

**Health and Wellbeing Board**  
**Minutes of the meeting held on 13 February 2019 at 09:15am**  
**in the Edwards Room, County Hall.**

**Present:**

Cllr Bill Borrett  
James Bullion  
Cllr Elizabeth Nockolds  
Cllr Lynda Turner  
Sara Tough  
Dr Louise Smith  
David Trevanion  
Dr Liam Stevens  
Tracy Williams  
Frank Sims  
Dr Paul Williams  
Adam Clark  
Dr Gavin Thompson  
Cllr Yvonne Bendle  
Rt Hon Patricia Hewitt  
Karen Barker  
Jonathan Clemo  
Dan Mobbs  
Alan Hopley  
Cllr Mary Rudd

**Representing:**

Adult Social Care Committee, Norfolk County Council (NCC)  
Adult Social Services, NCC  
Borough Council of King's Lynn & West Norfolk  
Breckland District Council  
Children's Services, Norfolk County Council  
Director of Public Health, NCC  
Healthwatch Norfolk, (Vice-Chair)  
NHS Great Yarmouth & Waveney CCG  
NHS Norwich CCG  
NHS North and South Norfolk CCG  
NHS West Norfolk CCG  
Norwich City Council  
Police and Crime Commissioner  
South Norfolk District Council  
Sustainability & Transformation Partnership (Chair)  
ICS Development Director (substitute for STP Executive Lead)  
Voluntary Sector Representative  
Voluntary Sector Representative  
Voluntary Sector Representative  
Waveney District Council

**Providers Present:**

Jonathan Williams	East Coast Community Healthcare CIC
Geraldine Broderick	Norfolk Community Health & Care NHS Trust
Dr Sanjay Kaushal	Norfolk Independent Care
Patrick Johnson	Queen Elizabeth Hospital NHS Trust

**Officers Present:**

Stephanie Tuvey	Project Manager, HealthWatch Norfolk
Sally Hughes	Public Health Commissioning Manager
Linda Bainton	Senior Planning & Partnerships Officer, Public Health, NCC
Chris Butwright	Head of Performance and Delivery, Public Health, NCC
Hollie Adams	Clerk

**1. Apologies**

- 1.1 Apologies were received from Dr Hilary Byrne, Cllr Paul Claussen (Cllr Lynda Turner substituting), Melanie Craig (Karen Barker substituting), Cllr S Dark, Mark Davies, ACC Davison, David Edwards (David Trevanion substituting), Cllr Angie Fitch-Tillett, Cllr Roger Foulger, Lorne Green (Dr Gavin Thompson substituting), Antek Lejk, Paul Martin (Jon Clemo substituting), Cllr Matthew Packer (Adam Clark substituting), Cllr Frank Sims (Clive Rennie substituting), Jo Smithson, John Webster, and Elly Wilson-Wickenden (Alan Hopley substituting).
- 1.2 Also absent were Christine Allen, Cllr David Bills, Dr Anoop Dhesi, Simon Evans-Evans and Cllr Cara Walker.

**2. Chairman's Opening Remarks**

- 2.1 The Chairman
- Welcomed David Trevanion, Patrick Johnson and Karen Barker to the meeting

- Reported that the Chair and Vice Chairs Group had endorsed the Better Care Fund Quarter 3 monitoring report for submission to NHS England on behalf of the Board. An End of Year report on the funding would be brought to the next meeting in April 2019

### **3. Minutes**

- 3.1 The minutes of the meeting held on the 31 October 2018 were agreed as an accurate record and signed by the Chairman

### **4. Actions arising from minutes**

- 4.1 Page 5, Paragraph 7.2, 3rd bullet; Joint Health and Wellbeing Strategy 2018-22: since the Health and Wellbeing Board meeting on 31 October 2018, it had been confirmed that the Norfolk & Norwich University Hospital NHS Hospital Trust and Queen Elizabeth Hospital NHS Trust had formally signed up to the Health and Wellbeing Board Strategy
- 4.2 Page 8, paragraph 9.3; Health and Wellbeing Board District Councils' Sub Committee: The Sub Committee was due to meet to progress their work prioritising homes and health in March 2019

### **5. Declarations of Interests**

- 5.1 There were no declarations of interest.

