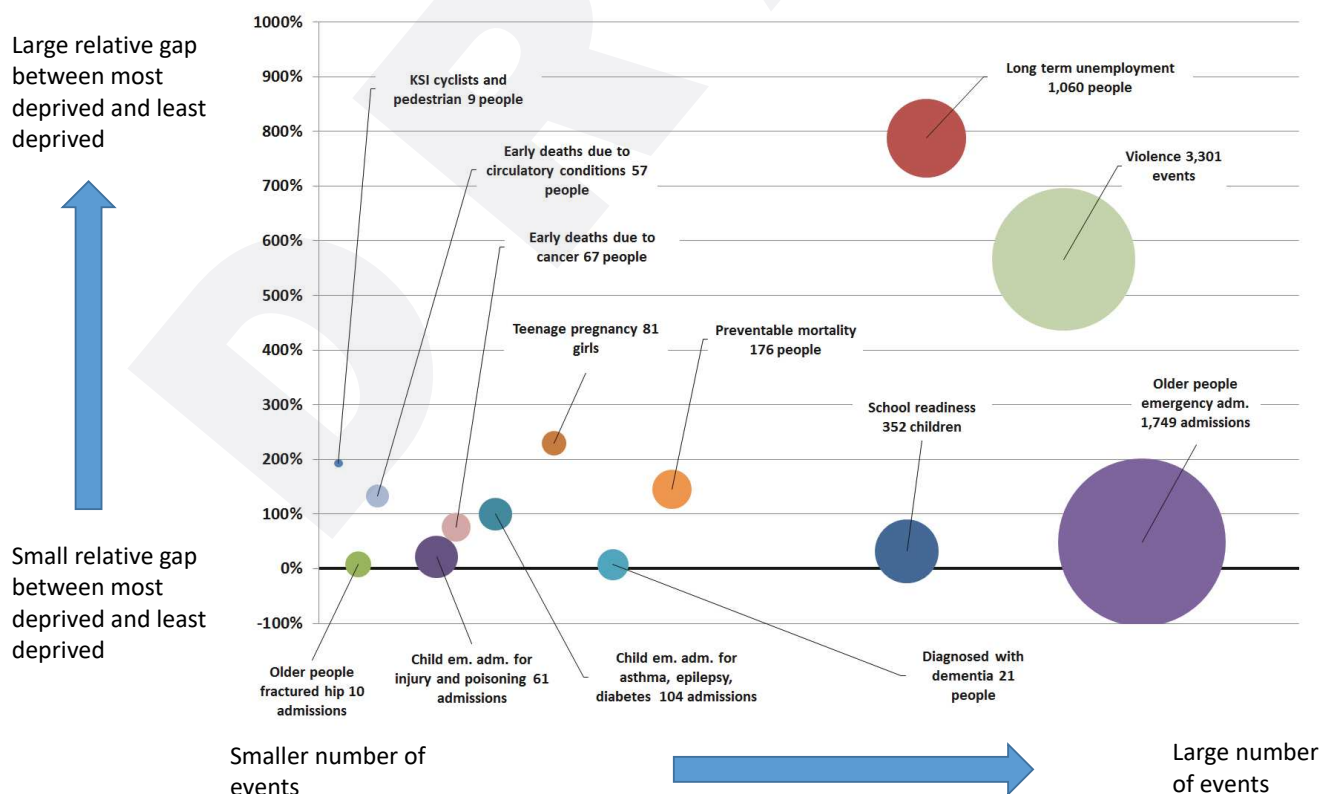
People living in deprivation are more likely to experience violence, crime and accidents despite Norfolk having a low overall crime rate.

Four districts in Norfolk and Waveney are in the lowest quintile in England for social mobility - driven by lower levels of education attainment and skill level.

Inequalities and life expectancy

The difference in life expectancy gap between those living in the most deprived and the least deprived areas is about 7 years for men and 4.5 years for women.

People living in our 20% most deprived areas are more likely to smoke, have an unhealthy diet and be less active.



Preventable illness, violence, drug overdose, suicide and accidents outcomes do correlate with deprivation. For example, if the most deprived experienced the same rates as the least deprived there will be 3,301 fewer violent events per year.

3. Tackling Inequalities in Communities - Actions

What's important strategically?

Those living in our most deprived communities experience more difficulties and poorer health outcomes. We recognise that together, we need to deliver effective interventions, to break the cycle, mobilise communities and ensure the most vulnerable children and adults are protected.

To be effective in delivering good population outcomes we need to most help those in most need and intervene by working together at county, local and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale.

Reducing inequalities in health and wellbeing will involve addressing wider issues that affect health, including housing, employment and crime, with community based approaches driven by councils, the voluntary sector, police, public sector employers and businesses.

Image to follow

Key Challenges

- Identifying and ensuring access to services for those most vulnerable.
- Promoting healthy relationships in families and communities.
- Helping people out of poverty, particularly hidden rural poverty.

Key measures

Each HWB organisation can clearly report to the HWB how they are:

1. Promoting alignment and consistency in local delivery partnerships to plan for, and with, their local community.
2. Reducing the impact of crime, injuries and accidents in our most deprived areas.
3. Using source data available (including from the JSNA) to inform strategic plans.

