Norfolk Health & Wellbeing Board

Date: **Wed 21 September 2016**

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

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

Standing invitation to attend Board meetings:

Christine Allen	Chief Executive, James Paget University Hospital
Dennis Bacon	Chairman, Norfolk Independent Care
Mark Davies	Chief Executive, Norfolk & Norwich University Hospital
Roisin Fallon-Williams	Chief Executive, Norfolk Community Health & Care
Dorothy Hosein	Chief Executive, Queen Elizabeth Hospital
Michael Scott	Chief Executive, Norfolk & Suffolk NHS Foundation Trust
Jonathan Williams	Chief Executive, East Coast Community Healthcare

Persons attending the meeting are requested to turn off mobile phones.

For further details and general enquiries about this Agenda please contact the Committee Administrator:
Nicola LeDain on 01603 223053 or email committees@norfolk.gov.uk

Part A – public meeting

1	**Apologies**	Clerk	
2	**Chairman's opening remarks**	Chair	
3	**Minutes**	Chair	(Page **3**)
4	**Members to declare any interests**	Chair	
5	**Any urgent business**	Chair	

Items for discussion/action

6	**Integration and transformation** Norfolk & Waveney Sustainability and Transformation Plan (STP)	Wendy Thomson	To Follow
7	**Mental health and wellbeing**		
	• Children and Young People's Mental Health - Local Transformation Plan for Norfolk & Waveney (2016/17 Refresh)	Jonathan Stanley	(Page **7**)
8	**Improving health and wellbeing: developing our future Strategy – discussion paper**	Louise Smith	(Page **12**)

Close of public meeting – short break

Part B – Informal meeting (approx. 12:00 to 1pm, in private)

Whole system planning – sharing developing commissioning intentions

- Discussion - commissioners share their high level planning intentions at this stage in the process

Information updates

- **CCGs Assurance Annual Assessment 2015-16** – you can access the recently published annual assessment of all CCGs by NHS England here
- **Strengthening financial performance and accountability in 2016-17** – you can access the report by NHS England and NHS Improvement here. Implications for our local planning system include the decision to place the Norfolk and Norwich University Hospitals NHS Foundation Trust in financial special measures (page 15) and the decision, through the STP process, to move to two-year, organisation level operating plans for 2017/18 and 2018/19 (page 21)
- **Norfolk Autism Strategy -** the current draft Strategy is attached
- **Healthwatch Norfolk** – you can access the most recent HWN Board minutes at the following link
- **Norfolk Health Overview & Scrutiny Committee** – you can access the most recent NHOSC papers at the following link

Norfolk County Council

Health and Wellbeing Board
Minutes of the meeting held on Wednesday 20 July 2016 at 9.30am
in the Edwards Room at Norfolk County Council

Present:

William Armstrong	Healthwatch Norfolk
Cllr Yvonne Bendle	South Norfolk District Council
Christopher Butwright	Children's Services, Norfolk County Council
Pip Coker	Voluntary Sector
Cllr Roger Foulger	Chairman Children's Services, Norfolk County Council
Joyce Hopwood	Voluntary Sector
Alison Leather	South Norfolk Clinical Commissioning Group
Dan Mobbs	Voluntary Sector
Cllr Elizabeth Nockolds	Borough Council of King's Lynn and West Norfolk
Fran O'Driscoll	Great Yarmouth and Waveney Clinical Commissioning Group
Cllr Vaughan Thomas	Norwich City Council
Dr Louise Smith	Director of Public Health, Norfolk County Council
Cllr Margaret Stone	Vice-Chairman, Adult Social Services Committee, NCC
Catherine Underwood	Director of Integrated Commissioning, Norfolk County Council
Cllr Brian Watkins	Norfolk County Council

The Chairman welcomed new members of the Board and thanked previous members of the Board for their hard work and valuable contributions; Cllr Sue Whittaker, NCC; Cllr James Joyce, NCC; Jenny McKibben, Deputy PCC; Cllr Gail Harris, Norwich City Council; Ruth Derrett, NHS England and Anne Gibson, Executive Director of Resources, Norfolk County Council.

1 Apologies

1.1 Apologies were received from Cllr Bill Borrett (substituted by Cllr Margaret Stone), Hilary Byrne and Antek Lejk (substituted by Alison Leather), Cllr Annie Claussen-Reynolds, John Stammers (substituted by Fran O'Driscoll), Ian Mack, Andrew Proctor (substituted by Cllr Roger Foulger), Michael Rosen (substituted by Christopher Butwright, Cllr Roger Smith and Tracy Williams.

2. Election of Chair

2.1 Cllr Brian Watkins was duly elected for the ensuing year.

3. Election of Vice-Chair(s)

3.1 Cllr Yvonne Bendle and Dr Ian Mack were duly elected for the ensuing year.

4. Appointment of a representative to the Road Casualty Reduction Partnership Board

The Board **AGREED** for Cllr Penny Carpenter to continue the role of representative to the Road Casualty Reduction Partnership Board.

5. Minutes

5.1 The minutes of the Health and Wellbeing Board (HWB) held on the 3 February 2016 were agreed as a correct record and signed by the Chair.

6. Declaration of Interests

6.1 There were no interests declared.

7. Urgent Business

7.1 There was no urgent business received.

8. Integration and Transformation

8a. Norfolk and Waveney Sustainability and Transformation Plan (STP)

8a.1 The Board received the annexed report (8a) from the Managing Director of Norfolk County Council which updated the Board on the progress of the STP.

8a.2 It was noted that the plan was subject to a coalition of the willing across all participating partners. The position was challenging – the timeline for submission of the final plan was end of October and there was considerable work to do to achieve this by the deadline.

8a. 3 It was evident from the early stages that dementia stood out and there needed to be early intervention in order to help those with approaching dementia. District Councils needed more signposting of resources available.

8a. 4 The Board recognised that, whilst at an early stage of development, considerable progress was being made across Norfolk and Waveney with the collective commitment by local leaders to tackling the big ticket changes that are required to secure a sustainable future for health services. The STP Executive had been developing a common understanding of the challenges facing our system and what needed to be done to improve it, with partners making a commitment to working together on the changes.

8a. 5 The Board considered the implications of this whole system transformation for the health and well-being of the community and future services and members commented on the three ‘gaps’, as they relate to the Norfolk and Waveney area. It was noted that the next stages would be challenging, with a detailed financial plan required by mid-September and the full STP by the end of October

8a. 6 The Board **NOTED** the report.

8b. CCGs Commissioning Intentions 2017-18 – initial discussion

8b.1 The Board received a tabled report from the Director of Public Health at Norfolk County Council.

8b. 2 It was agreed that it was important to start the individual commissioning conversations early in the planning cycle and it was noted that there was a commitment to align intentions across the County and to engage with stakeholders effectively.

8b. 3 The Board identified a key opportunity in supporting all organisations in coming together in an integrated approach – planning as a system to improve health and wellbeing outcomes and sharing good practice. The Board also gave its support to three key themes to inform ongoing planning: a) keeping people at home – maintaining independence as long as possible, b) working with the voluntary, community and social enterprise sector, and c) building capacity within primary care.

8b.4 The Board **NOTED** the current position.

8c. Norfolk Better Care Fund Plan 2016-17

8c.1 The Board received the annexed report (8c) which confirmed the financial agreement which the County Council and Clinical Commissioning Groups had developed for the maintenance of social care services within the Better Care Fund and therefore presented the 2016/17 plan for Board approval.

8c. 2 It was confirmed that the £5 million input from the County Council was a one-off source of funding and won't affect any other funding stream or be at the detriment of other services. It was on the basis of the section 75 agreement being signed for 3 years in the hope to see some return in the future.

8c. 3 The Board had already considered the full narrative BCF plan at its April meeting and the Deputy Executive Director was now able to confirm the financial agreement that had been developed for the maintenance of social care services within the Better Care Fund. The Board recognised that the County Council and CCGs had worked intensively together to reach an agreement which mitigates the risk to social care, given the reduction in funding availability from the NHS in the BCF, and noted that each partner will contribute to the funding to protect social care and will make additional savings to enable this. The Board agreed that the BCF Plan for 2016-17 on the basis that the agreement for maintaining social care service now allows the national conditions to be met.

8c. 4 The Board **RESOLVED** to;

- Approve the Norfolk Better Care Fund plan for 2016/17.

9. Making Mental Health a Priority for Norfolk

9.1 The Board received the annexed report (9) from the Director of Public Health which detailed the proposed framework for a system wide approach for taking forward the Board's priority of improving mental health outcomes in Norfolk.

9.2 It was suggested that Mental Health should be at the top of the priorities for the HWB - there was already considerable work being carried out and it should continue to thread through the Board's priorities even though it had its own heading.

9.3 Members welcomed the report and discussed some of the key challenges, such as the scale and complexity of the issues as well as the opportunities it provided for collaborative working, especially alongside the developing Norfolk & Waveney STP. The Board agreed the framework approach and the commitment to action across all agencies and noted that there would be further engagement opportunities.

9.4 The Board **NOTED** the report.

The next meeting would take place on **Wednesday 21 September 2016** at 9.30am. The venue would be confirmed.

The meeting closed at 11.40 after which it continued into a workshop.

Chairman

Norfolk Health and Wellbeing Board

Item 7

Report title:	**Children & Young People's Mental Health - Local Transformation Plan for Norfolk & Waveney (2016/17 Refresh)**
Date of meeting:	**21st September 2016**
Co-sponsors:	**Antek Lejk, Chief Officer, North & South Norfolk CCGs (on behalf of the Chief Officers of North, South, Norwich, West Norfolk and Gt Yarmouth & Waveney CCGs)** **Michael Rosen, Executive Director, Norfolk County Council Children's Services**

Reason for the Report

- To approve the refreshed CAMHS Local Transformation Plan (LTP) following a notional NHS England uplift of £0.25m in 2016/17 to the original £1.9m funding
- To reflect changes and amendments to the plan including how original LTP proposed service developments have progressed and been implemented
- To endorse the proposed strategic LTP priorities for the next 2 years

Report summary

NHS England requires each partnership to refresh their LTP annually to reflect the anticipated annual financial uplift, how this will be spent and how the original plan has been implemented and evolved. Due to significant financial pressures, Norfolk & Waveney's CCGs have unanimously agreed they are not in a position to allocate the notional 2016/17 uplift (£0.25m) to CAMHS provision. No additional ring-fenced central funding was made available, with CCGs being expected to meet the entirety of this commitment from within core baseline funding. CCGs have, however, committed to continuing to spend the original £1.9m of funding in full to deliver the priorities set out in the original LTP.

