

Health & Wellbeing Board

Date: **Wednesday 10 July 2019**

Time: **9:30am**

Venue: **Room 16, Abbey Conference Centre, Bracondale Road, Norwich, NR1 2DD**

Representing

Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council
Cabinet member for Childrens Services and Education, NCC

Leader of Norfolk County Council (nominee)
Adult Social Services, NCC
Borough Council of King's Lynn & West Norfolk
Breckland District Council

Broadland District Council

Cambridgeshire Community Services NHS Trust
Children's Services, Norfolk County Council
Director of Public Health, NCC
East Coast Community Healthcare CIC
East Suffolk Council

Great Yarmouth Borough Council
Healthwatch Norfolk
James Paget University Hospital NHS Trust
NHS England, East Sub Region Team
NHS Great Yarmouth & Waveney CCG
NHS Norfolk & Waveney CCGs
NHS Norwich CCG
NHS North Norfolk CCG
NHS South Norfolk CCG
NHS West Norfolk CCG
Norfolk Community Health & Care NHS Trust
Norfolk Independent Care
Norfolk Constabulary

Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
North Norfolk District Council

Norwich City Council
Police and Crime Commissioner

Queen Elizabeth Hospital NHS Trust
South Norfolk District Council
Sustainability & Transformation Partnership (Chair)
Sustainability & Transformation Partnership (Executive Lead)
Voluntary Sector Representative
Voluntary Sector Representative
Voluntary Sector Representative

Membership

Cllr Bill Borrett

Cllr John Fisher

Penny Carpenter
James Bullion
Cllr Elizabeth Nockolds
Cllr Sam Chapman-Allen

Cllr Fran Whymark

Matthew Winn
Sara Tough
Dr Louise Smith
Jonathan Williams
Cllr Mary Rudd

Cllr Cara Walker
David Edwards
Anna Hills
Vacancy
Dr Liam Stevens
Melanie Craig
Tracy Williams
Dr Anoop Dhesi
Dr Hilary Byrne
Dr Paul Williams
Josie Spencer
Dr Sanjay Kaushal
ACC Nick Davison

Mark Davies
Prof Jonathan Warren
Cllr Virginia Gay

Cllr Karen Davis
Lorne Green

Caroline Shaw
Cllr Yvonne Bendle
Rt Hon Patricia Hewitt
Melanie Craig

Jonathan Clemo
Dan Mobbs
Alan Hopley

Substitute

Debbie Bartlett
Cllr Sam Sandell
Cllr Paul Claussen
Cllr Roger Foulger

Sarah Jones

Tony Osmanski
Cllr Alison Cackett

Alex Stewart
Anna Davidson

Geraldine Broderick

Supt Chris Balmer
David White
Marie Gabriel
Cllr Sarah Butikofer

Adam Clark
Dr Gavin Thompson
Prof Steve Barnett
Cllr Florence Ellis

Laura Bloomfield

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

For further details and general enquiries about this Agenda please contact the Committee

Administrator:

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

Health & Wellbeing Board

Wednesday 10 July 2019

Agenda

Time: 9:30am to 1:00pm

- | | | | |
|-----|---|---|-----------|
| 1. | Apologies | Clerk | |
| 2. | Election of Chair | Clerk | |
| 3. | Election of Vice Chairs | Chair | |
| 4. | Chairman's opening remarks | Chair | |
| 5. | Minutes | Chair | (Page 3) |
| 6. | Actions arising | Chair | |
| 7. | Declarations of interests | Chair | |
| 8. | Public Questions (How to submit a question) Deadline for questions: 9am, Monday 8 July 2019 | Chair | |
| 9. | Health and Wellbeing Board Governance Update | Louise Smith/ Hannah Shah | (Page 10) |
| 10. | Area Special Educational Needs and Disabilities (SEND) Strategy (Presentation) | Sara Tough & Melanie Craig/ Michael Bateman | (Page 12) |
| 11. | Norfolk & Waveney Adult Mental Health Strategy | Patricia Hewitt/ Dr Tony Palframan | (Page 15) |
| 12. | Norfolk & Waveney Sustainability & Transformation Partnership Update | Patricia Hewitt/ Melanie Craig | (Page 17) |
| 13. | Autism Strategic Update | James Bullion/ Amanda Dunn & Mark Rushen | (Page 33) |
| 14. | Physical Health Checks for Adults with a Learning Disability (Presentation) | Melanie Craig/ Sadie Parker | (Page 38) |
| 15. | Joint Health and Wellbeing Strategy 2018-22 Implementation Update | Chris Butwright | (Page 41) |

Information updates

Healthwatch Norfolk: the report on 'Access to health and social care services for Norfolk Families with Autism' at this link: [HWN Project Report 2018](#)

Norfolk and Waveney STP has launched its [new website](#).

Further information about the Health and Wellbeing Board: can be found on our website at:
[About the Health and Wellbeing Board](#)

Health and Wellbeing Board
Minutes of the meeting held on 24 April 2019 at 11.15am
in the Edwards Room, County Hall.

Present:

Cllr Bill Borrett
James Bullion
Cllr Elizabeth Nockolds
Cllr Paul Claussen
Cllr Roger Foulger
Sara Tough
Dr Louise Smith
Cllr Mary Rudd
Karen Barker
Dr Liam Stevens
Tracy Williams
Jo Smithson
Frank Sims
Dr Paul Williams
ACC Nick Davison
Adam Clark
Cllr Yvonne Bendle
Rt Hon Patricia Hewitt
Alan Hopley
Jon Clemo

Representing:

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

Invitees Present:

| | |
|-------------------|---------------------------------------|
| Jonathan Williams | East Coast Community Healthcare CIC |
| Erika Denton | Norfolk & Norwich University Hospital |
| Garry Sweeney | Queen Elizabeth Hospital NHS Trust |

Officers Present:

| | |
|--------------------|--|
| Linda Bainton | Senior Planning & Partnerships Officer, Public Health, NCC |
| Suzanne Meredith | Deputy Director of Public Health (Healthcare Services) |
| Anne-Louise Ollett | Advanced Public Health Information Officer |
| Hollie Adams | Clerk |

1. Apologies

- 1.1 Apologies were received from Cllr David Bills, Melanie Craig (Karen Barker substituting), Mark Davies (Erika Denton substituting), David Edwards, Cllr Angie Fitch-Tillett, Marie Gabriel, Lorne Green, Dan Mobbs, Cllr Matthew Packer (Adam Clark substituting), Caroline Shaw (Garry Sweeney substituting), Josie Spencer, Alex Stewart, Cllr Cara Walker, John Webster and Elly Wilson-Wickenden (Alan Hopley substituting).
- 1.2 Also absent were Dr Hilary Byrne, Cllr Stuart Dark, Dr Anoop Dhesi, Simon Evans-Evans, Anna Hills, Dr Sanjay Kaushal, and Prof. Jonathan Warren.

2. Chairman's Opening Remarks

- 3.1 The Chairman welcomed partners to the meeting.

3. Minutes

- 3.1 The minutes of the meeting held on the 13 February 2019 were agreed as an accurate record and signed by the Chairman.

4. Actions arising from minutes

- 4.1 Page 5, paragraph 7.2.1, bullet point 4: the report from South Norfolk District Council on understanding the fiscal benefits of prevention had been circulated to the Department of Public Health and to Lead Officers from District Councils.
- 4.2 Page 6, paragraph 8.3: the morning's development session had been used to look at the implications of the NHS long term plan for the local system.
- 4.3 Page 7, paragraph 10.3, bullet point 2: Melanie Craig had been appointed as the new Chief Officer for the five Norfolk and Waveney Clinical Commissioning Groups.

5. Declarations of Interests

- 5.1 There were no declarations of interest.

6. Public Questions

- 6.1 One public question was received and the answer circulated; see Appendix A.

7. Joint Strategic Needs Assessment (JSNA) – informing and supporting our system

- 7.1 Suzanne Meredith, Deputy Director of Public Health, introduced the report which outlined a new governance structure and process for managing the JSNA to ensure the information was up-to-date, relevant to the current public health and HWB priorities, accessible and easy to use for a wide range of audiences.
- 7.2 Anne-Louise Ollett, Advanced Public Health Information Officer, gave a live web demonstration of the updated JSNA website and Norfolk Insight:
- The JSNA could be accessed through a link on the HWB website or by searching on the internet for the term "JSNA"
 - JSNA information was organised by chapter; documentation, data, external links, maps and concise briefing papers were available for each topic
 - The website included a blog and a newsfeed which could be subscribed to for updates
 - Norfolk Insight used nationally published indicator data and Office of National Statistics data which could be split by geographic area; the map explorer layered this data on a map which could be exported to PDF format. Custom area reports were being developed

The following points were discussed and noted

- The Chairman pointed out that producing the JSNA was a statutory function of the HWB and the improvements provided an opportunity to interrogate the data more effectively and support partners to move forward as a system
- This was a joint statutory duty between the local authority and the Clinical Commissioning Groups (CCGs) and it was necessary to ensure close working between partners so that all were collaborating as a system on this, for example, strengthening links to the STP website and including the Norfolk and Waveney Adult Mental Health Strategy in due course. Suzanne Meredith, Deputy Director of Public Health, confirmed that officers were working closely with the STP colleagues and that all HWB partner organisations would

be represented on the JSNA Liaison Group.

- Vice-Chair Cllr Bendle highlighted the benefit of the data to the work of District Councils and felt the improvements would further support their work
- It was queried whether population health management was an area being looked at. Suzanne Meredith confirmed that the JSNA leads were working towards a population health management approach with the STP, Local Delivery Boards and Primary Care Networks
- Suzanne Meredith **agreed** to discuss issues including the proofing of the data with Mr Clemo outside of the meeting.

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

1. **ENDORSE** the proposed JSNA Governance and Process
2. **IDENTIFY** members of the HWB from each partner organisation (NCC Adult Social Care, Children's Services, each CCG, each DC, Public Health) to act as a Liaison Group between the HWB and the JSNA Working Group
3. **SUPPORT** the use of the JSNA products in the commissioning plans of its member organisations

8. Norfolk & Waveney Sustainability and Transformation Partnership (STP): Update, including integrating health and care services

8.1.1 The Health and Wellbeing Board (HWB) received the report giving an update on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in February 2019.

8.1.2 Rt. Hon Patricia Hewitt, Chair of the STP, and Karen Barker, ICS Development Director, introduced the report:

- From an NHS perspective, Primary Care Networks (PCNs) were considered the building blocks of Integrated Care Systems. In Norfolk and Waveney, all GP practices were now signed up to be part of a Primary Care Network and were appointing clinical directors
- Our Norfolk & Waveney Five Year Plan would need to reflect the ambitions of the NHS Long Term Plan and our HWB Strategy, which all partners had contributed to developing. It would be helpful, when we have an early draft of the N&W Five Year Plan, for it to be brought to a HWB workshop.
- The system financial position was challenging and highlighted the need to work as a system. Practical action included moving towards reporting as a system, for example, processes were being put in place to look at whole system performance
- The Norfolk & Waveney Adult Mental Health Strategy had been a considerable work – it had recently been agreed by the Joint Strategic Commissioning Committee; it would be launched on the 29 April 2019

8.2 The following points were discussed and noted

- Dr Louise Smith, Director of Public Health, **proposed** that at the HWB workshop in July, HWB members would consider either a specific set of issues (such as prevention) in relation to the N&W Five Year Plan, or the draft overarching Five Year Plan
- Dr Smith also **proposed** that the Norfolk and Waveney Adult Mental Health Strategy was brought to the 10 July 2019 HWB meeting
- The prevention approach, which was a key element in the transformation in primary care and other key services, would help support the financial situation across the system.
- It was important for us to grow our health and care sector workforce and the STP's workforce workstream was well underway.

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

1. **AGREE** to be fully involved in the development of the Norfolk and Waveney five year plan

2. **ASSIST** with building awareness of the NHS Long Term Plan and encourage their patients, service users, carers and staff to get involved in the development of the Norfolk and Waveney five-year plan.
3. **NOTE** that the final Norfolk and Waveney Adult Mental Health Strategy will be brought to the HWB

9. Better Care Fund and integration plan – end of year 2017/19

- 9.1.1 The Health and Wellbeing Board reviewed the report outlining progress with the Better Care Fund (BCF) and Integration Plan and initiatives funded through BCF. The report also looked at work to be carried out to achieve the identified priorities for system-wide change, which would be the ongoing focus of the BCF and Integration Plan.
- 9.1.2 James Bullion, Executive Director of Adult Social Care, and Mick Sanders, Commissioning manager, introduced the report:
 - £95m in total was pooled between Health, Social Care and Housing and local contributions; we not only have a joint fund, but a joint vision.
 - Spend was primarily focussed on adults, however, for mental health this extended to younger people at risk of mental health issues.
 - Issues remained relating to Delayed Transfers of Care (DToC) and the reliability and attribution of data; the issues were being actively addressed with all parties working together to resolve it.
 - The Fund ended at the end of the year and there was as yet no indication that it would be continued.
 - Although a policy framework was available, National guidance was still awaited for the BCF transition year 2019-20. In the circumstances, our Better Care and Integration Plan 2019-20 would be drafted once the guidance had been published.
- 9.2 The following points were discussed and noted
 - Feedback was given on how BCF funding had been used to support vulnerable people on discharge from hospital
 - Vice-Chair Cllr Bendle provided information on the District Direct project which had been extended to include the three acute hospitals; it was hoped it would be further extended to include the community and mental health hospitals. Funding was being sought and a business case paper was being taken to various forums including the Joint Strategic Commissioning Group.
 - James Bullion reported that progress had been made with partners in the last two months on improvements around counting and verification of DToC data, which would lead to improvements in some data and a worsening in others. He considered that oversight and scrutiny by the Board was helpful.
 - The Chairman was concerned about the lack of clarity around funding for 2020 onwards and **proposed** that the HWB write a letter expressing its hope that the fund would continue
- 9.3 The Health and Wellbeing Board **RESOLVED** to:
 - **REVIEW** progress that has been made on Norfolk's 2017-2019 Better Care Fund and Integration Plan and DToC challenges.
 - **REVIEW** and **COMMENT** on the proposals for developing a revised Better Care and Integration Plan for the transitional year 2019-20
 - **DELEGATE** decision-making on the final version of the revised Better Care and Integration Plan 2019-20 to the HWB Chair and Vice-Chair's Group for submission nationally.
 - **WRITE** to the Secretary of State and Minister for Social Care expressing their hope that this fund will continue into 2020

10. Homes and Health - system progress at mid-year

10.1.1 The Health and Wellbeing Board (HWB) received the report giving an update on the actions of the District Councils' Sub Committee seeking agreement to the proposals made at their meeting on 11 March 2019.