Priority actions

We will commit to working together to build on the strengths in local communities, rural and urban, by:

- Improving locality working and sharing best practice.
- Providing and using the evidence to address needs and inequalities.
- Addressing the impact of crime, violence and injuries.
- Joining up development planning by working with those with planning responsibilities.

3. Tackling Inequalities in Communities- Case study

Great Yarmouth - Neighbourhoods that work

Neighbourhoods that Work (NTW) is a partnership initiative led by Great Yarmouth Borough Council together with seven partner organisations. NTW aims to connect local communities to the benefits of economic growth by:

- Increasing community resilience.
- Improving the responsiveness of voluntary sector support services.
- Increasing the participation of communities in driving forward sustainable economic development.

The vision is to work with local residents to build stronger communities - focussing on people, neighbourhoods, and the things that matter most. Community Development approaches are used to work with local people in the places they live to identify and act upon things that matter most to communities.

The project builds upon 10+ years of work in Great Yarmouth building on existing and award-winning community development infrastructure, incorporating active and engaged local residents, neighbourhood boards and a varied and diverse community and voluntary based organisations.

"Our starting point is that communities are full of people who can provide the connections that make their neighbourhood stronger. People thrive in communities that are well connected."

–Director of Housing and Neighbourhoods,
Great Yarmouth Borough Council.

Image to follow

3. Tackling Inequalities in Communities- Case study

Arts and Culture for health and wellbeing

"There is growing evidence that engagement in activities like dance, music, drama, painting and reading help ease our minds and heal our bodies. It is most encouraging to see just how much potential and ambition there is for joined-up action on this vital work in Norfolk."

Sir Nicholas Serota, Chair, Arts Council England.

Collaboration between Norfolk's arts, culture, health and social care sectors is well established with some major successes in attracting investment to deliver effective joint programmes.

Norfolk County Council's award-winning **Culture & Heritage, Communities, Information and Learning Services** including museums, libraries, archives, arts, community learning and sports play a key role in supporting local health and wellbeing priorities through the provision of: collaborative programmes; volunteering; learning and skills development; provision of welcoming and enriching spaces and professional development for arts, health and social care professionals.

With ten outstanding museums, **Norfolk Museums Service** is strongly embedded in our local communities, providing excellent and ongoing support for health and wellbeing priorities through its extensive public programmes and targeted projects.

With 47 community libraries, **Norfolk Library and Information Service** has a strong focus on reducing social isolation through providing safe and welcoming venues to enable people to engage with others, participate, volunteer and develop new creative skills.

Norfolk Arts Service leads the strategic development of arts, health and wellbeing collaboration in Norfolk. It works with multiple local and national partners to influence policy, identify and broker new collaborative opportunities and secure investment for new initiatives.

Image to follow

4. Integrating Ways of Working

Collaborating in the delivery of people centred care

Living Independently in Later Life

Whilst life expectancy has risen only half of our retirement years are spent in full health. We will see the largest increases in the number of people over 65 years old.

There are 14,000 people living with dementia now - this is forecast to almost double to 25,000 by 2037 and most of these new cases will be in people aged over 85.

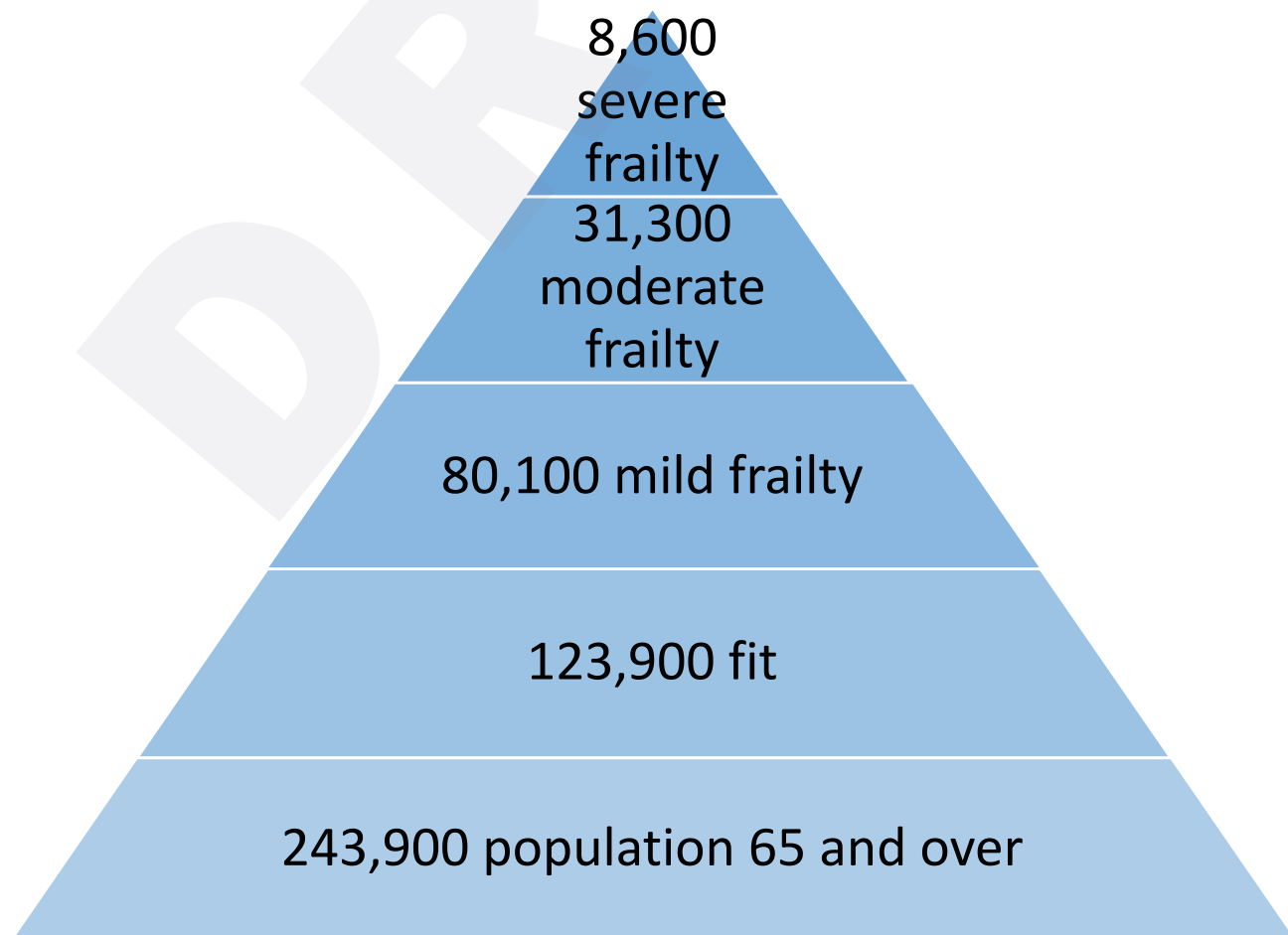
An estimated 23,200 people provide 50+ hours of unpaid care a week.

