

Health and Wellbeing Board – Norfolk and Waveney
Minutes of the meeting held on Tuesday 17 July 2018 at 11am
in the Edwards Room, County Hall

Present:

Cllr Yvonne Bendle	South Norfolk District Council
Cllr David Bills	Norfolk County Council
Cllr Bill Borrett	Norfolk County Council
Cllr Penny Carpenter	Norfolk County Council
Adam Clark	Norwich City Council
Jon Clemo	Voluntary Sector Representative
Melanie Craig	NHS Great Yarmouth and Waveney CCG
Cllr Roger Foulger	Broadland District Council
Rt Hon Patricia Hewitt	Sustainability & Transformation Partnership (Chair)
Dr Joyce Hopwood	Voluntary Sector Representative
Cllr Elizabeth Nockolds	Borough Council of King's Lynn & West Norfolk
Cllr Maggie Prior	North Norfolk District Council
Dr Louise Smith	Director of Public Health, NCC
Jo Smithson	NHS Norwich CCG
Dr Liam Stevens	NHS Great Yarmouth and Waveney CCG
Alex Stewart	Healthwatch Norfolk
Dr Gavin Thompson	Office of Police & Crime Commissioner
Cllr Lynda Turner	Breckland District Council
Tracy Williams	NHS Norwich CCG
Elly Wilson	Voluntary Sector Representative

Invitees present:

Josie Spencer	Norfolk Community Health & Care NHS Trust
Jonathan Williams	East Coast Community Healthcare CIC

1. Apologies

- 1.1 Apologies were received from Cllr Paul Claussen (Breckland District Council – Cllr Lynda Turner substituting); Dr Paul Williams (NHS West Norfolk CCG); Dr Sanjay Kaushal (Norfolk Independent Care); Gary Page (Norfolk & Suffolk NHS Foundation Trust); Cllr Matthew Packer (Norwich City Council – Adam Clark substituting); Cllr Cara Walker (Great Yarmouth Borough Council); Christine Allen and Anna Davidson (James Paget University Hospital; ACC Paul Sanford (Norfolk Constabulary); James Bullion (Adult Social Services, Norfolk County Council); Dr Wendy Thomson, (Norfolk County Council); Mr W Armstrong (Healthwatch Norfolk – Alex Stewart substituting); Sara Tough (Norfolk County Council); Dan Mobbs (Voluntary Sector – Elly Wilson substituting); Mark Davies (Norfolk & Norwich University Hospital); John Webster (West Norfolk CCG) and Cllr Mary Rudd (Waveney District Council).

2. Election of Chair

- 2.1 Mrs Y Bendle proposed, seconded by Mr R Foulger, that Mr B Borrett be elected Chair of the Health and Wellbeing Board for the ensuing year. There being no other nominations, the Board **agreed** that Mr B Borrett be elected Chair of the Board.

Mr B Borrett, Chair in the Chair.

3. Election of Vice-Chairs

Mrs E Nockolds proposed, seconded by Mr R Foulger, that Mrs Y Bendle be elected Vice-Chair of the Board. There being no other nominations, the Board agreed to appoint Mrs Yvonne Bendle as Vice-Chair of the Board for the ensuing year.

Dr L Stevens proposed, seconded by Dr L Smith, that Ms T Williams be elected Vice-Chair of the Board. There being no other nominations, the Board agreed to appoint Ms T Williams as Vice-Chair of the Board for the ensuing year.

