Norfolk Health & Wellbeing Board

Date: **Wednesday 3 February 2016**

Time: **Part A in public 9:30am**
Part B in private (development workshop)

Venue: **Colin Chapman Room, Hethel Engineering Centre, Hethel (near Norwich)**

Membership	Substitute	Representing
William Armstrong	Alex Stewart	Chair, Healthwatch Norfolk
Cllr Yvonne Bendle	Cllr Alison Thomas	South Norfolk Council
Stephen Bett	Jenny McKibben	Norfolk's Police and Crime Commissioner
Harold Bodmer	Catherine Underwood	Executive Director Adult Social Services
Dr Hilary Byrne	Margaret Blackett	South Norfolk Clinical Commissioning Group
Cllr Penny Carpenter	Cllr Marlene Fairhead	Great Yarmouth Borough Council
Cllr Trevor Carter		Breckland District Council
Cllr Annie Claussen-Reynolds		North Norfolk District Council
Pip Coker	Dan Mobbs	Voluntary Sector Representative
T/ACC Nick Dean	T/ACC Nick Davison	Norfolk Constabulary
Ruth Derrett		NHS England, East Sub Region Team
Dr Anoop Dhesi	Mark Taylor	North Norfolk Clinical Commissioning Group
Andy Evans	John Stammers	Great Yarmouth & Waveney Clinical Commissioning Group
Cllr Gail Harris	Phil Shreeve	Norwich City Council
Joyce Hopwood	Dan Mobbs	Voluntary Sector Representative
Cllr James Joyce		Chairman, Children's Services Committee, Norfolk County Council
Dr Ian Mack	Dr Sue Crossman	West Norfolk Clinical Commissioning Group
Cllr Elizabeth Nockolds		Borough Council of King's Lynn and West Norfolk
Cllr Andrew Proctor	Cllr Roger Foulger	Broadland District Council
Michael Rosen	Don Evans	Executive Director Children's Services
Dr Louise Smith		Director of Public Health
Dr Wendy Thomson		Managing Director, Norfolk County Council
Vacancy	Dan Mobbs	Voluntary Sector Representative
Cllr Brian Watkins		Norfolk County Council
Cllr Sue Whitaker	Cllr Elizabeth Morgan	Chair, Adult Social Care Committee, Norfolk County Council
Tracy Williams	Jo Smithson	Norwich Clinical Commissioning Group

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

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

Part A

1	**Apologies**	Clerk	
2	**Minutes**	Chair	**(Page 3)**
3	**Members to Declare any Interests**	Chair	
4	**Any urgent business**	Chair	
	Items for discussion/action		
5	**Integration in Norfolk and the Better Care Fund Plan** • *To consider the review of 2015/16 and proposals for 2016/17*	Harold Bodmer/ CCGs	**(Page 9)**
6	**JH&WB Strategy Implementation update** • *To consider revised ToR for the Implementation Group and recommendations for making mental health a HWB priority*	Dr Louise Smith	**(Page 41)**
	Close of public meeting		
	Part B		
7	**Safeguarding in Norfolk - workshop** • *To explore how the H&WB might add value to the work of the Norfolk Children's Safeguarding Board and the Norfolk Adults Safeguarding Board*	David Ashcroft Joan Maughan	
	Short break		
8	**H&WB Review – workshop** • *To focus on how the Board will take forward key challenges arising from the review and develop our approach to system leadership across the Norfolk health and wellbeing system*	Chair	

Norfolk County Council

Health and Wellbeing Board
Minutes of the meeting held on Wednesday 4 November 2015 at 9.30am
in Edwards Room, County Hall, Norwich

Present:

William Armstrong	Healthwatch Norfolk
Cllr Yvonne Bendle	South Norfolk Council
Harold Bodmer	Executive Director, Adult Social Services
Pip Coker	Voluntary Sector Representative
Ruth Derrett	NHS England, East Sub Region Team
Cllr Gail Harris	Norwich City Council
Joyce Hopwood	Voluntary Sector Representative
Cllr James Joyce	Chair, Children's Services Committee, NCC
Dr Ian Mack	West Norfolk Clinical Commissioning Group
Jenny McKibben	Deputy Police and Crime Commissioner
Dan Mobbs	Voluntary Sector Representative
Cllr Elizabeth Nockolds	Borough Council of King's Lynn and West Norfolk
Michael Rosen	Executive Director Children's Services
Dr John Stammers	Great Yarmouth & Waveney Clinical Commissioning Group
Louise Smith	Director of Public Health
Dr Wendy Thomson	Managing Director, Norfolk County Council
Cllr Brian Watkins	Norfolk County Council
Cllr Sue Whitaker	Chair, Adult Social Care Committee, NCC

Also present:

- Anne Gibson, Executive Director of Resources, Norfolk County Council

Chairs Announcements
The Chair welcomed Dr Louise Smith and Michael Rosen who were attending their first meeting in their new respective roles as Director of Public Health and Executive Director of Children's Services.
The Chair also welcomed Ruth Derrett from NHS England who was attending her first meeting.

1 Apologies

1.1 Apologies were received from Cllr Penny Carpenter, Cllr Andrew Proctor, Tracy Williams, Cllr Annie Claussen-Reynolds, ACC Nick Dean and Dr Anoop Dhesi.

2. Minutes

2.1 The minutes of the Health and Wellbeing Board (HWB) held on the 15th July 2015 were agreed as a correct record and signed by the Chair.

3. Declaration of Interests

3.1 There were no interests declared.

4. Urgent Business

4.1 The Chairman reported to the Board that since the last meeting he had endorsed the Norfolk & Waveney Local Transformation Plan for Children and Young People, which was jointly submitted by CAMHS Norfolk on behalf of the five CCG's to NHS England. It was reported that the Plan had since been approved.

5. Health and Wellbeing Board Review – Chairman's Report on outcome of first phase

5.1 Norfolk Health and Wellbeing Board had been established and operational with statutory responsibilities for a two and a half years. It had been decided earlier in the year by the Board that a review of its current working arrangements should be carried out. The new Chairman had conducted this first phase of the Review, which had involved interviews with all Board members. The report informed the Board of the outcome of the first phase of the review and contained proposals for improvement and next steps.

5.2 The Chairman thanked all members of the Board who made the time to take part in the review and the views and perspectives were gratefully received. A workshop was being set up to take forward some of the ideas that had come out of the review.

5.3 Members discussed key issues, such as the need for clarity about how key providers engaged with the Board's work, what the relationship was and, if they were directly involved, what their role and purpose would be. It was recognised that it was clearly a complex area which would need time to explore. There was also a discussion about the timing of a peer review to help the Board move forward with its development and ambitions. Again there were mixed views about what stage to involve a peer review team, either now or once the changes from the current review had embedded. The Chairman confirmed that he would liaise with the LGA peer review team and report back.

5.4 The Board considered and commented on the report and noted that time would be set aside to work together on addressing some of the key outstanding issues at a workshop.

6. Norfolk Better Care Fund Plan – Progress Update 2015/16 and Planning 2016/17

6.1 The Board considered the report which set out the requirement for Norfolk to start planning and developing Better Care Fund plans for 2016/17, building on the 15/16 programme.

6.2 It was reported that the Better Care Fund had the potential to be a powerful tool for us to embed whole system change. It was recognised that next year would be an extremely different financial situation for all partners concerned, and that we would be planning for next year in a very different context and it was important to work as a whole system. Eg if we are to reduce unplanned admissions.

6.3 There was some discussion about the need to move away from 'one size fits all' in terms of service provision across our localities and to ensure that we engage with residents and develop services which suit local needs.

6.4 The Board **RESOLVED** to;

- Agree the direction of travel for developing plans for Norfolk's 2016/17 BCF Programme.
- Provide any additional considerations to shaping and developing plans to deliver against the Better Care Fund Programme requirements for 2016/17.

7. CCGs Commissioning Intentions – 2016/17

7.1 The Board considered the report which provided information about the commissioning intentions of Norfolk's Clinical Commissioning Groups (CCG's) for the period 2016/17. It brought together the submissions from each of the CCG's at this stage of the annual planning process.

