

Health & Wellbeing Board
 Date: **Wednesday 4 March 2020**
 Time: **9.30am**
 Venue: **Edwards Room, County Hall**

Representing

Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council
 Cabinet member for Childrens Services and Education, NCC
 Leader of Norfolk County Council (nominee)
 Adult Social Services, NCC
 Borough Council of King's Lynn & West Norfolk
 Breckland District Council
 Broadland District Council
 Cambridgeshire Community Services NHS Trust
 Children's Services, Norfolk County Council
 Director of Public Health, NCC
 East Coast Community Healthcare CIC
 East Suffolk Council
 Great Yarmouth Borough Council
 Healthwatch Norfolk
 James Paget University Hospital NHS Trust
 NHS England, East Sub Region Team
 NHS Great Yarmouth & Waveney CCG
 NHS Norwich CCG
 NHS North Norfolk CCG
 NHS South Norfolk CCG
 NHS West Norfolk CCG
 Norfolk Community Health & Care NHS Trust
 Norfolk Independent Care
 Norfolk Constabulary
 Norfolk & Norwich University Hospital NHS Trust
 Norfolk & Suffolk NHS Foundation Trust
 North Norfolk District Council
 Norwich City Council
 Police and Crime Commissioner
 Queen Elizabeth Hospital NHS Trust
 South Norfolk District Council
 Sustainability & Transformation Partnership (Chair)
 Sustainability & Transformation Partnership (Executive Lead) & NHS Norfolk & Waveney CCGs
 Voluntary Sector Representative
 Voluntary Sector Representative
 Voluntary Sector Representative

Membership

Cllr Bill Borrett
 Cllr John Fisher
 Cllr Stuart Dark
 James Bullion
 Cllr Elizabeth Nockolds
 Cllr Alison Webb
 Cllr Fran Whymark
 Matthew Winn
 Sara Tough
 Dr Louise Smith
 Jonathan Williams
 Cllr Mary Rudd
 Cllr Donna Hammond
 David Edwards
 Anna Hills
 Vacancy
 Dr Liam Stevens
 Tracy Williams
 Dr Anoop Dhesi
 Dr Hilary Byrne
 Dr Paul Williams
 Josie Spencer
 Dr Sanjay Kaushal
 ACC Nick Davison
 Sam Higginson
 Prof Jonathan Warren
 Cllr Virginia Gay
 Cllr Beth Jones
 Lorne Green
 Caroline Shaw
 Cllr Yvonne Bendle
 Rt Hon Patricia Hewitt
 Melanie Craig
 Jonathan Clemo
 Dan Mobbs
 Alan Hopley

Substitute

Debbie Bartlett
 Cllr Sam Sandell
 Cllr Sam Chapman-Allen
 Cllr Roger Foulger
 Sarah Jones
 Tony Osmanski
 Cllr Alison Cackett
 Alex Stewart
 Anna Davidson
 Geraldine Broderick
 Supt Chris Balmer
 David White
 Marie Gabriel
 Cllr Emma Spagnola
 Adam Clark
 Dr Gavin Thompson
 Prof Steve Barnett
 Cllr Florence Ellis
 Laura Bloomfield

Persons attending the meeting are requested to turn off mobile phones.
For further details and general enquiries about this Agenda please contact the Committee Administrator:

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

Health & Wellbeing Board

Wednesday 4 March 2020

Agenda

Time: 9:30am to 1:00pm

- | | | |
|---|-------------------------------|-----------|
| 1. Apologies | Clerk | |
| 2. Chairman's opening remarks | Chair | |
| 3. Minutes | Chair | (Page 3) |
| 4. Actions arising | Chair | |
| 5. Declarations of interests | Chair | |
| 6. Public Questions (How to submit a question)
Deadline for questions: 9am, Monday 2 March 2020 | Chair | |
| 7. Children & Young People's Mental Health Services | Sara Tough/Rebecca Hulme | (Page 12) |
| 8. Healthy Lifestyles & Behaviour Change – Transformation Programme (presentation) | Diane Steiner /Angela Fletton | (Page 16) |
| 9. Joint Health & Wellbeing Strategy – One-Year On | Chris Butwright | (Page 20) |
| 10. CCG Annual Reports 2019/20 Sign-Off – Draft extracts relating to the Joint Health & Wellbeing Strategy | Tracy Williams | (Page 27) |
| 11. Health & Care Partnership for Norfolk & Waveney | | |
| a) Health and Care System Plan 2019-2024 update (presentation) | Melanie Craig/Jocelyn Pike | |
| b) General update | Patricia Hewitt/Melanie Craig | (Page 39) |

Information updates

The Director of Public Health Annual Report “Growing up in Norfolk” which explores the health needs of children in Norfolk is available at: www.norfolkinsight.org.uk/resource-director-of-public-health-report-2019/

HWB Annual Conference “Prioritising Prevention” takes place on 25 March 2020 - further information can be found [here](#).

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

Health and Wellbeing Board
Minutes of the meeting held on 30 October 2019 at 09:30am
in the Edwards Room, County Hall.