4. Chairman's Opening Remarks

- 4.1 The Chair paid tribute to Joyce Hopwood who was retiring in September 2018 and would be standing down as Voluntary Sector representative on the Health & Wellbeing Board. Lady Hopwood had been a member of the Board since 2012, working on the development of the Shadow Board, and then when the Board became fully operational in April 2013. The Board, thanked Joyce for her work and wished her a well-earned retirement.
- 4.2 The Chair also thanked William Armstrong who was standing down as Chair of Healthwatch Norfolk and therefore as a member of the Health and Wellbeing Board (HWB). William could not be present at the meeting, but the Board passed on their thanks to him for the contribution he had made to Norfolk and wished him a well-earned retirement.
- 4.3 The Chair drew the Board's attention to the following action which had been undertaken since the last meeting:
1. Better Care Fund (BCF) Quarterly Monitoring - The Chair and Vice Chairs Group had signed off, on behalf of the HWB, the BCF Qtr 1 monitoring report for submission to NHSE by the deadline
- 4.4 The Chair also drew the Board's attention to changes in the NHS England requirements for the Annual Refresh of Local Transformation Plans (LTP) – in that they no longer required full HWB approval. In light of this change, it was proposed that the LTP Annual Refresh for 2018-19 should be delegated to the Chair and Vice Chairs Group to consider in October before submission to NHSE by the deadline of 31 October 2018. A Draft Resolution to this effect had been circulated to the HWB with the agenda papers and is attached at Appendix A to these minutes.
- 4.5 **The Board resolved to:**

- Agree that the HWB Chair and Vice Chairs Group consider the annual refresh of the LTP in advance of its submission to NHSE.

5. Minutes

- 5.1 The minutes of the Health and Wellbeing Board (HWB) held on 2 May 2018 were agreed as a correct record and signed by the Chairman, subject to the inclusion of Mr W Armstrong in the list of apologies.

6. Matters Arising

- 6.1 The Chairman updated the Board as follows:-

- 6.2 Page 4, Para 2.5 District Councils work on the wider determinants of health

The HWB District Council members, together with their senior lead officers, had taken part in a workshop earlier that morning and the theme for discussion had been housing and homes and the impact on health and wellbeing. The Group had agreed on some areas of focus and recommendations, which would be brought to the HWB at its next meeting.

7. Declaration of Interests

- 7.1 There were no interests declared.

8. Public Question

- 8.1 The public question from Elizabeth Pyne and the response can be found at Appendix B to these minutes. Ms Pyne asked the following supplementary question:

“People with Autistic Spectrum Disorder can be more sensitive to medication. The European Medicines Agency recently held a public hearing into fluoroquinolones due to thousands of reports of persistent, possibly permanent, multi-systemic adverse reactions. These very strong drugs are still being used for non-serious infections and causing damage. What mechanisms exist in the CCGs to influence prescribing practice?”

The Chairman thanked Ms Pyne for her supplementary question and agreed that a written response would be forwarded as soon as possible and attached to the minutes.

The Board agreed to consider agenda items 9a and 9b together.

9a. Norfolk & Waveney Sustainability and Transformation Partnership (STP) – Update including the integration of health and care services.

- 9a The Board received the report updating it on the integration of health and care services in Norfolk and Waveney and about significant developments with STP projects.

9b. Norfolk & Waveney Sustainability and Transformation Partnership (STP) – Update on Governance.

9b The Board received the report updating it on the current governance arrangements.

9.2 In introducing the two reports, the Rt Hon Patricia Hewitt, STP Chair, provided some background information. The following points were noted:

In terms of the national context:

- The details of the recent new NHS funding settlement were awaited - the commitment was for the next 5 years (ie a longer funding period).
- The Rt Hon Matt Hancock, MP for West Suffolk, had recently been appointed Health Secretary and it was hoped the focus of bringing health and social care partners together would continue.

In relation to Norfolk and Waveney:

- Norfolk & Waveney STP continued to be well regarded by NHS England (NHSE), particularly the good working relationship between the NHS, NCC and District Councils. NHS England had commended the work carried out on various work streams as well as the collaboration between organisations.
- The financial position remained a considerable challenge. Approximately £1.6bn per annum was spent on services, with an approximate overspend of £60m per annum which amounted to approximately 4%.
- It was important to focus on areas where better quality of care could be delivered and supported, and where money could be saved. Despite all the work being done on this in the NHS, some areas of inefficiency and waste remained, such as medicines being issued inappropriately.
- As part of the move to becoming an integrated care system, a shadow Integrated Care Systems (ICS) Board would be established in 2019. This would involve an intensive period work over the next 10 months and detailed proposals would be brought back to the Health and Wellbeing Board.
- It is the STP's intention that it would hold some of its meetings in public and publish minutes of those meetings if it becomes an ICS. In the meantime, the STP has started publishing a report after each meeting of the STP Chairs Oversight Group on the Healthwatch Norfolk website.