The refreshed LTP for 2016/17 is deliberately brief, high level and continues to be influenced by ongoing consultation with children and young people. It sets out the progress made to implement the 8 specific recurrent service developments that were outlined in the LTP. It also summarises some of the challenges and issues with the current system and pathways for children and young people with mental health difficulties. It proposes that two key strategic priorities are delivered over the next 2 years, namely:

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

Relevance to the Health & Wellbeing Board's strategic priorities

Mental Health is the fourth priority in the current Joint Health and Wellbeing Strategy for Norfolk. The Health and Wellbeing Board (HWB) had included the social and emotional wellbeing of pre-school children as a priority since 2014. The evolving Mental Health Strategy of the HWB (as set out in July 2016 for members) indicates it will complement

and support delivery of the CAMHS LTP. A requirement of Sustainability and Transformation Plans (STPs) is incorporation of the system-wide strategic approach to improve mental health outcomes for children and young people as set out in the LTP. Helpfully, the planning 'footprint' for both the STP and LTP is the same – the area covered by Norfolk & Waveney's 5 CCGs.

Key questions for discussion

1. Does the Board agree with the proposed strategic priorities in the refreshed LTP?
2. What are the key opportunities to deliver effective integrated pathways that we must make the most of via the re-design work?
3. How can the Board act as an effective critical friend to ensure delivery of the LPT also delivers the Board's strategic priorities?

Action/decisions needed - The Health & Wellbeing Board is asked to:

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

1. Background

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

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

1.2 A comprehensive assurance process was adhered to, with sign off being obtained from each of the 5 CCGs, and the Health & Wellbeing Boards of Norfolk and Suffolk. Due to the submission deadline not being in line with planned HWB meetings, the Chair of the Norfolk HWB reviewed, and signed off the original LTP on behalf of the Board. In November 2015 NHS England reviewed and approved our LTP, which led to £1.9m of recurrent funding being released to implement its proposals.

1.3 With each anticipated yearly uplift, NHS England requires LTPs to be refreshed, signed off by the same bodies as last year, and published on local websites. The anticipated uplift to CCG baseline budgets for 2016/17 was to be £0.25m (12%). Further years' anticipated uplifts are not known at a CCG specific level, but the figures published nationally go from £75m in 2015-16, £119m for 2016-17, £140m for 2017-18, £170m in 2018-19, £190m in 2019-20 to £214m in 2020-21.

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

1.4.1 Explicit numeric targets each year until 2020/21 for improved access to services. One of the key national expectations/targets is that by 2020/21 at

least 35% of children with diagnosable mental health problems will be able to access support and treatment. In Norfolk & Waveney this is already achieved, with 36% of under 18 yr olds (7,011) with a diagnosable mental health problem accessing support and treatment during 2014/15 (source East of England Clinical Network Benchmarking Report, 2016, not published). However, our ambition is to reach as many of the 13,000 (64%) of under 18 yr olds with diagnosable mental health conditions who do not currently access support and treatment.

2. Norfolk & Waveney's LTP (2016/17 refresh)

2.1 Our original LTP contains 8 agreed recurrent developments. Of the 8 recurrent service developments, 2 are complete and fully operational, 4 are in detailed contract negotiations with providers and 2 are in the service design stage. A brief update relating to each now follows:

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

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

2.1.3 **Link work function for schools and universal settings** - £200k of recurrent funding allocated. Currently in the final stages of contract negotiation, with implementation to take place during 2016/17. The function will provide advice, support and training to help ensure schools and universal settings are well equipped to meet the mental health needs of children and know when and how to ask for help from our Targeted and Specialist CAMHS teams.

2.1.4 **Online developments** - £100k of recurrent funding allocated. Currently in the final stages of contract negotiations with implementation due to take place towards the end of 2016/17. The funding will enable core CAMHS to offer some online therapy to clients/patients and to introduce online and 'app' based self-help materials.

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

2.1.6 **Increased CAMHS support for Children & Young People affected by domestic abuse and sexually harmful behaviours** - £150k of recurrent funding allocated. Options and recommendations are to be put to CCGs in September, with enhanced provision likely to 'go live' towards the end of 2016/17.

2.1.7 **Extended opening hours of NSFT CAMHS** - £227k of recurrent funding allocated. Currently in the final stages of contract negotiations with a Contract Variation due to be agreed shortly. The extended opening hours are due to be introduced during the latter part of 2016/17.

2.1.8 **Crisis Pathways increased capacity** - £414k of recurrent funding to boost specialist capacity to assess and provide intensive support for the most vulnerable clients/patients in crisis. The capacity will also provide training and advice to 'first responders' (Ambulance, Police, Hospitals and Social Care staff) so they feel better equipped to manage such cases. Currently in the

final stages of contract negotiations. The increased capacity should 'go live' in the latter part of 2016/17.

3.1 **Challenges and opportunities for the refreshed LTP to address** – The 8 new recurrent service developments (when fully implemented) will provide welcome additional capacity and will in part 'transform' provision, particularly for children and young people in crisis. However, there are a number of long standing systemic issues and barriers to effective integration that the refreshed LTP will seek to address, including:

3.1.1 Fragmented, hard to access & navigate pathways and system for children, families, and partner organisations

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

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

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

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

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

3.2.1 To ensure all 8 LTP recurrent service developments are fully implemented and operational as soon as possible

3.2.2 To undertake an extensive re-design & re-engineering of the entire system for children and young people with mental health needs over the next 2 years to maximise the opportunities for integrated pathways and economies of scale

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

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

4. Key issues for discussion

- Does the Board agree with the proposed strategic priorities in the refreshed LTP?
- What are the key opportunities to deliver effective integrated pathways that we must make the most of via the re-design work?
- How can the Board act as an effective critical friend to ensure delivery of the LPT also delivers the Board's strategic priorities?

5. Proposals/Action

5.1 The Health & Wellbeing Board is asked to:

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

Officer Contact

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

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IN TRAN communication for all

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Norfolk Health and Wellbeing Board

21 September 2016
Item 8

Report title:	**Improving health and wellbeing: developing our future strategy – discussion paper**
Date of meeting:	**21st September 2016**
Sponsor (H&WB member):	**Dr Louise Smith, Director of Public Health, Norfolk County Council**

Reason for the Report

The Joint Health & Wellbeing Strategy 2014-17 is in its final year and the Board is now developing its future strategy for April 2017 onwards. This is an opportunity for an early discussion to inform the development of our future strategy and agree an outline approach for its development.

Report summary

This discussion paper provides some key information on the current health and wellbeing of the Norfolk population, drawn from the Norfolk Joint Strategic Needs Assessment (JSNA) Annual Report Summary 2016. It also provides information on some key health and wellbeing indicators as they relate to our current priorities, based on the Norfolk Health and Wellbeing Profile June 2016. The paper outlines the high level messages from this for our future strategy and an approach for developing our Joint Health & Wellbeing Strategy 2017.

Key questions for discussion

- What are the key things that the data is telling us about the health and wellbeing of the Norfolk population?
- How best can we use the information and evidence available to inform our future strategic direction?
- What other significant factors do we need to take into account?
- What does all this mean for our future strategy?

Action/decisions needed:

The HWB is asked to:

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

1. Background and context

1.1 The Joint Health and Wellbeing Strategy 2014-17 is now in its final year and the Health & Wellbeing Board (HWB) is preparing to develop its future strategy for April 2017 onwards. This is an opportunity for an early discussion of our future strategic approach and for Board members to consider some of the key messages which inform the development of our future strategic approach.

1.2 Our current Joint Health and Wellbeing Strategy has three **longer term goals or themes:**

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

1.3 In developing our Strategy, the Board also originally agreed three **priorities** through which we aim to progress our longer term goals. These priorities are:

- Promoting the social and emotional wellbeing of pre-school children
- Preventing obesity
- Making Norfolk a better place for people with dementia and their carers

1.4 The Board has also decided to make mental health a priority and has agreed a strategic framework with four main aims - reducing stigma, making mental health everyone's business, improving access to self-help resources and early help, and commissioning better pathways into and through services. (A paper on system-wide work to improve mental health is also on this agenda).

1.5 More recently, the Board has been developing its system leadership approach as part of the recent HWB Review and a key outcome has been in establishing our role as whole system leaders. The Board is developing its agenda so that it reflects the whole system challenges facing us all, enabling the HWB, and individual partner organisations, to explore and agree our response and commitment as system leaders.

1.6 In developing its approach, two key strands have been identified for which the Board has oversight:

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

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

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

2. Developing our Joint Health & Wellbeing Strategy from 2017

2.1 We need to consider the development of our new Joint Health and Wellbeing Strategy for 2017 onwards, within this context, and it is helpful to start by looking at where we are and begin to think about where we want to be – our high level outcomes.

Where are we now?

2.2 The Joint Strategic Needs Assessment (JSNA) is our shared understanding of key health and wellbeing needs in Norfolk, and as such is a key starting point. The attached slides outline some key information on the current health and wellbeing of the Norfolk population (Appendix A). This is drawn from the JSNA Annual Report Summary 2016, which provides information under the following categories: People, Place, Healthy Start, Healthy Childhood, Adult Health and Older People's Health (Appendix B).