Present:

Cllr Bill Borrett

James Bullion
Cllr Elizabeth Nockolds
Cllr Fran Whymark
Dr Louise Smith
Jonathan Williams
Cllr Mary Rudd
Cllr Cara Walker
David Edwards
Dr Liam Stevens
Tracy Williams
Dr Anoop Dhesi
Dr Paul Williams
ACC Nick Davison
David White
Prof Jonathan Warren
Adam Clark
Laura Skafe-Knight
Alan Brown
Rt Hon Patricia Hewitt
Jonathan Clemo
Dan Mobbs
Alan Hopley

Representing:

Cabinet member for Adult Social Care, Public Health and Prevention,
Norfolk County Council
Adult Social Services, NCC
Borough Council of King's Lynn & West Norfolk
Broadland District Council
Director of Public Health, NCC
East Coast Community Healthcare CIC
East Suffolk Council
Great Yarmouth Borough Council
Healthwatch Norfolk
NHS Great Yarmouth & Waveney CCG
NHS Norwich CCG
NHS North Norfolk CCG
NHS West Norfolk CCG
Norfolk Constabulary
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Norwich City Council (arrived at 10am)
Queen Elizabeth Hospital NHS Trust
Queen Elizabeth Hospital NHS Trust
Sustainability & Transformation Partnership (Chair)
Voluntary Sector Representative
Voluntary Sector Representative
Voluntary Sector Representative

Officers Present:

Hannah Shah	Public Health Policy Manager (Health and Wellbeing Board)
Hollie Adams	Committee Officer
Jocelyn Pike	Director of Special Projects, Clinical Commissioning Groups for Norfolk and Waveney
John Webster	Clinical Commissioning Groups for Norfolk and Waveney
Ross Collet	Associate Director of Urgent and Emergency Care, Clinical Commissioning Groups for Norfolk and Waveney
Jamie Sutterby	Director of People & Communities, South Norfolk and Broadland District councils
Dr Linda Hunter	Cancer Clinical Lead, Norfolk and Waveney STP
Maggie Tween	Cancer Programme Manager, Norfolk and Waveney STP, East of England Cancer Alliance
Abigail McGarry	Business Manager, Norfolk Safeguarding Children Board
James Wilson	Director of Quality and Transformation, Children's Services, NCC

1. Apologies

- 1.1 Apologies were received from Steve Barnett (Alan Brown substituting), Cllr Yvonne Bendle, Cllr Sam Chapman-Allen, Melanie Craig, Cllr Karen Davis (Adam Clark substituting), Cllr Virginia Gay, Lorne Green, Sam Higginson (David White substituting), Sanjay Kaushal, Caroline Shaw (Laura Skafe-Knight substituting), Josie Spencer and Sara Tough.
- 1.2 Also absent were Dr Hilary Byrne, Cllr Stuart Dark, Cllr John Fisher, Anna Hills and Matthew Winn.

2. Chairman's Opening Remarks

- 3.1 The Chairman updated Members on the Health and Wellbeing Board (HWB) annual conference which was due to take place on 25 March 2020, 9.30-14.00, at the Assembly House in Norwich. The theme of the conference would be "Prioritising Prevention" and the keynote speaker would be the Chief Executive of the King's Fund, Richard Murray. Members of the Health and Wellbeing Board would receive invites to the conference; the Chairman encouraged Partners to ask relevant colleagues from their organisations to attend.

3. Minutes

- 3.1 The minutes of the meeting held on the 10 July 2019 were agreed as an accurate record and signed by the Chairman.

4. Actions arising from minutes of 10 July 2019

- 4.1 Paragraph 6.1; Better Care Fund: as agreed, the plan had been approved by the Health and Wellbeing Board Chairman and Vice-Chairs; the Chairman hoped that it would be published in November 2019.
- 4.2 Paragraph 9.4; Clinical Commissioning Group (CCG) Membership: membership of the CCGs on the board had been amended to reflect the new governance arrangements.
- 4.3 Paragraph 13.4; Autism e-learning: the autism training was attached to the minutes of the meeting of the 10 July; the link to the e-learning training had also been circulated to all Members of the Board so that all could circulate this amongst their own organisations.
- 4.4 Paragraph 15.2b; Chairman's Award: the award would be launched at the end of November 2019 and awarded at the conference on 25 March 2020; the theme would be prioritising prevention. The Chairman encouraged Partners to nominate services, projects and individuals.

5. Declarations of Interests

- 5.1 Cllr Mary Rudd declared a non-pecuniary interest as a governor at the James Paget Hospital NHS Trust

6. Public Questions

- 6.1 No public questions were received.

7. Norfolk & Waveney System Plan for Health and Care 2019-2024

- 7.1 The HWB received the report presenting an outline of the draft Norfolk and Waveney Health and Care Partnership five-year plan for approval by the HWB.
- 7.2 The Director of Special Projects for the CCGs for Norfolk and Waveney gave a presentation ([presentation can be viewed via this link](#)). It was highlighted that, following feedback from the HWB, the first goal had been amended to increase the emphasis on prevention; this was reflected in the presentation.
- 7.3 The following points were discussed and noted:
- Members welcomed the strengthened prevention and population approach.
 - The Chairman was pleased to note that the NHS new 5-year plan was aligned with the

strategic framework of the Joint Health and Wellbeing Strategy.

- It was felt by some that more work was needed to engage and communicate with the public, with a suggestion that activity should extend across the full 5 years of the plan.
- NHS England had requested more information about how inequalities would be tackled. The Director of Special Projects, CCGs for Norfolk and Waveney, reported that in some areas, identifying how to tackle identified inequalities needed further development; narrative on how this would be developed would be included in the plan.
- The Director of Public Health **suggested** that developing the approach to address inequalities across the system in the context of this plan be brought back to a future session for a deep dive. The Director of Special Projects, CCGs for Norfolk and Waveney agreed to return for a deep dive on this topic.
- People only having to tell their story once would also facilitate organisations working better together.
- The next step was to operationalise the plan and collaboration is key to this.
- The culture and processes within the NHS would need to enable the system to move forward with the goals.
- There was a need clear mechanism to monitor and report on progress in achieving the goals.
- The Director of Special Projects, CCGs for Norfolk and Waveney, confirmed that the priorities and key goals would be unlikely to change at this stage.
- The plan represented a plan for the embryonic Integrated Care System.