9.3 Melanie Craig, STP Executive Lead, presented both STP reports (9a and 9b), outlining the work which had taken place. The following points were noted:

- Ms Craig remained Chief Officer of Norfolk & Waveney STP and had taken on additional responsibilities as Interim Executive Lead for the STP.

- The intention of the Partnership was to improve outcomes for Norfolk and Waveney and reducing variation was a key challenge.
- The STP had been offered funding from NHSE for external support for some organisational development work, building on the very positive relationships.
- Norfolk and Waveney were one of 10 areas across the country piloting new ways of providing maternity services.
- In relation to governance, the Partnership had made changes to simplify the system to deliver transparency, pace and rigour.
- As part of these governance changes, the Prevention workstream had been more integrated into the Primary and Community Care workstream. It was considered important that the Prevention workstream had a strong focus and position as it was integral to each of the other workstreams. There was no change to the workstream itself or its leadership.

9.4 In response to questions from the Board about both reports, the following points were noted:

9.4.1 The Board was pleased external funding had been obtained for suicide prevention.

9.4.2 Some Members expressed disappointment that there was no mention in the report of the work carried out with District Councils as most of them had a number of preventative workstreams in place. The STP Executive Lead agreed that this was an omission and she would ensure the critical role of District Councils was recognised in future reports. Ms Craig outlined how the 8 District Councils across Norfolk and Waveney were working with the STP and offered an open invitation to District Councils to attend their Local Delivery Group meetings, which were the local mechanisms for implementing the work of the Primary and Community Care workstream.

9.4.3 The Director of Public Health referred to the HWB District Council members' workshop earlier that morning which had focussed on their role and contribution to prevention. Dr Smith reported that District Council colleagues were doing an enormous amount to contribute, however, the system continues to face a financial sustainability challenge. The DCs Group had agreed that although there were a number of areas that needed attention, there was a need to prioritise. As a first step the focus would be on housing and homes, and some specific projects had been identified.

9.4.4 Ms T Williams referred to the "Healthy Norwich" partnership programme which had a focus on prevention and was an excellent example of working good practice which could be shared with others.

9.4.5 In reply to a query it was confirmed that the alignment of CCGs financial planning was still being considered by the CCGs in terms of what could be done better together, while maintaining focus.

- 9.4.6 Norfolk & Waveney STP had just submitted its bid to the Capital Funding bid programme. The Norfolk & Waveney bid represented considerable work by a range of partners and focussed on the need to be able to make use of void space and on how land could be sold to generate resources.

9.5 Norfolk & Waveney Sustainability and Transformation Partnership (STP) – Update including the integration of health and care services.

- 9.5.1 The Board **resolved** to:

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

9.6 Norfolk & Waveney Sustainability and Transformation Partnership (STP) – Update on Governance.

- 9.6.1 The Board **resolved** to:

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

10. Our Joint Health and Wellbeing Strategy 2018-22

- 10.1 The Board received the report from the Director of Public Health, Norfolk County Council, which outlined the Board's development of its draft Joint Health and Wellbeing Strategy over past months. The report included the key points from the HWB workshop on 2 May, which focused on the outstanding issues following consultation with all HWB Partners and how they might be addressed.
- 10.2 The Board received a tabled copy of the final draft Strategy.
- 10.3 The Board received a presentation from Chris Butwright, Head of Public Health Performance & Delivery, a copy of which is attached at Appendix C.
- 10.4 The Board welcomed the final Strategy and suggested that links from other partners' strategies could be included in the document.
- 10.5 In relation to the case study on Dementia, Joyce Hopwood advised that Professor M Hornberger, Professor of Medicine at the UEA, had been appointed as Chair of the Dementia Partnership Norfolk & Waveney when she retired.
- 10.6 Following a question about the population increase in people aged 16-64, the Director of Public Health reported that looking forward 20 years, the expected increase in population was likely to be approximately 100k, with a number of those

being aged 65 and over. This meant the challenge faced was not only age-related but also the growth in the non-working population as by 2037, one in three of the population was not expected to be economically active.