10.1.2 Adam Clark of Norwich City Council introduced the report:

- The day to day work of the District Councils had a key impact on health and wellbeing. The three areas in this workstream focussed on the District Councils' work around housing – a core business – and developing integrated ways of working
- The three areas of focus were the Warm and Healthy Homes, piloting joint working to build housing interventions into multi-disciplinary teams, and improving discharge from hospital (District Direct project)
- Learning so far included recognising the importance of the cultural differences between front line staff working in different services and/or environments.
- The difficulties around funding remained an issue for example in relation to discharge from hospital

10.2 The following points were discussed and noted

- The benefits of promoting better what the District Councils were working together to achieve; there was a lack of awareness of the District Councils' offer in this area.
- There were opportunities to go further and the District Council's Sub Committee could be asked to hold a more strategic discussion around housing once it had completed its current work on the three specific projects.
- Only a small proportion of the Warm Homes Fund had been spent therefore promoting referrals into the fund was important
- The business case for expansion of the District Direct Project was being worked on and partners were being engaged with to identify whether they would integrate the service. Funding was not assured and discussions due to be held on the 14 May 2019 were integral to this; Dr Louise Smith felt it was important to ensure all parties had the time and funds to take on the service

10.3 The Health and Wellbeing Board **AGREED** to **ENDORSE** the following further steps in the Homes and Health programme proposed by the Sub Committee:

1. To develop a communications campaign on the Warm Homes Fund, to secure engagement and referrals from partner staff going into residents' homes – as well as raising awareness amongst those likely to benefit from the scheme. (Led by the WHF Programme Team, this would start with stakeholder meetings in May and roll out in waves over the next 18 months)
2. To hold a county-wide learning event to increase knowledge of potential housing solutions to health and care needs (PH to co-ordinate in the autumn)
3. To support the taking of a discharge from hospital service business case to JSCC, by Integrated Commissioning and South Norfolk Council (on 14 May)

11. Health & Wellbeing Board governance update

11.1 The Health and Wellbeing Board (HWB) received the report, which highlighted key areas of the HWB's governance arrangements in terms of membership and invited members to endorse proposals for change

11.2 Dr Louise Smith, Direct of Public health, welcomed the providers being invited to become the full members; the Chairman commented that there should be parity between members.

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

1. **ENDORSE** the proposal by the HWB Chair and Vice Chairs that the Chief Executives and Chairs of the key providers become full members of the HWB
2. **ENDORSE** the proposal by the HWB Chair and Vice Chairs that the list of key providers is extended to Cambridgeshire Community Services NHS Trust
3. **NOTE** the changes to HWB membership which are a consequence of the County Council's decision to change to a Cabinet system of governance (Appendix A of the report)
4. **NOTE** that Norfolk County Council will be asked to consider amending its constitution to enable the changes above at its Annual General meeting in May 2019
5. **NOTE** the HWB attendance record (Appendix B of the report)

The Meeting Closed at 12.32

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



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5. PUBLIC QUESTIONS TO HEALTH AND WELLBEING BOARD: WEDNESDAY 24 APRIL 2019

5.1 Question from Rachel Henderson

The Long Term Plan talks of integrated services close to home. Boston Consulting Group talks of a need for more beds.

All Hallows Hospital, though a charity, not an NHS owned facility, provides both in an area distant from district general hospitals. Contracts with the NHS are its major income.

At first glance, it looks as though this is a facility that exemplifies what the LTP should be providing in the community.

Is the STP Board planning to find a solution to the financial crisis at All Hallows to avoid the breakup of this service, possibly involving cooperation with the neighbouring Suffolk and North East Essex ICS?

Response from Chairman of Health and Wellbeing Board

The All Hallows situation is being dealt with on an STP basis by Suffolk County Council, Norfolk County Council, NHS Great Yarmouth and Waveney CCG and South Norfolk CCG all of whom commission services from All Hallows Healthcare Trust.

As an STP we recognise this is a worrying time for the people and families affected by the transfer of care from All Hallows Healthcare Trust to a new provider. Our priority has always been, and will continue to be, to ensure that there is safe ongoing care to all of those currently receiving care and support, including vulnerable residents with complex needs.

Since the announcement made by the trustees of All Hallows Healthcare Trust, other health and care providers have expressed an interest in providing services. This interest ranges from providers who wish to take on all the services currently provided, or specific parts of the services.

The Trustees of All Hallows Healthcare Trust, have held conversations with each of these providers to understand their interest and plans. It is the intention that, wherever possible, services will transfer to another provider or providers with little or no disruption to people who currently receive care and support.

A range of bids have been received and these are in the process of being reviewed by the trustees of All Hallows Healthcare Trust with a decision expected to be announced later this week or early next week.

We are also working to minimise any impact on staff and they are a key consideration when making any decision. Our primary concern is to retain staff where possible within the care workforce and we are doing what we can to support this.

Please note that All Hallows has a mixture of funders which includes local authority funded care, health and self-funders.

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|--|---|
| Report title: | Health and Wellbeing Board – Governance update |
| Date of meeting: | 10 July 2019 |
| Sponsor (H&WB member): | Dr Louise Smith, Director of Public Health |
| <p>Reason for the Report</p> <p>The Health and Wellbeing Board (HWB) is operating in a rapidly changing landscape. It is appropriate for the Board to consider its governance on a regular basis to ensure that it continues to work efficiently and effectively and is well placed to pursue its strategic priorities.</p> <p>Report summary</p> <p>This report highlights changes to the Clinical Commissioning Groups' (CCGs) executive arrangements, with the establishment of a single Accountable Officer, and invites Board members to ratify an amendment to its membership.</p> <p>Recommendations:</p> <p>The HWB is asked to:</p> <p>a) Ratify the decision of the HWB Chair and Vice-Chair Group to change the representation of the CCGs' executive membership to reflect the recently appointed single Accountable Officer.</p> | |

1. Background

- 1.1 The Health and Wellbeing Board (HWB) operates in a rapidly changing landscape and reviews its governance regularly to ensure it continues to be effective and the Board is well placed to pursue its strategic priorities.

2. Membership

- 2.1 In April 2019, the five Norfolk Clinical Commissioning Groups (CCGs) – North Norfolk; Great Yarmouth and Waveney; South Norfolk; Norwich; and West Norfolk – appointed a single Accountable Officer. The decision to appoint a single Accountable Officer was made by the five CCGs in November 2018.
- 2.2 Following the appointment, the HWB Chair and Vice-Chairs Group have agreed to reflect this in the membership of the HWB. The CCG representation on the HWB will therefore be amended, from the previous four Accountable Officers, to include the now **single Accountable Officer**. The membership of the **five Chairs of each of the CCGs** remains unchanged.
- 2.3 This does not represent a constitutional change; the Council's Constitution states that the representatives of the CCGs on the HWB are "agreed with each of the CCGs".

Officer Contact

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

Officer Name:
Hannah Shah

Tel No:
01603 973955

Email address:
hannah.shah@norfolk.gov.uk



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|---|---|
| Report title: | Area Special Educational Needs & Disability (SEND) Strategy |
| Date of meeting: | 10 July 2019 |
| Sponsor (H&WB member): | Sara Tough, Executive Director Children's Services Melanie Craig, STP Executive Lead |
| <p>Reason for the Report The Area Special Educational Needs & Disability (SEND) Strategy is presented to the Health and Wellbeing Board (HWB) as part of a current 6-week consultation with all partners and stakeholders.</p> <p>Report summary This report presents the strategy for Special Educational Needs & Disability which has been co-produced over the past 12 months. Feedback is being sought during June-July 2019 from partners and stakeholders (including the HWB), after which it will be refreshed over the summer holiday period for full publication for 1 September 2019.</p> <p>Recommendations: The HWB is asked to:</p> <ul style="list-style-type: none"> a) Provide comment and feedback regarding the Area SEND Strategy as part of a current 6-week consultation with all partners and stakeholders b) Agree to receive a report, at least annually as part of the annual refresh of the strategy, to contribute to monitoring of improvement and impact c) Endorse the Area SEND Strategy and promote within member organisations | |

1. Background

- 1.1 An area Special Educational Needs & Disability (SEND) strategy is required to fulfil the duties placed on statutory agencies and education providers as part of ongoing implementation of the SEND reforms within the Children & Families Act 2014.
- 1.2 The following link provides a copy of the related SEND code of practice

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

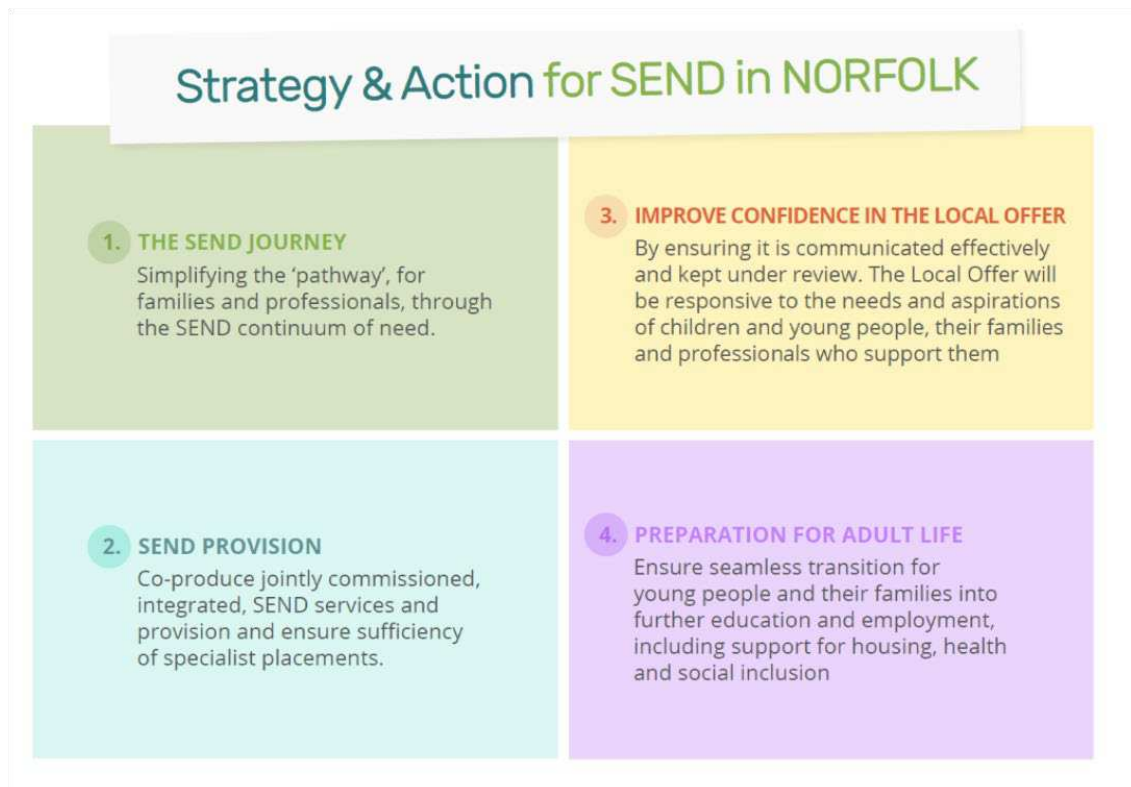
2. Area Special Educational Needs & Disability (SEND) Strategy

- 2.1 The [Area SEND Strategy is available here](#), and prior to the Board meeting on 10 July will also be available via the following link to the Norfolk SEND Local Offer website with a related consultation questionnaire.

<https://www.norfolk.gov.uk/children-and-families/send-local-offer>

The purpose of the Strategy and the relevance to the Board are described below.

2.2 The Area SEND Strategy has 4 key priorities:



- 2.3 It directly responds to key requirements within the Children & Families Act 2014 - SEND Reforms in relation to the requirement for joint commissioning between local authorities and clinical commissioning groups (CCGs) and the requirement for education providers, across early years, school and colleges, to work with statutory agencies and with parents/carers directly to co-produce services and to work in a person-centred way.
- 2.4 The Strategy is honest about the many challenges that we face in Norfolk to provide the best possible SEND offer to children, young people and their families. This is mirrored through the focus nationally regarding SEND funding at local authority and school level. However, the Strategy also highlights the areas of our collective work where SEND provision is effective and where we know it is making a real, sustained difference.
- 2.5 The Area SEND Strategy also includes a high-level description of the major investment that Norfolk County Council (NCC) are making to improve and increase specialist provision through the £120million capital investment; building at least 3 new special schools and providing 170 more specialist resource base places in mainstream schools. This NCC SEND & Alternative Provision Transformation Programme, now within the Area SEND Strategy itself, ensures that a key message is that this is much more than simply 'bricks and mortar'. Whilst we are building more specialist provision there is equal focus on the need to support and challenge mainstream education inclusion. Alongside working hard to ensure early intervention and prevention services are highlighted and that Education Health & Care Plans are not perceived as necessary to secure specialist advice, support and provision.
- 2.6 This 3-year Area SEND Strategy has been co-produced by all relevant partners and stakeholders within Norfolk's SEND System and the Health & Wellbeing Board members are asked to endorse and support its implementation, and to assist with the monitoring of its impact.