7.4 The Health and Wellbeing Board:

- a) **CONSIDERED** and **COMMENTED** on the report on draft Norfolk and Waveney Health and Care Partnership five-year plan.
- b) **DELEGATED** HWB sign off for the final version of the Norfolk and Waveney Health and Care Partnership five-year plan to the Chairman of the HWB at the STP Oversight Group on 7 November 2019.

8. Norfolk and Waveney Sustainability and Transformation Partnership Update

8.1 The HWB received the report updating Members of the Board on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in July 2019.

8.2 Vice-Chair, Tracey Williams, introduced the report highlighting the following:

- Capital funding had been awarded to the system to build assessment centres, build inpatient wards at Hellesdon, and for primary care development in the 5 Clinical Commissioning Groups (CCGs) areas.
- The proposed merger of the 5 CCGs had been supported by NHS England. Out of 105 GP practices in Norfolk and Waveney, 75 votes were cast and 72 were in favour of the CCG merger.

8.3 The following points were discussed and noted:

- Voluntary Sector Representative Jon Clemo **suggested** that the appendices to the report should be labelled as 'NHS' finance and performance reports.

8.4 The Health and Wellbeing Board:

- a) **SUPPORTED** the continued development of a Voluntary Sector Health and Social Care Assembly.
- b) **SUPPORTED** the Home First communications campaign and the development of a Home First ethos across both our paid and unpaid workforce.

9. System Winter Resilience Planning

- 9.1 The HWB received the joint report summarising the learning to date, the challenges for winter 2019-20 and the shared objectives for health and social care for winter and all-year round resilience.
- 9.2 The Executive Director, Adult Social Services, introduced the report:
- There was a focus on prevention and the Norfolk Escalation Avoidance Teams (NEAT) which builds on the approach from the previous year.
 - £4m received from the NHS and £2m from Norfolk County Council had been allocated for this work.
 - Recruitment into reablement teams had been a challenge.
 - Work would be carried out to look at whether staffing levels were resilient and what additional investment would be needed to support the approach.
- 9.3 The following points were discussed and noted:
- Figures showed that fuel poverty was increasing. It was noted as important to think about the home that people were returning to, and that some people could not afford to take responsibility for some aspects of their health, such as heating their home.
 - A concern was raised that crisis management support for carers was missing from the planning; the Executive Director, Adult Social Services, reported that carers' enhancements had been made to support carers.
 - It was suggested that, to support change across the system, there should be work with middle management across organisations to establish a culture of collaboration and proactive care.
 - Pressure were now year-round so there was a view that the focus should be around overall resilience rather than 'winter pressures'.
 - It was suggested that reference to looking after staff during periods of increased pressure was missing from the approach, and that this should be considered in the planning. The Executive Director, Adult Social Services **agreed** to take back an action to the A&E delivery board to assess how they were approaching staff resilience and support.
 - It was reported that care as a career had a reputation of low pay and zero hours contracts which was deterring people from going into the profession and suggested that a deep dive could be held to investigate the barriers to carer recruitment.
 - A discussion was held about how the public could be engaged to ensure referrals made to NEAT were appropriate. The Associate Director of Urgent and Emergency Care, CCGs for Norfolk and Waveney, confirmed that the communications plan would be shared across organisations, and 111 and the ambulance service were key stakeholders to ensure referrals were brought into NEAT. The Executive Director, Adult Social Services, **suggested** that processes for referrals into NEAT could be added into the Home First staff training.
 - A discussion was held about loneliness and the factors impacting on this such as rurality; some services were in place to identify and support lonely and vulnerable people, however other ways to do this should be investigated. Councillors were highlighted as a key point of contact for people in communities.
- 9.4 The Health and Wellbeing Board **CONSIDERED** the challenges set out and **AGREED** the joint objectives (at paragraph 3.2 of the report) for Winter and all-year resilience.
- 9.5 The Health and Wellbeing Board had a break from 10.55 until 11:05.

10. Homes and Health – End of Year Report

- 10.1 The HWB received the report providing an update on the past 12 months' activities through the Health and Wellbeing Board District Councils' Sub-Committee.

- 10.2 The following points were discussed and noted:
- A revised set of recommendations for the report had been circulated to all Members; these are shown at the resolution at paragraph 10.3.
 - Where organisations had worked together on discharge of patients, this had worked well and supported quicker discharge.
 - Jon Clemo, Voluntary Sector Representative, felt there was an opportunity for the Voluntary Sector to support the Warm Homes work, and **agreed** to discuss this with The Director of People & Communities, South Norfolk and Broadland District councils.
 - The Better Care Fund had been extended for a further year from March 2020 and there would be discussions around extending current arrangements.
 - The Chairman had met with Secretary of State, Matt Hancock, to share his concerns about the difficulty of planning ahead with one-year funding allocations.
 - The Chairman noted that members of the District Councils' Sub-Committee had a large amount of local knowledge and resource and showed a willingness to be involved in changes and solutions to delivering outcomes.
 - Adam Clark of Norwich City Council gave examples of the ways that District Councils collaborated outside of the Sub-Committee, such as a recent meeting to look at social value and procurement. He felt that this project could be extended in the future to look at how hospitals, community services and other organisations could support the health and wellbeing of service users with a collaborative resource. The Director of Public Health **supported** this idea for future discussion.
 - The value of local, community-based charities when making investment decisions and the impact on wellbeing of communities was discussed.
- 10.3 As the final steps proposed by the HWB District Council Sub-Committee, the Health and Wellbeing Board **AGREED** to:
- a) Endorse and facilitate uptake of the e-learning by their frontline workforce.
 - b) Promote the Warm Homes Fund within their organisations, drawing on support from Spring communications.
 - c) Agree to develop a model, based on learning from the 3 Multi-Disciplinary Team (MDT) pilots, to align housing and health within MDTs for consideration by the Primary and Community Care and Workforce STP workstream.
 - d) Agree to embed District Direct funding into member organisations budgets (including acute, mental health and community trusts) from April 2020.