Mental health and wellbeing

About 1 in 7 people in Norfolk and Waveney experience a common mental health disorder with long term mental ill health being higher than the average for England.

- 8% of adults were recorded as having depression.
- 1,712 emergency hospital admissions were for intentional self harm in 2016/17.
- About 110 people die each year from suicide.

The number of ill health conditions an individual has contributes to the complexity of how to manage and increases the cost of health and social care.



4. Integrating ways of working - Actions

What's important strategically?

We are seeing increasing demand with an ageing population. It is only by working together, in an integrated way, that we can meet the needs of people with more complex health and care challenges, managing with reducing or level budgets.

We want vulnerable people of all ages to live as long as possible in their own homes and to be independent, resilient and well - having access to early help and person centred care when needed.

Long term mental ill health is associated with significantly poorer physical health and shorter life expectancy.

Working together with and within communities is important to promote good mental health support and wellbeing.

It is also important to recognise the contribution of carers and the support they need.

Priority actions

We will ensure integrated ways of working by:

- Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.
- Working together to promote the important role of carers and the support they may also require.
- Embedding integrated approaches in policy, strategy and commissioning plans.

Key Challenges

- We are seeing increasing demand with an ageing population.
- Disease patterns are changing: multiple morbidity, frailty in extreme old age, and dementia are becoming more common.
- Ensuring parity of approach between physical and mental health.

Key measures

Each HWB organisation can clearly report to the HWB how they are:

1. Prioritising promoting independence and healthy later life both at a policy level and in decision-making.
2. Contributing to the Sustainability & Transformation Partnership's Strategy.

Image to follow

History of dementia partnerships in Norfolk

Dementia as a priority for Norfolk has been championed by a series of partnership groups over the years: The Norfolk Older People's Strategic Partnership, the Dementia Strategy Implementation Board, the Norfolk and Waveney Dementia Partnership and more recently the Dementia Academy.

Areas of focus continue to include:

- Early diagnosis and a gap free pathway for people with dementia and their carers.
- Improving advice and Information.
- Launch of www.dementiafriendlyNorfolk.com.
- Support for employers with a resource pack – addressing an ageing workforce, early onset dementia and more of us becoming carers.
- Medication advice – a leaflet detailing medication effects.
- Life stories as a resource to support stages of dementia.
- Prevention – research and evidence-based approaches to prevent and delay the onset of dementia.
- Involvement as a 'critical friend' in the dementia subgroup of the Norfolk and Waveney Sustainability & Transformation Partnership's Mental Health work stream.

Image to follow

4. Integrating Ways of Working - Case study

Promoting independence in older age

Physical activity has been introduced into Norwich care settings by **Active Norfolk** through the Mobile Me scheme.

Jack, in his 90s, lives in an area where there is little interest in socialising as a community. He was inactive and rarely left his flat. Through Mobile Me Jack is now playing a sport he enjoyed in his youth - ***"I feel better in myself as I can play table tennis again. I'm surprised I still have the touch"***.

Norse Care employs a physical activity coordinator for their housing schemes. ***"We have seen an increase in physical abilities, improvements in confidence and general wellbeing. There are also new social groups forming"***.

Cotman Housing has secured funding in order to embed physical activity in their homes. Age UK has integrated physical activity into the **Agewise** project.