Officer Contact

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

Officer Name:

Michael Bateman

Tel No:

07768 165536

Email address:

michael.bateman@norfolk.gov.uk



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| | |
|---|---|
| Report title: | Norfolk and Waveney Adult Mental Health Strategy |
| Date of meeting: | 10 July 2019 |
| Sponsor (H&WB member): | Patricia Hewitt, STP Independent Chair Melanie Craig, STP Executive Lead |
| <p>Reason for the report The purpose of this paper is to present the Norfolk and Waveney Adult Mental Health Strategy to the Health and Wellbeing Board (HWB), so that members can consider the links with the Board's Joint Health and Wellbeing Strategy.</p> <p>Report summary This report presents the Norfolk and Waveney Adult Mental Health Strategy, which sets out a long-term vision for mental health services available locally, and what we need to do to get there.</p> <p>Recommendations: The HWB is asked to: a) Consider what additional actions partners could take, both collectively and individually, to support the implementation of the Norfolk and Waveney Adult Mental Health Strategy.</p> | |



1. Developing our strategy

- 1.1 In 2018, Norfolk and Waveney's Sustainability and Transformation Partnership began a review of the wider range of mental health support and services available to adults living locally. Together we sought to review and radically transform adult mental health services across Norfolk and Waveney.
- 1.2 Over 2,500 people took part in the review, and the feedback was used in shaping our long term strategy for mental health services in Norfolk and Waveney. The [Norfolk and Waveney Adult Mental Health Strategy is available here](#). We spoke to people who had used mental health services, their families and carers, professionals and volunteers. These were productive and often very tough conversations because we heard some difficult stories. We were told very clearly that the current provision of local support and services simply isn't working in the way that people want and need it too.
- 1.3 In addition to talking with local people and professionals, we also looked at a significant amount of data to give us an idea of how our local services compare with others across the country and how things might change in the coming years. This showed an increasing public awareness of mental health issues will likely result in an increasing demand for mental health services in Norfolk and Waveney. It also revealed a mixed picture in terms of the quality of our services, with some below national benchmarks or targets.
- 1.4 It should be noted that we have also reviewed Child and Adolescent Mental Health services, learning disabilities and autism services, as well undertaken some more targeted work around dementia care. We are giving careful consideration to the links between our strategy

and these other pieces of work, as well as the review being conducted in neighbouring Suffolk to redevelop mental health services.

2. Our six commitments

2.1 Our strategy sets out a long term vision for mental health services available locally, and what we need to do to get there. It was written alongside people that use mental health services, carers and professionals, and is rooted in the things people told us needed the most attention. At the core of the strategy are six 'commitments' that frame the work we need to prioritise. Our commitments are:

- i. To increase our focus on prevention and wellbeing
- ii. To make the routes into and through mental health services more clear and easy to understand for everyone
- iii. To support the management of mental health issues in primary care settings (such as within GP practices)
- iv. To provide appropriate support for those people who are in crisis
- v. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
- vi. To ensure the whole system is focused on working in an integrated way to care for patients

3. Implementing our strategy

3.1 We recognise our strategy will need to constantly evolve for it to remain relevant regardless of the climate we find ourselves in. By doing so we can turn this strategy into action, working in true co-production with people that use mental health services and the communities they live in to deliver effective, compassionate mental health care for everyone.

3.2 Each of the above six commitments has a dedicated workstream, which is developing its own action plans to deliver change in its respective areas. These workstreams meet monthly and involve people with experience of using mental health services, carers, voluntary and community sector representatives, clinicians and professionals, and commissioners.

3.3 In addition to the service user and carer representatives on the workstreams, we also have a Co-production, Advisory and Assurance Group working with us to ensure that we are meeting our ambition to co-produce not just the development of the strategy, but its implementation too.

Officer Contact

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

Officer Name:
Chris Williams

Tel No:
01502 719500

Email address:
chris.williams20@nhs.net



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| | |
|--|---|
| Report title: | Norfolk and Waveney Sustainability and Transformation Partnership (STP) update |
| Date of meeting: | 10 July 2019 |
| Sponsor (H&WB member): | Patricia Hewitt, STP Independent Chair Melanie Craig, STP Executive Lead |
| Reason for the report <p>The purpose of this report is to update members of the Health and Wellbeing Board (HWB) on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in April 2019.</p> | |
| Report Summary <p>The report provides an update on the progress of the Norfolk and Waveney STP.</p> | |
| Recommendations: <p>The HWB is asked to:</p> <ul style="list-style-type: none"> a) Consider what additional actions partners could take, both collectively and individually, to support our health and care system to address the financial challenge we face. b) Assist with building awareness of our 17 Primary Care Networks across Norfolk and Waveney, and support with their continued development. | |



1. Financial position

- 1.1 Our NHS organisations are forecasting that they are on plan for the year to deliver a combined deficit of £16.4 million this year, which would represent a significant improvement on the 2018/19 year end position which was a deficit of £97.6m. This is despite the Norfolk and Norwich University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Trust being slightly behind plan at the end of month one of the financial year.
- 1.2 All of our NHS organisations are preparing five year financial plans for consolidation and review by the partnership. The financial plans will form part of our five year plan for health and care in Norfolk and Waveney, which we needs to be complete by the autumn.
- 1.3 **Further information about our financial position is included in Appendix A.**

2. Performance of our health and care system

- 2.1 We are continuing to develop and refine the performance framework for our partnership. We want to address our performance issues together, supportively and effectively. This month's report shows the continued pressure on our emergency care services and planned care performance, and highlights why local health and care services are working more closely together. Across Norfolk and Waveney, A&E attendances have risen by 7.0% year to date.

Attendances arriving on foot have increased (8.7%) more than attendances arriving via ambulance (3.6%).

2.2 Further information about our performance is included in Appendix B.

3. Launching our Primary Care Networks

3.1 We will have 17 Primary Care Networks covering the whole of Norfolk and Waveney starting to operate from 1 July. These are teams made-up of GPs and other health and care professionals who will provide coordinated care, near to where people live. As they develop over time, these teams will include social workers, pharmacists, district nurses, mental health workers, advanced paramedic practitioners, colleagues from the voluntary sector and others. The creation of these networks is an important step towards the development of our Integrated Care System and improving care for people.

3.2 This map shows our 17 Primary Care Networks (PCN):



The following diagrams set-out which GP surgeries will be in each PCN:

Norwich

GP Alliance OneNorwich in collaboration with Norwich Practices Limited (NPL)

| | | | | |
|--|--|-----------------------------------|--------------------------------------|--------------------------------------|
| East Norwich Medical Partnership 16,276 | The Lionwood Medical Practice 8,772 | Thorpwood Medical Group 14,050 | Old Catton Medical Practice 7,264 | Hellesdon Medical Practice 10,330 |
|--|--|-----------------------------------|--------------------------------------|--------------------------------------|

East Norwich Neighbourhood – 56,683

Norwich North Neighbourhood – 43,548

| | | | | |
|------------------------------|------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|
| Lawson Road Surgery 7,072 | Prospect Medical Practice 6,842 | Oak Street Medical Practice 8,177 | Woodcock Road Surgery 7,839 | Magdalen Medical Practice 13,618 |
|------------------------------|------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|

N.B There is a single PCN which covers Norwich and it is divided into four neighbourhoods. There is one clinical director for the PCN and each neighbourhood has a clinical lead.

| | | | |
|--|------------------------------------|--|------------------------------------|
| | Beechcroft and Old Palace 6,939 | Taverham Partnership 8,515 | |
| Trinity and Bowthorpe Medical Practice 10,452 | Roundwell Medical Centre 13,471 | Wensum Valley Medical Practice 12,560 | Bacon Road Medical Centre 4,843 |

West Norwich Neighbourhood – 56,780

Central Neighbourhood – 70,125

| | | | |
|------------------------------------|---------------------------------------|------------------------------|--|
| UEA Medical Centre 21,928 | Newmarket Road Surgery 5,203 | Lakenham Surgery 8,386 | St Stephens Gate Medical Practice 13,624 |
| West Pottergate 4,297 | Castle Partnership 16,687 | | |

Norwich Practices Ltd (Norwich wide APMS contract) 11,024

South Norfolk

GP provider organisation: South Norfolk Healthcare

| | | |
|-----------------------|-----------------------------------|-------------------------|
| School Lane 16,693 | Watton Medical Practice 12,564 | Grove Surgery 13,257 |
|-----------------------|-----------------------------------|-------------------------|

Breckland PCN – 42,514

| | | | |
|---|--|-----------------------------|-----------------------------------|
| East Harling and Kenninghall 8,243 | Wymondham Medical Practice 18,663 | | |
| Humbleyard Practice 19,960 | Windmill Surgery 5,446 | Hingham Surgery 6,294 | Attleborough Surgery 18,369 |

Ketts Oak PCN – 76,975

Mid Norfolk PCN – 46,032

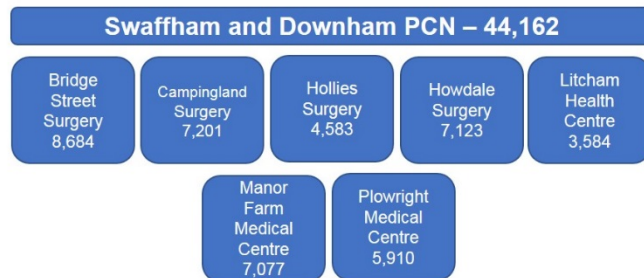
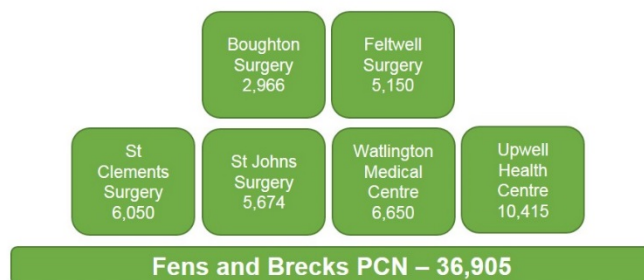
| | | | |
|------------------------------|------------------------------|---------------------------------------|--------------------------------------|
| Toftwood Surgery 3,681 | Shipdham Surgery 4,082 | Mattishall and Lenwade 8,535 | Theatre Royal Surgery 8,947 |
| | Elmhurst Surgery 9,845 | Orchard Surgery 10,942 | |

SNhIP PCN – 64,893

| | | | | |
|---|---------------------------------------|-------------------------------------|------------------------|--|
| Long Stratton Medical Partnership 11,131 | Church Hill Surgery 4,478 | The Lawns Medical Practice 7,073 | Parish Fields 7,927 | Old Mill & Millgates Medical Practice 8,255 |
| Harleston Medical Practice 7,967 | Chet Valley Medical Practice 8,599 | Heathgate Medical Practice 9,463 | | |

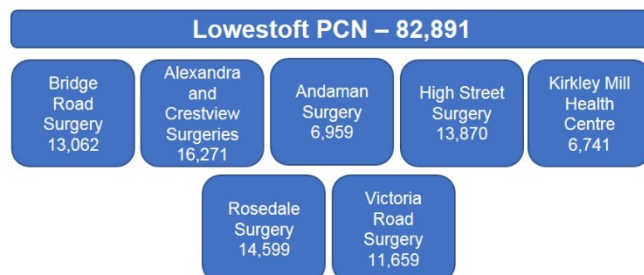
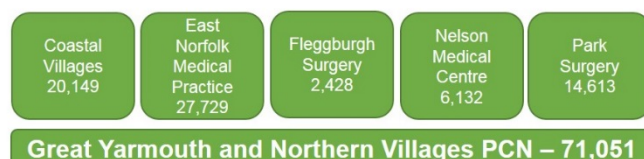
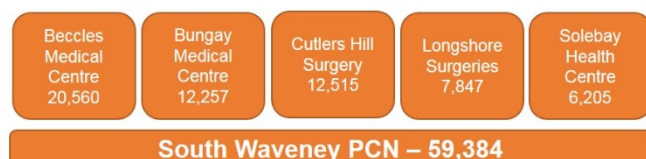
West Norfolk

GP provider organisation: West Norfolk Health



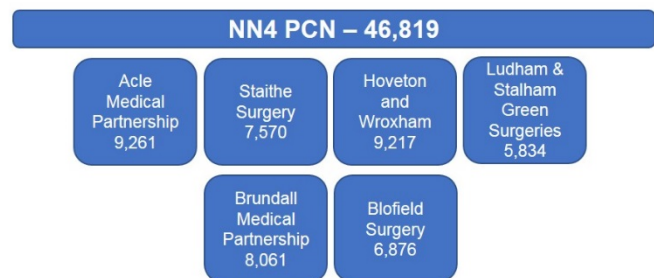
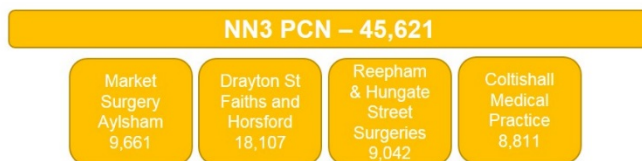
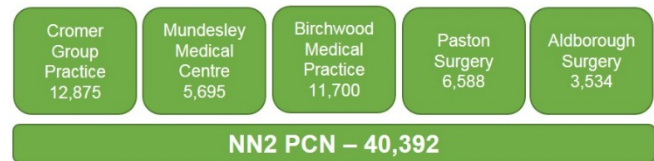
Great Yarmouth and Waveney

GP provider organisation: Coastal Health



North Norfolk

GP provider organisation: North Norfolk Primary Care



4. Progress on developing our Wellbeing Hub based in Norwich

- 4.1 Good progress is being made to establish a Wellbeing Hub to support people experiencing an escalation in 'mental distress'.
- 4.2 The hub would be based in Churchman House, a Georgian grade 1 building on Bethel Street in Norwich. It is hoped the very first elements of the wellbeing hub can begin by December, such as a night-time safe place for people in significant distress who are referred in by a health or care professional. Our vision is that it will go on to house a day time walk-in facility and community café, where people can find emotional support when they feel their anxieties or other mental health problems are escalating. We would like this important element to be up and running by the spring.
- 4.3 Current actions include:
 - We are in the middle of a procurement exercise to identify a preferred provider and if this goes well they should be asked in September to plan for mobilisation.
 - We shall be looking to appoint works providers to carry out alterations and renovations to the building itself.
 - Norwich City Council's Cabinet agreed on 12 June to transfer Department of Health and Social Care (DHSC) grant funding of £150,000 to NHS Property towards the renovation work.
 - We are working on planning matters and would expect to submit a planning application to enable work to start on this Grade 1 Listed building.
- 4.4 Wellbeing Hubs or Crisis Cafes in other parts of the country have been both successful and valued by service users, and with Norwich City Council's partnership we hope to bring this a step closer in central Norfolk.