7.2 The Board noted that the commissioning intentions had been submitted at the end of September and there was some discussion about the timing of the Board's input and its purpose in doing so. It was agreed that earlier engagement was valuable and that in future it would be helpful for an early initial discussion. It was also suggested that it would be helpful for information to be provided in a more accessible format to enable shared understanding and help focus discussion on the actions that were of principal concern to the Board.

7.3 The Board **RESOLVED** to;

- Consider and comment on the engagement with, and contribution towards, delivering the Health and Wellbeing Board's priorities and longer term goals.

8. Joint Health and Wellbeing Strategy – progress update report

8.1 The Board considered the report which highlighted some of the progress made over the summer and an outline of plans in the autumn/winter for the implementation of the strategy.

8.2 The performance information provided was considered helpful and further details were requested around some of the metrics. It was also suggested that a focus on monitoring what was happening on the ground would be useful together with the direction of travel of where each risk rating had come from.

8.3 The Board **RESOLVED** to;

- Consider the report and provide views on whether the Board agrees the strategy was on track.

9. Developing a Mental Health Strategy for Norfolk

9.1 The Board considered the report which asked them to take ownership of the delivery of an integrated, systems change, approach to public mental health in Norfolk.

9.2 During the discussion it was suggested that we should build on the work that had already been going on and that workshops could be used for this purpose. It was seen as important to arrive at a shared vision of mental health strategy and that a collaborative approach was needed.

9.3 There was concern expressed that this could be a long process overall and it was important that there was a degree of urgency.

9.4 The Board **RESOLVED** to;

- Discuss and provide views on how best develop and implement a Mental Health Strategy for Norfolk
- Take ownership of the delivery of an integrated approach to public mental health in Norfolk, providing effective leadership and governance to a holistic systems

change approach, as recommended in the DPH Report in July.

- Agree to set up a workshop to scope a public mental health strategy in full and recommend terms of reference and governance on how this strategy can be agreed and implemented. Service user representatives and providers should be included in the planning process.

The Board took a break from 11.30am – 11.40am.

10. Healthwatch Norfolk overview (presentation)

10.1 The Board received a presentation on the work of Healthwatch.

10.2 Healthwatch were thanked for their presentation which brought to the forefront key issues that needed all partners to work together towards addressing.

11. Norfolk Child Poverty Strategy Task and Finish Group Report

11.1 The Board considered a report from the task and finish group which had been set up at the meeting in July 2014. The group had narrowed down what partners would do for the Norfolk Child Poverty Strategy and developed the detail of how the Board would contribute.

11.2 The group were thanked for their work which had provided constructive and practical points. Members discussed key issues such as how to work with and engage businesses to encourage employment of disadvantaged individuals and organisations paying the living wage.

11.3 The Board **RESOLVED** to

- Consider and approve the action plan devised by the Task and Finish Group as work they agree can be taken forward.
- Commit to further meetings of the task and finish group to ensure progress of the work identified.

12. Children's Services Improvement and Performance

12.1 The Board considered the report by the Executive Director of Children's Services which updated them on the operational performance within Children's Services including Support for School Improvement, Social Care and Safeguarding.

12.2 It was proposed that in future, on an annual basis there would be a comprehensive report on children's educational achievement across the county. This would serve as a good proxy indicator for children's health and wellbeing and would enable a strategic discussion about what partners can do to bring about improvement. On a quarterly basis there would be on some key, specific, health and wellbeing issues, again with the aim of identifying what partners can do to bring about improvement.

12.3 It was also considered useful for the data provided to the Board to be sliced to analyse how effective the current systems were and what the Board could do to help. Thematic data would be useful for the Board.

12.5 The Board **RESOLVED** to;

- Note the report.

13. Norfolk Integrated Offender Health and Social Care Group – Annual Report

13.1 The Board considered the report which provided an overview of the activity of the Norfolk Integrated Offender Health and Social Care (NIOHSCG) during 2015 and priorities for the group over the next twelve months to improve offender health and overall rehabilitation of offender outcomes.

13.2 It was reported that the healthcare of offenders and ex-offenders is an issue for the whole health economy and needs addressing at all tier levels. Key actions were highlighted and the importance of basic mental health awareness training was stressed for anyone working in the criminal justice system.

13.3 The Board **RESOLVED** to;

- agree the priorities of the Integrated Offender Health and Social Care Group
- endorse the work of the Group and actively sponsor and support the delivery of its work programme
- (If applicable) select a lead agency for the development of a Norfolk PD Strategy.

14. Transforming Care Programme – Services for Adults with a Learning Disability

14.1 The Board considered the report which outlined the processes and arrangements which had been put in place to achieve the targets and outcomes required.

14.2 It was reported that there was an implementation plan for 2016 which was a short timescale to ensure involvement from all CCGs', NCC and the NHS.

14.3 This would need to be reviewed again by the Board as they would ultimately be responsible for the sign off.

15. Norfolk Health Overview and Scrutiny Committee Meetings

15.1 The Board received and **NOTED** the minutes of the Norfolk Health Overview and Scrutiny Committee from the meetings held on 16 July 2015.

The next meeting would take place on **Wednesday 3 February 2016** at 9.30am. The venue would be confirmed.

The meeting closed at 1pm

Chairman

Report title:	**Integration and the Better Care Fund plan 2015/16 and 2016/17**
Date of meeting:	**3 February 2016**
Sponsor: (H&WB member)	**Executive Director of Adult Social Services Chief Officer of each of the five Norfolk CCGs**

Reason for the Report

The Health & Wellbeing Board has a duty to promote integration and Board members have agreed that driving integration is one of its three strategic goals in its Joint Health & Wellbeing Strategy. It is the body responsible for developing and implementing the strategic plan for the Norfolk Better Care Fund Plan and is accountable, overall, for the Norfolk Better Care Fund.

Report summary

Norfolk's BCF programme is a key mechanism for the delivery of integration in Norfolk. It is an ambitious programme addressing the suite of national indicators including targeting a reduction in non-elective admissions of 3.5%. This report provides a structured review of progress with Norfolk's BCF plan 2015/16 so far using the national Better Care Fund Self-Assessment tool ('Reflecting on 2015/16, planning for 2016/17'). The most recent BCF quarterly submission to NHS England is also provided.

This report also outlines the planning parameters for next year and makes proposals for developing the Norfolk BCF programme 2016/17, building on the BCF 2015/16 programme. Finally, the report outlines two opportunities for support for which Norfolk has submitted a bid.

Key questions for discussion

- What are the key issues for the Board in relation to the learning/challenges from the review of the BCF 2015/16?
- What actions can the Board/individual members take to help address those issues in planning for 2016/17?
- Are the proposals for BCF 2016/17 ambitious enough/too ambitious/about right?

Action/decisions needed:

The Health & Wellbeing Board is asked to:

- Consider and comment on the information outlined in this paper **(key questions for discussion are above)**
- Note the BCF 2015/16 progress submission to NHS England for the period 1 July to 30 September 2015 and commission a 'deep-dive' style review of the position around provision of 7-day services across Norfolk
- Provide any final considerations and agree in principle to the overarching proposals for Norfolk's 2016/17 BCF Programme in time for the initial submission on 8 February 2016
- Agree what actions the Board/individual members will take to help address key issues in relation to BCF 2015/16 and/or planning for 2016/17

1. Background

1.1 The H&WB approved the Norfolk Better Care Fund (BCF) 2015/16 for submission to NHS England in time for implementation from 1 April 2015. At its meeting in April 2015, the Board agreed to set up a BCF Sub-Group with responsibility for signing off the quarterly submissions to NHS England and agreed that those quarterly submissions would be reported to the next formal meeting of the H&WB. Members also agreed that the focus at Board meetings should be on:

- Looking at what is being delivered
- Identifying barriers to progress or blockages in the system and agreeing how to tackle them
- Looking at performance trends
- Evaluating overall what is being achieved
- Agreeing what further action is needed by partners and/or the Board as a whole to meet our strategic aims for Norfolk

1.2 At its last meeting in November 2015, the H&WB considered progress of the BCF programme 2015/16. The Board also provided considerations to be taken into account on shaping and developing plans to deliver against the Better Care Fund Programme for 2016/17 and gave overall approval to the proposed direction of travel for developing those plans.