11. Mental Health Inappropriate Out of Area Placements

- 11.1.1 The HWB received the report providing an update to Members on the progress that the Norfolk and Suffolk NHS Foundation Trust (NSFT), working in partnership with other local health and care organisations, has made in reducing mental health inappropriate out of area placements. It also sets out the support members of the Board could provide to continue to improve our performance.
- 11.1.2 The Chief Executive of NSFT, Jonathan Warren, gave a presentation to the Board ([presentation can be viewed via this link](#)):
- In 2018, Norfolk was the third worse area in country for out of area placements; following targeted activity this has been reducing. There were now 12 patients placed out of area compared to 75 in April 2019.
- 11.2 The following points were discussed and noted:
- The Chief Executive of NSFT agreed to re-circulate details of the mental health housing summit to HWB Members.

- There were 2700 days due to delayed transfer; representing a small number of people in mental health service. This was often due to difficulty in finding suitable housing or care homes. It was noted that some care homes were reluctant to take people with high needs as they felt unsupported in dealing with people in a crisis; it was therefore important to involve CCGs to put in resources to support care homes.
- The Chief Executive of NSFT reported that there was a goal to achieve 85% bed occupancy so that people would not have to wait for a bed in A&E or with police.
- The importance of Mental Health expertise within primary care networks was noted.
- Norwich CCG, on behalf of the 5 Norfolk and Waveney CCGs, were looking at developing a new pathway for patients with no fixed abode.
- The work with district councils to put District Direct in place was welcomed but noted that appropriate resourcing needed to be put in place to support this within the mental health trust.

11.3 The Health and Wellbeing Board **AGREED** that:

- a) All organisations support and attend the Mental Health Housing Summit being planned for this autumn, with a view to identifying actions that would help meet the accommodation needs of inpatients and service users.
- b) NSFT and the district councils work together to explore if District Direct could be expanded to mental health.
- c) Norfolk County Council, Suffolk County Council and NSFT work together to explore re-instating a Section 75 agreement in Norfolk and Waveney.

12 Prevention and Early Diagnosis Opportunities for Cancer

12.1 The HWB received the report about early cancer diagnosis and prevention from the Sustainability and Transformation Partnership (STP) Cancer Transformation Programme. This was part of a wider regional and national agenda to address the recommendations from the NHS Long Term Plan and the National Strategy for Cancer.

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

- 40% of cancers were preventable with early action.
- It was more difficult to act on lifestyle factors in deprived and most disadvantaged communities.
- Reducing the number of stage 4 diagnoses dramatically through screenings and awareness raising would be a crucial target.

12.3 The following points were discussed and noted

- Capital funding for 3 new diagnostic centres, including equipment, had been awarded which would help speed up the diagnosis process following referral.
- It was important to make early referrals; training and awareness raising work was ongoing in primary care.
- Meeting targets was key to ensure people were treated and seen in a timely manner.
- The Director of Public Health pointed out that prevention was an important factor to consider; smoking was the primary cause of preventable death due to being a cause of cancer. Obesity was also a significant risk factor for cancer.
- Inequalities were seen in uptake and access to screening, particularly in people with other diagnoses such as learning disabilities who were less likely to attend regular screenings.
- Inequalities were also seen across genders as, evidentially, men were less likely than women to use GPs when experiencing symptoms or attend for screenings; work with men's groups to raise awareness and encourage men to attend screenings and GPs was an important action.

12.4 The Cancer Clinical Lead, Norfolk and Waveney STP the Cancer Clinical Lead, Norfolk and

Waveney STP and Maggie the Cancer Programme Manager, Norfolk and Waveney STP, East of England Cancer Alliance gave a presentation to the Board ([presentation can be viewed via this link](#)).

12.5 The following points were discussed and noted

- It was pointed out that “no smoking campaigns” did not make reference to the cancer risk for passive smokers.
- It was suggested that the HWB could take leadership on communications around breaking down behaviours and taboos around cancers, to help improve early detection, and support the target of increasing 5-year survival rates to 75%.
- The Chairman noted that a new goal of the NHS 5-year plan was investment in prevention which aligned with this piece of work.
- The Cancer Clinical Lead, Norfolk and Waveney STP, confirmed that different cohorts of patients in different areas would need different strategies; CCG and District Council data would be useful to identify the approach needed countywide and in smaller geographical areas
- It was suggested that locality data could be compared with population health data to identify the people at higher risk in each area and target them for intervention and prevention work. The Chairman agreed that this would be a positive approach at a primary care network level.
- A suite of blood tests was in development which could identify lung cancer at an early stage; a business case would need to be developed for this.
- The Cancer Clinical Lead, Norfolk and Waveney STP, **agreed** to circulate data from the national cancer audit, which included feedback on patients, giving information on how many times patients had presented before a late stage diagnosis had been made. She pointed out that the local level data was small.
- It was reported that young people had fed back that they did not always find prevention programmes engaging, and therefore liaising with youth advisory boards to come up with programmes which would be more suited to this age group would be beneficial.