- 10.7 The Chairman confirmed that this Strategy pulled together the threads of partners existing Strategies and asked all Board Members, with regard to recommendation 2, to confirm whether or not their organisation agreed the strategy.
- 10.8 Board members **resolved** to:
1. Confirm that they were happy with the content and agree the HWB's Joint Health and Wellbeing Strategy 2018-22.
 2. Agree to taking the finalised Strategy to HWB partners' organisations/bodies boards for formal sign off prior to 31 October 2018 and report back to the Board. .
 3. Commit to taking an active role in the implementation of the Strategy, as outlined at paragraph 3.2 of the report.

11. Autism Strategic Update

- 11.1 The Board received the report by the Executive Director Adult Social Services, Norfolk County Council, updating the Board on progress to support the implementation of the Autism Act (2009), National Autism Statutory Guidance (2016) and Strategy 'Think Autism' over the past six months.
- 11.2 The report provided Members of the Board with information on work activity underway to support the statutory bodies responsibilities in undertaking its duties under the Autism Act 2009, Statutory Guidance 'Think Autism' 2014, Care Act 2014 and the Equality Act 2010, including the development of an All Age Autism Partnership Board and the wider engagement of people with autism to inform the development of a local partnership All Age Autism Strategy.
- 11.3 During the presentation of the report the Board noted that the report was an update on the work in progress and was to raise awareness; the aim was to bring an All Age Autism Strategy to a future meeting of the HWB.
- 11.4 The Board noted that the All Age Autism Partnership Board had been formed and had sat for the first time at the end of April 2018. Work was underway through the development of four co-production working groups and the Board was asked to support the working groups in the following areas:
1. Interagency Workforce and Training Plan
 2. Engagement
 3. Diagnostic pathways
 4. Data Collection – which would feed into the national autism self-assessment. The survey commenced in July and would be completed by the end of November, covering both Adult and Children with autism.

- 10.5 Mr A Stewart, Chief Executive Healthwatch Norfolk, raised some concerns about the engagement process, particularly around holding meetings at inappropriate times and at inappropriate venues and sought assurance that these issues would be addressed. In response, the Board was reassured that this was being addressed and that there was a commitment to listening to expert's advice and taking appropriate action— for example, holding meetings at different times of day in order to try to meet individual needs, providing a quiet room for individuals who felt uncomfortable in large groups.
- 10.6 Dr L Smith, Director of Public Health, thanked Mr Stewart for the helpful feedback which would be passed on to the organisers.
- 10.7 Members welcomed the update report and suggested that consideration be given to training and awareness programmes being rolled out to wider workforce such as NHS staff and police.
- 10.8 The Board **resolved** to:
1. Acknowledge the development of The Norfolk All Age Autism Partnership Board.
 2. Acknowledge and support the development of the working groups in the undertaking of priority work.
 3. Agree to receive the Norfolk All Age Autism Strategy that will be informed by the completion of the National Autism Self-Assessment (2018).
 4. Support the undertaking of a community engagement exercise that will seek to obtain the life experiences of people with autism and their families living in Norfolk further inform the priorities of a local autism strategy.
- 11. Information and Support for unpaid carers in Norfolk (Healthwatch Norfolk presentation).**
- 11.1 The Board received a presentation from Ed Fraser, Healthwatch Norfolk, and Sharon Brooks, Chief Executive of Carers Council for Norfolk, a copy of which is attached at appendix D.
- 11.2 A next step, and one of the recommendations from the Carers Charter Network (CCN), was trying to find ways to ascertain how those young carers, who were not known carers, could be reached. Members discussed possible ways of capturing this information, including working with education colleagues and exploring involving GP practices more proactively.
- 11.3 Social isolation was seen as a key issue faced by carers and the Carers Council for Norfolk confirmed that there was evidence to support this.
- 11.4 The Board **noted** the presentation and its links to the next item on the agenda.
- 12. Norfolk and Waveney Strategy for Carers**
- 12.1 The Board received a report by the Executive Director Adult Social Services, Norfolk County Council providing Members with information about unpaid carers' in

Norfolk and Waveney and asking the Board to support the development of a Norfolk and Waveney Carers Strategy.