Image to follow

Improving mental health and wellbeing

Norwich Theatre Royal's **Creative Matters** includes performances and workshops to think about important societal and personal issues. This included sessions on men's mental health, stigma, and male suicide - sessions on dementia and homelessness are planned for 2018/9.

MensNet in Norfolk brings together organisations with a strategic interest in mental health. All to Play For is aimed at men struggling with mental health issues. John, 24, participates weekly:

"It has been very beneficial for me dealing with my mental health, boosting my confidence, and helping improve my people skills".

The **12th Man** project identified barber shops as positive spaces where discussions could happen. Barbers are trained in Mental Health First Aid and subtle prompts are used to encourage these discussions. This **Healthy Norwich** project won a national award in November 2017.

Image to follow

Working together to achieve joint outcomes

We commit to:

- Identifying the actions that each HWB partner will take in delivering our strategy, either through partners' existing plans or new initiatives.
 - Developing an implementation plan so we can focus on the important things we have agreed to do together.
 - Holding ourselves to account and be an accountable public forum for the delivery of our priorities.
 - Monitoring our progress - reviewing data and information which impact on our agreed outcome measures.
- Carrying out in-depth reviews to understand the impact we are making.
 - Reporting on our progress to the HWB – challenging ourselves on areas where improvements are needed and supporting action to bring about change.
 - Keeping our Strategy live – reflecting the changes as we work together towards an integrated system.

Image to follow

Partner organisations involved in the Health and Wellbeing Board – Norfolk and Waveney

- Healthwatch Norfolk
- Broadland District Council
- NHS Great Yarmouth and Waveney CCG
- Voluntary Community and Social Enterprise Sector representatives
- Police and Crime Commissioner's Office
- Norfolk and Suffolk NHS Foundation Trust
- Breckland Council
- NHS North Norfolk CCG
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- East Coast Community Healthcare Community Interest Company
- Great Yarmouth Borough Council
- Norfolk Independent Care
- Borough Council of King's Lynn and West Norfolk
- Norwich City Council
- NHS West Norfolk CCG
- North Norfolk District Council
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- South Norfolk Council
- Waveney District Council
- Norfolk and Waveney Sustainability Transformation Partnership
- Norfolk County Council
- NHS Norwich CCG
- Norfolk Constabulary
- NHS South Norfolk CCG
- James Paget University Hospitals NHS Foundation Trust
- Norfolk Community Health & Care NHS Trust

Image to follow

Report title:	Autism Strategic Update
Date of meeting:	17 July 2018
Sponsor (H&WB member):	James Bullion (Executive Director Adult Social Services)
<p>Reason for the Report</p> <p>The Health and Wellbeing Board is asked to acknowledge progress and support the work proposed to support the development of an All Age Autism Partnership Board, the identified workstreams to support the development of a local All Age Autism Strategy.</p> <p>Report summary</p> <p>This report updates the Health and Wellbeing Board on progress to support the implementation of the Autism Act (2009) National Autism Statutory Guidance (2016) and Strategy' Think Autism' over the past 6 months.</p> <p>It provides the Health and Wellbeing Board with information on work activity underway to support the statutory bodies responsibilities in undertaking their duties under the Autism Act 2009, Statutory Guidance 'Think Autism' 2014, Care Act 2014 and the Equality Act 2010. Including the development of an All Age Autism Partnership Board and the wider engagement of people with autism to inform the development of a local partnership All Age Autism Strategy.</p> <p>Action/decisions needed:</p> <p>The HWB is asked to:</p> <ol style="list-style-type: none"> 1. Acknowledge the development of The Norfolk All Age Autism Partnership Board 2. Acknowledge and support the development of the working groups in the undertaking of priority work 3. Agree to receive the Norfolk All Age Autism Strategy that will be informed by the completion of the National Autism Self-Assessment (2018) 4. Support the undertaking of a community engagement exercise that will seek to obtain the life experiences of people with autism and their families living in Norfolk further inform the priorities of a local autism strategy. 	

1. Background

- 1.1 The introduction of the Adult Autism Act 2009, and associated guidance, requires local area partnerships (with a leadership role for local authorities and health and well-being boards) to assure itself of the delivery of the Autism Act 2009, the Autism Strategy and the Autism Statutory Guidance.
- 1.2 To support this undertaking local areas have been encouraged have a local Autism Partnership Board (or appropriate alternative) and undertake the completion of a

National Autism Self-assessments that enables the local partnership to demonstrate progress and identify priorities to form a local autism plan.

- 1.3 The National Self-Assessment provides DH with the local area evidence required to undertake the assurance function placed upon them by the Autism Act 2009.
- 1.4 The Health and Wellbeing Board is named within the national Autism Strategy as the local strategic partnership to be sighted on progress locally.
- 1.5 With regards to children and young people the autism statutory guidance reminds local authorities and education of the requirements of the Children and families Act and the SEND reforms by including young people's needs associated with their autism in their Educational Health and Care plans and Preparing Young People for Adulthood (transition planning).
- 1.6 Papers on the Adult Autism agenda have not previously been presented to the Health and Wellbeing Board, although it has been identified as a priority for members of the Health and Wellbeing Board and there has not been a local autism plan or strategy to date.