2.3 From this we can identify a number of key challenges or issues that we continue to face in Norfolk, in relation to our three longer term goals:

Prevention

- **Staying well for longer**- Smoking, alcohol and obesity are estimated to contribute to 23,000 hospital admissions each year
- **Giving a child a good start** - In Norfolk in 2014/15, more than 14.1% of mothers were smoking while pregnant
- **Make prevention a priority** - Plan to move investment away from treatment to further 'up stream'

Reducing inequalities

- **Better jobs to address inequality**: 114,307 people in Norfolk were classified in 2015 as income deprived
- **Wellbeing for all** - 9.1% of people in Norfolk said their long term condition or disability limits their day to day activities
- **Addressing the inequalities gap together**- A man living in an affluent part of Norfolk can expect to live 6.2 years longer than a man in a poor area (for women the inequalities gap is narrower – 3.2yrs)

Integration

- **Preparing for an aging population**: In Norfolk, the population aged 85 and over is likely to grow by more than 40% between now and 2025 to about 42,000 people.
- **Working together**: Modelled estimates indicate that the 75 and over population of Norfolk is likely to require about 15,000 nursing and residential beds and more than 6,000 housing with care units within the current model of care
- **Providing systems leadership** – ensuring the Health and Wellbeing Board focusses on issues that can only be addressed by an integrated solution

2.4 If we look at some key health and wellbeing indicators in relation to our original three priorities (early years, obesity, and dementia), headlines include:

2.5 **Early years**

- **65%** of five year olds in Norfolk have a good level of development
- **24,050** Norfolk children live in poverty – this equates to 16.8% of Norfolk children

Obesity

- **560** people die early each year of circulatory conditions including heart disease and stroke
- At the last Household Survey for England, Norfolk was estimated as having **183,117** obese adults
- **77.1**% of 4-5 year olds and **66.5**% of 10-11 year olds have a healthy weight in Norfolk

Dementia

- **8,117 of 13,863** estimated dementia cases are diagnosed and thereby allowing access to support

2.6 The source for the above information is the Norfolk Health and Wellbeing Profile June 2016.

3. Developing our new strategy

Where do we want to be?

3.1 The information above provides some significant key messages about the health and wellbeing of people in Norfolk which we will need to take into account in the development of our new strategy for 2017 onwards. There is also a considerable body of evidence and information in the JSNA itself which we can use to support its development.

3.2 In order to develop our thinking further about our vision for where we want to be and what we could do to get there, we need to use the wealth of data available to us intelligently - an illustration of how the JSNA could be used to inform our strategic direction is shown in the attached JSNA Summary.

3.3 We know that improvements are being achieved around our three original priorities, with highlights including a successful work programme led by the Norfolk Dementia Strategy Implementation Board, improved outcomes for residents through integrated working in the District Help Hubs, NCC and 3 central CCGs being successful in an Expression of Interest application to become a site for the second phase of national Diabetes Prevention Programme and improving breast feeding rates through the Norfolk Infant feeding collaboration.

3.4 Our three longer term goals – prevention, reducing inequalities and integration - continue to present increasingly significant challenges and there is no doubt more we could be doing, as whole system leaders, to help support the transformation necessary to address some of those challenges. In moving our strategy forward we need to:

- Take the learning from the approach with our current JH&WBS
- Explore some of the key challenges in relation to our three longer term goals

- Consider this in the context of system priorities for health and social care improvement (via the STP) and the system priorities for wider determinants of health and wellbeing
- Identify the opportunities for the HWB, as whole system leaders, to make a difference through the 'lens' of its three longer term goals or themes
- From this, develop our vision and high level outcomes – the framework for our strategy
- Develop and agree our actions and commitment towards bringing about improvement
- Review the current structure and support, including the Board's existing strategy sub group (SIG) to ensure that its membership and terms of reference are appropriate for the next phase of strategy support and development

Proposals for developing our new strategy

3.5 An outline approach for taking forward the development of the new Joint Health & Wellbeing Strategy is as follows:

- Our strategy for 2017 onwards continues to pursue our longer term themes: prevention, reducing health and wellbeing inequalities, and integration

- We explore the development of our strategy in more detail at a HWB workshop – it is proposed to use part of our informal meeting set up for the morning of 23 November 2016

- Development of the strategy will also be informed by further engagement opportunities, including an event with wider stakeholders

- The Board's Strategy Implementation Group (SIG) is asked to assist with work on the development of the new strategy for 2017 onwards, taking a key role in planning and helping shape the work and reporting progress to the HWB

- A fully developed strategy will be brought back to the HWB for final approval in the summer 2017

4. Action

4.1 The HWB is asked to:

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

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.

Improving health and wellbeing – developing our future strategy

Data from JSNA Annual Report and Health and Wellbeing Strategy Annual Report 2016 – add links to HWB website papers

Health and wellbeing strategic goals

- **Prevention**
  - **Staying well for longer**- Smoking, alcohol and obesity are estimated to contribute to 23,000 hospital admissions each year
  - **Giving a child a good start** - In Norfolk in 2014/15 more than **14.1%** of mothers were smoking while pregnant.
  - **Make prevention a priority** - Plan to move investment away from treatment to further 'up stream'

- **Reducing inequalities**
  - **Better jobs to address inequality**: 114,307 people in Norfolk were classified in 2015 as income deprived
  - **Wellbeing for all** - 9.1% of people in Norfolk said their long term condition or disability limits their day to day activities
  - **Addressing the inequalities gap together**- A man living in an affluent part of Norfolk can expect to live 6.2 years longer than a man in a poor area (for women the gap is narrower – 3.2yrs)
- **Integration**
  - **Preparing for an aging population**: In Norfolk, the population aged 85 and over is likely to grow by more than 40% between now and 2025 to about 42,000 people.
  - **Working together**: Modelled estimates indicate that the 75 and over population of Norfolk is likely to require about 15,000 nursing and residential beds and more than 6,000 housing with care units within the current model of care.
  - **Providing systems leadership –** ensuring the Health and Wellbeing Board focusses on issues that can only be addressed by an integrated solution

Promoting the social and emotional wellbeing of pre- school children

Where are we now:

65% of five year olds in Norfolk have a good level of development ↑

24,050 Norfolk children live in poverty

Remaining issues include:

- Substance misusing parents and treatment services
- Child safety in the home
- Oral health

Living well by preventing obesity

Where are we now:

- **560** people die <u>early</u> each year of circulatory conditions including heart disease and stroke ↓
- At the last Household Survey for England, Norfolk was estimated as having **183,117** obese adults
- **77.1**% of 4-5 year olds and **66.5**% of 10-11 year olds have a healthy weight in Norfolk

Remaining issues include:

- Implementation of Norfolk Healthy Weight Strategy
- Increase access to healthier food choices
- Creating a healthier built environment (planning)

Making Norfolk a better place for people with dementia and their carers

Where are we now:

8,117 of 13,863 estimated dementia cases are diagnosed ⬆

Remaining issues include:

- Early diagnosis
- Post diagnostic support

Health & wellbeing summary

Profile for Norfolk			Local Number per Year	County value	England Average	Norfolk Worst	Norfolk Range	Norfolk Best	Change (better or worse than previous)
Our community	1	Life expectancy at birth for males	4,507	80.2	79.5	73.7		85.6	-
	2	Life expectancy at birth for females	4,751	83.8	83.2	79.5		91.4	-
	3	Income Deprivation 2015	114,307	13.2	14.6	36.9		5.5	↑
	4	General Health - bad or very bad	48,233	5.6	5.5	8.9		2.5	-
	5	Teenage conceptions	291	20.3	22.8	193.7		14.0	↓
	6	Provision of 50 hours or more unpaid care per week	23,207	2.7	2.4	4.5		0.8	-
	7	Anti-social behaviour incidents	21,882	24.9	n/a	154.8		7.3	↓
	8	Domestic Abuse	17,188	23.5	n/a	92.0		8.3	↑
	9	Violence against the person	16,549	18.9	n/a	94.2		5.2	↑
Early years	10	Child Poverty	24,050	16.8	18.6	40.3		5.3	↓
	11	Child Development at age 5	5,942	65.0	66.3	47.2		89.0	↑
	12	Admissions for injuries in under 5s	722	151.2	137.7	296.9		60.4	↑
	13	Emergency admissions in under 5s	7,399	154.9	147.4	235.7		96.2	↑
	14	A&E attendances in under 5s	11,796	246.8	389.3	546.2		135.2	↓
	15	Breastfeeding	4,053	44.7	43.8	37.1		52.4	↑
	16	Obese Children (Reception Year)	850	9.6	9.3	17.6		3.3	↑
	17	Children with excess weight (Reception Year)	1,978	22.3	21.9	31.8		12.5	-
Obesity	18	Early deaths from circulatory conditions	560	65.9	75.7	156.9		22.4	↓
	19	Obese adults	183,117	25.1	24.0	31.7		10.6	↑
	20	Healthy eating adults	194,439	26.9	26.4	18.6		34.9	↓
	21	People diagnosed with diabetes	47,425	6.4	6.4	9.6		2.3	↓
Dementia	22	Deaths from dementia and alzheimer's disease	964	91.1	92.3	252.1		13.0	↑
	23	Estimated diagnosis rate for people with dementia	8,117	58.6	65.9	34.6		100.0	↑

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance calculated

Arrows indicate increase or decrease. Green or red arrows mean significantly better or worse than previous. No colour indicates no significant difference.

Joint Strategic Needs Assessment 2016

This is the Annual JSNA report outlining significant messages about the health and wellbeing of people in Norfolk. The key information has been depicted and explained under the categories of:

People

Place

Healthy Start

Healthy Childhood

Adult Health

Older People Health

JSNA reports and other information and resources published to support plans and commissioning are available on www.norfolkinsight.org.uk How the JSNA is used to inform strategic direction and how it maps to some key strategies in Norfolk is set out in this report.

The design of the JSNA pages on line are being redesigned to allow better access to information and examples of these pages can be seen within this report.

For comments and questions, please email jsna@norfolk.gov.uk

Introduction

Norfolk generally has an older population that is projected to increase at a greater rate than other age-groups. For the health and social care system this creates opportunities in terms of a potential wellbeing resource and challenges in terms of demand for care. Norfolk has higher life expectancy than England as a whole but inequality exists across Norfolk with more than 120,000 people living in areas categorised as the most deprived 20% in England. Deprivation is a risk factor for poor health and wellbeing outcomes and increases the risk of loneliness.