2. BCF in the wider context

2.1 The challenges across health and care have a high profile nationally and this is reflected in Norfolk: increasing demand, difficulties in recruitment and financial challenge. The pressure can be seen clearly in our acute hospitals – and the 16/17 BCF has a renewed focus on delayed transfers of care – but the pressures are felt right across the health and care economy.

2.2 Whilst each of the services has plans to address their own financial and operational challenges, the scale of change needed requires collaborative transformation across services and across traditional boundaries. The Better Care Fund provides a vehicle not only for furthering integration between health and social care, but to support transformation which is required to address the sustainability of the system.

2.3 In addition, the autumn spending review set out clear policy direction for integration to be in place in each area by 2020 (see appendix 2) and each area will be required to have a plan for this in place by April 2017. This will require consideration of what models and approaches to whole system transformation, as described in the Five Year Forward View, will best deliver the solutions needed for Norfolk.

2.4 The Five Year Forward View (https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf) published in October 2014, sets the future of the NHS in the context of communities and partners including local authorities. It recognises that for the future, there needs to be a much stronger emphasis on population health and prevention. Breaking down barriers in the provision of care is fundamental; between GPs and hospitals, physical and mental health and between health and social care. Solutions are for local determination but the Five Year Forward View sets out a series of models:

- Multispecialty community providers, where groups of GPs combine with other services such as community health services, hospital specialists and perhaps mental health and social care to provide integrated community services
- Primary and acute care systems, where a system is responsible for a population across the spectrum
- Redesign of urgent and emergency care
- Solutions for smaller hospitals, including partnering with larger hospitals
- Closer work between the NHS and care homes.
  These models are being tested with Vanguard schemes across the country to inform planning.

2.4 The equivalent to the Five Year Forward View for social care is provided by the Association of Directors of Adult Social Services in "Distinctive, Valued and Personal" (http://www.adass.org.uk/uploadedFiles/adass_content/news/press_2015/Distinctive%20Valued%20Personal%20ADASS%20March%202015(1).pdf;) which similarly signals the need for transformation within partnerships and particularly with communities, setting social care in the context of the local authority responsibilities for promoting health, prevention and wellbeing. In Norfolk, the County Council's Re-imagining Norfolk sets out promoting independence as the critical change in its approach to social care, with a renewed focus on enabling people to stay safe and well in their own homes, avoid crisis and to reduce their need for formal care services.

2.5 A programme of work is being developed to address this, led by the chief executives across the health and care economy. It is within this context that the BCF for 16/17 is being planned.

3. Review of Norfolk's Better Care Fund 2015/16

3.1 To support preparation of Better Care Fund plans for 2016/17, the national BCF team provided a self-assessment tool to review local progress. This was used in each CCG area in Norfolk.

3.2 The reviews highlighted some key areas where interventions had the most positive impact. These included:

- Community based care interventions where care and support is delivered closer to or in people's homes to prevent avoidable hospital admissions or residential care placements.
- The use of risk profiling, formation of locality based integrated care teams, with dedicated care coordination, and direction to community based support had a positive impact on maintaining individuals independence and maintaining this following a hospital admission through strong reablement services,
- Development of rapid response services for people who fall, also had a positive impact on avoidable hospital admissions.

3.3 In addition the reviews revealed that although the schemes where designed, developed and implemented in the individual CCG localities, with slightly different names and focus, they did seek to deliver the similar outcomes and impact. Therefore given the limited resources in each locality, where appropriate, a much stronger collaborative approach is proposed for 2016/17 to ensure we build on shared learning, reduce duplication of effort and deliver consistency of high quality interventions across Norfolk.

3.4 The reviews also highlighted that some areas may have been too ambitious in terms of the number of schemes that required developing and implementing. As such this created a delay in mobilisation and impact. Therefore there is a recognition for 2016/17 to focus on the evidence of what works both within Norfolk and nationally, build on the strong foundations developed over the last 12 months and to target a smaller number of bigger impact schemes.

4. Norfolk's Quarterly Progress report to NHS England

4.1 Reporting on progress in Norfolk is required on a quarterly basis and the most recent report, signed off by the BCF subgroup of the H&WB, was submitted on 27 November 2015. The submission is provided in **Appendix A**.

4.2 One of the challenges faced is around plans for provision of 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. The H&WB's BCF Sub Group has suggested that it would be useful for a 'deep dive' into this area with questions to each of the three systems in Norfolk and a detailed report back to the H&WB to enable the Board to put some challenge into the system.

5. Planning for the 2016/17 BCF and proposals

5.1 **Comprehensive Spending Review 2015:** The Spending Review continues the government's commitment to join up health and care. The government will continue the Better Care Fund, maintaining the NHS's mandated contribution in real terms over the Parliament. From 2017 the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the Better Care Fund**.** Disabled Facilities Grants continue to be included and commitment to current level of funding to District Councils required. A summary of what the spending review says about the Better Care Fund can be seen in **Appendix B.**

5.2 **BCF Support Funds:** To support delivering the ambitions of Norfolk's integration programme through the Better Care Fund, we have taken two opportunities to bid to a BCF support fund. We are awaiting the outcome but the following provides a summary of the bids that were recognised and signed off by all areas as priorities:

a. **Bid 1**: £20k to support a strategic review, using external facilitators, to assess the impact of integration and design of health and social care services. As part of this work it is intended to review risk sharing arrangements and financial allocations to BCF schemes.

b. **Bid 2**: £45k to enable and support the development and delivery of a Norfolk and Suffolk health and social care sector workforce and skills action plan. This is designed to contribute to a successful integrated health and social care workforce and system for the future particularly around the following areas:

- Improved perception of health and social care as an employment sector
- Staff recruitment and retention within the sector, especially in domiciliary care
- Career pathways across the health and social care system
- Management, leadership and succession planning for Registered Managers
- Registered nurses, especially in nursing homes
- Family carers

• Personal Assistants

5.3 **New Requirements and Planning Parameters:** The full BCF technical guidance and templates have not been released as yet. They were expected at the end of December 2015 but a revised date of January 2016 was given although we are still waiting for confirmation.

5.4 Despite this, all planning to date is consistent with the direction provided by the regional BCF Support Team and we are confident that the work to review and develop draft proposals is in line with future requirements.

5.5 The BCF Policy Framework has now been issued which does provide some additional direction for H&WB areas to utilise in their planning. The key points are reflected below and the full document can be accessed at the following link: **https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017.** The BCF leads will use this guidance to inform the next iteration of draft BCF schemes.

BCF Policy Framework 2016/17: key changes

- The planning and assurance process has been simplified
- The Pay for Performance (PfP) framework has been removed
- In place of PfP there are two additional requirements:
    - A: that each local area will develop an action plan for managing Delayed Transfers of Care (DToC)
    - B: to continue investment in commissioned out of hospital services including social care.
- The planning templates will be shorter and require less information but there will still be an assurance process in place which is laid out in the policy document- see Appendix D. (The templates are not yet available.)
- Every area will need to develop a plan in 2017 for integrating health and social care by 2020
- Plans for 2016/17 must explain how local adult social care services will be supported in a manner consistent with 2015/16 – definition of support will be agreed locally but "as a minimum it should maintain in real terms the level of protection as provided through the mandated minimum level of local BCF agreements of 2016-17."

5.6 **Norfolk's Proposed Draft BCF Schemes:** Based on the self-assessments carried out in CCG localities, engagement with key stakeholders, organisational priorities, CCG Operational planning and adult social care's Promoting Independence Strategy there are a number of proposed schemes for 2016/17 from each CCG area that form the foundations of current draft proposals. These are still draft and in development but can reviewed in **Appendix C.**

5.7 The following highlight some of the high level themes across the CCG areas:

1. Further development and embedding of locality based integrated care teams and care coordination
2. Targeted care and support closer to home (either in the Community or in People's homes) to keep people independent for longer
3. Crisis/rapid response Interventions building on the work developed in 2015/16
4. Targeted interventions in care homes to reduce hospital admissions where they are shown to be particularly high

5. Integrated acute discharge interventions to reduce delayed transfers of care (DToC) in line with the expected national focus on DToC for 2016/17.