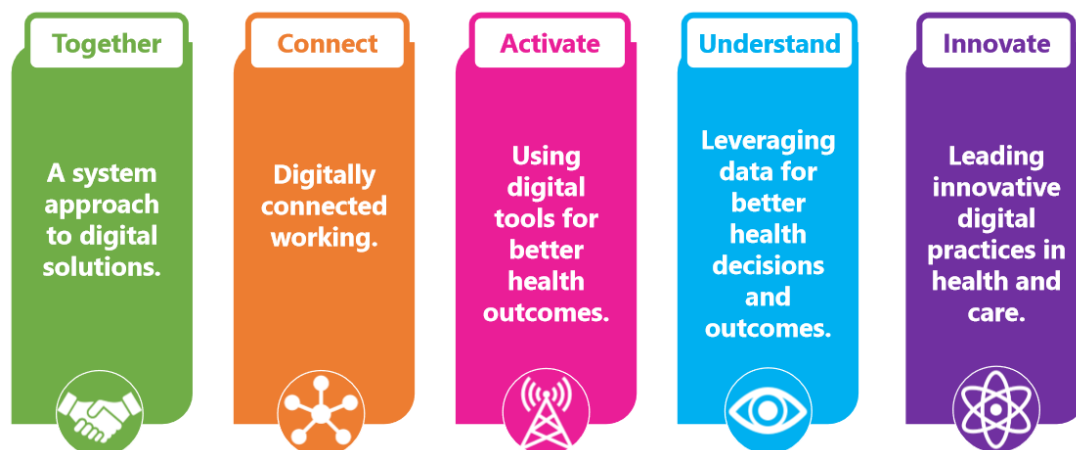
- 4.5 Such a hub is based on models in Aldershot, Lambeth and Bradford and is a means of addressing mental distress as opposed to mental health. Mental distress is recognised as an important factor in poor mental wellbeing and the idea of the hub approach is to offer a non-medicalised, easy to access, non-stigmatising safe place for people to access information, advice and support.

5. Our five year plan for health and care services

- 5.1 Every partnership is required to develop a five year plan setting out what they are doing to improve health and care services, and deliver the NHS Long Term Plan. NHS England has just published its Implementation Framework at <https://www.longtermplan.nhs.uk/publication/implementation-framework>.
- 5.2 We shall work with partners to ensure our plan fully reflects the priorities in the guidance. Among these it states 'some of the commitments in the Plan are critical foundations to wider change. All systems must deliver on these foundational commitments for both service transformation and system development... systems will also have substantial freedoms to respond to local need, prioritise, and define their pace of delivery for the majority of commitments but will need to plan to meet the end points the Long Term Plan has set.'
- 5.3 We are developing further engagement plans. To date we have benefitted from a public survey and six focus groups undertaken by HealthWatch Norfolk and the very wide ranging insights from recent engagement and patient involvement work, such as that carried out for our Adult Mental Health and Children/Young People's Mental Health Strategies. The first draft of all STP 5-year plans are expected to be submitted in September.

6. Norfolk and Waveney STP Digital Strategy

- 6.1 We have developed a new Digital Strategy for our partnership which outlines our ambition to deliver care in new and innovative ways for our patients and citizens. This is important for our partnership because according to the latest NHS Improvement figures, Norfolk and Waveney is the least digitally-mature STP in the country. Our Digital Strategy is a key step in improving our digital maturity across our STP.
- 6.2 Our strategy is made up of five objectives which set out the goals of the strategy:



- 6.3 Our strategy also sets out five priority partner projects for 2019/20:
- i. Replacing the electronic patient record systems used by our three acute hospital trusts with a single, shared solution and acute services integration
 - ii. Primary care integration and GP Online / GP Connect (which allows clinicians within IC24 out of hours services to view patient records from participating GP practices)
 - iii. Developing the Norfolk and Waveney Integrated Care Record
 - iv. Creating an STP Digital Team so that we have the people with the right skills to implement our strategy
 - v. STP Workstream Delivery Support.

7. Get more control of your health and care – get the NHS App

- 7.1 The NHS App is now available for people from Norfolk and Waveney to download and use. It is a simple and secure way to access a range of NHS services on your smartphone or tablet. People can use it to:

- **book and cancel appointments** - search for, book and cancel appointments at your GP practice
- **view your record** - get secure access to your GP medical record
- **order repeat prescriptions** - see your available medications and place an order
- **check your symptoms** - find trusted information on hundreds of conditions and treatments and get instant advice
- **register to be an organ donor** - easily manage your preferences on the NHS Organ Donor Register
- **choose how the NHS uses your data** - register your decision on whether your data can be used for research and planning.

8. Patricia Hewitt re-appointed as Independent Chair

- 8.1 Patricia Hewitt has been re-appointed as the Independent Chair of the Norfolk and Waveney Sustainability and Transformation Partnership (STP). Patricia, a former Secretary of State for Health, joined the STP in June 2017 and, together with senior clinical and management colleagues, has been instrumental in driving forward the STP's work. Her appointment has been extended for a further two-years.

9. Director of Workforce

- 9.1 Anna Morgan, Executive Director of Nursing and Quality at Norfolk Community Health and Care, is taking up a two-year secondment as Director of Workforce for the Norfolk and Waveney STP. Anna has been our workforce lead for some time now; her secondment full-time will give us more resource and capacity to drive the improvements we need to make in this vital area.

10. We Care Together

10.1 It's vital that everyone who works in health and care – paid and unpaid – helps to shape the future of our Integrated Care System. We all need to work together to consider how we bridge the workforce gaps and design a new workforce fit for the future. This is why on Tuesday, 21 May, we launched our programme of staff engagement called #WeCareTogether and the first of our online conversations with staff from across the health and care system.

10.2 In our first conversation we are talking with staff about four topics:

- **Prevention:** What radical steps can be taken to prevent the people of our region from falling ill, unnecessarily, in the first place?
- **Working to the best of our abilities:** What needs to stop, start or change in the future to help every individual use their skills and talents to their fullest extent; and every organisation be a great place to work?
- **Technology:** We can work smarter if we embrace new technologies, new roles, new skills and new services. But, what might the big innovations be and what impact will they have; what stops us embracing them; and how can we overcome these barriers?
- **Integration:** We need our organisations, staff and volunteers to collaborate with each other to provide better support and services for people when and where they need it. How can we help to make this happen even more and even better?

10.3 The results of our staff engagement will be used to help develop our five year plan. There will be further online conversations in the coming months.

Officer Contact

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

Officer Name:
Chris Williams

Tel No:
01502 719500

Email address:
chris.williams20@nhs.net



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| | |
|---|--|
| Subject: | Item 12. Appendix A: Norfolk and Waveney System Finance Report (June 2019) |
| Prepared by: | John Hennessey, STP Chief Finance Officer, and Julie Cave, Interim STP Chief Operating Officer |
| Summary: <p>The financial position for the STP is behind plan at the end of April, however forecasts for the year remain in line with our plans.</p> <p>The Norfolk and Waveney STP has agreed support of £5m for the Cambridgeshire and Peterborough STP.</p> <p>The STP five year plan is in progress: all NHS organisations are producing their own five year plans in draft form by 30 June 2019 for STP consolidation and review.</p> | |

Main body of report

Financial Position: Month 1

- The month one financial position, as reported at organisational level to NHSI/E is as follows:

| Adjusted financial performance surplus/(deficit) excluding PSF, FRF, MRET, CSF | | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Month 1 | | | FOT | | | CT | | |
| | Actual | Plan | Variance | FOT | Plan | Variance | FOT | CT | Variance |
| NNUH | - 8,210 | - 7,560 | - 650 | - 54,340 | - 54,340 | - | - 54,340 | - 55,340 | 1,000 |
| QEH | - 3,424 | - 3,024 | - 400 | - 25,589 | - 25,589 | - | - 25,589 | - 25,898 | 309 |
| JPUH | - 1,510 | - 1,510 | - | - 6,081 | - 6,081 | - | - 6,081 | - 6,381 | 300 |
| NCH&C | - 507 | - 507 | - | - 2,475 | - 2,475 | - | - 2,475 | - 2,775 | 300 |
| NSFT | - 840 | - 840 | - | - 3,317 | - 3,317 | - | - 3,317 | - 3,517 | 200 |
| Subtotal Providers | - 14,491 | - 13,441 | - 1,050 | - 91,802 | - 91,802 | - | - 91,802 | - 93,911 | 2,109 |
| North Norfolk CCG | 49 | 49 | - | 600 | 600 | - | 600 | - | 600 |
| Norwich CCG | 57 | 57 | - | 700 | 700 | - | 700 | - | 700 |
| South Norfolk CCG | 202 | 202 | - | 2,420 | 2,420 | - | 2,420 | 2,100 | 320 |
| GY&W CCG | 182 | 182 | - | 2,880 | 2,880 | - | 2,880 | 2,200 | 680 |
| West Norfolk | 29 | 29 | - | 340 | 340 | - | 340 | - 300 | 640 |
| Subtotal CCGs | 519 | 519 | - | 6,940 | 6,940 | - | 6,940 | 4,000 | 2,940 |
| TOTAL STP | - 13,972 | - 12,922 | - 1,050 | - 84,862 | - 84,862 | - | - 84,862 | - 89,911 | 5,049 |
| Plan figures as per final 15th May regulatory submissions. | | | | | | | | | |
| Month 1 actuals/FOT from 'heads up' updates received from organisations, or PRM data where available (formal data collection not undertaken for Month 1) | | | | | | | | | |

- The table shows that the NNUH and the QEH are behind plan by £0.6m and £0.4m respectively for April. Forecasts remain on plan for the year.

Cambridgeshire and Peterborough STP

- Further to previous discussions on the requested support to the Cambridgeshire and Peterborough STP, we have now agreed £5m support from our health system. This is non-recurrent and we have been told that this is repayable in the next 3 years. Of this sum £4m has been provided from our organisations and £1m support from NHSI/E to our system.

Five Year Financial Plans

4. As part of our Financial Recovery Plan and Long Term Plan (which is required to be submitted to NHSI/E in the autumn), we are preparing five year plans at organisational level for consolidation and review by the STP. The deadline for draft plans is 30 June.
5. The consolidation of organisational plans will allow us to determine the system-wide position and the need to deliver system-wide financial savings and efficiencies. This includes the significant potential for back office consolidation (including HR, Finance, IT, Estates), procurement, outpatient transformation where progress has been slow. Freeing up resource to lead on these schemes is key but progress has been made with the recent appointment to senior finance and programme posts.

| | |
|--|--|
| Subject: | Item 12. Appendix B: Norfolk and Waveney System Performance Report (June 2019) |
| Prepared by: | Paul Martin, PMO, STP, Jon Fox and Will Kelly, Business Intelligence, CCGs |
| <p>Summary:</p> <p>The following dashboard provides an overview of the key performance indicators across the system.</p> <p>Unplanned Care</p> <ul style="list-style-type: none"> Across the STP, A&E attendances have risen by 7.0% year to date. Attendances arriving on foot have increased (8.7%) more than attendances arriving via ambulance (3.6%). January (9.7%), February (12.1%) and March (16.4%) are the months showing the greatest year on year increase when compared to the equivalent months from the previous year. Despite the increase in other forms of urgent care activity, attendances at the Walk In Centre have dropped by almost 10%. The STP figures for Delayed Transfers of Care (DTC) have been agreed with Norfolk County Council – they are for the three acute trusts and are for Norfolk and Waveney patients only. The Trust level DTC figures (shown on each acute hospital dashboard) are the whole trust figures (not just Norfolk and Waveney patients). <p>Cancer</p> <p>JPUH – Target has been consistently met for a long period of time but in recent months they have seen a large increase in referrals across range of specialties. Compounding this, the Trust has had staffing challenges due to staff leave over school / bank holidays which has left periods where output was reduced. Trust has put on additional sessions with the aim to recover in April.</p> <p>NNUH – The Trust has met the GP two week wait target for the first time in over a year. They have also delivered the breast cancer target for the first time in 6 months. This improved performance was due to an NHSE/I funded initiative which has supported increased activity. There has also been a rise in late tertiary referrals which is affecting 62 day delivery.</p> <p>QEH – Significant underperformance in breast cancer two week wait (20.9% in April) due to increase in out of area referrals to the service and compounded by a 25% loss of capacity in March due to both breast screening radiologists being absent for one week in the month. The Trust has a plan in place to clear the backlog created by this loss of capacity and performance is forecast to recover for both of these standards in June 2019.</p> | |

Planned Care

JPUH – The Trust had targeted longer waits to reduce backlog and this has impacted 18 week performance. They are expecting improved performance in May. For three consecutive months the backlog has reduced and is now the lowest it has been for a full year. Overall the JPUH met the March 2019 target of matching (or reducing) waiting list size from April 2018.