Outcomes for the children in Norfolk have room for improvement. For example, while smoking in pregnancy is reducing in Norfolk it is still higher than England. Smoking in pregnancy can cause serious problems for both the mother and child. Potential harms to the child include the increased chance of attention difficulties, increased chance of breathing problems and increased chance of poor educational attainment. Smoking in pregnancy is five times more likely in deprived areas so disproportionately impacts on deprived communities. Infant mortality has not improved over the last ten years whereas Infant mortality in England has reduced. However, immunisation across Norfolk is good and the proportion of mothers breastfeeding is increasing.

Educational attainment is improving but is still lower than the England average. Teenage conceptions continue to decline and the rate is lower than England. However, there are still more than 100 teenagers becoming mothers each year in Norfolk. Admissions for children for injuries are higher than England and have been increasing but admissions for children and young people for alcohol are lower than England and are decreasing. However, admissions for children and young people for self harm are higher than England and have been increasing.

Addressing modifiable risk factors can reduce the likelihood of developing long term health conditions such as diabetes and improve health and wellbeing. In Norfolk smoking, alcohol and obesity are estimated to contribute to 23,000 hospital admissions each year. The EPIC study based on the Norfolk population shows that prevention works. People who drink moderately, exercise, quit smoking and eat five servings of fruit and vegetables each day live on average 14 years longer than people who adopt none of these behaviours. This result demonstrates that modest and achievable lifestyle changes can add years to life as well as life to years.

Outcomes for older people in Norfolk are generally good and the proportion of older people in Norfolk rating of their own health related quality of life is generally higher than England. However, in 2014/15 there were about 3,800 emergency admissions for injuries related to falls of which more than 1,100 were for broken hips. Flu can increase the risk of hospital admission and in Norfolk despite immunising more than 147,000 people aged 65 and over for flu the average uptake is still lower than England. As people age their accommodation requirements may change. Modelled estimates indicate that the 75 and over population of Norfolk is likely to require about 15,000 nursing and residential beds and more than 6,000 housing with care units.

People

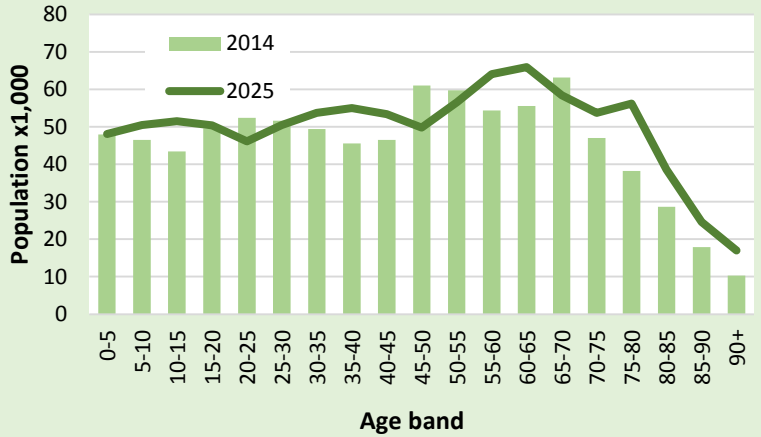
Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England. This will bring opportunities and challenges. Almost all of the population increase over the last 5 years has been in those aged 65 and over. Between 2014 and 2025 the population is expected to increase by 66,000 with most of the increase in the 65 and over age bands.

Across Norfolk the average life expectancy is about 80 years for men and about 84 years for women. The average number of years a man can expect to live in good health is about 64 and for women it is about 66. This leaves a significant period of time where people's health deteriorates.

Deprivation and poverty influence the health and wellbeing of the population. The life expectancy gap between the most deprived areas of Norfolk and the least deprived areas is 6.2 years for men and 3.2 years for women.

Across Norfolk about 77,700 people are limited a lot in their day to day activities and about 23,200 provide more than 50 hours of care per week. As people age their ability to access services can reduce, their need for care can increase and their risk of loneliness increases. With an ageing population these issues need to addressed.

Population for Norfolk 2014 compared to 2025

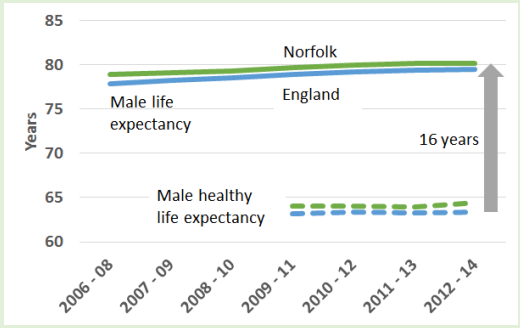


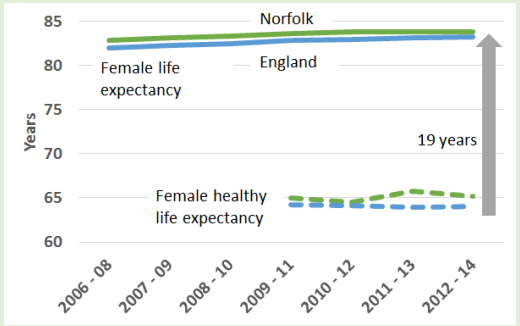
Between **2014** and **2025** the **overall** population is expected to increase by more than **66,000** the **working age** population is expected to increase by **6,000** and people **aged 65 and over** by more than **43,000**

80.2

Life expectancy gap between the most and least deprived areas of Norfolk.

83.8





77,700 people with day to day activities limited a lot **9.1%** of the Norfolk population compared to 8.3% in England

23,200 people provide more than **50** hours of care per week **2.7%** of the population compared to 2.4% in England

At 65…	At 85…
8.4% chance of living in a household without a car	55.5% chance of living in a household without a car
26.2% chance of day-to-day activities being "limited"	82.6% chance of day-to-day activities being "limited"
66% chance of living in a couple, and 4.9% chance of being widowed or a surviving partner	24.6% chance of living in a couple, and 65.3% chance of being widowed or a surviving partner

Estimated number of people with certain conditions

- Blind **19,000**
- Hearing impairment **110,000**
- 18 to 64 with a serious physical disability **12,300**
- 18 to 64 with a serious personal care disability **4,500**
- 18 to 64 with a moderate or severe learning disability **2,800**
- 18 to 64 with a common mental health disorder **81,400**

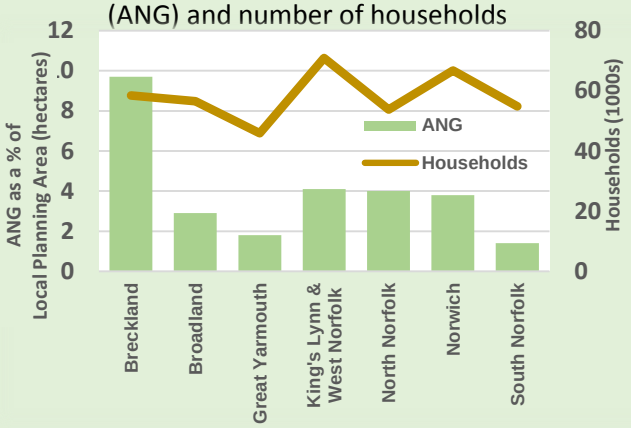
Place

Currently more than 120,000 people in Norfolk live in areas categorised as the most deprived 20% in England. These are mainly located in the urban areas of Norwich, Great Yarmouth, Thetford and King's Lynn together with some identified pockets of deprivation in rural areas, coastal villages and market towns. However, some of the smaller areas of rural deprivation, which make delivery of services more difficult and reduce accessibility for the population, remain hidden.

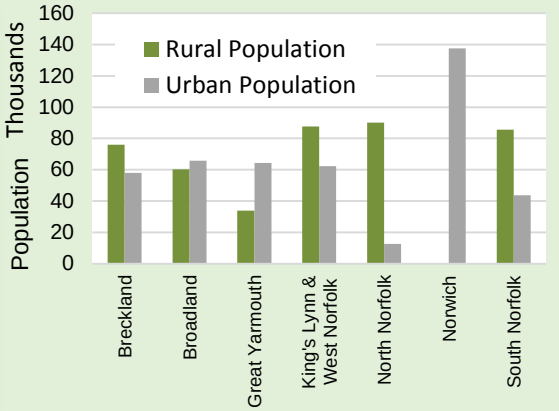
Increasing the number of quality well paid employment opportunities can help address deprivation. However, earnings across Norfolk are generally lower than England. The median weekly gross pay for ALL jobs in Norfolk is £360. Meaning that 50% of the population who work earn more than £360 per week and 50% earn less.

The balance of urban and rural varies across the districts with Norwich the most urban and North Norfolk the most rural. 56% of our population 75+ live in a rural area. The rural nature of Norfolk presents opportunities in providing access to natural greenspace but higher risk of being killed or seriously injured on the roads.

Accessible Natural Greenspace (ANG) and number of households



Urban rural population by district

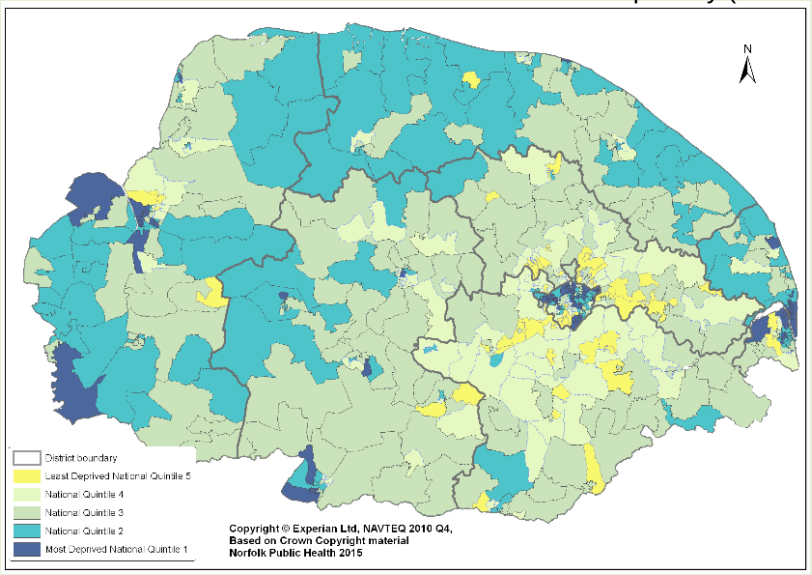


In Norfolk more than **370 people** are **killed or seriously injured** on the roads per year (43 per 100,000 – higher than England)

5.4% the fraction of mortality due to particulate air pollution (about the same as England).