### **6. Public Questions**

- 6.1 No public questions were received

### **7. Our Joint Health and Wellbeing Strategy 2018-22 – implementation planning**

- 7.1.1 The Health and Wellbeing Board (HWB) received the paper providing a draft high-level Implementation Framework based on the agreed Strategic Framework and outlining next steps for the Strategy
- 7.1.2 The Head of Performance and Delivery, Public Health (PH), introduced the report
- moving forward, it was important to consider how HWB meetings could reflect partners' ongoing work and plans and how organisations would come together to deliver on key strategies
  - the key actions on page 41 of the report included developing a partnership approach for children and young people and a focus on workplace health, including the wider workplace
  - There were plans to launch a HWB Chairman's award to recognise transformation work in Norfolk; an approach for putting forward nominations was being developed
- 7.2.1 During discussion the following points were noted:
- The Chairman commented that the Strategy was fundamental to how partner organisations work together as a system, with HWB partners working alongside and feed into organisational strategies
  - Dr Paul Williams considered that the Strategy fitted well with population health work being carried out at a local level in the West and invited PH to be involved in this work. Dr Louise Smith **agreed** to discuss what PH could offer to this work outside of the meeting
  - Adam Clark spoke about the Healthy Norwich Programme (HNP) with its focus on how collectively we can do more as a system. He commented that it fitted well with the Strategy and that a recent HNP workshop had drawn on the message from the key note speaker at the 2018 HWB Conference – "Think like a system, act like an Entrepreneur". Mr Clark

**offered** to share information about how the programme was working.

- The importance of monitoring and evaluating progress was discussed and Vice-Chair Cllr Bendle reported that a new way of evaluating prevention work was being developed in South Norfolk and was currently being evaluated by the District Council's Network; Cllr Bendle **agreed** to send this to Dr Louise Smith. Dr Smith was mindful that our monitoring and evaluation should not be driven by a dashboard of quantitative data – we will also need to rely on more qualitative information, for example, asking ourselves questions such as: Are we moving in the right strategic direction in relation to our Integrated Care System? Or are we strong on our strategic approach to children and young people's mental health?

### 7.3 The Health and Wellbeing Board

1. **AGREED** the draft high-level Implementation Framework
2. **AGREED** to develop an Implementation Action & Delivery Plan
3. **COMMITTED** to action to take this work forward

## 8. NHS 10 Year Plan - Briefing

8.1.1 The HWB considered the report outlining key messages from the NHS Long Term Plan (LTP) published in January 2019, setting out a strategy for the health service for the next ten years and providing a framework for local systems to develop plans

8.1.2 The Director of Public Health, Dr Louise Smith introduced the report:

- Dr Smith thanked Norwich Clinical Commissioning Group (CCG) for sharing their paper which had helped inform the report
- Welcomed the LTP chapters on prevention and on workforce, together with the acknowledgement of digital innovation as important for the development of a modern health and social care system
- Confirmed that the implications of the LTP for the system would be discussed in the HWB development session outside of the main HWB meeting on 24 April 2019