5.8 The approaches will be aligned to target the key metrics of the Better Care Fund which are expected to remain similar to 2015/16:

- Reduce avoidable hospital admissions
- Reduce admissions to residential and nursing care
- Prevent people going back into hospital if they have been discharged recently
- Reduce delayed transfers of care from hospital to the community
- Improve patient satisfaction.

6. Proposals/Action

6.1 The Health & Wellbeing Board is asked to:

- Consider and comment on the information outlined in this paper **(key questions for discussion are on the first page)**

- Note the BCF 2015/16 progress submission to NHS England for the period 1 July to 30 September 2015 and commission a 'deep-dive' style review of the position around provision of 7-day services across Norfolk

- Provide any final considerations and agree in principle the overall draft plans for Norfolk's 2016/17 BCF Programme in time for submission on 8 February 2016

- Agree what actions the Board/individual members will take to help address key issues in relation to BCF 2015/16 and/or planning for 2016/17

Officer Contact

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

Name	**Tel**	**Email**
Catherine Underwood	01603 224378	catherine.underwood@norfolk.gov.uk

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

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 27th November 2015.

The BCF Q2 Data Collection

This Excel data collection template for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics. It also presents an opportunity for Health and Wellbeing Boards to feedback on their preperations for the BCF in 16/17 and register an interest in planning support.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

Collecting Data for New Integration Metrics

In addition, as part of this data collection we are also asking for information to support the development of new metrics for integration. These relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care. This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements.

We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

Cell Colour Key

Data needs inputting in the cell
Pre populated cells
Question not relevant to you

Content

The data collection template consists of 9 sheets:

Validations - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements- this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Non-Elective and Payment for Performance - this tracks performance against NEL ambitions and associated P4P payments.
5) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
6) Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Preparations for the BCF 16-17 - this assesses your current level of planning for next year
8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
9) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Validations

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 8 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 2015-16 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.
If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of your plan (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q1. Two figures are required and one question needs to be answered:

Input actual Q2 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell M12
Input actual value of P4P payment agreed locally - Cell E23
If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box
Please confirm the Q4 15/16 plan figure that should be used either by re-entering the figure given or providing a revised one - Cell E46

5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 and Q2
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual expenditure into the pooled fund in Q1 and Q2

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

6) Metrics

This tab tracks performance against the two national, the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the four metrics for Q2 2015-16
Commentary on progress against the metric

Should a local and/or a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Preparations for BCF 16-17

Following the announcement that the BCF will continue in 2016-17 this section assesses where you are at in terms of the level of preparation so far. There is also an opportunity to advise if you would like any support with preparation of your BCF plan and in what format you would like this to take.

8) New Integration Metrics

This tab requests information as part of the development of a new set of metrics to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.

This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.

The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.

1. The development and use of integrated care records.
There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

Proposed metric: Integrated Digital Records. To be assessed via the following questions:
• In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
• In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
• Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

2. Risk stratification
The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

Proposed metric: Use of Risk Stratification. To be assessed via the following questions:
• Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
• If yes: Please provide details of how risk stratification modelling is being used to allocate resources
• Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)
• What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

3. Personal Health Budgets
Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

Proposed metric: Personal Health Budgets. To be assessed via the following questions:

- Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
- How many local residents have been identified as eligible for PHBs, per 100,000 population?
- How many local residents have been offered a PHB, per 100,000 population?
- How many local residents are currently using a PHB, per 100,000 population?
- What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?

9) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q1 2015/16

Data collection Question Completion Validations

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non-Elective and P4P

Actual Q1 15/16	Actual payment locally agreed	Any unreleased funds were used for: Q2 15/16	Q4 2015-16 confirmed NEA plan figures
Yes	Yes	Yes	Yes

5. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes			
	Actual					
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes			
	Commentary	Yes				

6. Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
	Admissions to residential Care	Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
	Reablement	Yes	Yes
	If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	Yes	Yes	Yes
	If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes	Yes

7. Preparations for BCF 16-17

Have you begun planning for 2016/17?	Yes
Confidence in developing BCF plan?	Yes
Pool more, less, or the same amount of funding?	Yes
Support in developing plan?	Yes

If yes, support area?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Yes	Yes
Building partnership working	Yes	Yes	Yes
Governance development	Yes	Yes	Yes
Data interpretation and analytics	Yes	Yes	Yes
Evidence based planning	Yes	Yes	Yes
Financial planning	Yes	Yes	Yes
Benefits management	Yes	Yes	Yes
Other	Yes	Yes	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS number being used as the primary identifier?	Yes	Yes	Yes	Yes	Yes	Yes
Open API in place?	Yes	Yes	Yes	Yes	Yes	Yes

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?
Yes

Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes
If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	Yes
How many local residents have been identified as in need of preventative care during the quarter?	Yes
What proportion of local residents identified as in need of preventative care have been offered a care plan during the quarter?	Yes

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	Yes
How many local residents have been identified as eligible for PHBs during the quarter?	Yes
How many local residents have been offered a PHB during the quarter?	Yes
How many local residents are currently using a PHB during the quarter?	Yes
What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter?	Yes

9. Narrative

Brief Narrative
Yes

Cover and Basic Details
Q2 2015/16

Health and Well Being Board	Norfolk
completed by:	John Everson
E-Mail:	j.everson@nhs.net
Contact Number:	01263 738119
Who has signed off the report on behalf of the Health and Well Being Board:	Brian Watkins (Chair)

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	4
5. I&E	15
6. Metrics	10
7. Preparations for BCF 16-17	28
8. New Integration Metrics	25
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Norfolk

Data Submission Period:

Q2 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

Norfolk

Data Submission Period:

Q2 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	No - In Progress	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	No - In Progress	No - In Progress	30/04/2017	All plans are in place and are developing on track to deliver an approach and implement key 7 day services in Norfolk. This is building and sharing on the learning from Great Yarmouth's earlier adopter site which has the components in place. The completion date is in line with that required by the 10 Clinical Standards for 7 Day Services.
4) In respect of data sharing - confirm that:					
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	No - In Progress	No - In Progress	31/03/2016	The infrastructure and integrated teams are in place to enable this. Next step actions are on course to embed this approach.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	No - In Progress	Yes	Yes		

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:
Source: For each of the condition questions which are pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Norfolk

	Baseline				Plan				Actual			
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring	22,905	23,320	23,029	23,835	22,667	22,702	21,812	22,642	23,331	23,335	24,104	

	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment			
				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring	3.5%	3,266	£4,866,340	238	856	2,073	3,266	£354,620	£920,820	£1,813,330	£1,777,570

	Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				
D. REVALIDATED: HWB version of plans to be used for future monitoring	-426	-15	-1075		£0	£0	£0		£4,866,340	£16,295,000	£0	£0

Which data source are you using in section D? (MAR, SUS, Other)	MAR	If other please specify	

Cost per non-elective activity	£1,490

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above*)	£0	£0	£0	
Actual payment locally agreed	£0	£0	£0	

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	No comment required.

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£354,620	£920,820	£1,813,330	
Actual amount of locally agreed unreleased funds	£354,620	£920,820	£1,813,330	

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	acute care	acute care	acute care	

Confirming Q4 2015-16 Non-Elective Admissions figures

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In order to ensure we have a consistent and accurate set of numbers for the financial year 2015-16 we are now asking HWBs to reconfirm their **plan** figure for Q4 2015-16. The below table has been pre-populated with the original figures for Q4 2015-16 which you submitted as part of your approved BCF plan. Please confirm the plan figure that should be used either by re-entering the figure given or providing a revised one.