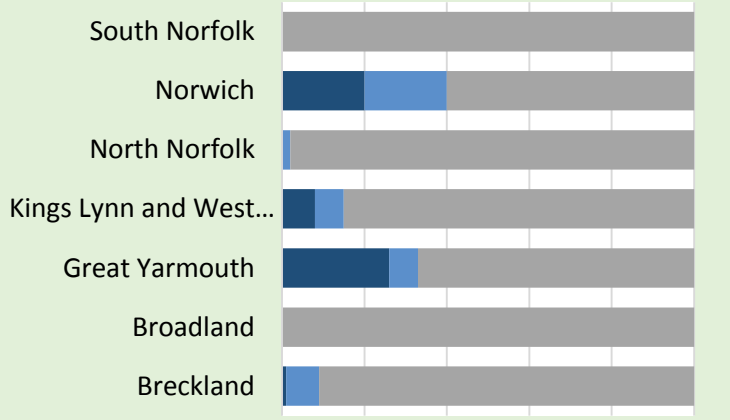
56% of people aged **75+** live in **rural** areas in **Norfolk**.

Deprivation in 2015



24,000 children in Norfolk live in poverty (16.8% - lower than England)

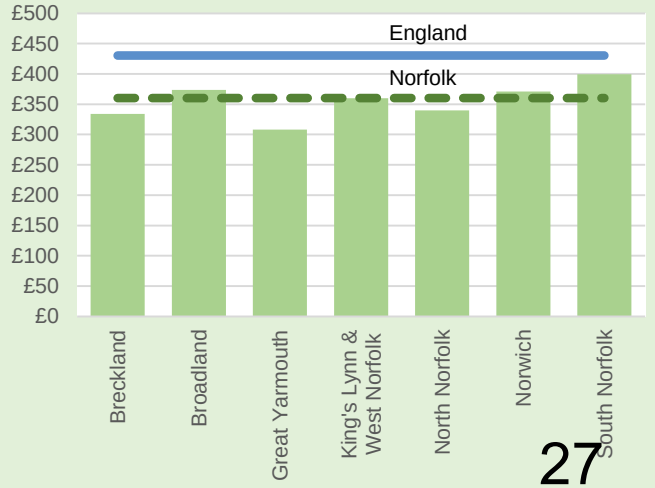
The % of the population of who live in the most deprived areas



Norfolk 0% 20% 40% 60% 80% 100%
Most deprived 10% **7.9%** population Decile 1
Next most deprived **6.3%** population Decile 2

Median **weekly gross pay** for ALL jobs during **2015**

In Norfolk **50%** of people who work earn more than **£360** per week



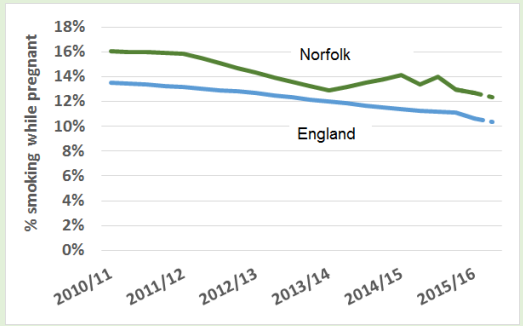
Healthy start

Smoking in pregnancy can impact on the babies health and the mothers. Although the numbers of mothers smoking while pregnant is declining Norfolk has a higher percentage of mothers smoking at time of delivery compared to England. Each year over 9,000 babies are born in Norfolk and about 240 are of low birthweight. During the first year about 40 babies will die, the infant mortality rate has not changed much over the last 10 years whereas it has improved in England generally.

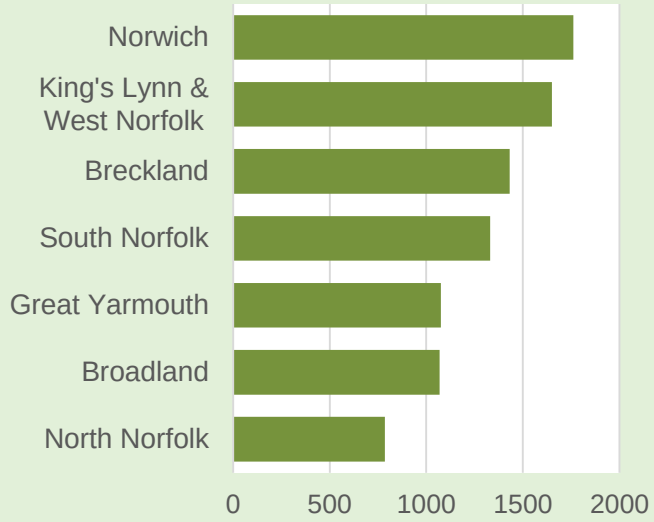
Immunisation for children is improving and is significantly higher than England. This is also the case for children in care.

Breastfeeding is improving. Initiation is higher than England and breastfeeding at 6 to 8 weeks is about the same as England. The percentage of mothers breastfeeding across the county varies from the highest in South Norfolk to the lowest in Kings Lynn and West Norfolk the lowest.

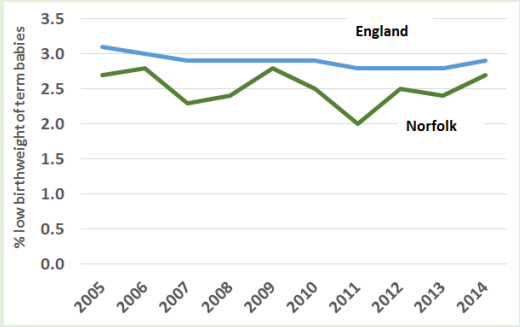
In Norfolk in 2014/15 more than **1,250** mothers were **smoking while pregnant**. **14.1% of mothers** compared to 11.4% in England. This is expected to reduce over the next few years



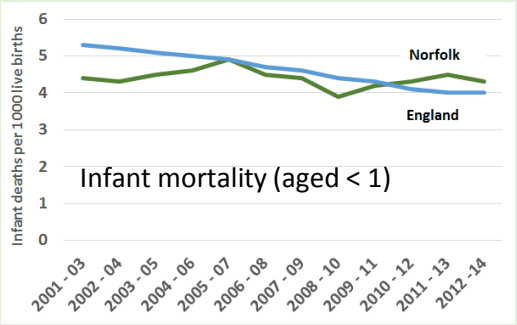
Live births (2014) **-** Norfolk total **9,100**

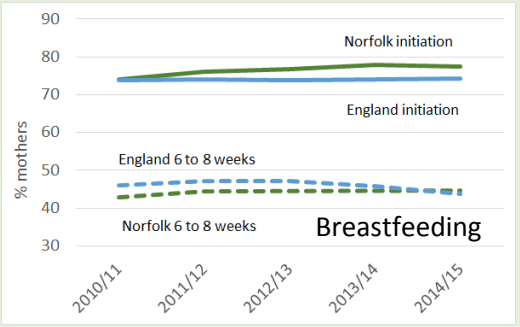


Low birthweight of term babies

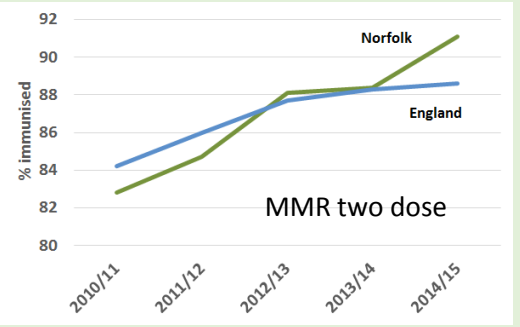


In Norfolk about **230** term babies are born weighing less than they should - lower than the England. However, about **40** infants under 1 die each year, **4.3 per 1000** live births compared to 4 per 1000 in England.

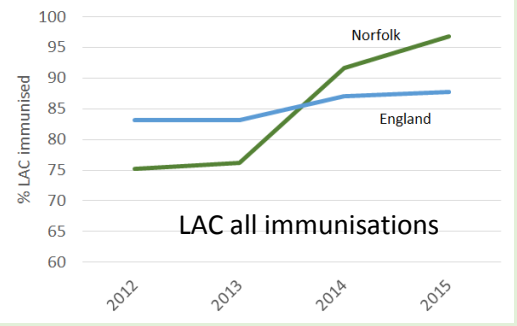


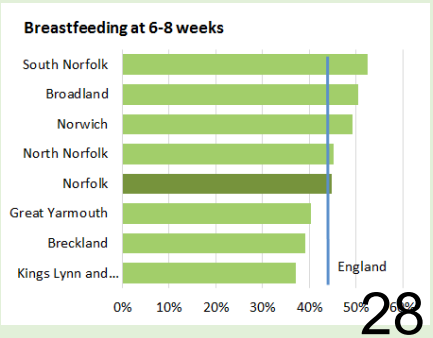


Immunisation



8,600 children were vaccinated for MMR in 2014/15 **91%** - better than the national rate. In 2015 more than **95%** of children in care had their immunisations up to date - better than the national rate





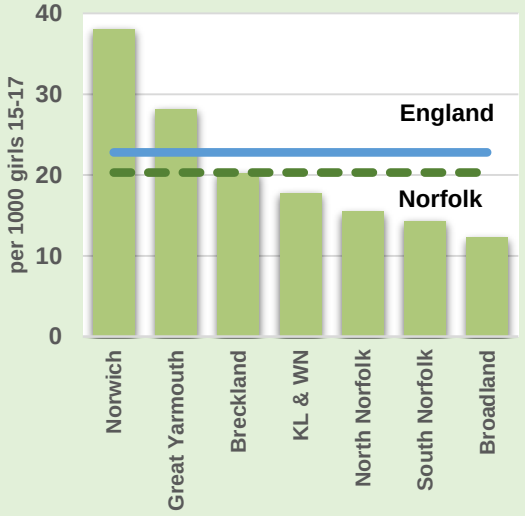
Children and young people's health and wellbeing

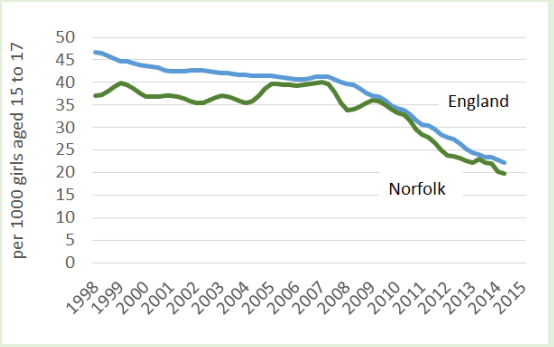
The percentage of children achieving a good level of development at the end of reception is increasing and the percentage of children achieving 5 A*-C GCSEs including English and Maths is also increasing. However it is still below that for England.