- 12.2 In Introducing the report, the Head of Integrated Commissioning said she was delighted with the level of interest and engagement. A strategy was needed in order to strengthen the approach for carers in Norfolk and Waveney and what could be done to support them. It was estimated there were more than 106,000 carers in Norfolk and developing a set of principles on how to support carers would help them provide better care and also keep them safe and well.
- 12.3 The Department of Health and Social Care had recently published an Action Plan for carers, looking at 5 broad areas, including helping young people with education and supporting older carers with their working commitments.
- 12.4 The following points were noted in response to questions:
 - 12.4.1 The work is intended to be system-wide and it was important that District Councils were involved.
 - 12.4.2 To ensure that all key stakeholders were given as much opportunity as possible to engage in the process, it was suggested that the timing of the phase of engagement with key stakeholders should be moved back by one month, as the level of engagement was unlikely to be high between July and September due to the summer holiday period. This suggestion would be considered.
 - 12.4.3 The Chairman praised the work so far and recommended it to the Board for endorsement.
- 12.5 Board members **resolved** to:
 - 1. Agree to the development of a Norfolk and Waveney Carers Strategy, which is overseen and monitored by the Health and Wellbeing Board.
 - 2. Agree to receive a report in October 2018 with a more detailed plan for developing the strategy in a way which puts the voice of carers at the centre, and through good collaboration ensures the commitment of key health and social care stakeholders.
 - 3. HWB Members, including District Councils and VCSE representatives, are asked to engage their own organisations in discussions about the issues set out in the report in readiness for a fuller report in October 2018.

The meeting concluded at 1.02 pm

Chairman

**Health and Wellbeing Board meeting
17 July 2018**

Draft Resolution

**Annual Refresh of the Local Transformation Plan for Norfolk & Waveney
(Children and Young People's Mental Health)**

1. Each autumn, in accordance with the NHS England (NHSE) Local Transformation Plan (LTP) planning requirements, the HWB is asked to consider and approve the annual refresh of the Norfolk and Waveney LTP in advance of its submission to NHSE.
2. NHSE have recently confirmed that there is no longer the requirement for HWB's to sign off the annual refresh – the requirement is for the Chair of the HWB and their nominated lead members to have been consulted about the proposed key priorities of the refreshed Plan.
3. The annual refreshed LTP for 2018/19 is under development, building on earlier iterations and influenced by ongoing consultation with children, young people and stakeholders. The deadline for submission of the refreshed LTP to NHSE is in October 2018.
4. In the light of the change of requirements, agreement is sought from the Board that the HWB Chair and Vice Chairs Group considers the annual refresh of the LTP in advance of its submission to NHSE in October.

The HWB resolves to:

- Agree that the HWB Chair and Vice Chairs Group consider the annual refresh of the LTP in advance of its submission to NHSE.

**Health and Wellbeing Board
17 July 2018**

8. Public Questions.

Question from Ms E Pyne:

What training is envisaged for GPs and hospital staff relating to dealing with patients on the autistic spectrum? There is a great deal of ignorance amongst medical professionals in both the mental health service and physical health services. Patients may need extra time and a written record of a consultation to avoid misunderstandings. They often find hospital settings overwhelming. Patients with Asperger's syndrome do not have learning difficulties and must not be treated as such. Comments please. In my experience much time and money will be wasted if a new strategy is not put in place, indeed harm may result.

Answer:

The Norfolk All-Age Autism Partnership boards role is to deliver a Norfolk All-Age Autism Strategy that will inform the vision and priorities to enable people with autism to live rewarding and fulfilling lives. The Engagement workstream is developing a questionnaire that will provide insight into the lives of the Norfolk autism community including parents carers. The tool developed with experts by experience asks particular questions regarding people with autism's experience of GPs, hospital staff, health and mental health workers amongst other things. In addition the Interagency Workforce and Training Plan workstream is also looking to put in place a workforce development plan. This plan, for example, will include face to face autism training for social care staff meeting our statutory duty but also an e-learning programme for interagency workers and hopefully wider depending on the training need. Once the level of training need is understood from the engagement tool, the Norfolk All-Age Autism Partnership Board we will be in a good position to understand the training needs, to ensure the training it fit for purpose and be in a position to share this information with our wider partners.