12.6 The Health and Wellbeing Board **AGREED** to:

- a) Support the whole system approach to cancer prevention and early diagnosis set-out in the presentation and summarised in the plan on a page below.
- b) Align commissioning intentions across systems to contractually support this work.
- c) Strengthen existing collaborations and partnerships, including whole system processes for data sharing and information governance, and the rapid appraisal and early adoption of innovations.

13 Norfolk’s Review of Children’s Safeguarding Governance Arrangement - MASA (Multi Agency Safeguarding Arrangements) Plan

13.1 The HWB received the report providing an update on changes to local safeguarding arrangements for children and recognise its contribution to sustaining these effective safeguarding arrangements

13.2 The Director of Quality and Transformation, Children’s Services, and the Business Manager, Norfolk Safeguarding Children Board (NSCB) introduced the report:

- The NSCB had decided to retain independent scrutiny.
- The NSCB had felt the model should be more intelligence and multi-agency data led, and more focussed on the lived experience of children and on the ground practice.
- Representatives from all stages of education were now involved.
- The Board was recruiting a new independent chair; there would be 2 additional independent chairs for workforce development and the practice review group.

- There had been a change to way child deaths were reviewed; the Government wanted better epidemiological data - data had been joined with Suffolk data to ensure statistical relevance in order to meet the requirement.

13.3 The following points were discussed and noted:

- It was felt that it was important to have consistency in practice across the County, including language and ways of working across organisations. The Director of Quality and Transformation, Children's Services, felt this could be address within the Council, however it would be a challenge to obtain wider consistency due to the size of the system and therefore this needed ongoing work.
- It was suggested that multi agency communication needed more emphasis in the document.
- The Director of Public Health discussed how shared data and data linking was helpful for strategic analysis and sharing across organisations; she **suggested** that the National Office for Data Analytics project should focus on key projects related to children's safeguarding.

13.4 The Health and Wellbeing Board:

- a) **ENDORSED** the governance arrangements and **SUPPORTED** the Norfolk Safeguarding Children Partnership to deliver best safeguarding outcomes for Norfolk children.
- b) **AGREED** to receive an annual presentation to ensure that Norfolk Safeguarding Children Partnership communicates clearly and regularly on developments in child safeguarding

14. The Chairman reminded partners that publicity would be sent to all organisations about the Chairman's Award.

The Meeting Closed at 12:50

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



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Health and Wellbeing Board Attendance Record 2019/20

Member Organisation Represented	23 April 2019	10 July 2019	30 Oct 2019
Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council	X	X	X
Cabinet member for Childrens Services and Education, Norfolk County Council			
Representative of the Leader of Norfolk County Council		X	
Adult Social Services, Norfolk County Council	X	X	X
Borough Council of King's Lynn & West Norfolk	X	X	X
Breckland District Council	X	X	
Broadland District Council	X	X	X
Cambridgeshire Community Services NHS Trust			
Children's Services, Norfolk County Council	X	X	
Director of Public Health, Norfolk County Council	X	X	X
East Coast Community Healthcare CIC	X		X
East Suffolk Council		X*	X
Great Yarmouth Borough Council	X		X
Healthwatch Norfolk			X
James Paget University Hospital NHS Trust			
NHS Great Yarmouth & Waveney Clinical Commissioning Group	X		X
Sustainability & Transformation Partnership	X	X	X
NHS Norwich Clinical Commissioning Group	X	X	X
NHS North Norfolk Clinical Commissioning Group	X		X
NHS South Norfolk Clinical Commissioning Group	X		
NHS West Norfolk Clinical Commissioning Group	X		X
Norfolk Community Health & Care NHS Trust		X	
Norfolk Independent Care			
Norfolk Constabulary	X*	X*	X
Norfolk & Norwich University Hospital NHS Trust	X	X*	X
Norfolk & Suffolk NHS Foundation Trust		X	X
North Norfolk District Council		X	
Norwich City Council	X*	X	X
Police and Crime Commissioner			
Queen Elizabeth Hospital NHS Trust	X	X	X
South Norfolk District Council	X	X	
Voluntary Sector Representatives (3)	2	1	3

*Indicates substitute

Report title:	Children and Young People's Mental Health Services (CYPMHS) Transformation Update
Date of meeting:	4 March 2020
Sponsor (H&WB member):	Sara Tough, Executive Director Children's Services
<p>Reason for the Report This report updates the HWB on progress made in the transformation of children and young people's mental health services in Norfolk and Waveney (N&W).</p> <p>Report summary The transformation of Children and Adolescents' Mental health Services (CAMHS), now referred to as Children and Young People's Mental Health Services (CYPMHS), has progressed significantly in the last 12 months following the involvement of RETHINK partners as consultants and subsequent collaborative work undertaken by system leaders, commissioners, providers and operational colleagues. Significant consultation and engagement with children and young people (CYP), families and professionals were built upon to develop a new service model, aligned closely to the i-THRIVE conceptual framework.</p> <p>This new approach marks a shift to outcomes-based commissioning and community-based services. The emphasis is on individual need, relationship-focused practice, prevention, and early intervention. Significant achievements include the establishment of a new integrated governing body (the Alliance Board), and the transition from design to implementation in early 2020, with a view to start delivering a different way of working and a different kind of service from October.</p> <p>Recommendations The HWB is asked to:</p> <ul style="list-style-type: none"> a) Endorse the direction of travel for the transformation of Children and Young People's Mental Health Services. 	