2. Content

- 2.1 The current prevalence of people with autism in the population is approximately 1%. In Norfolk that equates to a predicted population of 5080 adults aged (16-64) in 2017 with an expected population growth to 5211 by 2035 (Pansi 2016) of which it is predicted that 2826 will be aged 65 +. In 2016 there were an estimated 2491 children and young people with Autism in Norfolk.
- 2.2 Currently the data collection of people living in Norfolk with a diagnosis of autism across the age range is unreliable with pockets of information and no one single place that collects the information. Equally current data recording systems do not consistently collect information on autism. The most reliable source of information is via the DfE statistical returns; for pupils at SEN Support this is via individual school 'Special Educational Needs register' and directly from the Local Authority for pupils with Education Health & Care Plans.
- 2.3 The current Norfolk pupil population is a total of 119,959 and within this there are a total of 18,589 who are identified with SEN. Within this overall SEN cohort, identifies that there are 6.5% of primary age pupils with ASD (compared to 6.5% nationally) and 7.8% of secondary age pupils with ASD (compared to 9% nationally), as at the end of the academic year 2016/17 (note: the figures for the current academic year will be available after the summer break when national tables are updated).
- 2.4 This highlights an average of 7.15% of the SEN cohort identified with ASD a total pupil number of 1329. The figures for pupils in Norfolk special schools is 22.7% (26.4% nationally) and this is within a cohort of approx 295 pupils.
- 2.5 Autism is not a mental illness or a learning disability, it is a developmental spectrum condition often described as ASD or ASC, people with autism will share at a level personal to them difficulties in social functioning including communication, comprehension and imagination. People with autism can also experience heightened sensory experiences with lighting, sound and touch all impacting upon someone's daily living experience. The impact of Autism upon an individual is unique and will be helped or hindered by their personal and environmental circumstances.

Asperger Syndrome also sits within the Autism spectrum in which the person does not have a learning disability or is above average intelligence.

- 2.6 People with Autism are likely to have additional needs sometimes including a learning disability, that is estimated at approximately 45%, and/or mental health conditions such as depression or anxiety affecting up to 70% of the population (Lei et al 2014). People with autism are also at risk of health inequalities contributed by fixed dietary routines, with primary care issues increasing in severity due to potential aversion in visiting the GP resulting of the challenges their autism may bring.
- 2.7 Norfolk's ambition has been to develop an all age strategic approach in the delivery of the autism agenda with the development of an all age autism strategy to inform the vision and the priorities in the delivery of improved life outcomes and opportunities for people with autism, and their parents and or family carers.
- 2.8 It meets the Health and Wellbeing Board strategic priorities considering the health and wellbeing needs of people on the autistic spectrum and their families through:
- Understanding what prevention means
 - Providing accessible help and support at an earlier stage before problems become acute or get worse
 - Reduce of inequalities in health and wellbeing
 - Narrowing the gap in life expectancy between the most and the least deprived people in Norfolk.
 - Designing and delivering Integration where appropriate and applicable
 - Partners working together to provide effective, joined up services
- 2.9 Over the past 6 months significant steps have been taken to realise the ambition. This has been in part by increasing the engagement with the autism community people with autism not currently engaged in social care services without a Learning Disability and who have been articulating their dissatisfaction of the progress that had been made.
- 2.10 A series of community engagement 'conversations' have taken place which resulted in the co-production of the terms of reference and forming of the Norfolk All Age Autism Partnership Board that sat for the first time on the 30th April 2018. The meeting is representative of family carer, parent representation in addition to people with autism, including the co-chair. People were invited to express an interest to sit on the Board and were voted in by their peers. The All Age Partnership Board members also include the Police, Adult and Children Social Care, Education, Health Commissioners and Providers in addition to not for profit voluntary providers.
- 2.11 A review of the current activity in the delivery of the Autism Statutory Guidance and Autism Strategy has been undertaken that has identified 4 key work priorities for delivery that sit across the whole age agenda, which have been approved by the All Age Autism Partnership Board.
- 2.12 Work is underway through the development of co-production working groups in the following areas that include;

Interagency Workforce and Training Plan

- 2.13 Includes the development and delivery of a training programme for social care assessors and the wider workforce to support improved applied delivery across adult

social care 3 conversations assessment process. This will also include children social care training programme.

- 2.14 It will include an extended multi-agency review of the current training available within organisations such as health, police and education in the forming of a multi-agency workforce and training plan.

Engagement

- 2.15 Includes the development of an engagement tool that will be adapted to meet the accessibility needs and language to reach the all age autism community living in Norfolk including parents and carers. This will provide an insight into the lives of people with autism against the priorities of the Autism Strategy, the Care Act and Preparing for Adulthood. The engagement exercise will broaden the offer for participation in addition to inform the priorities of the strategy including accessing a diagnosis and pre and post diagnostic support. In addition to accessing and retaining employment opportunities, housing and accessing their local community resources. The engagement exercise will be adapted to enable as many people as possible to participate.
- 2.16 This includes a survey, paper versions, discussions within existing peer support groups and services and schools for example.