8.2 During discussion the following points were noted:

- Rt Hon Patricia Hewitt welcomed the LTP's 5-year planning horizon for funding and the clear statement about the integration of health and care systems
- The arrival of the LTP had been followed by the announcement new GP contract
- James Bullion welcomed the LTP but commented that there was a lost opportunity, with the social care green paper still awaited. Norfolk & Waveney was reasonably well advanced on its 'journey' and well placed to respond to the initiatives set out in the LTP, which would build on work already underway across the system. He **suggested** it would be helpful for the HWB to see the developing plans for the N&W 5-year plan and to 'hold to account', in a dual way with the ICS process.
- It was recognised that the workforce was key. Alan Hopley commented that we would need to consider the wider workforce including, volunteers working in the NHS, voluntary sector paid staff, and private sector care provision.
- Vice-Chair Cllr Bendle championed the benefits of partnership working across social prescribing, face-to-face work with connectors and early help to give effective support.
- Sara Tough welcomed the focus around children and young people, particularly children and young people's mental health. It was noted that a further workstream in the STP had just been introduced with a focus on children and young people and work was underway to develop an integrated children's system.
- HealthWatch Norfolk welcomed the messages laid out in the plan, particularly around partnership working and integrated working, and commented on the importance of informing and consulting the public.
- Dr Sanjay Kaushal commented on the setting up of the Residential Care and Care Home Steering Group and the recognition of the importance of the role of the private care sector

in planning

- Dr Louise Smith welcomed the focus on prevention. Dr Smith reminded Board members of the decline in investment in prevention over the past 5 years and drew attention to the Smoking Strategy and the need for us as a system to tackle smoking in the community, particularly smoking in pregnancy.

### 8.3 The Health and Wellbeing Board

1. **DISCUSSED** the implications of the NHS Long Term Plan for our local health and wellbeing system and **NOTED** that there would be further discussion in the HWB development session outside of the main HWB meeting on 24 April 2019.

## 9. Norfolk & Waveney Sustainability and Transformation Partnership (STP) – Update, including integrating health and care services

9.1.1 The HWB discussed the report providing an update on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress on key pieces of work since the last report in October 2018.

9.1.2 The STP Chair, Rt Hon Patricia Hewitt, introduced the report:

- A single, accountable officer would be appointed for the 5 Clinical Commissioning Groups (CCGs), and would become the Executive Lead for the STP
- A Norfolk and Waveney plan in response to the long-term plan would need to be in place by September 2019
- There would be full engagement with service users, carers and agency and voluntary sector partners
- A workshop with the HWB would be extremely helpful to discuss ideas and the process to be followed, and to start to develop the Norfolk and Waveney 5 - year plan
- Due to a change in NHS England processes, all areas across the country would be 'shadow' ICSs (Integrated Care Systems) from April 2020, unless they had gone on to become an ICS; Norfolk and Waveney (N&W) STP aimed to become an ICS from April 2021
- Strong foundations were in place which we would build on; there was, for example, closer working between the 3 acute hospitals. The biggest challenge was the financial situation, with Norfolk and Waveney NHS heading towards a deficit of nearly £100m in 2019-20. A medium term financial recovery plan had been put in place to address this but it was a big challenge and reinforces the need for everybody working more closely together to address things at the earliest stage.
- The "Aspirant ICS programme" had been helpful in progress towards an ICS and our developing ICS would be based on three levels as outlined in the report: 20 neighbourhoods, focussed around GP practices and based on delivery; place level which was based around CCG cluster boundaries and would involve District Council input; and Norfolk and Waveney level.

9.2 The following points were discussed and noted

- There was a discussion about boundaries and the complexity of the health and wellbeing landscape in which we are operating; effective partnership working, with the appropriate representation at neighbourhood and place level would be essential.
- A whole system understanding of demand and capacity would be needed; demand and capacity work to date had focussed on the known deficit area, which at that time was the NHS
- Karen Barker, agreed to produce a timeline of key dates leading up to submission of the Norfolk and Waveney plan in September 2019, to be provided at the HWB development session on 24 April 2019.
- The draft Adult Mental Health Strategy would be sent to the Joint Strategic Commissioning

Committee the following week; Dr Smith asked Vice-Chair Tracey Williams to send this to HWB Members for comments

- NHS resource was invested in the voluntary sector and it was important that they were included in discussions
- The Chairman was hopeful about development towards a common delivery pattern across the county and towards a common offer where all people in Norfolk could expect the same high levels of support

9.3 The Health and Wellbeing Board:

1. **AGREED** to assist with building awareness of the three levels our Integrated Care System will have within their organisations, in order to build a consistent and shared understanding of how the system will work together to improve health and care
2. **CONSIDERED** the role that partners could play, both collectively and individually, in the development and implementation of our 20 Primary Care Networks across Norfolk and Waveney
3. **SUPPORTED** the continued involvement of service-users, carers, staff and other stakeholders in the implementation of our mental health strategy.
4. **COMMITTED** to supporting the development of the Norfolk and Waveney five-year plan.