1. Background

- 1.1 The NHS Long Term Plan sets out specific aspirations in relation to what has been known as Children and Adolescents' Mental health Services (CAMHS):
- 345,000 additional children and young people aged 0-25 will have access to support via NHS-funded mental health services and school or college-based Mental Health Support Teams (in addition to the Five Year Forward View for Mental Health commitment to have 70,000 additional children and young people accessing NHS services by 2020/21).
 - There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for children and young people (CYP) and adults.
 - There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.
 - CYP mental health plans will align with those for learning disability (LD), autism, special educational needs and disability (SEND), CYPs services and, health and justice.

- The NHS Long Term Plan outlines the need to develop a new approach to young adult mental health services, supporting the transition to adulthood, which creates a comprehensive offer for 0-25 year olds and delivers an integrated and evidenced-based model.
- 1.2 RETHINK partners produced a detailed and wide-ranging report for the N&W system in January 2019, identifying key issues and challenges within CAMHS, and providing key recommendations for transformation. RETHINK partners subsequently worked closely with senior leaders and stakeholders between January and June 2019 leading to collaboratively reconfigured governance arrangements, an evaluation of sourcing, procurement and contractual options, an outline vision for a new service model, and first steps toward a systemic way of working.
- 1.3 Part of this systemic way of working resulted in a new vision for Norfolk and Waveney: that every child and young person will FLOURISH (Family, Learning, Opportunity, Understood, Resilience, Individual, Safe and secure, Health). This is the vision of the collective system in Norfolk and Waveney for children and young people through the CYP strategic partnership board. In every decision we undertake we will ask ourselves where the FLOURISH opportunities lie.

2. CYPMHS Transformation

- 2.1 In response to; the Local Transformation Plan (LTP) aspirations, the NHS Long Term Plan for N&W, local need, and stakeholder feedback, an innovative and transformational model and way of working is being developed using the iTHRIVE framework, building on the commitments identified by system partners. Instead of a tiered system that creates gaps and exacerbates long waiting times for CYPMHS, the model focusses on the needs of individual children, young people and young adults. Our new approach will build on the system's experience of working 0-25 years, and will embrace some core principles:
- **0—25 years:** any child, young person or young adult up to their 26th birthday will be served by this approach in all settings and in all areas of Thrive methodology.
 - **A focus on Thriving:** investing in early prevention and aiming to return those with difficulties to a Thriving state.
 - **Working as a single system,** with shared case management, agreed goals, performance management and assessments across providers. This will enable families and young people to tell their story once.
 - **Clear access routes** for children, young people, young adults and professionals working across systems removing the need to re-refer (so CYP are not moved to the end of another waiting list), if a system partner is better placed to meet the need.
 - **Community Based:** serving local communities and building community capacity. We are mindful that CYP communities may not reflect a geographical location.
 - **Relationship focused:** reducing 'hand-offs' and reducing the amount of times children and young people need to tell their story.
 - **Multi-agency multi-disciplinary teams** that provide support to families, professionals, and universal settings (especially schools).
 - **Goal-focused and episodic interventions:** involving children, young people and young adults in setting goals and making choices.

The new service model has been co-designed through considerable engagement with different stakeholders, also taking into account historic feedback and best practice evidence. The model will be iterative and must be flexible to support development over time. Key

implementation milestones have been identified for October 2020 in order to start delivering a different way of working and a different kind of service.

2.2 In order to align more closely with the iTHRIVE framework, our system has endorsed an Alliance contracting approach, enabling providers to continue to collaborate and further develop the model over the course of 2020 and beyond. This allows considerable flexibility to strengthen links with wider children's services (such as the Healthy Child Programme) and is aligned with our progression towards becoming an Integrated Care System (ICS). In addition, it is parallel with developments in neighbouring Suffolk, ensuring minimal impact and disruption for those providers that currently span both areas. An interim Memorandum of Understanding will be in place from March 2020, with a view to having a signed set of Alliance Agreements in place for late 2020. Greater integration between providers, especially when looking at neurodevelopmental services and the development of a mental health pathway for people with autism will be essential.

2.3 An iTHRIVE approach necessitates effective governance and principles of integration. One of the key recommendations of RETHINK partner's report was therefore to instate a new integrated governance body, the Alliance Board, which met for the first time in December 2019. The role of the Board is to bring together senior commissioners, and partners across Norfolk and Waveney in keeping with the 'one system' approach to the transformation of services, and wider development as an ICS.

In relation to CYP (with the input and support of a CYP Advisory Group), the Board will:

- Set strategic direction and ensure delivery of system plans
- Lead service transformation and hold decision making responsibility for CYPMH
- Develop and agree system-wide outcome measures
- Collectively assess and improve operational delivery
- Act as the Executive Group for the Section 75 or alternative funding agreement
- Develop the alliance agreement and an alliance model of contracting
- Ensure, encourage and promote co-production and engagement.

2.4 Transformation of CAMHS has now entered the first phase of implementation, focusing initially on establishing an Advice Service, shared outcomes, shared assessment, and shared processes and procedures for system partners by October 2020. Work is also underway to review and redesign the mental health offer for Looked After Children in light of the new service model.

Current implementation workstreams include:

- Workforce
- Service Development
- Estates & Infrastructure
- Digital Infrastructure
- Data & Reporting
- Governance & Finance
- Insight & Engagement
- Thriving (Prevention /Early Intervention) & Universal Services

2.5 Norfolk was chosen as a Wave 2 Trailblazer site for Mental Health Support Teams in schools (MHSTs). These services will provide direct support to young people and their families in educational settings, as well as working with school staff to make the environment as psychologically safe as possible. Consultation will be provided to school staff where CYP do

not engage with services, and training will be delivered to develop skills in identification of mental health problems and provide a basic level of support such as Mental Health First Aid.