Teenage conceptions continue to decline and the rate is lower than England. However, there are still more than 100 teenagers becoming mothers each year in Norfolk.

The rate of admissions for injury in children aged under 14 is higher in Norfolk than for England. However, the rate of under 18's admitted to hospital due to alcohol specific conditions is significantly less than that of England and continues to decline. Admissions for self harm and substance misuse are increasing, perhaps evidence of unaddressed mental health need.

Teenage conceptions





In 2014 in Norfolk **291** teenagers became pregnant leading to about **105** becoming teenage mothers (a higher rate than England)

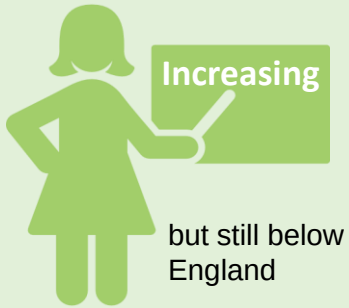
Educational attainment is improving. In Norfolk in 2014/15

Reception good level of development **65%**

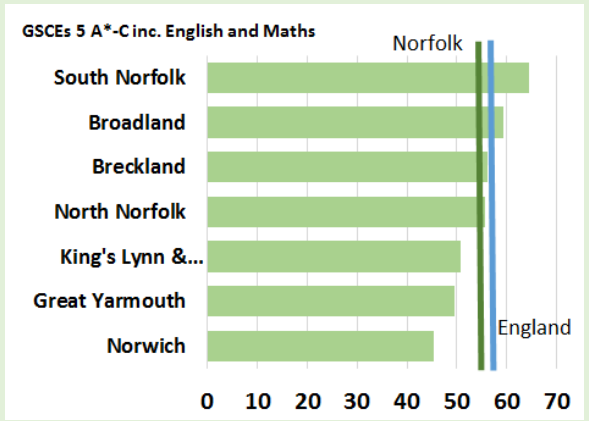
5,942 children

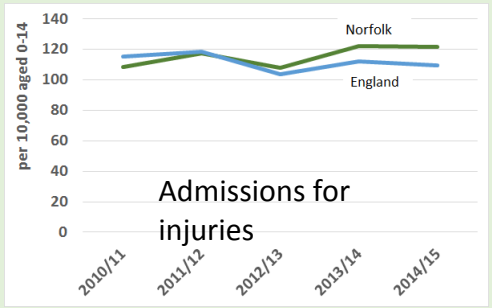
GCSEs 5 A*-C inc. English and Maths **55%**

4,517 children



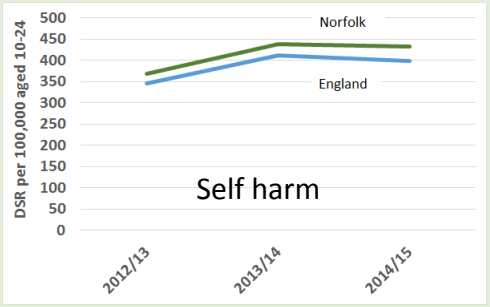
but still below England

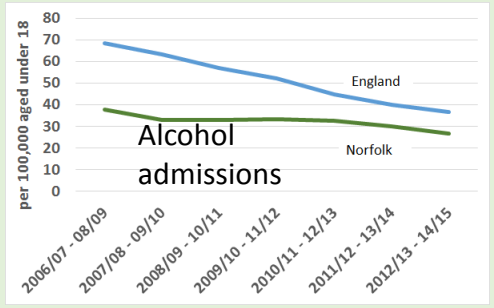




There were **1,680** admissions to hospital for **injuries** for young people aged **0 to 14 years** in 2014/15 at a higher rate than England.

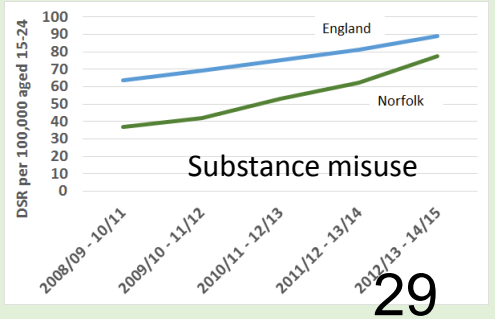
There were an average **45** admissions to hospital for **alcohol** for young people aged **under 18 years** in 2014/15 at a lower rate than England.





There were **640** admissions to hospital following **self-harm** for young people aged **10 to 24 years** in 2014/15 at a higher rate than England.

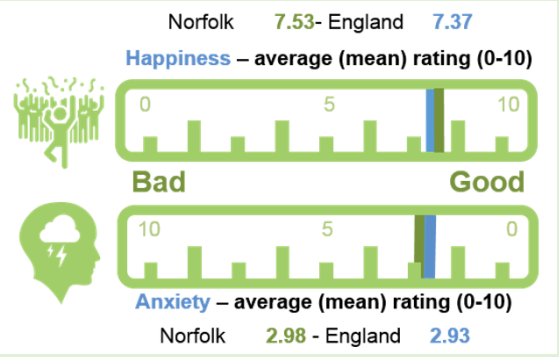
There were on average **80** admissions to hospital for **substance misuse** for young people aged **15 to 24 years** in 2014/15 at a lower rate than England.



Adult health and wellbeing

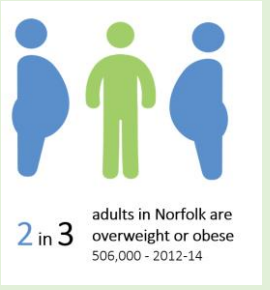
In addition to age there are factors across the life course for the system of Norfolk that influence health and wellbeing of people and the need for services. Some of these are personal modifiable risk factors such as smoking, alcohol, obesity, exercise and healthy diet. In Norfolk it is estimated that smoking, alcohol and obesity contribute about 23,000 hospital admissions per year. Although smoking prevalence is declining, smoking is still the biggest driver of avoidable poor health. The area with the highest smoking prevalence is Norwich. Addressing factors that people can do something about will help reduce the prevalence of long term conditions and reduce demand on services. This will help free up resources to enable services to find and manage those who have not yet been diagnosed. For example, it is estimated that there are currently almost 11,000 people in Norfolk with undiagnosed Diabetes.

In terms of mental wellbeing Norfolk has a rate slightly higher than average for reported happiness compared to England and also slightly lower proportion of people who are anxious. However, in Norfolk there are about 81,400 people who have a common mental health disorder and that is expected to increase by 1,400 between now and 2025. The ultimate expression of poor mental health is suicide and this occurs across all age bands, not just young people. In Norfolk suicide is higher than England as is the number of emergency hospital stays for self-harm.



In Norfolk there are still more than **2,000** emergency admissions per year for mental health related conditions

It is estimated that by **2015** the **additional burden** of obesity has contributed about



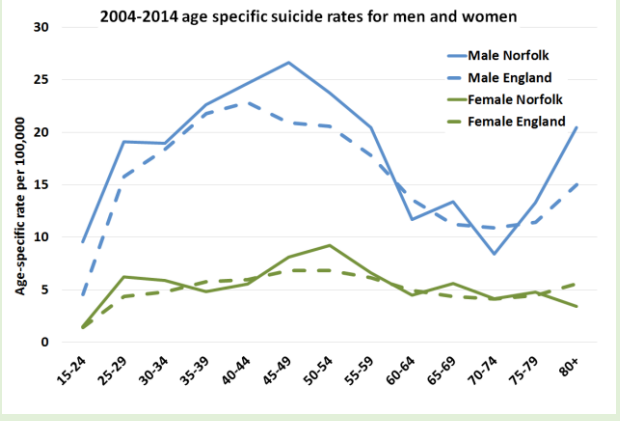
5,900 people with **heart disease**

82,500 people with **high blood pressure**

1,600 strokes

42,000 people with **diabetes**

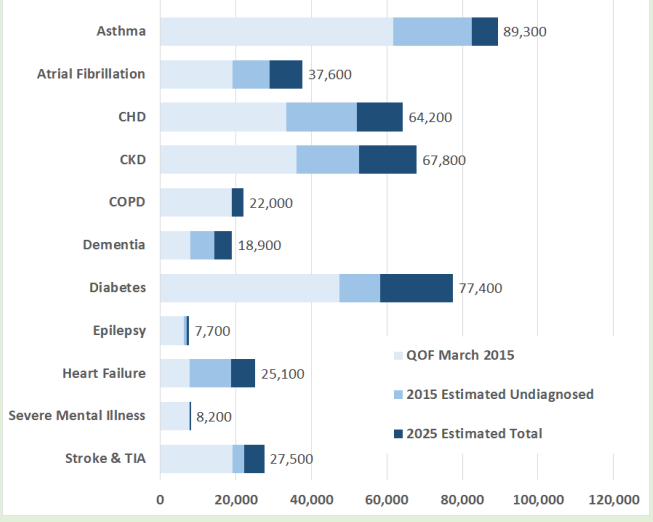
Suicide occurs across all age bands – not just young people.