## 10. Clinical Commissioning Group (CCG) Annual Reports

10.1 The HWB considered the draft narratives submitted by each Clinical Commissioning Group (CCG) in Norfolk and Waveney for their Annual Reports 2018-19, focussing on how they had supported and contributed to the delivery of Health and Wellbeing Board priorities.

10.2 Vice-Chair Tracey Williams reported that CCGs were due to be submitted to NHS England in mid-April 2019

10.3 The Health and Wellbeing Board:

- **AGREED** the narratives
- **ENDORSED** the move to a single management team in 2019

## 11a. Access to health and social care services for Norfolk Families with Autism

11a.1 The HWB received a presentation (see Appendix 1) by Stephanie Tuvey, Healthwatch Norfolk, on the key findings of a recent HealthWatch Norfolk report;

- Families raised a lack of understanding of autism from professionals which limited the ability of families and children with autism to access services
- Barriers to accessing support were raised by families, some of which was caused by attitudes from professionals
- Families felt services for Autism Spectrum Disorder (ASD) in Norfolk needed to change; waiting times were often long and many rated services as poor
- The findings emphasised the need to listen and engage more with families and service users using the service.
- Families discussed a lack of support post diagnosis

11a.2 The Health and Wellbeing Board **NOTED** the presentation, which provided context for the discussion of the next item.

## 11b. All Age Autism strategy update

11b.1 The HWB received the report providing an update on the development of the All-Age Autism Partnership Board and the workstreams in place to support development of a local All-Age

## Autism Strategy

11b.2 The Executive Director of Adult Social Services, James Bullion, introduced the report:

- Welcomed the HWN presentation of the key findings; we know that we need to engage, and we are engaging
- The All-Age Autism Partnership board had been developed over a year by engaging with partners. As Co-Chair of the Partnership board, the Executive Director, played tribute to those with learning disabilities who are participating the Partnership board and urged them to continue to participate.
- The Partnership board had looked at the Autism diagnostic pathway and their findings validated the findings of HealthWatch Norfolk, as outlined in the presentation at 11a
- There was a need for a culture change in Norfolk around the services and support for families and children with Autism and Asperger's
- The HWB requested to be kept up to date with progress on this work

11b.3 The Health and Wellbeing Board:

- a) **ACKNOWLEDGED** the work undertaken in the continued development of Norfolk All-Age Autism Partnership Board, Norfolk All-Age Autism Group and the working groups in place to undertake priority work identified
- b) **AGREED** to champion active engagement from services across Norfolk County Council (the Council) to the strategy
- c) **AGREED** to receive the local all-age autism strategy that will be informed by the completion of the National Autism Self-Assessment (completed 14 December 2018) with a co-produced all age strategy available March 2018

## 12. Prevention Concordat for better Mental Health

12.1 The HWB considered the report showing the context and principles set out in the Prevention Concordat for Better Mental Health and asking partners to sign up to a cross sector approach

12.2 Sally Hughes, Public Health Commissioning Manager (Vulnerable People), introduced the report commenting that it was a good fit with the HWB's strategic aspirations around prevention.