	Q4 15/16 figures previously provided	Q4 15/16 confirmed figure
Plan (taken from original HWB BCF plans)	21,876	23,331
Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015)	23,331	

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 19th August 2015. (Except cell C46 taken from original BCF plan database as at February 2015)

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Norfolk

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£19,293,380	£13,801,260	£14,683,080	£14,683,080	£62,460,800	£62,461,000
	Forecast	£19,599,950	£13,519,950	£13,519,950	£13,519,950	£60,159,800	
	Actual*	£17,272,933					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£19,293,380	£13,801,260	£14,683,080	£14,683,080	£62,460,800	£62,461,000
	Forecast	£19,599,950	£13,519,950	£13,519,950	£13,519,950	£60,159,800	
	Actual*	£17,272,933	£15,846,950				

Please comment if there is a difference between either annual total and the pooled fund	N/A

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£19,293,380	£13,801,260	£14,683,080	£14,683,080	£62,460,800	£62,461,780
	Forecast	£19,599,950	£13,519,950	£13,519,950	£13,519,950	£60,159,800	
	Actual*	£16,738,383					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£19,293,380	£13,801,260	£14,683,080	£14,683,080	£62,460,800	£62,461,780
	Forecast	£17,272,950	£13,519,950	£13,519,950	£15,846,950	£60,159,800	
	Actual*	£16,738,383	£14,054,502				

Please comment if there is a difference between either annual total and the pooled fund	N/A

Commentary on progress against financial plan:	The forecast expenditure has been revised at Q2 to reflect the progress in developing/delivering plans against the Social Care Capital Grant.

Footnote:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q1 collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:	Norfolk

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	No further comment

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	No further comment

Local performance metric as described in your approved BCF plan / Q1 return	Estimate diagnosis rate for people with dementia
If no local performance metric has been specified, please give details of the local performance metric now being used.	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	No further comment

Local defined patient experience metric as described in your approved BCF plan / Q1 return	Q32 from GP Survey: in the last 6 months, have you had enough support from local services or organisations to help manage your long term health condition(s)? Please think about all services and organisations not just health services.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	No further comment

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Preparations for the BCF 16-17

Selected Health and Well Being Board:	Norfolk

Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	Moderate Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	The same amount of funding

Would you welcome support in developing your BCF plan for 2016-17?	Yes

If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	No		
Building partnership working	No		
Governance development	No		
Data interpretation and analytics	Yes	Case studies or examples of good practice	
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	Yes	Case studies or examples of good practice	
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	Yes	Case studies or examples of good practice	

New Integration Metrics

Selected Health and Well Being Board: Norfolk

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	No	No	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	No	No	No	No	No	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes

Comments:	Where the provider is shown as 'no' for use of NHS number as primary indicator, records are populated with NHS number but as yet not universally used as primary identifier. It is also recognised that there is a variation in responses from different CCG's and a consensus is represented above.

Narrative

Selected Health and Well Being Board:

Norfolk

Data Submission Period:

Q2 2015/16

Narrative	Remaining Characters	31,516

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).
Norfolk's Better Care Fund schemes continue to progress well against plans and where evidence indicates that the schemes are having a positive impact the learning is being shared and developed. Where evidence of impact is not being demonstrated the schemes are being reviewed and refocused to ensure a proactive and responsive approach. This work is also helping to inform planning for BCF developments in 2016/17. The local partnership boards provide the local focus and grip for current and future planning and the County BCF Board provides the opportunity to manage the significant requirements of the programme, share good practice and build on what works. There is positive progress against targets for delayed transfers of care, reductions in residential and nursing care admissions and people remaining at home 91 days after hospital discharge, however there still remain significant challenges, due to the demographic pressures, in delivering against the ambitious and stretching BCF target for non elective admissions. It is anticipated as schemes continue to develop that the impact in this area will improve, however Norfolks health and care system is mindful that despite robust planning, winter pressures present a significant risk.

What the Spending Review 2015 says about the Better Care Fund – extracts

Page	Paragraph	Text reads:
A sustainable health and social care system		
3	-	[Spending Review] lays out a radical, local-led plan to create an integrated health and social care system by 2020, backed by an extra £1.5 billion in the Better Care Fund through local authorities
Adult Social Care		
33	1.107	From 2017 the Spending Review makes available social care funds for local government, rising to £1.5 billion by 2019-20, to be included in an improved Better Care Fund.
33	1.108	Taken together, the new precept and additional local government Better Care Fund contribution mean local government has access to the funding it needs to increase social care spending in real terms by the end of the Parliament. This will support councils to continue to focus on core services and to increase the prices they pay for care, including to cover the costs of the National Living Wage, which is expected to benefit up to 900,000 care workers.
33	1.109	The Care Act reforms introduced in April focus on wellbeing, prevention and delaying the need for social care. In support of these principles, **the Spending Review includes over £500 million by 2019-20 for the Disabled Facilities Grant, which will fund around 85,000 home adaptations that year**. This is expected to prevent 8,500 people from needing to go into a care home in 2019-20.
33	1.110	The government remains committed to introducing the Dilnot reforms to social care, with funding provided in 2019-20 to cover the costs of local authorities preparing for these changes. The cap on reasonable care costs and extension of means tested support will then be introduced and funded from April 2020. The deferred payments scheme already means that no one will be forced to sell their home in their lifetime to pay for care.
Integrating and devolving health and social care		
33	1.111	The Spending Review continues the government's commitment to join up health and care. The government will continue the Better Care Fund, maintaining the NHS's mandated contribution in real terms over the Parliament. From 2017 **the government will make funding available to local government, worth £1.5 billion in 2019-20,** to be included in the Better Care Fund.
34	1.112	The Better Care Fund has set the foundation, but the government wants to further, faster to deliver joined up care. **The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country.** Every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution.

Page	Paragraph	Text reads:
Integrating and devolving health and social care		
34	1.113	The government will not impose how the NHS and local government deliver this. The ways local areas integrate will be different, and some parts of the country are already demonstrating different approaches, which reflect models the government supports, including: • Accountable Care Organisations such as the one being formed in Northumberland, to create a single partnership responsible for meeting all health and social care needs • devolution deals with places such as Greater Manchester which is joining up health and social care across a large urban area. The government continues to support Greater Manchester in delivering the vision and scale of their transformation. • Lead Commissioners such as the NHS in North East Lincolnshire which is spending all health and social care funding under a single local plan**.**
English Devolution Local government reform		
59	1.242	…the Spending Review makes available social care funds of £1.5 billion by 2019-20 for local government, to be included in an improved Better Care Fund. Together with the social care precept, this will mean that local government has access to the funding it needs to increase adult social care spending in real terms by the end of the Parliament. The government will also shortly consult on changes to the local government finance system to rebalance support including to those authorities with social care responsibilities by taking into account the main resources available to councils, including council tax and business rates.
Local Government		
100	2.123	The Local Government (LG) settlement includes…£3.5 billion of support for adult social care by 2019-20 through a new social care 'precept' and an expanded Better Care Fund to support health and social care integration.
100	2.124	A social care council tax 'precept' of 2% will allow councils responsible for delivering adult social care to raise up to £2 billion a year by 2019-20. Local authorities will be given this additional 2% flexibility on their current council tax referendum threshold to be used entirely for adult social care. In addition, **by 2019-20, the government will make £1.5 billion available to local authorities to add to the Better Care Fund and support better joint working between health and social care.** Together, this £3.5 billion investment will help secure services for the most vulnerable.

Extracts are directly copied from the pages and paragraphs referenced.

Steve Corton
BCM West Midlands.