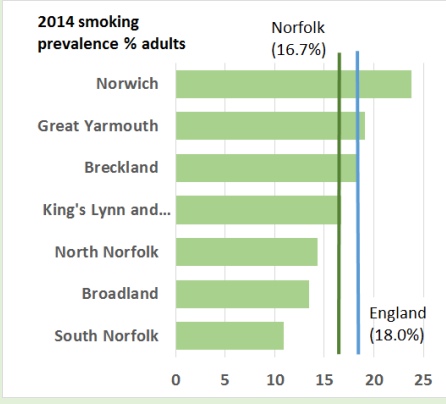
An average of **88** people per year in Norfolk **killed themselves** in the period 2012 to 2014. **10.3 per 100,000** significantly worse than England.

1,890 emergency hospital stays in Norfolk for **self-harm** in 2014/15, **223 per 100,000 population**, which is significantly worse than England (**191**).

Estimated prevalence of long term conditions in Norfolk 2015 compared to 2025



Smoking is still the biggest driver of avoidable poor health. Norwich currently has the highest smoking prevalence. In terms of demand on the health sector it is estimated that in 2014/15:



Smoking led to more than **10,900** admissions

Alcohol led to about **6,100** admissions

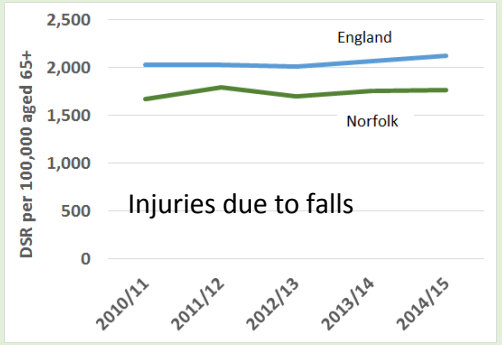
Obesity led to about **6,100** admissions

Older people's health and wellbeing

The area of Norfolk with the highest numbers of older people is North Norfolk. The population aged 85 and over are likely to grow by 40,000 between now and 2025. This will require planning for different types of accommodation. Modelled estimates indicate that the 75 and over population of Norfolk is likely to require about 15,000 nursing and residential beds and more than 6,000 housing with care units. The increasing numbers of older people also mean that it is likely to increase the need for palliative care for about 7,700 deaths by 2025.

Outcomes for older people in Norfolk are generally good and older people's rating of their health related quality of life is higher than England. Emergency admissions for injuries related to falls is lower than England but there were still 1,100 emergency admissions for broken hips in 2014/15. Across Norfolk as a whole there are more than 10,000 emergency hospital admission for people aged 65 and over each year. Flu can increase people risk of admission and despite almost 147,000 people aged 65 and over being immunised against flu this is still a lower proportion compared to England.

Age is one of the risk factors for loneliness. At age 65 about 2 out of 3 people live in couple, at age 85 this has reduced to about 1 in 4. Another risk factor is deprivation with those living in the most deprived areas 50% more likely to be lonely. Across Norfolk there are estimated to be about 38,000 people aged 65 and over who are lonely and this will impact on their health and wellbeing.

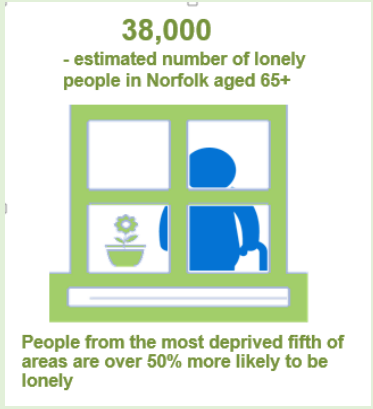


In Norfolk falls are the reason for more than **3,800** emergency hospital admissions per year for older people and resulted in more than **1,100** hip fractures in 2014/15.

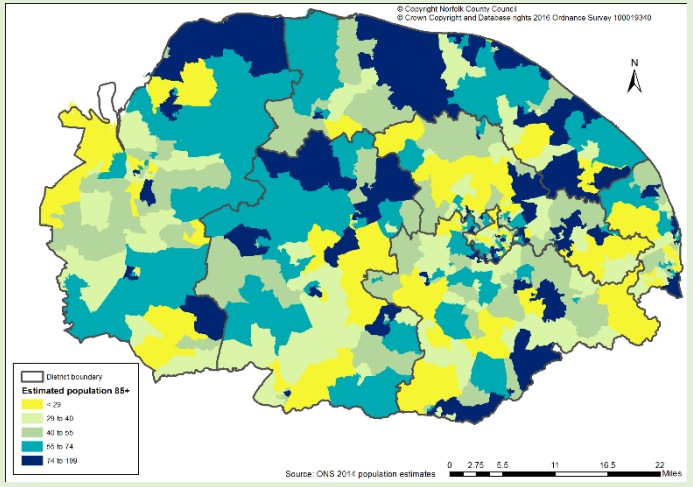
Between 2014 and 2025 the **population** of Norfolk aged 65 and over will increase by;

21,900 Females

21,500 Males



Location of people aged 85+ in 2014. The population aged 85+ is estimated to grow by more than **40%** between now and 2025 to about **42,000** people



Model estimates of the type of accommodation required show that the population of **Norfolk in 2025** will require about:

8,900 residential beds

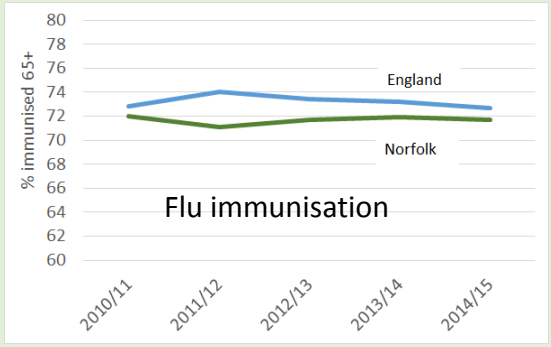
6,100 nursing beds

6,100 housing with care units

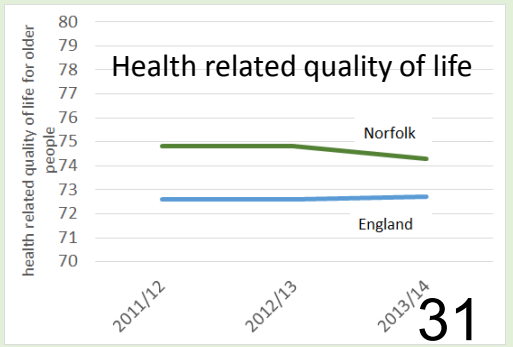
In addition it is estimated that there will be about:

7,700 deaths with a palliative care need

In Norfolk there are more than **10,000** emergency hospital admissions for those aged 65 and over. Flu can increase the risk of emergency admission. In 2014/15 in Norfolk almost **147,000** people 65 and over were immunised about **72%** - less than England



In Norfolk older people's rating of their own health related quality of life is generally **higher** than England



An Illustration of how the JSNA could be used to inform strategic direction and how it maps to other key strategies.

Strategies and Plans	
NCC Re-imagining Norfolk	Real Jobs
NHS Five year forward	Empowering Patients
PH strategy	Protect - Communities and individuals from harm
STP plan	Enabling culture and behaviours
NCC Re-imagining Norfolk	Good infrastructure
NCC Re-imagining Norfolk	Real Jobs
NHS Five year forward	Engaging communities
PH Strategy	Promote – Healthy living Health place
STP plan	Commissioning and Contracting
STP plan	New/sustainable models of care at scale
STP plan	Structural enablers and infrastructure
STP plan	Workforce change
Health and Wellbeing Strategy	Living Well – by preventing obesity
Health and Wellbeing Strategy	Starting Well – in early years
PH Strategy	Provide – services that meet community need
STP plan	Prevention at scale
Health and Wellbeing Strategy	Living Well – by preventing obesity
Health and Wellbeing Strategy	Starting Well – in early years
NCC Re-imagining Norfolk	Excellence in Education
PH strategy	Provide – Services that meet community need
STP plan	Prevention at scale
Health and Wellbeing Strategy	Living Well – by preventing obesity
NCC Re-imagining Norfolk	Real jobs
NCC Re-imagining Norfolk	Supporting vulnerable people
NHS five year forward	Getting serious about prevention
PH strategy	Provide – Services that meet community need
STP plan	Workforce change
Health and Wellbeing Strategy	Living Well – with dementia
NCC Re-imagining Norfolk	Supporting Vulnerable People
PH strategy	Provide – Services that meet community need
STP plan	Prevention at scale

JSNA domain

- People
- Place
- Healthy start
- Children and young people's health and wellbeing
- Adult health and wellbeing
- Older people's health and wellbeing

Strategies, Priorities and Plans
Health and Wellbeing strategy
NCC Re-imagining Norfolk
NHS five year forward
PH strategy
STP plan

Opportunities for Prevention	
Promote - Delivering health improvement and prevention services, including addressing obesity and encouraging more people from deprived areas to have an NHS Health Check.	PH strategy
Promote – Reduce the number of people killed or seriously injured on Norfolk's roads.	PH strategy
Protect – Drug and alcohol services focusing on recovery and delivery in the community.	PH strategy
Protect - Multi-agency approach on mental health, domestic abuse and substance misuse.	PH strategy
Greater credibility for community provision and reduce confusion about use of emergency care.	STP plan
Promote - Working with district councils to address the wider issues that affect health (e.g. housing) and to deliver joint programmes that make a positive impact on health.	PH strategy
Protect - Assuring local strategies for emergency planning, protection and resilience.	PH strategy
Dedicated work stream Future care models and sustainability	STP plan
Enablers by IT (Digital roadmap), attracting good staff and integrated working, Work to foster a more sustainable home care market across to county (rural)	STP plan
Provide - Commissioning a high quality health visitor and school nursing service that is linked with key services and promotes health improvement to address obesity.	PH strategy
Provide - Ensuring that a child's development is checked at 2½ years and that all looked after children under five have their health needs assessed and met.	PH strategy
Promote - Delivering health improvement and prevention services, including addressing obesity and encouraging more people from deprived areas to have an NHS Health Check.	PH strategy
Provide - Commissioning a high quality health visitor and school nursing service that is linked with key services and promotes health improvement to address obesity.	PH strategy
Provide - Commissioning sexual health, prevention services and reducing teenage pregnancy in key areas.	PH strategy
Provide - Ensuring that a child's development is checked at 2½ years and that all looked after children under five have their health needs assessed and met.	PH strategy
National Diabetes Prevention Programme.	NHS 5 year fwd
Promote - Workplace health offer to reduce sickness absence and improve productivity.	PH strategy
Promote - Delivering health improvement and prevention services, including addressing obesity and encouraging more people from deprived areas to have an NHS Health Check.	PH strategy
Protect - Drug and alcohol services focusing on recovery and delivery in the community	PH strategy
Protect - Focusing tobacco control and stop smoking services on key vulnerable groups.	PH strategy
Protect - Halving the number of unknowingly infected HIV	PH strategy
Provide - Commissioning sexual health, prevention services and reducing teenage pregnancy in key areas.	PH strategy
Protect - Reducing transmission of infections in care homes	PH strategy
Work stream focussed on Prevention and Wellbeing	STP plan
Tackle preventable causes of ill health in older people and mental health	STP plan
Target early intervention to support living independently and well in their own home	STP plan