Work has already begun to recruit and train the staff who will be a part of the teams, with initial training starting in January 2020, and a soft launch of the service in April 2020. Further recruitment and training will take place throughout 2020, with a fully operational service in place from April 2021. Subject to successful pilots, we hope to roll out these teams across Norfolk & Waveney. We have also prioritised funding for an additional four CYP Wellbeing Practitioner (CWP) posts.

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

Report title:	Healthy Lifestyles and Behaviour Change – A Systems Approach
Date of meeting:	4 March 2020
Sponsor (H&WB member):	Dr Louise Smith, Director of Public Health
<p>Reason for the Report</p> <p>The Joint Health and Wellbeing Strategy prioritises prevention and tackling inequalities:</p> <ul style="list-style-type: none"> • Supporting people to be healthy, independent and resilient • Providing most support for those who are most in need. <p>In line with these priorities, Norfolk County Council (NCC) Cabinet agreed a new strategic approach to promoting healthy behaviours for the adult population. This report is an opportunity to ensure that the HWB are fully sighted on the approach and able to take advantage of the opportunities the new approach offers, recognising that all organisations have an interest in improving the health of the Norfolk population.</p> <p>Report summary</p> <p>A new approach to adult healthy living proposes to promote prevention and health improvement at a wider population level than previous service delivery models. By increasing skills in behaviour change throughout key Norfolk workforces and supporting communities with strategies to promote / maintain healthy behaviours, such behaviours may become more normalised. This report outlines the planned programme of work from April 2020.</p> <p>Recommendations</p> <p>The HWB is asked to:</p> <ol style="list-style-type: none"> Endorse the agreed approach. Endorse the engagement of HWB members in a bespoke development session for senior leaders on incorporating behaviour change at a policy level to support population level health improvement. Embed the approach within their own organisations by promoting behaviour change training for frontline workers. Utilise opportunities to promote messages and activities that support the prevention agenda within the workforces of member organisations. 	

1. Background

- 1.1 Smoking, excessive alcohol consumption, physical inactivity and poor diet contribute to illness, disability and early death. **Figure 1** shows the scale of the problems among adults in Norfolk. Often, individuals will be affected by more than one of these behaviours, and there is a clear socio-demographic gradient in the prevalence of multiple health risk factors. Some groups are more at risk: for example men, younger age groups and those in lower socio-economic groups and with lower levels of education are more likely to engage in multiple behaviours that increase their risk of ill health (King's Fund, 2012).

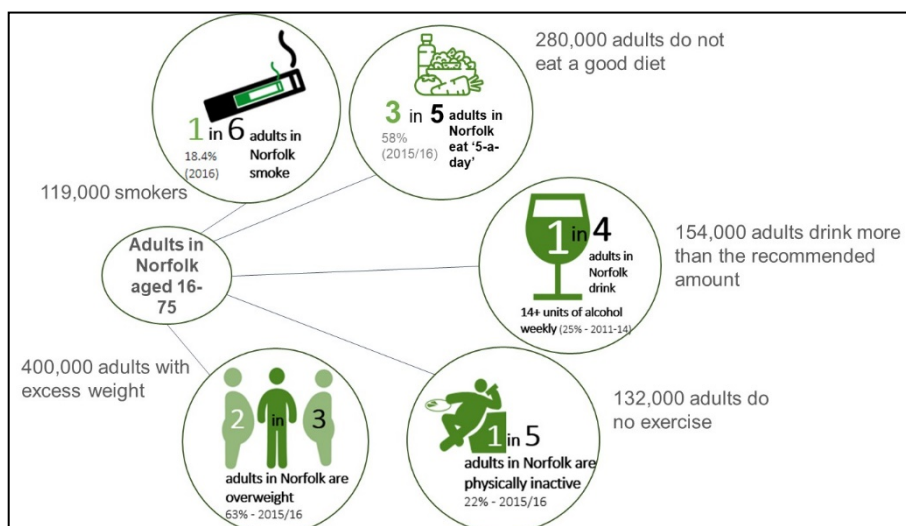
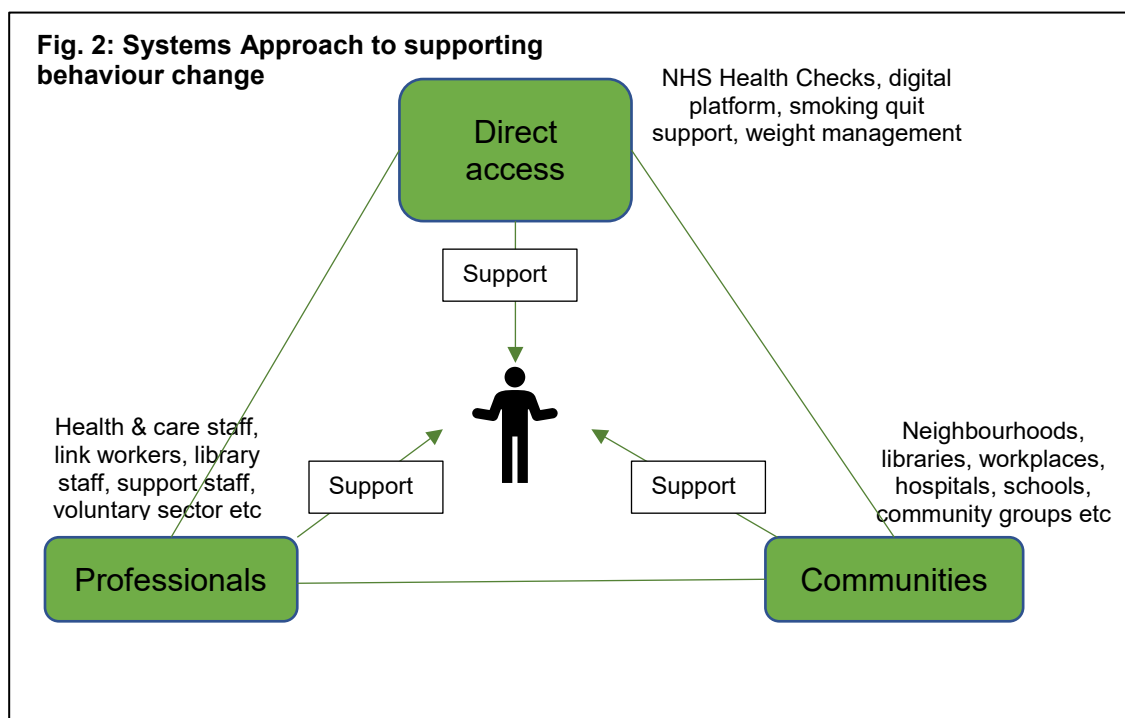