NNUH - Overall performance continues to be compromised by the urgent focus on cancer work. There were no patients waiting 52 weeks for treatment in March or April, but 40 week breaches remain high. Intensive waiting list management is in place. Capacity remains a key challenge and the NNUH are working with Spire to expand their range of specialties and procedures. Diagnostics has worsened due to a significant increase in demand since October and a breakdown of the MRI equipment in April. Plans are in place to recover but conversations are ongoing with Spire and Global for additional support.

QEH – Performance has improved for the fourth successive month. The Trust is ahead of the April recovery trajectory which was set at 78.95%. The Trust met the waiting list and backlog requirements in line with NHSE guidance and has no patients waiting 52 weeks for treatment.

Mental Health

Improving Access to Psychological Therapies - Delivery against the trajectory continues to be met month on month with the STP standard improving as required. NHSE is assured over progress, however concerns raised over ability to meet LTC ambition going forward.

Children and young people eating disorders - Numbers here are very small which means one or two breaches can have a large impact on target. Each breach is reviewed and learning identified; trends include DNA and cancelled appointments. Provider is looking at how to minimise the impact, and offer alternate and flexible appointments promptly.

Out of area placements - Continued local and regional scrutiny with a restated trajectory being developed in partnership with NHSE. 2019/20 planning round initiatives to offset out of area (including community personality disorder service, 15 bedded unit on Yare Ward, rehab and reablement) agreed with implementation post mobilisation expected August onwards.

Dementia - All the CCGs are now being supported by Norwich and replicating their method by which they have met and sustained delivery. NHSE are placing greater scrutiny on meeting the standard, all CCGs required to have improvement plans in place.

STP High Level System Dashboard - Summary

| Metrics | Status of latest data | Current target | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | Trend |
|--|-----------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Acute Unplanned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH unless otherwise stated) | | | | | | | | | | | | | | | | |
| A&E 4 hr performance (total trust, NNUH includes WIC) | Validated | 95% | 86.5% | 89.7% | 89.9% | 89.1% | 87.5% | 86.9% | 88.3% | 86.0% | 83.9% | 78.4% | 77.2% | 79.5% | | |
| A&E Total Attendances (as above) | Validated | - | 28,311 | 30,982 | 29,631 | 31,869 | 31,309 | 29,033 | 29,162 | 28,331 | 28,983 | 29,123 | 27,204 | 30,226 | | |
| A&E Total Breaches (as above) | Validated | - | 3,825 | 3,198 | 3,003 | 3,480 | 3,916 | 3,801 | 3,409 | 3,961 | 4,679 | 6,292 | 6,206 | 6,211 | | |
| Emergency admissions (N&W CCGs only) | Validated | - | 8,000 | 8,434 | 7,997 | 8,215 | 8,180 | 7,787 | 8,486 | 8,495 | 8,541 | 9,045 | 7,894 | 8,841 | | |
| DTOC - delayed days (includes acute + non-acute trusts, Norfolk patients) | Validated | - | 2,503 | 2,240 | 2,543 | 2,632 | 2,944 | 2,738 | 2,709 | 2,551 | 2,681 | 2,974 | 2,150 | 2,530 | | |
| % of Ambulance handover delays - 60 min | Validated | - | 4.4% | 4.0% | 1.7% | 5.7% | 8.5% | 8.2% | 5.2% | 10.7% | 11.6% | 15.2% | 14.0% | 6.6% | | |
| Acute Cancer Performance Metrics (includes aggregate of JPUH, NNUH and QEH) | | | | | | | | | | | | | | | | |
| Two week wait GP referral (%) | Prov' | 93% | 92.5% | 93.3% | 88.9% | 83.3% | 87.5% | 79.6% | 82.3% | 79.3% | 92.2% | 88.8% | 91.0% | 87.5% | | |
| Two week wait breast symptoms (%) | Prov' | 93% | 97.4% | 97.8% | 93.5% | 95.7% | 96.1% | 97.8% | 97.3% | 63.7% | 53.3% | 54.8% | 47.4% | 47.7% | | |
| 31 days from diagnosis to first treatment (%) | Prov' | 96% | 98.0% | 97.9% | 97.3% | 97.6% | 97.0% | 97.3% | 96.3% | 97.1% | 97.6% | 95.3% | 96.9% | 97.2% | | |
| 62 days from GP referral to first treatment (%) | Prov' | 85% | 79.6% | 79.9% | 72.0% | 72.2% | 77.6% | 76.9% | 77.0% | 76.4% | 76.7% | 70.5% | 73.4% | 77.4% | | |
| Acute Planned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH) | | | | | | | | | | | | | | | | |
| Incomplete - RTT % waiting treatment <18 weeks | Validated | 92% | 83.9% | 85.0% | 85.1% | 85.4% | 84.7% | 83.4% | 82.9% | 83.0% | 81.8% | 81.7% | 82.2% | 82.5% | | |
| Total number incomplete pathways | Validated | - | 66,269 | 68,728 | 69,944 | 69,409 | 70,713 | 70,828 | 71,166 | 70,567 | 69,990 | 68,983 | 68,302 | 67,794 | | |
| Total number of 40 week breaches | Validated | - | 769 | 727 | 650 | 665 | 730 | 756 | 651 | 649 | 770 | 758 | 681 | 633 | | |
| Incomplete - RTT no. waiting treatment >52 weeks | Validated | 0 | 14 | 15 | 13 | 8 | 14 | 22 | 17 | 22 | 29 | 29 | 13 | 0 | | |
| Diagnostic tests within 6 weeks | Validated | 99% | 98.2% | 99.4% | 99.1% | 99.2% | 99.3% | 99.3% | 99.3% | 99.3% | 98.2% | 95.4% | 98.3% | 99.1% | | |
| Number of patients waiting > 6 weeks | Validated | - | 343 | 109 | 164 | 132 | 118 | 109 | 122 | 122 | 306 | 852 | 332 | 178 | | |
| GP acute referrals (N&W CCGs only) | Validated | - | 17,704 | 18,981 | 18,460 | 17,721 | 16,996 | 16,137 | 18,377 | 17,942 | 14,697 | 17,998 | 17,006 | 18,190 | | |
| Non-GP acute referrals (N&W CCGs only) | Validated | - | 8,960 | 9,794 | 9,122 | 9,677 | 9,264 | 8,912 | 10,410 | 10,239 | 8,380 | 10,397 | 9,289 | 10,456 | | |
| Avoidable emergency admissions (N&W CCGs only) | Validated | - | 1,761 | 1,895 | 1,803 | 1,852 | 1,768 | 1,765 | 1,997 | 2,177 | 2,316 | 2,486 | 2,221 | 1,956 | | |
| Mental Health Metrics (all NSFT other than Dementia) | | | | | | | | | | | | | | | | |
| IAPT: access rates (local target) | Prov' | 1.6% | 1.3% | 1.5% | 1.4% | 1.3% | 1.0% | 1.0% | 1.4% | 1.6% | 1.4% | 1.6% | 1.4% | 1.5% | 1.4% | |
| IAPT: recovery rates | Prov' | 50% | 51.4% | 50.5% | 51.5% | 50.2% | 46.0% | 52.7% | 50.6% | 51.2% | 51.4% | 59.0% | 59.4% | 55.5% | 58.2% | |
| IAPT: first treatment <6 weeks | Prov' | 75% | 84.2% | 93.1% | 94.3% | 93.2% | 94.9% | 91.1% | 86.8% | 84.7% | 86.6% | 92.0% | 98.7% | 99.4% | 99.2% | |
| EIP: treatment started <2 weeks (local target) | Prov' | 56% | 70.0% | 73.8% | 71.4% | 70.3% | 74.2% | 79.9% | 82.7% | 83.0% | 81.7% | 82.0% | 84.6% | 83.6% | 79.5% | |
| CYP: eating disorders - Urgent (seen in 1 wk) | Prov' | 90% | 75.0% | 80.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |
| CYP: eating disorders - Routine (seen in 4 wks) | Prov' | 90% | 73.1% | 82.6% | 95.7% | 96.0% | 89.7% | 79.3% | 80.0% | 85.7% | 73.9% | 64.0% | 58.3% | 78.9% | 94.4% | |
| Out of area placements (bed days - 18-65, in month) | Prov' | - | 680 | 430 | 580 | 610 | 460 | 625 | 755 | 755 | 765 | 1,100 | 1,025 | 1,421 | 1,751 | |
| Out of area placements (bed days - 65+, in month) | Prov' | - | 65 | 105 | 60 | 40 | 65 | 50 | 30 | 0 | 30 | 45 | 105 | 16 | 0 | |
| Dementia diagnosis (non-NSFT) | Validated | 66.7% | 61.5% | 61.9% | 62.1% | 62.3% | 62.8% | 64.2% | 63.3% | 63.5% | 63.5% | 63.4% | 63.4% | 64.1% | | |

STP High Level System Dashboard - JPUH

| Metrics | Status of latest data | Target | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | Trend |
|---|-----------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|-------|
| Unplanned Care Performance Metrics | | | | | | | | | | | | | | | | |
| A&E 4 hr performance (whole trust) | Validated | 95% | 87.1% | 93.4% | 94.0% | 90.6% | 91.4% | 92.7% | 90.3% | 94.3% | 87.2% | 84.7% | 80.1% | 83.7% | 86.4% | |
| A&E Total Attendances (as above) | Validated | - | 6,505 | 7,121 | 6,895 | 7,530 | 7,401 | 6,561 | 6,617 | 6,266 | 6,541 | 6,613 | 6,046 | 6,978 | | |
| A&E Total Breaches (as above) | Validated | - | 840 | 473 | 413 | 705 | 633 | 481 | 641 | 358 | 834 | 1,012 | 1,203 | 1,140 | | |
| Emergency admissions (N&W CCGs only) | Validated | - | 1,790 | 1,947 | 1,820 | 1,821 | 1,859 | 1,723 | 1,961 | 1,981 | 2,055 | 2,120 | 1,939 | 2,141 | | |
| Delayed transfers of care (DTOC) - % of delayed days vs occupied bed days | Validated | 3.5% | 1.7% | 1.5% | 1.9% | 2.0% | 3.9% | 1.8% | 1.5% | 3.0% | 1.0% | 2.2% | 1.4% | 1.2% | | |
| # DTOC - NHS | Validated | - | 190 | 169 | 63 | 53 | 105 | 42 | 39 | 42 | 7 | 48 | 35 | 28 | | |
| # DTOC - Social Care | Validated | - | 0 | 0 | 151 | 170 | 328 | 155 | 141 | 296 | 98 | 215 | 126 | 126 | | |
| # DTOC - Both NHS / Social Care | Validated | - | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 14 | 0 | 0 | | |
| % of Ambulance handover delays - 60 min | Validated | - | 2.0% | 0.3% | 0.2% | 0.6% | 0.5% | 0.3% | 0.5% | 0.0% | 1.1% | 2.6% | 7.1% | 5.5% | | |
| Cancer Performance Metrics | | | | | | | | | | | | | | | | |
| Two week wait GP referral (%) | Prov' | 93% | 96.7% | 97.2% | 96.6% | 96.7% | 94.4% | 97.4% | 97.5% | 96.4% | 97.4% | 94.5% | 94.1% | 90.9% | | |
| Two week wait breast symptoms (%) | Prov' | 93% | 96.8% | 97.5% | 96.9% | 97.4% | 96.8% | 96.7% | 95.8% | 96.3% | 93.4% | 87.2% | 82.5% | 62.7% | | |
| 31 days from diagnosis to first treatment (%) | Prov' | 96% | 100.0% | 100.0% | 100.0% | 100.0% | 99.2% | 100.0% | 100.0% | 100.0% | 98.9% | 100.0% | 100.0% | 100.0% | | |
| 31 days subsequent treatment - surgery (%) | Prov' | 94% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | |
| 31 days subsequent treatment - drug treatment (%) | Prov' | 98% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | |
| 31 days subsequent treatment - radiotherapy (%) | Prov' | 94% | No data | No data | No data | No data | No data | No data | No data | No data | No data | No data | No data | No data | | |
| 62 days from GP referral to first treatment (%) | Prov' | 85% | 83.9% | 85.5% | 71.6% | 73.3% | 79.3% | 85.6% | 86.7% | 87.0% | 83.5% | 80.7% | 78.3% | 89.8% | | |
| 62 days from screening to first treatment (%) | Prov' | 90% | 100.0% | 94.7% | 100.0% | 100.0% | 100.0% | 100.0% | 90.9% | 100.0% | 92.3% | 96.3% | 100.0% | 100.0% | | |
| Planned Care Performance Metrics | | | | | | | | | | | | | | | | |
| Incomplete - RTT % waiting treatment <18 weeks | Validated | 92% | 86.4% | 86.5% | 87.0% | 87.3% | 86.9% | 86.9% | 87.1% | 87.5% | 85.7% | 83.8% | 84.0% | 84.4% | 83.0% | |
| Total number incomplete pathways | Validated | - | 13,239 | 13,751 | 13,879 | 13,263 | 13,269 | 13,191 | 12,904 | 13,211 | 13,073 | 13,117 | 13,101 | 12,904 | 12,673 | |
| Total number of 40 week breaches | Validated | - | 91 | 97 | 95 | 91 | 116 | 84 | 43 | 26 | 36 | 42 | 48 | 48 | | |
| Incomplete - RTT no. waiting treatment >52 weeks | Validated | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Diagnostic tests within 6 weeks | Validated | 99% | 99.2% | 99.2% | 99.6% | 99.3% | 99.8% | 100.0% | 99.8% | 99.9% | 99.1% | 98.5% | 99.3% | 99.4% | | |
| Number of patients waiting > 6 weeks | Validated | - | 24 | 27 | 13 | 22 | 7 | 1 | 7 | 2 | 29 | 51 | 27 | 23 | | |
| GP acute referrals (N&W CCGs only) | Validated | - | 3,936 | 4,430 | 4,275 | 3,660 | 3,766 | 3,537 | 4,133 | 4,008 | 3,133 | 3,997 | 3,725 | 3,911 | | |
| Non-GP acute referrals (N&W CCGs only) | Validated | - | 2,011 | 2,444 | 2,169 | 2,384 | 2,540 | 2,326 | 2,619 | 2,611 | 2,156 | 2,648 | 2,276 | 2,746 | | |
| Avoidable emergency admissions (N&W CCGs only) | Validated | - | 444 | 517 | 463 | 461 | 483 | 438 | 526 | 550 | 679 | 670 | 627 | 322 | | |