We would welcome the support of the Health and Wellbeing board in the promotion of the engagement exercise

- 2.17 In-addition the continuation of the wider autism community partnership groups that will take place across Norfolk 4 times a year will enable people to share their experiences on an ongoing basis.

Data

- 2.18 Work is underway to determine what recording systems are currently in place to determine autism. The intention is to hold a virtual dataset that will better inform the completion of the National Autism Self-Assessment and the planning and delivery of services in the future to be accessible and applicable for people with autism.

Diagnostic Pathways

- 2.19 It is recognised that the current diagnostic pathways for both children and adults have had challenges with regards to capacity and waiting times for assessment. Both have as a result not met the recommendations set out in NICE guidelines for children and adult diagnosis. Commissioners across health and social care in children and adult services are engaged within the working groups in order to develop a transparent diagnostic pathway inclusive of multi-agency support in pre and post diagnosis, and in order to realise the best use of resources.
- 2.20 **Children** – The children diagnosis service has undergone a review and has received extra resources to support the reduction of the waiting list.
- 2.21 **Adult** – Funded by the 5 CCGs the Adult diagnostic service currently diagnosis Asperger syndrome only. A paper has gone to the Joint Strategic Commissioning Committee (JSCC) to obtain the support in reviewing the current model and make recommendations for the future.
- 2.22 The priorities being delivered by the working groups will inform the development of the Norfolk All Age Autism Strategy and the activity over the next 3 years. In

addition, it will place Norfolk in better position for the undertaking of 2018 National Autism Self-Assessment due to be issued early summer to local authorities and the local area partnerships for completion and return in the autumn.

Officer Contact

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

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

Report title:	Norfolk and Waveney Strategy for Carers 2019-2021
Date of meeting:	17 July 2018
Sponsor (H&WB member):	James Bullion, Executive Director Adult Social Services
<p>Reason for the Report</p> <p>The purpose of this paper is to provide members of the Health and Wellbeing Board (HWB) with information about unpaid carers' in Norfolk and Waveney and to ask the Board to support the development of a Norfolk and Waveney Carers Strategy.</p> <p>Report summary</p> <p>There are estimated to be over 100,000 unpaid adult carers in Norfolk and Waveney, and more than 6000 carers between the ages of 0 and 24. Their contribution to health and social care is immense; helping carers to provide better care and to stay well themselves will contribute to better lives for those needing care and more effective use of resources.</p> <p>A Carers Strategy for Norfolk, 2014-2017 is now out of date; given the critical work that carers do, it is timely to review and refresh that strategy under the auspices and leadership of the Health and Well Being Board.</p> <p>This paper outlines an approach to developing a refreshed system-wide strategy for adult carers and young carers which provides a medium term framework for all partners within the Health and Wellbeing Board to strengthen and improve support for all carers</p> <p>Action/decisions needed:</p> <p>The HWB is asked to:</p> <ol style="list-style-type: none"> 1. Agree to the development of a Norfolk and Waveney Carers Strategy, which is overseen and monitored by the Health and Wellbeing Board 2. Agree to receive a report in October with a more detailed plan for developing the strategy in a way which puts the voice of carers at the centre, and through good collaboration ensures the commitment of key health and social care stakeholders. 3. HWB members, including District Councils and VCSE representatives, are asked to engage their own organisations in discussions about the issues set out in this paper in readiness for a fuller report in October. 	

1. Background

- 1.1 A carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.
- 1.2 Often these are relatives who find it difficult to think of themselves as carers and who look for support for their caring role only when they reach a crisis. However, if help and support are given early they would be able to care for longer, and both they and the person they care for would remain well for longer.
- 1.3 Young carers are children and young people aged under 18 who help look after or support a family member or friend who is disabled, ill or misuses drugs or alcohol. The child or young person may help with practical tasks or emotional support for the disabled or ill person or others in the family or household.
- 1.4 Norfolk (excluding Waveney) reports that there are approximately 94,700 (source: Census 2011) people regularly provide unpaid care to another.
- 1.5 **Adult Carers** - In the 2011 census 10.2% of the population were providing unpaid care, approximately 89,000 in Norfolk. Without these Adult Carers, Norfolk would face a bill of approximately £500m per year to provide care. Further information is available via: Briefing paper - Carers - Adult carers and carers of adults in need of care and support - December 2016.
- 1.6 In the 2011 census, in Waveney there are approximately 12,886 unpaid carers aged 24+. Briefing paper - Carers - Adult carers and carers of adults in need of care and support - December 2016.
- 1.7 **Young Carers and Young Adult Carers** – In the 2011 Census reported 5712 carers between the ages of 0 and 24, providing unpaid care in Norfolk, 1752 aged 15 or under. Further information is available via: Briefing paper - Young carers - July 2017.
- 1.8 In Waveney the 2011 census estimates that there are 249 Carers between the ages of 0 and 15 and, 516 carers aged 16 plus.
- 1.9 With more people now living at home for longer, often with multiple conditions, this means that effective provision for carers needs to be in place to maintain their resilience while caring but also to have a life outside of their caring role.
- 1.10 There is also an increased risk in terms of carers hitting crisis stage, resulting in:
 - young people being unable to attend school
 - more, potentially avoidable, admissions to hospital
- 1.11 Carer Breakdown can often result in an avoidable admission for the person they are caring for. Being able to equip carers in caring for another, knowing how to react when things change is a mix of:
 - dealing with the condition,
 - creating resilience within their own lives by focusing on the outcomes they need to remain safe and well.
- 1.12 The Department for Health and Social Care published its Action plan for Carers “Supporting Carers Today” on June 6th 2018. The action plan outlines the cross-government programme of work to support carers in England over the next two