Locality	Scheme Name	Description of Scheme	Outcomes/Benefits
GY&WCCG	Supporting Independence by Community based interventions	Community Advocates and Befriending service Voluntary and Community Infrastructure support End of Life (Fast Track CHC) Integrated Community Equipment Store (ICES) Carers strategy implementation for GY&W Shared Lives Accessing community resources Social Prescribing Community Clinics	Patients live longer in their own home Improved Patient Satisfaction Reduction in permanent admissions to Care Home Reduction in Avoidable Admissions People retain greater Independence for longer Provide better packages of care at Primary care level Increased community capacity to support a universal/tier 1 service in GY&W Shared ownership of risks within the system reducing organisational pressures Increased opportunities for people with similar needs to meet each other or for voluntary sector organisations to come and give people information about support available in the local area.
	Integrated Community and Out of Hospital Teams	Most Capable Provider *Use of dementia and MH professionals in MDT/clusters OHT's (incl. South Waveney) Norfolk Medicine Support Service	Reduction in avoidable admissions Improved patient pathways and patient satisfaction Reduction in long term placements to residential care keeping people in their homes Improved health and social care offer of services to meet local need
	Care at Home	Medical Loans service Home from Hospital **Home Support** Delivery of new model of Home Support Inclusion of Continuing Health Care contracts	Patients live longer in their own home Improved Patient Satisfaction Reduction in permanent admissions to Care Home Reduction in Avoidable Admissions People retain greater Independence for longer

	Dementia and Mental Health	Information, advice and advocacy for people managing Mental Health difficulties Information, advice and advocacy for people with Dementia Dementia advisers Flexible Dementia Service	Patients live longer in their own home Improved Patient Satisfaction Reduction in permanent admissions to Care Home Strengthen client capacity to meet their own needs
Locality	**Scheme Name**	**Scheme Description**	**Significant Benefits**
Norwich	Development of primary care localities, and care homes admissions reductions	Redesign primary care enhanced services to create a new hub and spoke model with emphasis on integrated health and social care through multi-disciplinary teams. New model to be piloted at the Bowthorpe Care Village together with best practice in dementia care, falls management, and end of life/palliative care. Using risk stratification, to identify patients at high risk of hospital admission and target prevention and support services.	● Reduction in acute admissions. ● Reduced unplanned admissions from care homes. ● New model of primary care developed and piloted. ● Exemplar services for dementia, falls and palliative care piloted with consequent reduced ambulance conveyance, A&E attendance and emergency admissions.

Norwich	Integrated health & social care services	Create and deliver an integrated health and social care system that supports people to live independently with a good quality of life for as long as possible. Focus on integrated dementia care, falls prevention and protection of social care.	● Acute admissions reduced. ● Number of falls reduced and consequently reduction in ambulance conveyances, A&E attendance, and emergency admissions... ● More people with dementia living independently. ● More people with long term conditions able to live independently and manage their conditions. ● Integrated approach to dementia care - voluntary sector staff and volunteers integrated into process.
Norwich	Out of Hospital - HomeWard	Implement an integrated model of multi-disciplinary health and social care professionals providing care in the patients' usual place of residence. Care accessed through a community gateway and focused on individual patient need, supporting their independence.	● Reduced unplanned admissions into acute care. ● Reduced community inpatient admissions and readmissions. ● Fewer ambulance conveyances and A&E attendances. ● Reduction in hospital length of stay and DTOCs. ● Fewer premature admissions to long-term residential care.
Norwich	Community Assets	Community based initiatives promoting self care and independence plus a range of support services in the community. Includes help for carers and housing support.	● More patients remain well and independent in their own homes. ● Reduced care and nursing home placements. ● Reduced unplanned admissions into acute care. ● Voluntary sector integrated into assessment and care management processes. ● Accommodation principles and strategic framework developed and initiatives planned to deliver priorities.

Locality	Scheme Name	Description	Outcome/Benefits
North Norfolk	Crisis Response Service	The overall project objective is to provide a consistent integrated crisis response to all adult patients in North Norfolk but which will particularly focus on those frail and elderly people with multiple long term conditions. The crisis response service will ensure that wrap around care is delivered in a home setting thus preventing unnecessary hospital admission and reduce the amount of 0-3 day hospital stays and unnecessary residential care home admissions. Following the crisis intervention people will be referred back to mainstream health and social care services which may include self-care and voluntary sector interventions and support.	Reduce Avoidable admissions due to Long-Term Conditions Reduce Avoidable Admissions where Fall is one of diagnoses. Reduce 0-3 day admissions Reduce ambulance conveyance Reduce Residential respite Improve patient experience
North Norfolk	Integrated Care Programme	Implementation of an integrated care team framework / specification that defines the structure of community care teams around the 4 GP clusters such that cohorts of 'at risk' people are reviewed and managed via MDT meetings and there is easy access to support services in the community. The focus will be on the following categories of patients and builds on the foundation of integrated care created in 2015-16: • End of life • Complex case management • Prevention	Reduce All Avoidable Admissions Reduce Avoidable Admissions due to Long-term conditions Reduce long-term residential and nursing care home placements Improve patient experience
North Norfolk	Targeted Support to Promote Independence	The development of a menu of services to underpin the delivery of the integrated care programme for people at the end of life, living with complex needs or at an early stage of living with a long term condition. In addition, this scheme will seek to improve the availability of services to people in order to prevent their situations from declining. The priority areas for this scheme are: 1. To align services within the voluntary and private sectors to target delivery around the four North Norfolk GP Clusters	Increase effectiveness of reablement Improve patient experience

		enabling people to access care and support services based in their own communities that are suited to individual needs 2. To remodel existing homecare and housing support services to re-focus on what people are able to do for themselves with the emphasis on reablement and reducing needs by adopting an outcome-based model of service delivery and making better use of disabled facilities grants 3. To develop localised peer support and self-help prioritised by consideration of the expressed views of the self-help advisory board and in response to the conditions that result in the highest number of avoidable admissions within each GP Cluster.	
North Norfolk	Reductions in the Occurrence of Acute Admissions from Residential Care	Building upon the work of the CCG Quality Assurance and Patient Safety Team, this scheme will seek to identify the main causes for acute admission from residential care on a home by home basis and deliver targeted education programmes to reduce the occurrence and provide safe management of UTIs, COPD, Dementia, Diabetes, palliative care and other long term conditions. In addition, the scheme will build upon the Harm-free Care Approach and the use of anticipatory prescribing to support care home providers in managing the exacerbations of LTCs within the care home setting. Delivery of this scheme will take in to account best practice identified through the Hertfordshire Model and the use of the Green Envelope approach.	Reduce Avoidable Admissions from residential care and nursing homes. Improve patient experience
North Norfolk	Integrated Discharge Hub	A Central Norfolk scheme to create a Discharge Hub which will: • Identify complex discharges or discharges needing support • Identify where the complex discharges and delays are • Create standards and escalations	Reduce Delayed Transfers of Care (DTOCs) Improve patient experience

Locality	Scheme name	Description of proposed scheme	Outcomes/ Benefits
South Norfolk	Redesigning community based care for older people and for other people with long term conditions	This is a 2 year systems redesign project to make more efficient and effective use of community resources to maximise the potential for reablement. Reduction in the volume of bed based care and more targeted use of beds would allow increased capacity to support people in their own homes. Care at home would be designed to allow a flexible and sufficient level of service to reduce admissions to higher care settings.	Reduced admissions to acute including psychiatric acute; Reduced spend on bed based intermediate care; Reduced admissions to nursing and residential care; Increased effective resource in community health and social care support; Better outcomes for people in receiving more care and support at home.
South Norfolk	Reducing admissions from care homes	Build on the work this year to implement a model which delivers training and support to care homes staff accompanied by out of hours response which is focussed on 4 areas in which preventable admissions are made to acute hospital: reducing falls; pressure ulcer prevention; continence promotion; effective use of care plans for people particularly at end of life.	Reduction in visits by GPs and district nurses to homes; Reduction in falls; Reduction in UTIs; Reduction in grade 2/3 pressure sores; Reduction in hospital admissions
South Norfolk	Improved End of Life care	Improve end of life care through dedicated co-ordination for families and implementation of the South End of Life Strategy to offer an integrated response for people who are at end of life. The aim would be to develop an effective and cost effective end of life pathway from the services commissioned and provided through the CCG.	Potential reduced savings through reductions in acute admissions, reduced used of agency staff and reduced use of CHC fast track. Improved patient choice and community based support for people with palliative care needs and those at end of life.
South Norfolk	Shared work on packages and costs of health and social care for people with learning difficulties	Taking a joint approach between NCC and SNCCG (potentially with the other Norfolk CCGs) to assessing health, social care and housing arrangements for people with learning difficulties with a view to reducing provision costs, reducing transactional costs and maximising the independence of individuals through regalement and assistive technology.	Reductions on current spend on services for people with learning difficulties.