STP High Level System Dashboard - NNUH

| Metrics | Status of latest data | Target | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | Trend |
|---|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Unplanned Care Performance Metrics | | | | | | | | | | | | | | | | |
| A&E 4 hr performance (NNUH inc. WIC) | Validated | 95% | 87.9% | 90.6% | 87.5% | 88.6% | 87.7% | 86.3% | 88.9% | 85.6% | 82.5% | 77.1% | 76.0% | 76.9% | 72.8% | |
| A&E Total Attendances (as above) | Validated | - | 16,455 | 17,898 | 17,029 | 18,276 | 17,857 | 16,800 | 16,973 | 16,425 | 16,764 | 16,829 | 15,847 | 17,264 | 16,900 | |
| A&E Total Breaches (as above) | Validated | - | 1,984 | 1,689 | 2,129 | 2,089 | 2,196 | 2,307 | 1,879 | 2,367 | 2,936 | 3,852 | 3,800 | 3,992 | 4,605 | |
| Emergency admissions (N&W CCGs only) | Validated | - | 4,236 | 4,394 | 4,192 | 4,259 | 4,260 | 4,095 | 4,485 | 4,313 | 4,402 | 4,649 | 4,005 | 4,474 | | |
| Delayed transfers of care (DTOC) - % of delayed days vs occupied bed days | Validated | 3.5% | 4.5% | 3.4% | 4.0% | 4.6% | 4.7% | 5.0% | 4.3% | 4.2% | 4.8% | 5.0% | 2.2% | 3.1% | | |
| # DTOC - NHS | Validated | - | 548 | 567 | 521 | 587 | 628 | 533 | 326 | 274 | 281 | 429 | 262 | 354 | | |
| # DTOC - Social Care | Validated | - | 596 | 299 | 488 | 524 | 530 | 644 | 739 | 500 | 564 | 686 | 267 | 514 | | |
| # DTOC - Both NHS / Social Care | Validated | - | 43 | 70 | 63 | 47 | 27 | 47 | 47 | 55 | 132 | 0 | 26 | 7 | | |
| % of Ambulance handover delays - 60 min | Validated | - | 3.4% | 4.7% | 1.6% | 6.8% | 10.3% | 11.0% | 5.0% | 12.9% | 16.4% | 18.6% | 15.0% | 2.1% | 2.8% | |
| Cancer Performance Metrics | | | | | | | | | | | | | | | | |
| Two week wait GP referral (%) | Prov' | 93% | 89.6% | 90.4% | 83.0% | 73.5% | 81.2% | 68.5% | 71.9% | 67.0% | 88.1% | 84.4% | 88.1% | 87.0% | 95.0% | |
| Two week wait breast symptoms (%) | Prov' | 93% | 97.5% | 98.0% | 90.9% | 94.2% | 96.1% | 97.9% | 98.1% | 44.9% | 28.6% | 36.5% | 28.4% | 47.1% | 98.6% | |
| 31 days from diagnosis to first treatment (%) | Prov' | 96% | 97.0% | 97.3% | 96.3% | 97.0% | 96.2% | 96.4% | 94.7% | 96.6% | 97.0% | 93.3% | 96.6% | 96.6% | 95.3% | |
| 31 days subsequent treatment - surgery (%) | Prov' | 94% | 94.0% | 88.3% | 90.1% | 91.4% | 83.5% | 77.8% | 79.8% | 86.4% | 84.5% | 79.0% | 89.6% | 83.9% | 82.8% | |
| 31 days subsequent treatment - drug treatment (%) | Prov' | 98% | 100.0% | 100.0% | 100.0% | 99.3% | 100.0% | 100.0% | 99.4% | 100.0% | 99.0% | 98.5% | 99.2% | 99.2% | 99.0% | |
| 31 days subsequent treatment - radiotherapy (%) | Prov' | 94% | 98.9% | 100.0% | 96.7% | 97.8% | 98.4% | 97.7% | 97.2% | 98.9% | 97.4% | 94.5% | 100.0% | 95.3% | 97.0% | |
| 62 days from GP referral to first treatment (%) | Prov' | 85% | 80.6% | 76.2% | 65.1% | 69.3% | 75.8% | 72.0% | 70.8% | 71.5% | 73.5% | 62.9% | 71.7% | 68.2% | 74.1% | |
| 62 days from screening to first treatment (%) | Prov' | 90% | 81.3% | 74.4% | 96.6% | 83.0% | 93.6% | 78.3% | 66.7% | 81.0% | 81.4% | 89.8% | 82.9% | 96.8% | 84.6% | |
| Planned Care Performance Metrics | | | | | | | | | | | | | | | | |
| Incomplete - RTT % waiting treatment <18 weeks | Validated | 92% | 84.4% | 85.6% | 85.5% | 85.5% | 84.3% | 83.1% | 82.6% | 82.6% | 81.9% | 82.1% | 82.5% | 82.8% | 82.6% | |
| Total number incomplete pathways | Validated | - | 38,985 | 40,362 | 41,278 | 41,525 | 42,000 | 42,053 | 42,460 | 41,864 | 41,444 | 40,979 | 41,120 | 41,328 | 42,162 | |
| Total number of 40 week breaches | Validated | - | 508 | 453 | 384 | 401 | 456 | 483 | 423 | 429 | 465 | 466 | 465 | 455 | 485 | |
| Incomplete - RTT no. waiting treatment >52 weeks | Validated | 0 | 14 | 15 | 13 | 7 | 8 | 15 | 16 | 21 | 28 | 28 | 12 | 0 | 0 | |
| Diagnostic tests within 6 weeks | Validated | 99% | 99.4% | 99.4% | 99.0% | 99.2% | 99.1% | 99.1% | 99.0% | 99.1% | 97.6% | 93.5% | 97.7% | 98.8% | 97.2% | |
| Number of patients waiting > 6 weeks | Validated | - | 70 | 66 | 107 | 81 | 93 | 93 | 101 | 98 | 256 | 769 | 287 | 142 | 290 | |
| GP acute referrals (N&W CCGs only) | Validated | - | 10,553 | 11,090 | 10,881 | 10,795 | 10,095 | 9,575 | 10,888 | 10,648 | 8,993 | 10,706 | 10,229 | 10,942 | | |
| Non-GP acute referrals (N&W CCGs only) | Validated | - | 5,371 | 5,609 | 5,188 | 5,494 | 5,051 | 4,987 | 5,842 | 5,889 | 4,764 | 5,850 | 5,278 | 5,791 | | |
| Avoidable emergency admissions (N&W CCGs only) | Validated | - | 870 | 893 | 915 | 944 | 815 | 854 | 992 | 1,062 | 1,110 | 1,225 | 1,068 | 1,102 | | |

STP High Level System Dashboard - QEH

| Metrics | Status of latest data | Target | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | Trend |
|---|-----------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Unplanned Care Performance Metrics | | | | | | | | | | | | | | | | |
| A&E 4 hr performance (whole trust) | Validated | 95% | 81.3% | 82.6% | 91.9% | 88.7% | 82.0% | 82.1% | 84.0% | 78.1% | 84.0% | 74.9% | 77.3% | 82.0% | 84.7% | |
| A&E Total Attendances (as above) | Validated | - | 5,351 | 5,963 | 5,707 | 6,063 | 6,051 | 5,672 | 5,572 | 5,640 | 5,678 | 5,681 | 5,311 | 5,984 | 5,950 | |
| A&E Total Breaches (as above) | Validated | - | 1,001 | 1,036 | 461 | 686 | 1,087 | 1,013 | 889 | 1,236 | 909 | 1,428 | 1,203 | 1,079 | 912 | |
| Emergency admissions (N&W CCGs only) | Validated | - | 1,974 | 2,093 | 1,985 | 2,135 | 2,061 | 1,969 | 2,040 | 2,201 | 2,084 | 2,276 | 1,950 | 2,226 | | |
| Delayed transfers of care (DTOC) - % of delayed days vs occupied bed days | Validated | 3.5% | 2.4% | 1.8% | 2.1% | 2.8% | 2.0% | 2.8% | 2.6% | 2.4% | 2.5% | 1.4% | 1.3% | 1.4% | | |
| # DTOC - NHS | Validated | - | 303 | 230 | 219 | 318 | 255 | 277 | 274 | 249 | 242 | 142 | 120 | 138 | | |
| # DTOC - Social Care | Validated | - | 5 | 14 | 57 | 43 | 6 | 73 | 47 | 33 | 73 | 41 | 32 | 42 | | |
| # DTOC - Both NHS / Social Care | Validated | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| % of Ambulance handover delays - 60 min | Validated | - | 9.8% | 6.6% | 3.9% | 9.6% | 14.3% | 12.1% | 11.6% | 18.1% | 13.3% | 22.0% | 20.2% | 18.6% | 14.6% | |
| Cancer Performance Metrics | | | | | | | | | | | | | | | | |
| Two week wait GP referral (%) | Prov' | 93% | 96.5% | 96.9% | 97.3% | 95.9% | 94.6% | 93.2% | 98.3% | 97.3% | 97.4% | 95.9% | 95.1% | 86.0% | 80.8% | |
| Two week wait breast symptoms (%) | Prov' | 93% | 97.6% | 97.3% | 100.0% | 100.0% | 95.6% | 98.5% | 96.9% | 100.0% | 100.0% | 91.3% | 86.3% | 29.8% | 20.9% | |
| 31 days from diagnosis to first treatment (%) | Prov' | 96% | 99.1% | 98.3% | 97.5% | 97.5% | 97.5% | 97.3% | 97.7% | 96.2% | 98.8% | 97.2% | 95.3% | 96.5% | 96.9% | |
| 31 days subsequent treatment - surgery (%) | Prov' | 94% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 92.9% | 100.0% | 100.0% | 100.0% | 100.0% | 82.3% | |
| 31 days subsequent treatment - drug treatment (%) | Prov' | 98% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 97.9% | 98.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |
| 31 days subsequent treatment - radiotherapy (%) | Prov' | 94% | No data | No data | No data | No data | No data | No data | No data | No data | No data | No data | No data | No data | No data | |
| 62 days from GP referral to first treatment (%) | Prov' | 85% | 72.8% | 84.3% | 89.7% | 80.2% | 80.7% | 80.3% | 85.9% | 82.4% | 80.0% | 79.7% | 74.6% | 85.9% | 72.5% | |
| 62 days from screening to first treatment (%) | Prov' | 90% | 100.0% | 100.0% | 100.0% | 95.2% | 93.3% | 96.0% | 100.0% | 85.0% | 100.0% | 100.0% | 92.3% | 100.0% | 100.0% | |
| Planned Care Performance Metrics | | | | | | | | | | | | | | | | |
| Incomplete - RTT % waiting treatment <18 weeks | Validated | 92% | 80.2% | 81.9% | 82.0% | 83.2% | 83.7% | 81.2% | 79.9% | 80.1% | 78.5% | 78.8% | 79.5% | 79.8% | 80.4% | |
| Total number incomplete pathways | Validated | - | 14,045 | 14,615 | 14,787 | 14,621 | 15,444 | 15,584 | 15,802 | 15,492 | 15,473 | 14,887 | 14,081 | 13,562 | 13,707 | |
| Total number of 40 week breaches | Validated | - | 170 | 177 | 171 | 173 | 158 | 189 | 185 | 194 | 269 | 250 | 168 | 130 | 136 | |
| Incomplete - RTT no. waiting treatment >52 weeks | Validated | 0 | 0 | 0 | 0 | 1 | 5 | 7 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | |
| Diagnostic tests within 6 weeks | Validated | 99% | 93.0% | 99.5% | 98.7% | 99.1% | 99.4% | 99.4% | 99.5% | 99.3% | 99.3% | 99.0% | 99.5% | 99.6% | 99.1% | |
| Number of patients waiting > 6 weeks | Validated | - | 249 | 16 | 44 | 29 | 18 | 15 | 14 | 22 | 21 | 32 | 18 | 13 | 32 | |
| GP acute referrals (N&W CCGs only) | Validated | - | 3,215 | 3,461 | 3,304 | 3,266 | 3,135 | 3,025 | 3,356 | 3,286 | 2,571 | 3,295 | 3,052 | 3,337 | | |
| Non-GP acute referrals (N&W CCGs only) | Validated | - | 1,578 | 1,741 | 1,765 | 1,799 | 1,673 | 1,599 | 1,949 | 1,739 | 1,460 | 1,899 | 1,735 | 1,919 | | |
| Avoidable emergency admissions (N&W CCGs only) | Validated | - | 447 | 485 | 425 | 447 | 470 | 473 | 479 | 565 | 527 | 591 | 526 | 532 | | |