years and builds on the National Carers Strategy. It retains the strategic vision for recognising, valuing and supporting carers from 2008, which has been the vision of successive governments. It sets out this Government's commitment to supporting carers through 64 actions across five priorities emerging from the carers' Call for Evidence. The actions focus on delivery and tangible progress that can be made in the near future, and give visibility to the wide range of work that is planned or already underway across government to support carers, their families and those they care for.

2. Current position in Norfolk & Waveney

- 2.1 This proposal to develop a Norfolk and Waveney Carers Strategy comes at a time when there are a number of complementary pieces of work underway.
- 2.2 HealthWatch Norfolk and Carers Council for Norfolk undertook a survey of carers looking at unpaid carers' experiences of Carers Assessments and information and support in Norfolk. The survey was completed by 255 local carers and found:
 - Seventy-three (73) respondents had received a Carers Assessment within the last two years. Their feedback was fairly positive; 56% rated the service as good or very good and staff were particularly praised. Many respondents valued the information and advice they received, but others were concerned that there had been no relevant outcome in terms of practical support or services.
 - Two hundred and fifty-five (255) respondents gave feedback about their experiences of accessing information and support in Norfolk. A significant minority (16%) said they did not currently know where to go for information or advice. More than one in two (68%) respondents felt confident continuing in their caring role but only 37% felt able to manage their health and wellbeing.
 - When it came to increasing their confidence and health and wellbeing, respondents highlighted the importance of being supported to have a life outside of caring and stated their desire for more planned or unplanned respite care. Many respondents wanted more understanding, recognition and reassurance, and felt that they were currently being left to struggle on alone.
- 2.3 Norfolk County Council is in the midst of developing a Carers Charter, looking particularly at 3 aspects:
 - Employment issues for carers
 - Young carers – particularly how education establishments can support them
 - Social activities – including respite – for carers.
- 2.4 The intention is to take a Charter for sign-off by the Full Council in October. It is anticipated that other public sector bodies would be encouraged to sign up subsequently, or develop their own local version.
- 2.5 Individual partners around the Health and Wellbeing Board table are developing new and innovative approaches for supporting carers. A recent example of this is the carers passport at the Norfolk and Norwich University Hospital.

Appendix A sets out Current Carers' Provision in Norfolk & Waveney

- 2.6 STP plans - The Associate Director of Primary Care, on behalf of the STP, is currently progressing the matter of 'Identification, recognition and registration of Carers in primary care', and 'Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health'.
- 2.7 There is also a growing recognition of the role that communities play in helping to sustain and support carers. Communities and places which have a vibrant network of social activities, informal support groups, can play a significant role in keeping carers from becoming isolated and lonely.
- 2.8 The response to Carers' Week in Norfolk and Suffolk is testament to the quality and breadth of support already in the community.
- 2.9 Taken together, the local momentum for greater recognition of, and support for, carers and the call to action implicit in "Supporting Carers Today", provides a compelling case to strengthen our approach to carers across the Norfolk and Waveney system. A strategy could provide a single set of principles and standards to ensure that the whole system had a shared approach which helps identify, support and recognise their vital roles. Helping carers to provide better care, stay well themselves, and lead fulfilling lives will contribute to better lives for those needing care and more effective use of resources.

3. Approach to developing the strategy

- 3.1 The intention to take forward an approach that:
- Puts the voice of carers central to how partners in Norfolk & Waveney take forward their approach to identify and support carers in staying well themselves and those they care for.
 - Uses a mix of: co-production activities as well as evidence already collated from previous, local, co-production events to develop a plan for Norfolk & Waveney.
 - Co-production will be based around a meaningful framework which supports the development of a plan for Norfolk & Waveney to ensure:
 - the most is gained from co-production
 - makes co-production realistic yet ambitious for all involved
 - due regard is given to the duties required by the Care Act 2014 and the Children and Families Act
 - local stakeholders and representatives from local organisations who have a role and responsibility in providing 'An integrated approach to identifying and assessing Carer health and wellbeing' are able to contribute
 - Takes account of work, ambitions and commitments established via the introduction of The Carers Charter, which is due to be published later in 2018
 - Formulates the results into an agreed plan that can be delivered and progress can be monitored against.
 - Gives consideration to the ongoing responsibilities to and for the Health & Wellbeing Board, including progress updates.
- 3.2 This would deliver:
- a multi-agency Carer Strategy for Norfolk & Waveney.
 - Consideration to how the strategy would be adopted across all partners.