12.3 During discussion the following points were noted

- The Concordat was welcomed as the right approach but it should work with the overall aims of our system focus on mental health
- It was suggested that the focus should be on mental wellbeing, as well as mental health

12.4 The Health and Wellbeing Board

1. **REVIEWED, AGREED** and **SIGNED-UP** to the set of statements, listed below.
2. **AGREED** to work together to develop a shared system action plan for better mental health

The Meeting Closed at 11.01

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

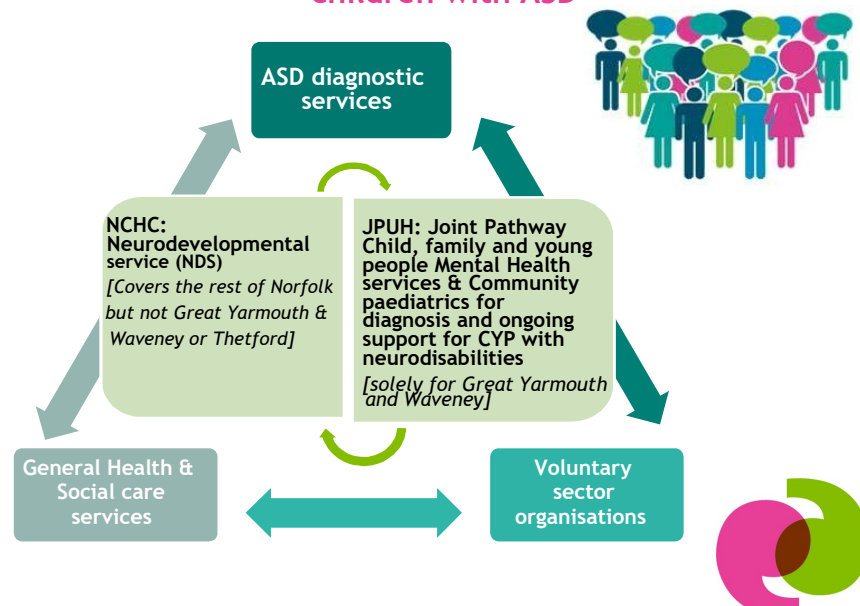


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## Access to health and social care services for families with autism

October 2018, Steph Tuvey (Project Manager)

## Background on Norfolk services supporting children with ASD



## Our approach...

As a result of being told that local services for children with ASD were unsatisfactory, a priority project was launched.

We wanted to understand families experiences of:

- 1) Health & social care services
- 2) ASD diagnostic services
- 3) Trying to access ASD support

## Respondants...



112 families completed questionnaires representing 133 children (aged between 1 - 18 years)

Parent Questionnaires

Parent support groups

Local Public ASD events

Mixed methods approach

## Health and social care...a lack of understanding

Families felt professionals did not understand the reality of what it was like to live with ASD and how it affects individuals everyday lives.

*"People to have the patience to understand that with autism you are going to get behaviours. It's going to take people who have autism a lot longer to be looked at. They don't always understand what's going on. Things they hear see [and] smell are going to upset or make them curious and may need time to touch, smell possibly lick etc for them to process their surroundings. And people's attitude towards autism need to change. They may feel like they are having a bad time treating someone with autism but that's nothing compared to the child with autism is actually going through. They are acting this way because they don't understand, don't feel safe or it's out of their daily routine. So please be patient with them."*

- There was a lack of understanding across all health and social care services.
- Attending appointments could be challenging and the importance of understanding ASD and the individual child was vital.



### healthwatch

"It takes a lot of appointments & a lot of repetitive explaining before you feel as though professionals are actually taking your concerns on board. We have also felt quite patronised whilst explaining ourselves during a paediatrician appointments. There's also a certain feeling of "here's your diagnosis, off you go" and you're checked off a list to be forgotten."  
[JPUH pathway]

Passed from service to service      Unable to engage due to ASD

AS A PARENT OF A CHILD I GNOSED WITH ASD, I HAVE FOUND TRYING TO FIND OFFER OUR FAMILY CONDITION. THERE CHALLENGES OF ASD

Impact on the child


+ DISAPPOINTING WALS ASLE TO WITH HIS LESS OF THE IS ASLE TO HELP

### Difficulty getting help at the right time

- Families commonly expressed how there were always barriers to accessing help.