Supplementary question from Mrs E Pyne:

People with Autistic Spectrum Disorder can be more sensitive to medication. The European Medicines Agency recently held a public hearing into flouroquinolones due to thousands of reports of persistent, possibly permanent, multi-systemic adverse reactions. These very strong drugs are still being used for non-serious infections and causing damage. What mechanisms exist in the CCGs to influence prescribing practice?

The committee can watch the hearing on the EMA website. There you can see testimonies of a number of people whose lives have been decimated by these drugs. This is potentially as big as the problem with Valporate, mesh and thalidomide. The CCGs should know about this as money is being spent on drugs causing harm. The EMA is looking at revising prescribing guidelines, possibly saying that Flouroquinolones should only be used in very serious, life-threatening situations.

Answer:

Norfolk is adopting the National approach, applying the principles of stopping the over medication STOMP of all vulnerable groups, including Autism with or without a learning disability.

Locally South Norfolk Clinical Commissioning Group is coordinating the [STOMP](#) agenda, Sue Graham is the Quality Manager involved in ensuring alignment to the national programme.

Also, as part of the autism work undertaken in Norfolk, we will work with GP (and others) to raise the awareness of autism.

Appendix C

Health and Wellbeing Board
Norfolk & Waveney

Joint Health and Wellbeing Strategy 2018 - 22

Chris Butwright
Head of Performance and Delivery
Public Health, Norfolk County Council

Health and Wellbeing Board
Norfolk & Waveney

Our Strategy

- Where have we got to?
- Purpose – going forward
- How it works?
- What now?
- Towards implementation

Health and Wellbeing Board
Norfolk & Waveney

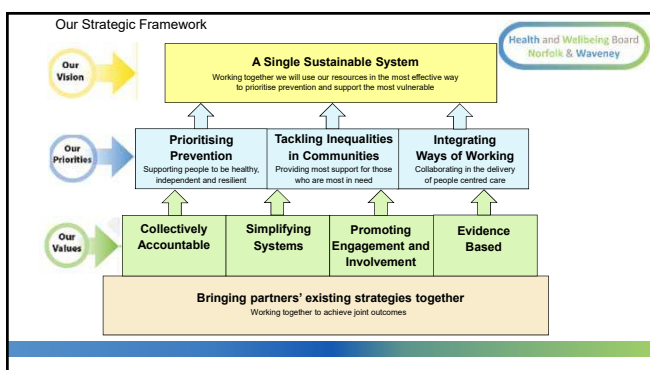
Our Strategy: where have we got to?

- System Leadership – being able to demonstrate and measure - based around our priorities
- Effectiveness of cross organisational working
- Ensuring we are accountable and transparent

Health and Wellbeing Board
Norfolk & Waveney

Joint Health and Wellbeing Strategy 2018 – 2022

“A single sustainable health & wellbeing system”



Health and Wellbeing Board
Norfolk & Waveney

Our Priorities

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

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

Our Values

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

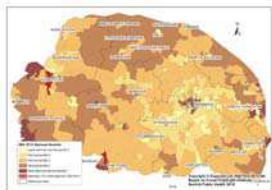
Values	By this we mean:
Collectively Accountable	As system leaders, taking collective responsibility for the whole system rather than as individual organisations.
Simpler system	Reducing duplication and inefficiency, with fewer organisations - a commitment to joint commissioning and simpler contracting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

Our Strategy: Purpose – going forward

- Main purpose is outlined in the joint message from the Health and Wellbeing Board's Chairman and Chief Officer – Bill and Louise
- Acknowledges the context we are all working in
- Steers how we all work together as system leaders to drive forward transformation and improvement
- Emphasises the connection to the Norfolk and Waveney Sustainability & Transformation Partnership
- Brings partners' existing plans and strategies together

Our Strategy: How it works...