- A mechanism to ensure there is accountability to implementation on behalf of the Health & Wellbeing Board.
- 3.3 Given the breadth and interest of partners it will be recommended that an independent lead is sought to undertake the co-production activity with Carers and partners, and formulates the results into something that Norfolk & Waveney can deliver and monitor progress against.
- 3.4 This piece of work is not seen as a quick fix; the aim is to develop a strategy by March 2019 closely followed by a clear implementation plan which can be reported against for Carers' Week in 2019 – 'You said; We did'. The main elements of developing the strategy would be:
- Engagement with key stakeholders to build support for the approach – July to September
 - Co-production and engagement activity – October to January 2019
 - Agreed recommendations and actions published – March 2019
 - Implementation planning – March 2019 onwards
 - Initial review of impact – June 2019 during Carers' Week.
- 3.5 Given the system-wide nature of this work, it is proposed to seek joint funding with CCGs to recruit to a short-term role to co-ordinate the development of the strategy on behalf of all stakeholders. A business case for this will be taken to the Joint Strategic Commissioning Committee for agreement.
- 3.6 It is anticipated the representation from across health and social care, including voluntary and community sector will be required.

Officer Contact

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Current Carers' Provision in Norfolk & Waveney

Organisational area	Provision by service and county level			
	Adults in Norfolk	Children, young people and families in Norfolk	Adults in Waveney	Children, Young People and Families in Waveney
Existing Strategies (of those that are known)	<ul style="list-style-type: none"> NCC: The Carers Strategy 2014-17 NNUH: Carers Strategy Health and Wellbeing Strategy's list of 20 intentions for dementia NCHC: Our Health & Care Strategy 2015-2020 	Services contribute to the Council's children's strategy programme ' Safer children and resilient families '.	Suffolk County Council have a Young Carers and Young Adult Carers Strategy 2016 – 19.	Suffolk County Council have a Young Carers and Young Adult Carers Strategy 2016 – 19.
Health	<ul style="list-style-type: none"> Information Training Emotional support Funding for Carers Matter Norfolk 	Multi-agency strategy into action planning group for young carers and families actively looks at joint working for young carers	<ul style="list-style-type: none"> Information Training Emotional support 	To be confirmed
Social Care	<ul style="list-style-type: none"> Carers Assessment Support planning (mix of community and commissioned provision) Respite Direct payments Funding for Carers Matter Norfolk 	<ul style="list-style-type: none"> Young carers and whole family assessments Transition assessments for young adult carers approaching the their 18th birthday Support planning (mix of community and commissioned provision) IAG service through Carers Matter Norfolk 	<ul style="list-style-type: none"> Carers Assessment Support planning (mix of community and commissioned provision) Respite Direct payments Funding for Suffolk Family Carers Suffolk Carers Fund – supports the development of community initiatives for adult carers, caring for adults. 	<ul style="list-style-type: none"> Young carers and whole family assessments Transition assessments for young adult carers approaching their 18th birthday Information Service – Young Carers Unlimited Funding for Suffolk Family Carers to provide support services
Independent	<ul style="list-style-type: none"> Further understanding to 	<ul style="list-style-type: none"> Further understanding to 	<ul style="list-style-type: none"> Further understanding 	

Care Sector	be obtained	be obtained	to be obtained	
Voluntary and Community Sector	<ul style="list-style-type: none"> • Information and advice – welfare and rights • Practical Support • Emotional Support 	<ul style="list-style-type: none"> • Targeted information, advice and guidance for young carers and families integrated with adult carers commissioned service. Initially for 1 year from April 2018. • Specialist young carers positive activities service for those aged 6 to 18 years who have been assessed as in need of a break from their caring role. • Emotional Support via services such as CAMHS 	<ul style="list-style-type: none"> • Information and advice – welfare and rights • Trusted Provider Organisations deliver Carers Assessments • Practical Support • Emotional Support 	Contracted delivery from Suffolk Family Carers
Employers / Education	<p>Varies depending on employer policy</p> <p>NCC has umbrella membership to Employers for Carers (Carers UK resource) which can be shared with SMEs (under 250 employees).</p>	NCC identified young carers as the first vulnerable group in the 'A Good Education for Every Norfolk Learner' strategy and are working with partners including Schools, Norfolk Young Carers Forum and the Norwich Social Mobility Opportunity Area to improve identification, assessment and support of young carers in schools and other educational settings.	Varies depending on employer policy	<ul style="list-style-type: none"> • Suffolk County Council have the "Raising the Bar" programme which sets out their vision and aims for education as a whole, which acknowledges young carers as a key group within this. • Suffolk Family Carers work with schools to create a young carers friendly ethos.
Multi-agency approach	The Carers Strategy 2014-17 included commitments from NCC and all five CCGs. This multi-agency approach could be developed further integrated systems of care.	The multi-agency strategy into action plan group for young carers and families is jointly chaired by the NHS Designated Safeguarding Team and Children's Services and includes a range of	<ul style="list-style-type: none"> • Trusted Provider Organisations deliver Carers Assessments • Suffolk Carers Fund – supports the development of community initiatives 	Further understanding to be obtained.

		<p>statutory and voluntary partners. The Group currently reports to the Children and Young People's Strategic Partnership via the Early help Strategic Partnership Board and the Vulnerable Children's Group. It is suggested that this governance and reporting arrangement is also aligned to the Health and Wellbeing Board.</p> <p>Further information can be accessed via A Norfolk's Guide for Young Carers and Families.</p>	<p>for adult carers, caring for adults.</p>	
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