"There now seems to be so many barriers/hurdles put in place that you have to 'jump' before you can access the services that you need/your child is entitled to. If you are not a determined parent it is too easy to fall by the wayside."

- Some parents felt that attitudes needed to change and parents needed to be listened to.




### Frustration over long waiting times, services need to change

- 91 out of 96 families, identified they were accessing NHS services for a diagnosis and reported waiting **between 3-6 months to over 5 years**, this demonstrated clear differences in waiting time for all families in Norfolk.

Waiting time	Count	Percentage
3-6 months	4	4%
6-12 months	16	18%
1-2 years	22	24%
2-3 years	7	8%
3-4 years	4	4%
4-5 years	6	7%
Over 5 years	4	4%
I'm still waiting	28	31%

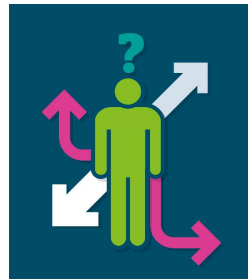
How families rated the diagnostic services:

- 50% (42 families) of families rated ASD diagnostic services in Norfolk as 'very poor or poor'.
- 27% (22) rated them as 'neither good nor bad' (based on 83 families of the 112 who chose to rate their experiences).
- 22% (19) felt the services were 'very good or good'.



### Families unaware of the diagnostic process: Parents call for clearer information and advice


- Parents felt there was a lack of communication from ASD diagnostic services.
- The pathway process for a diagnosis was not explained to parents.
- Parents often recalled the feeling of being forgotten as they did not know where they were in the process.



"You're on a pathway but no one tells you what direction, where you are going!"

"Having more support/communication during the assessment period. No one explained or gave us information on the process/timescales/what needed to be carried out."

I feel very pleased that my boys (twins) were diagnosed before they started school. The only thing I would improve is by having a plan/chart available to show the diagnosis process and the various steps along the way...as I was always wondering what the 'next stage' in the process would be." [NCHC pathway]



### Lack of support for families

- Most commonly parents accessed support through voluntary sector organisations and parent support groups - no judgement.
- Continuous fight for services and support.
- A lack of support available post diagnosis, resulted in parents describing the feeling of being 'dropped in the ocean' and left to survive on their own.

Figure 9. what support families tried to access

Support for siblings      Regular contact with services


Parent support groups      Something else      Sensory support      Not accessed support

Key: Voluntary sector, Parent support groups, Something else, Sensory support, Not accessed support

"...this is a lifelong condition but once you have a diagnosis you are discharged from health and social care and expected to cope with a child whose needs are changing as they grow up. Voluntary support services are all that is available."

come across challenging behaviour you're not sure how to deal

"No support for parents who are waiting for a diagnosis. When we finally after 4 years received the diagnosis of ASD we were briefly told about it and given several leaflets and sent home to sort it out for yourselves. It's really stressful having a child with special needs so to be finally diagnosed and given leaflets and shown the door is so overwhelming." [NCHC pathway]





## Recommendations

- 1 Leadership is required to coordinate more awareness of ASD diagnostic services, their process and procedures involved and openly share with families when accessing the service.
- 2 As opportunities arise, involve parents in the redesign of services, buildings and waiting areas used for autistic patients.
- 3 Leadership is required to provide training across all universal health and social care services.
- 4 The AAPB to monitor and ensure that parents are involved in a review of current parent support programmes to ensure they are accessible for all. E.g. considering digital platforms.
- 5 The AAPB have responsibility to ensure recommendations are achieved in the development of the strategy for Norfolk and ensure that all service contracts are regularly monitored.



## Thank you for your time

- The detailed report, summary and easy read document can be found on our website:

[www.Healthwatchnorfolk.co.uk](http://www.Healthwatchnorfolk.co.uk)