Locality	Scheme name	Description of proposed scheme	Outcomes/ Benefits
West Norfolk	Developing the Integrated Care Organisation	a) Optimising GP Multi-Disciplinary Team (MDT) Working through improved risk stratification and care planning arrangements b) Strengthening System Co-ordination through increased Integrated Care Coordinator capacity to support MDTs; arrange intermediate care and oversee a register of high risk patients	• Patient experience of care is improved through greater coordination and consequently improved health and social care outcomes • Patient care is proactive and responsive • Reduced numbers of Hospital and Care Home Admissions • Reduced numbers of Hospital Re-Admissions
West Norfolk	Supporting Older People to Live at Home	a) Integrating Careline with Community Support Services Ensuring that Careline operators have access to a menu of service options that they can use when contacted, and receive training to enable them to refer to them when appropriate. In effect, they will act as an early warning system enabling existing services to respond proactively. b) Utilising Telehealth Technology This proposal is based on use of tablet technology to monitor and respond to patient 'vital signs' such as temperature, blood pressure, blood oxygen levels, weight and responses to individual health questions. c) Targeted Support to Carers The aim of the project is to ensure that the 23 practices identify carers and facilitate access to support services. This will prevent carer break down which can cause unnecessary admissions to care home or hospital of both the cared for and the carer. d) Targeted Training Support to Care Homes Competencies and training opportunities across residential and nursing homes vary considerably. There is potential to make improvements through targeting of support to Care Homes with the highest frequency of emergency calls.	• Patient experience of care is improved as needs are identified and supported proactively • Reduced numbers of Hospital and Care Home Admissions • Patient capacity to self-manage is improved • Reduced numbers of Hospital and Care Home Admissions • Reduced numbers of Hospital Re-Admissions • Reduced pressure on community resources as there is less need to visit patients daily • Improved health and wellbeing of carers, which will also benefit the cared-for person • Reduced numbers of Hospital and Care Home Admissions • 'Upskilling' of Care Home staff, resulting in improved support to residents and less reliance on health services

Locality	Scheme name	Description of proposed scheme	Outcomes/ Benefits
			• Increased numbers of residents can receive support at home
West Norfolk	Supporting Older People in Crisis	a) Urgent Care Service Modelled on an established service commissioned by Nottingham City CCG (an Integration Pioneer), this project will involve reconfiguration of existing community service provision to enable the formation of a multi-disciplinary team including Occupational Therapy, Physiotherapy, Nursing, Rehabilitation Support, Social Services and Home Care Support. This team will receive referrals from health and social care professionals for the provision of short term (up to 48 hour) support to medically stable patients, with the aim of stabilising the situation and thereby avoiding unnecessary hospital or care home admission. b) Rapid Assessment in Hospital This project will involve the provision of additional capacity to the multi-disciplinary Rapid Assessment Team located at QEH, to strengthen the 'safety net' in place to help avoid hospital admissions for patients who could be more appropriately supported within the Community.	• Improved patient experience • Reduced numbers of Hospital and Care Home Admissions resulting from a fall. • Reduced numbers of Hospital and Care Home Admissions • Reduced Hospital Admissions • Improved patient flow through QEH
West Norfolk	Dementia Support	a) Improving Diagnosis Rates and Support GP diagnosis rates in the West are improving, although remain short of the national 67% target. This appears to be due in some part to the GPs' lack of confidence in accessing the right support for a person with dementia and their carer at the appropriate time. Work is underway to bring together existing services through mapping what is currently available, identifying gaps, looking at how support can be further developed through enhancing existing and looking at additional services and providing information to GPs. Also looking at the production of information packs to be given to patients/carers on diagnosis at the GP surgery.	• Improvement in GP diagnosis rates • Clarifying services available

Report title:	**JH&WB Strategy Implementation update**
Date of meeting:	**3rd February 2016**
Sponsor (H&WB member):	**Dr Louise Smith, Director of Public Health**

Reason for the Report

Report summary

It is 18 months since the Board signed off the current Health and Wellbeing Strategy. A review of the Strategy Implementation Group (SIG) has been carried out and the additional Mental Health Priority plans are underway. Progress continues to be made and the quarterly strategy update is contained within this report.

Key questions for discussion

1. Will the revised SIG Terms of Reference and membership be sufficient to deliver the Strategy's expected progress in the remaining 18 months?
2. Can the early years priority in the Strategy be championed by a member of the NCC Children's Committee on behalf of the Health and Wellbeing Board?
3. Will the proposed way forward to make Mental Health a priority for Norfolk deliver what the Board expects? Can the proposals achieve system change? What else can be done?

Action/decisions needed:

The Health & Wellbeing Board is asked to:

- Confirm agreement of the new Terms of Reference of the board sub-committee - Strategy Implementation Group (SIG) in Appendix 1
- Agree new process to appoint a Strategy Champion
- Receive a summary update on how other board strategy priorities are progressing in Appendix 2
- Note progress being made towards making Mental Health a board priority in Appendix 3

1. Background

1.1 The Norfolk Health and Wellbeing Strategy 2014-17 is implemented with the guidance of the Strategy Implementation Group (SIG), a subcommittee of the board. An update is prepared each quarter so the Board is reassured the 40 intentions of the Strategy are being actively managed to achieve the strategic goals, focus on prevention, reduce inequalities and better integration. The first annual report including the Outcome Measures was presented in July 2016. At this meeting, the Board agreed a fourth priority – Mental Health. At the November Board, it was agreed that a workshop should be held to progress this priority.

2. Continuing on the implementation of the Norfolk Health and Wellbeing Strategy

2.1 The Terms of Reference for the SIG have been reviewed including a revised membership. This is due to a number of retirements and changes of role and is required to make sure the implementation of the strategy is managed successfully through the final 18 months. Terms of Reference can be found in Appendix 1.

2.2 A Board member has not been identified to act as Champion for the strategy priority, improving the emotional and social wellbeing of preschool children. It is proposed that the Chair of the Children's committee is asked to nominate a committee member to be actively involved in the SIG to progress this specific strategic priority.

2.3 The latest summary update report, in Appendix 2, lists the latest service improvements made towards achieving the strategic goals of more focus on prevention, reduced inequalities and better integration.

2.4 Making Mental Health a priority for Norfolk has been developed in a recent workshop (Jan 2016). This has built on work carried out during 2015 and this will be progressed at the spring or summer Board workshop session to ensure the senior leadership endorses the proposed strategic approach. An outline of expected outcomes for pre-agenda can be seen in Appendix 3. An early report on the workshop outcomes will be tabled at the Board meeting.

3. Key issues for discussion

3.1 Will the SIG Terms of Reference and membership be sufficient to deliver the Strategy's expected progress in the remaining 18 months?

3.2 Can the early years priority in the Strategy be championed by a member of the NCC Children's Committee on behalf of the Health and Wellbeing Board?

3.3 Will the plans proposed to make Mental Health a priority for Norfolk deliver what the Board expects? Can the plans achieve system change? What else can be done?

4. Proposals/Action

4.1 The Board is asked to carry out the following actions in order to continue to implement the Norfolk Health and Wellbeing Strategy:

- Confirm agreement of the new Terms of Reference of the board sub-committee - Strategy Implementation Group (SIG).
- Agree a new process to appoint a Strategy Champion
- Receive a summary update on how Board strategy priorities are progressing
- Note progress being made towards making Mental Health a Board priority

Officer Contact

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

Name	Tel	Email
Dr Louise Smith	01603 638393	Louise.smith@norfolk.gov.uk

Joint Health and Wellbeing Strategy Implementation Group Sub-committee

Terms of Reference

Core duties

1. Provide system leadership and coordination of organisations who form the Norfolk Health and Wellbeing Board
2. Deliver a performance management framework to demonstrate the success of the Joint Health and Wellbeing Strategy
3. Identify how partners can take responsibility for the Joint Health and Wellbeing Strategy by advocating and ensuring it is seen as a priority
4. Oversee reporting and communications regarding the Joint Health and Wellbeing Strategy on behalf of the Board
5. Inform the future strategy of the Board and identify other considerations the Board should take a position on including sharing best practice
6. Undertake further work on behalf of the Board at the request of a formal board meeting or the Chair and Vice Chairs of the Board.