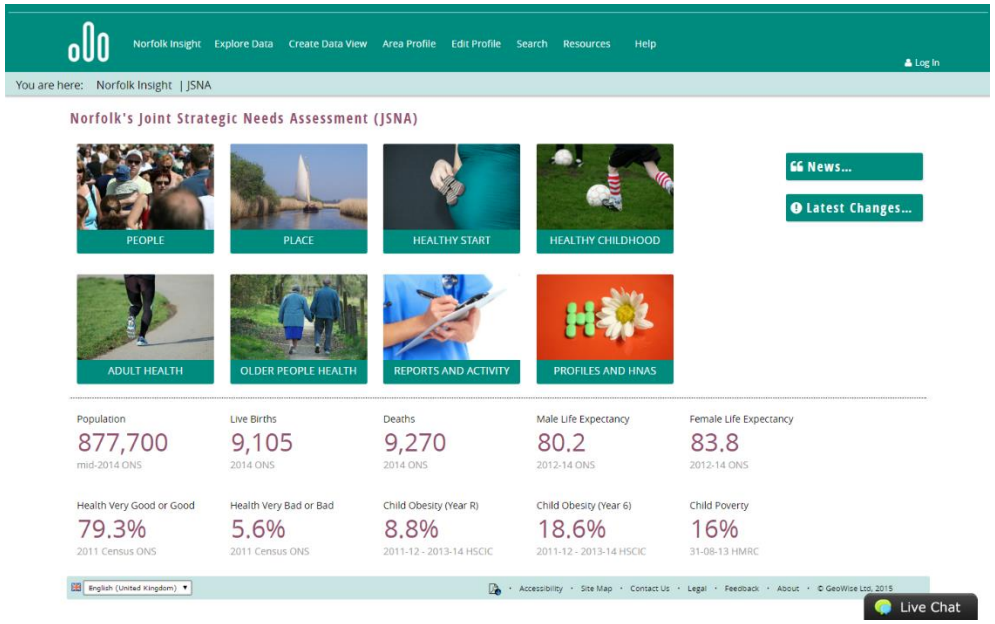
Website development

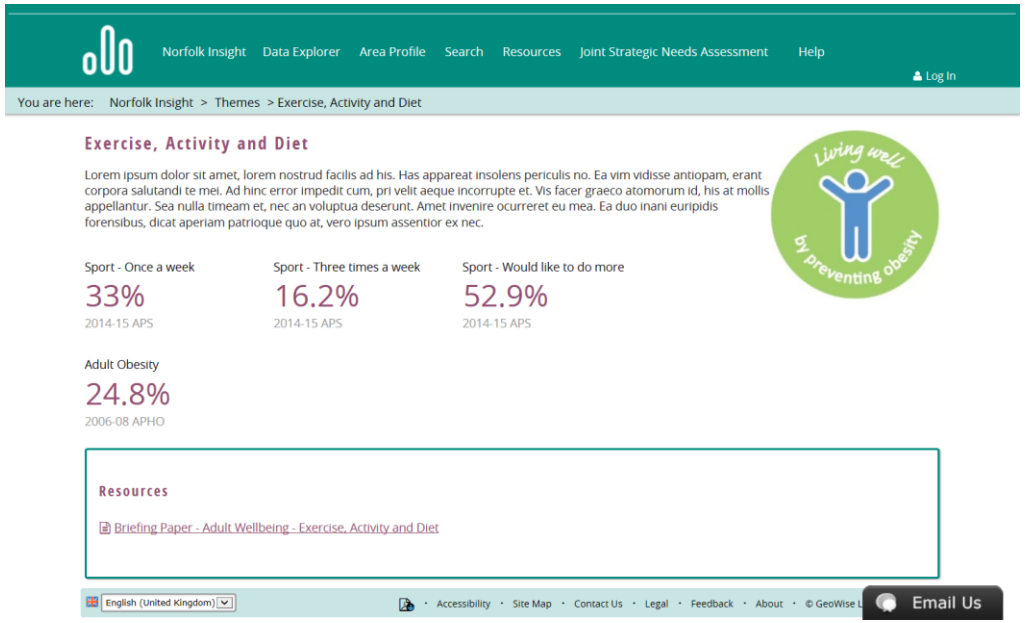
The JSNA provides us with an opportunity to work in partnership using and analysing the same information and needs assessments to transform the way we deliver services and focus on our strategic priorities.

A refresh of the JSNA is planned for the Autumn 2016. To facilitate this an audit of the current content has been completed and a gap analysis will be used to drive the focus of effort in areas of priority.

The new style will include; a life course model for pages, briefing documents (with a standard structure), high level information and linked strategies and plans. To enable this the hosting software will be upgraded and a new document management process implemented.

To make the content as accessible and relevant as possible there will be a requirement for authors and owners of areas / subjects, who will be asked to advise on content, strategic relevance and to review documents before publication. The benefit to authors will be greater ownership, as well as wider input and influence on content.





Sources 1:

Slide	Topic	Source	Link
People	Population estimates and projections	ONS	https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates
	Life expectancy	PHOF 0.1	http://www.phoutcomes.info/
	LLTI	Census	http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabilityinenglandandwales/2013-01-30
	Carers	Census	http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15
	Certain conditions	PANSI	http://www.pansi.org.uk/

Slide	Topic	Source	Link
Place	Indices of Multiple Deprivation	GOV.UK	https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015
	Accessible natural greenspace	Natural England	http://publications.naturalengland.org.uk/search?q=accessable+green+space+norfolk&num=100
	Rural urban population	GOV.UK	https://www.gov.uk/government/collections/rural-urban-definition
	Fraction of mortality due to air pollution	PHOF 3.01	http://www.phoutcomes.info/
	Killed or Seriously Injured on roads	PHOF 1.10	http://www.phoutcomes.info/
	Median earnings across all jobs	ONS	http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/previousReleases
	Children in poverty	PHOF 1.01ii	http://www.phoutcomes.info/

Sources 2:

Slide	Topic	Source	Link
Healthy Start	Infant Mortality	PHOF 4.01	http://www.phoutcomes.info/
	Immunisation	PHOF 3.03x	http://www.phoutcomes.info/
	Breastfeeding	PHOF 2.02ii	http://www.phoutcomes.info/
	Smoking at time of delivery	PHOF 2.03	http://www.phoutcomes.info/
	Live Births	ONS : Births by area of usual residence of mother, UK	https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk
	LAC immunisations	Child Health Profiles - children in care immunisations	http://fingertips.phe.org.uk/profile/child-health-profiles

Slide	Topic	Source	Link
Healthy Childhood	Teenage conceptions	PHOF 2.04	http://www.phoutcomes.info/
	Admissions for alcohol	Child Health Profiles	http://fingertips.phe.org.uk/profile/child-health-profiles
	Admissions for self harm	Child Health Profiles	http://fingertips.phe.org.uk/profile/child-health-profiles
	Admissions for substance misuse	Child Health Profiles	http://fingertips.phe.org.uk/profile/child-health-profiles
	Admissions for injury	Child Health Profiles	http://fingertips.phe.org.uk/profile/child-health-profiles
	Educational attainment	Child Health Profiles	http://fingertips.phe.org.uk/profile/child-health-profiles

Sources 3:

Slide	Topic	Source	Link
Adult health and wellbeing	Adult mental health	HSCIC / PCMD	PCMD data
	Obesity contribution to long term conditions estimate	Public Health Information Team	Statistics on Obesity, Physical Activity and Diet - England, 2016
	Alcohol Hospital admissions	Local Alcohol Profiles for England	http://fingertips.phe.org.uk/profile/local-alcohol-profiles
	Tobacco Hospital Admissions	Local Tobacco Control Profiles	http://www.tobaccoprofiles.info/
	Obesity Hospital Admissions	HSCIC HES	Public Health Information Team
	Long term condition estimates	Public Health Information Team	Public Health Information Team
	Suicide and self harm admissions	HSCIC / HES and PCMD	Public Health Information Team

Slide	Topic	Source	Link
Older people's health and wellbeing	Injuries due to falls	PHOF 2.24i	http://www.phoutcomes.info/
	Loneliness	ONS	https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-01
	Loneliness	Age UK	Estimating prevalence of loneliness in later life across small areas in England, 2015
	Ageing population	ONS	https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates
	Flu immunisation	PHOF 3.03xiv	http://www.phoutcomes.info/
	Accommodation estimates	SHOP@	http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/?
	Older people quality of life	PHOF 4.13	http://www.phoutcomes.info/

Other sources of useful information

- Norfolk Insight
  http://www.norfolkinsight.org.uk/jsna
- Norfolk's story
  http://www.norfolkinsight.org.uk/resource/view?resourceId=528
- Equalities summary
  Norfolk population diversity profile 2015 contact BI@norfolk.gov.uk
- Public Health Outcomes Framework
  http://www.phoutcomes.info/
- Health and Social Care Information Centre
  http://www.hscic.gov.uk/
- Housing learning and Improvement Network
  http://www.housinglin.org.uk/