- Evidence of need and key statistics
- What's important strategically?
- Key Challenges
- Priority **Actions**
- Key **Measures**
- Case Studies to illustrate



Our Strategy: What now?

- Agree our Joint Health and Wellbeing Strategy 2018-22 today
- Agree to take it to our organisations' committees/ boards/ governing bodies for formal sign off (prior to 31 October 2018)
- Commit to take an active part in the implementation of our Strategy

Our Strategy: Towards implementation

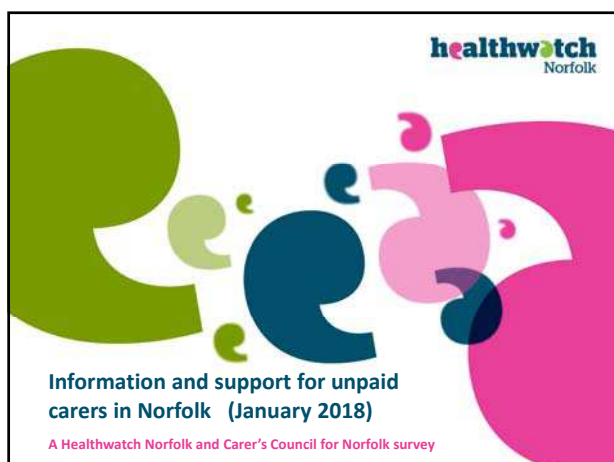
This means we are going to:

- Identify the actions that we will each take
- Develop an implementation plan
- Develop an outcomes framework
- Bring reports regularly to our HWB meetings
- Carry out in-depth reviews
- Hold ourselves to account
- Keep our Strategy active

Finally...

- Opportunity today to consider our Strategy together
- Thank you

Appendix D



Introduction

Background

- Previous HWN survey with CCN in 2016
- Living Longer, Living Well 2016-18

Aims

1. Experiences of Carers Assessments (last 12 months)
2. Experiences accessing information and support

Methods

- Survey (30qs) co-designed with input from local carers
- Social media; established networks; posted to CCN members

Respondents

- 255 carers completed the survey
- Diverse characteristics but not representative (older)
- Insufficient numbers for cohort analysis
- But a good deal of detailed qualitative feedback

Findings: Carers Assessments

Summary

- 73 respondents received CA within last 12 months
- Generally positive experiences (56% rated 4-5*)

Positives (4-5*)

- Staff particularly praised (57%)

Negatives (1-3*)

- Lack of outcome frustrating for many (48%)
- Sometimes the process felt impersonal (29%)

Findings: Info & Support

Information

- Most respondents felt able to access info/advice
- 16% said they did not know where to look
- 18% used friends/family or their own research

NCC	10%
Norfolk carers	16%
Health professionals	20%
Local VCSE	20%

Support

- 37% felt able to maintain health/wellbeing
- 68% felt confident to continue caring

What would help?

Respite support (both planned and short-term)

- Knowing that someone could step in and support my husband at short notice if I needed a break away.

Reassurance and future planning

- Knowing that my child will be cared for in adulthood.

Access to flexible, reliable and consistent home care

- Carers coming in at weekends, I have asked twice and they have not had the staff to provide any carers at present.

Support to manage health and wellbeing

- A carers health check at the GP surgery. Carers tend to neglect their own health...

Moving away from...

"I don't want to be trapped in this caring role."

"I feel like I'm doing this all alone."

Towards...

"My son requires a high level of care. I feel we have been supported and respite has been put in place."

"The assessor was caring and listened to my needs rather than my husband's. For the first time for a long while I felt someone cared for me."



Next steps

Five recommendations (CCN):

1. The importance of respite in supporting carers to manage their health/wellbeing needs to be better recognised
2. All carers are supported to have plans for the future and emergencies
3. Working with home care providers to improve outcomes for unpaid carers
4. Supporting carers to manage their health and wellbeing
5. Monitoring and evaluation of outcomes