Frequency

The Strategy Implementation Group (SIG) will normally meet quarterly between each formal meeting of the Board with additional work being done between meetings via email whenever possible

Membership

Name	Title	
Louise Smith	Director of Public Health (chair of this group)	H&WB
Tracy Williams	Chairman Norwich CCG	H&WB
Champion Early Years Vacancy	New champion to be nominated	H&WB
Yvonne Bendle	Cabinet Member for Housing and Public Health, South Norfolk Council, and Joint Vice-Chair H&WB Board CHAMPION – Obesity Priority	H&WB
Joyce Hopwood	Norfolk Council on Ageing - Board CHAMPION – dementia priority	H&WB
Dan Mobbs	Chief Executive, Mancroft Advice Project (MAP)	H&WB
Jenny McGibben	Deputy Police and Crime Commissioner. Board CHAMPION - Mental Health Priority	H&WB
Phil Shreeve	Partnership Manager	Norwich City Council
Liam Pickering	Housing and Public Health Partnerships Officer	South Norfolk Council
Deborah Elliott	Advanced Public Health Strategy Officer	NCC
Tim Winters	Health Intelligence lead – Public Health	NCC
Caroline Money	Senior Officer (Resources)	NCC
Coordinator cover – Early Years Priority	Public Health Officer	NCC
Coordinator cover – Obesity Priority	Public Health Officer	NCC
Nicola Gregory – Dementia Priority	Public Health Officer	NCC

Additional members

Additional members can be invited or nominated to be part of the group for specific agenda items.

Norfolk Health and Wellbeing Strategy

January 2016 update

Introduction

This is a high level summary report of latest progress achieved towards the strategic goals.

Focus on prevention

- The Health and Wellbeing strategy continues to be emphasised in key working groups across partnerships. The profile is high.
- Trading Standards are currently developing priorities based on Public Health data on A&E admissions. TS are also using display screen resources for awareness raising of potential hazards for 0-5s (available on HILs website).
- NCC Road Casualty Reduction Team continue to lead on cycling infrastructure projects promoting active travel and encouraging walk/cycle to school/work schemes.
- A Medication Task and Finish group has completed an initial piece of work looking into the extent that certain medications can play in increasing the risk of cognitive impairment/dementia, before the group identifies subsequent actions.

Reduced inequalities

- 'Five to Thrive' is being considered to inform early years planning. This is an attachment based approach for working with families and young children in operation across the UK. It complements the Solihull approach used widely in Norfolk. Further work is required to look in to possible funding to establish this in Norfolk.
- Colleagues from NSFT and the Home Learning Environment are supporting an Attachment Dissemination Event to showcase this approach in services across Norfolk.
- The planned Integrated Healthy Lifestyle Service procurement has been paused for further consideration by NCC Communities Committee. The focus of commissioning is increasingly on those services that are designed to specifically target those most at need.
- 'Why Weight?' project – Health Trainers have been trained to deliver weight management group sessions
- Healthy Pharmacies are offering weekly weigh-in support with weight maintenance advice.
- A Dementia Advice and Information Task and Finish group comprising of a range of voluntary and statutory organisations was set up to focus on the provision of information and advice for people with dementia and carers, aiming to ensure service provision is equitable and meets the needs of people county wide.

Better Integration

- Following the Toxic Trio Workshop in 2015, an action plan is being implemented to support integrated working within the three service areas of mental health, substance misuse and domestic violence. Data exchange agreements and a multiagency referral form are being developed. A further workshop is being planned for to build on this multiagency working.
- The Child Health and Maternity Commissioning Group received a presentation of the Health and Wellbeing Board Strategy to encourage CCGs and other partners to include links to HWB strategy intentions in these action plans.
- The Norfolk Healthy Weight Strategy, based on the Tackling Obesity Health Needs Assessment's recommendations and the Health and Wellbeing Board Strategy have been developed through 3 multiagency workshops. A group is being considered to monitor the roll out of the Obesity Strategy action plans with governance linked to this Board.

- The District Council Directors/Public Health Group have agreed actions on the preventing obesity priorities including promoting healthy food options, active travel, physical activity and reducing obesogenic environments - and including these in planning new builds. The Town & Country Planning Association evaluation of workshops will be circulated.
- Breckland Council programmes for families have run in 3 schools, focussing on Healthy eating through Jamie Oliver's Garden scheme and Joy of Food.
- Broadland Council have run Healthy Weight sessions for adults and continued to roll out programme of activity via Broadly Active with Active Norfolk.
- The new pre-school weight management pilot planned by The Community Sports Foundation is using South Norfolk Council's (SNC) Community Connectors to consult with the target communities to inform the design of a programme that will run from April 2016. The pilot planning was informed by 'Design in the Public Sector' Design Council workshops attended by SNC, Public Health & Active Norfolk.
- The Norfolk Housing Alliance has raised the profile of the Health and Wellbeing Strategy and Public Health services to social housing landlords to disseminate to their residents: this included NHS Healthchecks, Health Trainers, Joy of Food, Smoking cessation and training opportunities for staff as well as tenants to increase healthy lifestyle promotion.
- NHS Healthy Town application was unsuccessful. Feedback has been sought.

General developments

- A Task and Finish group consisting of many of the statutory bodies and representation from the Norwich Business Improvement District (BID) has developed a resource pack aimed at providing a recommended framework for the larger employers across Norfolk to become dementia friendly. The work is due to be finalised in January and then rolled out.
- The Dementia Friendly Norfolk website (www.dementiafriendlynorfolk.com/), funded by the Norfolk and Suffolk Dementia Alliance and developed in co-production with a group of carers of people with dementia was launched in December. It contains information about dementia friendly places, events and services across Norfolk, such as support groups and cafes, and contains practical help and top tips for people with dementia and carers.

Next steps for the early years, obesity and dementia priorities

- NCC Public Health Healthy Child Programme continues the transition of services over to Cambridge Community Services. Alignment with the strategy especially regarding maternal mental health, breastfeeding, Henry and Homestart will be ensured.
- NIHR bid for funding for research on 'Prevention and Treatment of Obesity, evaluation of interventions/services' is being considered collaboratively with Active Norfolk, UEA & Fakenham Weight Management Service
- NCC PH and 3 central CCGs put in an EOI application to the second phase of national Diabetes Prevention Programme implementation
- Continued promotion of Health Information Leaflet & visual loan service to partners including Healthwatch – used for x 12 pop up shop days around county (held November-January and including 4 days themed on weight management) and for planned project surveying health of 1000 to be held countywide Feb-May 2016.
- NCC PH are developing a training suite including Making Every Contact Count (MECC) training so that healthy lifestyle promotion occurs at all community engagement.
- NCC PH to agree and implement a plan for organisations to monitor and Identify staff training needs to combat prejudice towards obese people in workplace – training including equalities, RSPH, MECC, Understanding Eating Disorders, Mental Health First Aid.
- A seminar is being held on Healthy Built Environments at UEA delivered by professor from Australia. The Healthy Urban Development Checklist has been produced for local councils to use in considering planning applications; PH is considering drafting similar for Norfolk.

Making Mental Health a Priority for Norfolk

Introduction
At the November Health and Wellbeing Board, it was agreed that a Workshop will be held to plan how the new Mental Health Strategy Priority should be implemented.
Dr Louise Smith, Director of Public Health was nominated to make these arrangements.

Workshop
The workshop is to be held on 26th January and will be facilitated by the Centre For Mental Health. Original intentions were to aim the invitations towards Health and Wellbeing Board members and other senior leaders, however those who have mostly been nominated to attend are senior officers and commissioners.

At this time, the agenda is being reworked to make the most of this expertise and will aim to achieve significant progress towards a draft template of a Mental Health Strategy for Norfolk and a clearer picture of how the current planning infrastructure and governance for mental health issues can be streamlined to achieve the system-shift required and implement a mental health strategy to improve outcomes in Norfolk.

This will be used to inform a follow up workshop at the April or July Board (in line with the new way of working as a result of the Board Review). Senior engagement and leadership will then underpin the work started at the upcoming January session. Innovative models of care are also currently being developed and these will be able to be incorporated into these plans from spring 2016.

Report to the Board
The external facilitators are required to produce an early report of the work carried out in the January workshop, in time for the 3rd February meeting, to inform the Board of progress made.