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|--|--|
| Report title: | Autism Strategic Update |
| Date of meeting: | 10 July 2019 |
| Sponsor (H&WB member): | James Bullion, Executive Director Adult Social Services |
| <p>Reason for the Report</p> <p>This report provides an update on the Norfolk All-Age Autism Partnership Board (NAPB), its progress to put in place a Norfolk autism strategy and to support the implementation of the Autism Act (2009) National Autism Statutory Guidance (2016) and Strategy 'Think Autism'. It provides information on the activity underway to support the statutory bodies' responsibilities in undertaking their duties under the Autism Act 2009, Statutory Guidance 'Think Autism' 2014, Care Act 2014 and the Equality Act 2010.</p> <p>Report summary</p> <p>This report provides an update on the All-Age Autism Partnership Board and the workstreams in place to support the implementation of a coproduced local All-Age Autism Strategy 'My Autism, Our Lives, Our Norfolk'.</p> <p>Recommendations:</p> <p>The HWB is asked to support and commend the work undertaken by autistic people to coproduce the local All-Age Autism Strategy 'My Autism, Our Lives, Our Norfolk' and establish effective working groups. To enable the implementation of the strategy, the recommendations are that:</p> <ul style="list-style-type: none"> a) The autism strategy 'My Autism, Our Lives, Our Norfolk' is approved. b) All Health and Wellbeing Board members embed the strategy within their own organisations, for example by promoting participation in autism training. c) All Health and Wellbeing Board members complete the Autism e-learning training themselves and campaign to increase its use across the partnership. | |

1. Background

- 1.1 The introduction of the Adult Autism Act 2009 and its associated guidance, required local area partnerships to ensure the delivery of the Autism Act 2009, the Autism Strategy and the Autism Statutory Guidance. To do this, a leadership role was given to local authorities and health and well-being boards.
- 1.2 To support this undertaking, local areas have been encouraged to facilitate the creation of a local Autism Partnership Board (or an appropriate alternative). In addition, local areas are to undertake the completion of the National Autism Self-assessment, which enables the local partnership to demonstrate progress and identify priorities needed to form a local autism plan.
- 1.3 The National Autism Self-Assessment provides the Department of Health with the local area evidence required to undertake the assurance function placed upon them by the Autism Act 2009. The Self-Assessment Framework (SAF) consists of 129 questions.

The local self-assessment was coproduced and submitted in December 2018. The outcomes from the SAF are incorporated in the Autism Strategy 'My Autism, Our Lives, Our Norfolk'.

- 1.4 The current prevalence of people with autism spectrum disorder (ASD) among the general population is approximately 1%. The following data comes from estimated figures from draft JSNA 2018.
- a) There were an estimated 5080 adults (aged 16-64) with ASD in Norfolk in 2017, projected to rise slightly up to 5211 by 2035 (PANSI 2016).
 - b) There were an estimated 2039 older adults (aged 65+) with ASD in Norfolk in 2017, projected to rise considerably to 2826 by 2035 (POPPI 2016).
 - c) There were an estimated 2491 children and young people (aged 0-19) with ASD in Norfolk in 2016 (ONS 2017; Baird et al. 2006).
 - d) As of April 2018, Norfolk County Council was supporting 503 autistic adults. 123 of these were recorded as having Asperger's Syndrome and 91 as having autism. Separately, 57 had a mental illness listed as their primary diagnosis alongside their record as being autistic.
 - e) In 2016 there were an estimated 2491 children and young people with autism in Norfolk. In 2017, 7.15% of the SEN cohort was identified as having ASD.
- 1.5 Following a focused period of engagement with the autism community and their families, the co-produced Norfolk All-Age Autism Partnership Board had its first meeting in April 2018. Key priorities for the Board were identified as: workforce development and training; engagement with people; diagnostic pathways; and data collection.
- In October 2018, following continuous engagement with autistic residents and their families in Norfolk, education was agreed as an additional priority. Working groups were set up to achieve key objectives. Other priority work identified included housing, criminal justice, health and wellbeing.
- 1.6 The Health and Wellbeing Board is named within the national Autism Strategy as the local strategic partnership to oversee progress locally. The Health and Wellbeing Board was provided with an update on the work of the NAPB on 14 January 2019, with the Board:
- a) acknowledging the development of the Norfolk All Age Partnership Board
 - b) acknowledging and supporting the development of working groups to undertake priority work
 - c) agreeing to receive the local All-Age Autism Strategy that will be informed by the completion of the National Autism Self-Assessment (2018)
 - d) supporting the undertaking of a community engagement exercise that will seek to identify life experience of people with autism and their families living in Norfolk.
- 1.7 The autism statutory guidance reminds local authorities of the requirements of the Children and Families Act and the Special Education Needs (SEND) reforms by to include the needs of young people with autism in their Education, Health and Care Plans (EHCP) and Preparing Young People for Adulthood transition planning.
- 1.8 Presentations to both the Children's Services Committee and the Clinical Commissioning Group's (CCG) Joint Strategic Committee will ensure full engagement with, and integrated focus of, the strategy.
- 1.9 As part of the wider responsibilities of the Council beyond providing health and social care, Officers and the Board will continue to work on promoting a wider understanding of autism and encourage people's equal participation in their communities.

2. Norfolk Autism Strategy

- 2.1 Over the past year significant steps have been taken to continue realising the ambition of a comprehensive, inclusive autism strategy. Increasing engagement with the autism

community, including with people who are not currently involved with social care services and do not have a Learning Disability, has been a key part of that process. We have proactively engaged in challenging conversations with a wide range of people, including those who have been dissatisfied with access to services and the progress that has been made across the system, to achieve a robust outcome.

- 2.2 This increase in engagement can be evidenced through an increase in the number of new members belonging to the autistic community welcomed onto the Norfolk All-Age Autism Partnership Board (NAPB), as well as an increase in the number of people interested in the work of the Board in general.

2.3 'My Autism, Our Lives, Our Norfolk'

- 2.3.1 Co-production of the draft autism strategy was achieved using a variety of methods throughout 2018 and 2019. A series of community engagement 'conversations' were arranged at quarterly intervals throughout 2018 to gather data in preparation for creating the Strategy. An additional strategy focused meeting was arranged in late November 2018, with a further follow up conversation held in February 2019. Throughout the entire period, group conversations took place with autistic people, parents, carers, the third sector and service providers as well as 1:1 conversations for those individuals who expressed their dislike attending groups.

The draft autism strategy was shared with the 59 registered members of the Norfolk Autism Partnership Group and the NAPB board members on 28 March. The draft strategy was also distributed at the autism awareness event held at the Norwich Forum on 5 April for World Autism Week. We received 15 responses, the contents of which have all been reflected within the strategy.

- 2.3.2 To give the strategy ownership, meaning and purpose, 'My Autism, Our Lives, Our Norfolk' was named by autistic people. It sets out a vision for all individuals and families affected by autism to have the same opportunities to live fulfilling and rewarding lives as anyone else, across their entire lifetimes: whether they are a child, a young person, an adult or an older person. ['My Autism, Our Lives, Our Norfolk' is available here](#), with an easy read version available [here](#).
- 2.3.3 'My Autism, Our Lives, Our Norfolk' aims to make Norfolk an Autism Friendly County. It seeks to raise public and professional awareness of autism to ensure that people with the condition are accepted, understood and treated fairly within their communities.
- 2.3.4 'My Autism, Our Lives, Our Norfolk' includes outcomes and recommendations from:
- a) The National Autism Self-Assessment, completed on 14 December 2018.
 - b) The Healthwatch Norfolk report 'Access to health and social care services for Norfolk families with Autism'.
 - c) All-Age Autism Joint Strategic Needs Assessment.

2.4 Implementation of the Strategy 'My Autism, Our Lives, Our Norfolk'.

- 2.4.1 'My Autism, Our Lives, Our Norfolk' is a five-year strategy with nine priorities. These nine priorities will be reviewed annually each September by the NAPB. The review will take into consideration national and local policy and guidance to inform a plan for action with measurable objectives. This Action Plan will be considered by the Council and the local NHS plan services.

The National Autism Programme will undertake a refresh of the National strategy in 2019. Department of Health and Social Care (DHSC) have indicated that this will be an all-age strategy which is positive and aligned with 'My Autism, Our Lives, Our Norfolk'.

- 2.4.2 Through our continued consultations, people affected by autism in Norfolk tell us the continued need to prioritise the five fundamental areas.



2.4.3 Working Groups:

The workstreams meet regularly to address the priorities.

The Health and Wellbeing Board is asked to participate in the training and encourage staff to complete the autism e-learning programme and where appropriate face to face autism training. In addition, encourage staff to participate in autism awareness raising and furthermore prompt the accurate recording to support the creation of an autism dashboard.

Rethink Partners were commissioned by Norfolk County Council and the CCGs to conduct research on neurodevelopmental disorders (NDD) that includes autism pathways. The Rethink Partners report is produced with system leaders working on a response and action plan.

3. Engagement, Coproduction and Progress

- 3.1 To genuinely co-produce a meaningful strategy and, even more importantly, to increase and improve communication with and between the autistic community and public bodies, a number of strategies and dialogues have been initiated.
- 3.2 **Norfolk All-Age Autism Partnership Board (NAPB) – the Board itself.**
- 3.2.1 NAPB membership includes nine autistic members with older people, working age adults, young people and parents/carers representatives along with the public sector, voluntary and third sector representatives. Efforts are being made to consider the size and makeup of the board to ensure coproduction is effective and efficient.
- 3.2.2 The Board commissioned an independent review of the whole NAPB. The final report made a number of positive recommendations. Implementation plans have been put in place through the 'NAPB Communication and Engagement Plan'. The NAPB continues to improve its relationships between autistic communities and the Council. There is an intense desire for board members to work constructively and in partnership.
- 3.2.3 A review meeting of the Board took place in September 2018 and identified a programme plan of activities to be achieved. These plans continue to be reviewed and updated by the autism commissioner and working group leads. The next review is due late September 2019.
- 3.2.4 The Board's terms of reference and venue standards document is available on the Council's website at the following link: <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/all-age-norfolk-autism-partnership-board> (accessed 06 June 2019)
- 3.3 The National Autistic Society was approached and agreed to run a workshop for Board members on the 4th September 2019 to explore what good coproduction means, looks and 'feels' like. The outcome of the workshop is for members to gain a shared understanding of co-production, the roles and contributions of all members of the

partnership and agree on how to best size and scope the Board to provide meaningful engagement and outcomes.

3.4 **Autism Training**

3.4.1 Autism Training for Board members was delivered by Norfolk and Suffolk Foundation Trust on 5 December 2018. Thirteen members of the Board attended.

3.4.2 Autism training will be available to all existing and new NAPB members as part of the commissioned service 'Ambitious about Autism'.

3.5 **Joint Strategic Autism Needs Assessment**

3.5.1 NAPB members worked with Public Health to deliver a joint strategic autism needs assessment. Following two engagement opportunities to consider if the recommendations from this report are correct, the recommendations were used to draft the autism strategy 'My Autism, Our Lives, Our Norfolk'. The NAPB approved Joint Strategic autism needs assessment on the 22nd May 2019.

3.5.2 The Joint Strategic Autism Needs Assessment is available on the Council's website at the following link: <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/all-age-norfolk-autism-partnership-board> (accessed 06 June 2019)

4. **Financial Implications**

4.1 Funding will be required for the continued activity and support of the NAPB and coproduction workshops. This has been incorporated into the overarching service budget.

4.2 Workforce development training for council staff and the wider partnership is required. Council training is being rolled out from April 2019, roll out to the wider system will have financial implications for partner organisations.

Officer Contact

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

Name:

Amanda Dunn
Tracey Walton

Tel:

01603 223420

Email:

amanda.dunn@norfolk.gov.uk
Tracey.walton@norfolk.gov.uk

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|---|---|
| Report title: | Physical Health Checks for Adults with a Learning Disability |
| Date of meeting: | 10 July 2019 |
| Sponsor (H&WB member): | Melanie Craig, CCG Accountable Officer |
| <p>Reason for the Report The Health and Wellbeing Board (HWB) have requested information about how members are able to encourage/support provision and raise awareness of Physical Health Checks for Adults with a Learning Disability across the county.</p> <p>Report summary This report presents to members of the HWB what can be done to help increase the uptake of annual health checks for people with a learning disability. The National Learning Disabilities (LD) Health Checks Programme is offered as a National Direct Enhanced Service (DES) to GP practices. Annual LD health checks can help to detect health issues early on and educate patients on how to live a healthy lifestyle (exercise, healthy eating etc.) leading to an increase in life expectancy improved quality of life for the patient and a reduction in unplanned hospital activity and emergency social care.</p> <p>Recommendations: The HWB is asked to: a) Initiate an outcome-oriented discussion on the opportunities to encourage/support provision and raise awareness of Physical Health Checks for Adults with a Learning Disability across the county.</p> | |

1. Background

- 1.1 The National Learning Disabilities (LD) Health Checks Programme is offered as a National Direct Enhanced Service (DES) by NHSE directly to GP practices. The LD Health checks target is 75% as of 2019/20 and is a 'must-do' for CCGs but voluntary for GP practices – Currently all practices in Norfolk and Waveney are delivering LD health checks (with the exception of University of East Anglia who advise that their population does not have a need). Practices receive a payment of £140 for each completed annual LD health check.

2. Physical Health Checks for Adults with a Learning Disability

- 2.1 A number of changes have been made to the way we care for people with LD following the recommendations from two serious case reviews following the deaths of two patients with LD. This has led to awareness raising and sharing of best practice amongst primary care and other stakeholders and implementing improvements in general practice such as making reasonable adjustments, flexible appointments, and using the patient's preferred method of contact (telephone, letter, email etc.) when inviting them for their annual health check.
- 2.2 We recognise the health inequalities for people with LD and the importance of making care person-centred. Therefore, we continue to work with General Practices, Local Authorities, and wider stakeholders to encourage the take up of Learning Disability Health Checks in

order to detect problems early on, to improve health outcomes for people with LD and increase life expectancy.

- 2.3 A Learning Disability working group, representative of all five CCGs, has been established. Membership includes wider stakeholders, both community providers and learning disability charities to collectively work in partnership to improve services for people with learning disabilities including increasing the take up of learning disability health checks within general practices across Norfolk and Waveney.

Officer Contact

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

Name:

Parveen Mercer Associate
Director of Primary Care
(Contracting & Performance)

Tel:

07795346286

Email:

parveen.mercer@nhs.net

Physical Health Checks for Adults with a Learning Disability

Appendix A – Mencap video to promote LD health checks:

<https://www.youtube.com/watch?v=VxxUWJhWW0s>

Appendix B – The following easy read literature is available, if you would like to order any copies or receive them electronically please contact kelly-jo.gage@nhs.net

- A reminder to book your annual health check
- My Health Action Plan
- Information about GP appointments
- NHS Services in Norfolk and Waveney
- Health One-Page Profile
- Gold Standard Health Check
- What Type and Where is my pain?
- How to Praise and Complain
- Healthy Digestion
- Healthy Eating
- Healthy Lifestyles
- Sexual Health
- Support for Parents to be
- Independent Health Complaints Advocacy
- Pre Health Check Questionnaire

| | |
|--|--|
| Report title: | Our Joint Health and Wellbeing Strategy 2018-22 – Implementation Update |
| Date of meeting: | 10 July 2019 |
| Sponsor (H&WB member): | Dr Louise Smith, Director of Public Health |
| <p>Reason for the Report All Health and Wellbeing Board (HWB) partner organisations have formally sign up to the Joint Health & Wellbeing Strategy 2018-2022. Following agreement to the implementation planning approach at the last meeting of the Board, this report recommends specific actions to the Board to support the delivery of our Strategy, alongside the incentives to drive this activity forward.</p> <p>Report summary This report provides:</p> <ul style="list-style-type: none"> a) A proposed Strategy Action and Delivery Plan, based on our agreed Strategic Framework. b) The approach to acknowledging contributions of excellence through the establishment of a HWB Chairman's Award. <p>Recommendations: The HWB is asked to:</p> <ul style="list-style-type: none"> a) Agree the draft Implementation Action & Delivery Plan and to commit to working jointly to develop action to deliver the Strategy, as agreed by the Board. b) Agree the approach to establishing the HWB Chairman's Award. | |

1. Background

- 1.1 In 2018, the Health and Wellbeing Board (HWB) agreed its Joint Health & Wellbeing Strategy for 2018-22 with all HWB partners formally signing up to the Strategy.
- 1.2 Our [Joint Health and Wellbeing Strategy 2018-22](#) outlines:
 - The HWB's vision for a **single sustainable health and wellbeing system**
 - Our strategic priorities, which include: **Prioritising prevention; Tackling inequalities in communities; and, Integrating ways of working**
 - Our shared values of: **collective accountability; simplification of systems; promoting engagement and involvement; and, based on evidence of needs.**
 - A **commitment to working together to achieve joint outcomes** by bringing together existing strategies.

2. Implementing our Strategy – Action and Delivery plan proposal

- 2.1 The **Implementation Framework (Appendix A)**, agreed by the Board in April 2019, defines the priority actions and key measures set out in the Strategy. It also outlines our commitment to evaluate and report progress in delivering our Strategy.

2.2 It is proposed that a high-level **Implementation Action & Delivery Plan (Appendix B)** sits beneath the Implementation Framework, outlining:

- a) Current priority actions and a timeframe for the interface with Board meetings.
- b) A proposed HWB Sponsor for each priority action to drive forward the ambitions of the Strategy.
- c) A highlight report to inform the Board, throughout the year, of high-level progress against each of the four Strategy priority areas.

It is intended as a working document and should grow and develop with the strategic ambitions of the Board.

2.3 The work to develop and implement of priority actions will be progressed by the relevant HWB partners through a variety of means, with reports brought to HWB meetings in areas where system leaders require action or support to bring about change.

2.4 HWB partners will also contribute to the Board's evaluation by bringing **an annual report** back to the HWB at the end of the first year of the Strategy.

2.5 HWB partners are asked to agree the draft Implementation Action & Delivery Plan and to commit to working jointly to develop action to deliver the Strategy, as agreed by the Board.

3. **HWB Chairman's Awards**

3.1 The **HWB Chairman's Award** was launched at the HWB Conference in December, as a way of **recognising good practice and innovation** of individuals / organisations within the HWB partnership that directly contribute to the delivery of the Board's Strategy and its priority areas. The categories for the Award will therefore reflect the strategic priorities of the Joint Health and Wellbeing Strategy as set out in paragraph 1.2.

3.2 The categories, criteria, timeframe and process will be agreed by the HWB Chairman with the expected launch of the Award in Autumn 2019, with the winning entries showcased at the HWB Conference.

4. **Next steps**

4.1 Next steps include:

- a) Developing the quantitative and qualitative measures to demonstrate the impact the Joint Health and Wellbeing Strategy is making and expects to make. These measures will be used as part of the Strategy Annual Report to the Board.
- b) Progress the actions for establishing the HWB Chairman's Award.

Officer Contact

If you have any questions please get in touch with:

| Name | Tel | Email |
|-----------------|--------------|--|
| Chris Butwright | 01603 638339 | Christopher.butwright@norfolk.gov.uk |

Joint Health and Wellbeing Strategy: Our Implementation Framework

How we are working towards our vision

A Single Sustainable System

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

The actions we are taking

Prioritising Prevention

- Developing in partnership a systematic approach for **children and young people’s** support and provision
- Embedding **prevention** across all organisational strategies and policies.
- Providing **joint accountability** so that as a system we are preventing, reducing and delaying needs and associated costs
- Promoting and supporting **healthy lifestyles** with our workforces

Tackling Inequalities in Communities

- Promoting alignment and consistency in local delivery partnerships to plan for, and with, their local community
- Providing and using the **evidence** to address needs and inequalities
- Addressing the impact of **crime, violence and injuries**.
- Joining up **housing and development planning** by working with those with planning responsibilities

Integrating Ways of Working

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

Key Measures - How we will know we are achieving

- Delivering the agreed priority actions, in partnership, for **children and young people**
- Holding partners to account for **prioritising prevention** in policies and decision-making
- Developing a mental health strategy including mental and physical ill health in **our workforce**

- Coordinated delivery across local partnerships helping communities to live well
- Reduced **crime, injuries and accidents** to minimise the impact on health and wellbeing in our most deprived areas

- Delivering the agreed priority actions, in partnership, for **Promoting independence** and helping people to age well
- Supporting and having oversight of the Sustainability & Transformation Partnership

How we will know we are making a difference

Evaluation Impact Outcomes System Change Efficient processes

HWB partner organisations have aligned strategies, make collaborative decisions and, where appropriate, work through pooled fund arrangements to deliver a single sustainable system.

We will know we are making a difference by evaluating how we are:

- Contributing to **financial sustainability** and an integrated system
- Reviewing the impact of strategy and **outcomes**
- **Using the evidence intelligently** – including evidence from service users - in our discussions and our planning
- Working in partnership with others to **support delivery** of partners’ transformation plans
- Using **source data** available (including from the JSNA) to inform strategic plans

Joint Health and Wellbeing Strategy – Action and Delivery Plan – Version 3.0 2018 – 2022

This is a high-level action and delivery plan for the Joint Health and Wellbeing Strategy (JHWBS) 2018-2022. It is intended as a working document to support the delivery of the priorities as set out in the strategy.

| Priority | Action | Proposed HWB Sponsor(s) | Interface with the HWB in 2019 | | | | | Highlight Update (Impact to date) |
|---|---|------------------------------------|--------------------------------|--------|--------|--------|--------|--|
| | | | 13-Feb | 24-Apr | 10-Jul | 30-Oct | 04-Dec | |
| A Single Sustainable System Leading transformation User engagement in planning JSNA – understanding impact Collaborate in Partners 'Plans' | JHWBS Planning | NCC DPH | | | | | | <ul style="list-style-type: none"> • Driving forward our shared strategic priorities – HWB partners agreed a Strategy Implementation Framework which serves as the basis for developing an Action & Delivery Plan and committed to action to take this forward (A&D plan on 10 July 19 HWB agenda) • Being collectively accountable – HWB partners committed to being fully involved, collectively, in the development of the Norfolk and Waveney 5-Year plan, which will implement the NHS strategy for the health service for the next ten years, building on existing plans and based on collaboration. HWB also agreed to n build awareness and encourage patients, service users, carers and staff to get involved in the development • Simplifying systems - HWB partners endorsed the move to a single CCG management team, in line with its strategic drive for simplicity in the system and for reducing duplication • Using our data intelligently - HWB partners agreed the refreshed JSNA governance it is fit for purpose for our current system, with all HWB partner organisations being actively involved with the JSNA working group (via a liaison group) and all HWB partners supporting the use of the JSNA products in their organisations' commissioning plans |
| | NHS Integration | STP Exec Lead | | | | | | |
| | CCG Annual reports | CCG Chairs | | | | | | |
| | HWB Governance | HWB Chief Officer | | | | | | |
| | JSNA | NCC DPH | | | | | | |
| | Norfolk and Waveney System Commissioning Intentions | All Commissioners | | | | | | |
| | <i>User engagement in our understanding and planning</i> | <i>tbc</i> | | | | | | |
| | <i>Organisational culture and working between organisations</i> | <i>tbc</i> | | | | | | |
| Prioritising Prevention Best start in life and mental health Living well – healthy choices and looking after ourselves | Area Special Educational Needs and Disabilities (SEND) Strategy | NCC DCS | | | | | | <ul style="list-style-type: none"> • Systematic approach for children and young people – 1st joint meeting of the Strategic Children's Partnership, HWB and NSCB sharing the work on transforming mental health services for children and young people. Commitment and enthusiasm secured for working on developing a shared vision and framework for children and young people's services across the county that could unify and articulate how we come together to improve lives. Further strategic board meeting delivered in June 2019. |
| | CAMHS Review | NCC DCS | | | | | | |
| | Norfolk and Waveney Adult Mental Health Strategy | STP Workstream/Exec | | | | | | |
| | Whole System Prevention | NCC DPH | | | | | | |
| | Whole System Winter Planning | STP Exec Lead/NCC DASS | | | | | | |
| Tackling Inequalities in Communities Addressing wider factors Reducing impact of crime and violence Place Based Focus on most in need | Homes and Health | HWB District Council Sub-Committee | | | | | | <ul style="list-style-type: none"> • Providing support for those who are most vulnerable in localities – HWB partners agreed that a county-wide communication campaign on the Warm Homes fund should be developed, led by the DC Sub Committee and supported by a county-wide learning event in Autumn 2019. |
| | Physical Health Checks | <i>CCG Exec Lead</i> | | | | | | |
| | <i>Inequalities in system planning</i> | <i>tbc</i> | | | | | | |
| Integrating Ways of Working Promoting independence at home Supporting carers Improving Mental health | Mental Health Prevention Concordat | NCC DPH | | | | | | <ul style="list-style-type: none"> • Using our resources in the most effective way - The HWB wrote to the Secretary of State and Minister for Social Care expressing concerns about the future of the Better Care Fund and the hope that the fund will continue into 2020 • Collaborating in the delivery of people-centred care – HWB partners signed up to the statements set out in the Prevention Concordat for Better Mental Health, agreeing to work together to develop a shared system action plan. Concordat application signed-off by HWB Chair and Vice Chairs to be submitted in July 2019. |
| | All-Age Autism Strategy | NCC DASS | | | | | | |
| | Better Care Fund | NCC DASS | | | | | | |
| | <i>Primary Care Strategy</i> | <i>tbc</i> | | | | | | |

Key:

| Delivery | |
|---|--------------|
| Workshop | Grid |
| Board Report | Block colour |
| Priority Action in Development | In italics |
| Acronyms | |
| Joint Health and Wellbeing Strategy | JHWBS |
| Norfolk County Council | NCC |
| Child and Adolescent Mental Health Services | CAMHS |
| Director of Children’s Services | DCS |
| Director of Public Health | DPH |
| Director Adult Social Services Department | DASS |
| Health & Wellbeing Board | HWB |
| Healthwatch Norfolk | HWN |
| Sustainability & Transformation Partnership | STP |
| Voluntary, Community and Social Enterprise | VCSE |