Fig. 1: Estimated numbers of individuals with specific health risk behaviours

- 1.2 Currently only 4% of adult smokers in Norfolk access stop smoking services each year, NCC's Slimming World offer only reaches <1% of the overweight adult population and NHS Health Checks are disproportionately taken up by those who need them least.
- 1.3 Stakeholders attending county-wide engagement events discussed four potential approaches to adult health improvement. Taking a systems approach had the most support: it was viewed as the most sustainable, having better links with the wider system, and taking more of a population view than traditional service commissioning alone. It is an approach that utilises the assets of existing relationships between workforces and Norfolk residents and increases capacity in the system to support healthy behaviours. Stakeholders also supported an element of targeting provision to those who need it most.
- 1.4 The new approach is in line with the Joint Health & Wellbeing Strategy 2018-2022 which aims to:
 - Prioritise prevention both at policy level and in decision-making
 - Promote and support healthy lifestyles with our residents, service users and staff
 - Promote the health and wellbeing of our workforce.

2. The Systems Approach to Healthy Living

- 2.1 Our vision is to embed prevention within local communities and organisations so that residents can reach their full potential related to health and wellbeing. We want Norfolk adults to be able to make healthy choices, and for healthy choices to be the normal choice.
- 2.2 If we are to practice prevention in a way that will reduce demand on specialist services, then interventions need to be delivered at scale. Utilising existing assets of communities and relationships between frontline workers and Norfolk residents is one way to do this.
- 2.3 The offer from Public Health will provide support in three directions – to individuals, to professionals (including in the voluntary sector) and to communities as illustrated in **Figure 2**.



2.4 *Support to individuals:*

The offer to individuals will include a new web based digital resource which will provide individuals (and those supporting them) with skills and tools to help make positive behaviour changes, telephone-based support to quit smoking (including access to nicotine replacement therapy and other products), weight management on referral and NHS Health Checks targeted to those most in need.

2.5 *Support for professionals/frontline workers:*

The offer to frontline workers will focus on increasing skills within current workforces through training in behaviour change. The aim is that more frontline workers from a variety of sectors will be able to help their clients to change their behaviour in order to improve their health in a way that is appropriate to that relationship. It will help to address other issues where health behaviours may impact on social and economic factors (e.g. losing weight reduces the risk of musculoskeletal issues which in turn can affect ability to work). Not only will this increase opportunities for residents to make positive behaviour changes, it will also enhance the existing skills of frontline workers.

- 2.6 The behaviour change training offer is being developed alongside the STP's Coaching for Behaviour Change to ensure that an integrated training pathway for workforce development is available to a wide range of personnel in public-facing roles.
- 2.7 There will also be a bespoke development session for senior leaders (HWB, STP). This will focus on using behaviour change theory to prioritise prevention at policy level and explore how changes at organisational level can support population level health improvement.
- 2.8 In the first year (April 2020 – March 2021), training will be piloted with a variety of teams. The training will be refined and evaluated throughout the year, before rolling out more widely from April 2021.
- 2.9 Standardising the approach to training will allow workers from a wide range of organisations / sectors to approach behaviour change in a consistent way, and the key messages will follow through to public facing campaigns.

2.10 Support to communities, including workplaces:

We will develop a community enablement toolkit which will show how different groups or organisations could promote healthy behaviours and link to existing work, for example programmes carried out by district councils. We will explore with those who have community development or connector roles how incorporating healthy activities into their existing programmes could increase the spread of support for adopting healthy behaviours.

3. Summary

- 3.1 The approach described above will start to disseminate knowledge and skills around behaviour change to a variety of professionals and frontline workers who can implement them in their existing relationships with Norfolk residents. It will also help many more communities to make small changes that can contribute to making environments more supportive of healthy behaviours. NCC have committed to this way of working, and with the support of HWB partners we can start to take action on prevention at scale.

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Report title:	Joint Health and Wellbeing Strategy – One Year On
Date of meeting:	4 March 2020
Sponsor (H&WB member):	Dr Louise Smith, Director of Public Health
<p>Reason for the Report It has been one year since the Joint Health and Wellbeing Strategy (JHWBS) was signed off by HWB partners. It is therefore timely for the Board to review progress and agree next steps to taking forward the delivery of the strategy.</p> <p>Report summary Late 2018, saw the launch of our Joint Health and Wellbeing Strategy. The Strategy sets out a vision of a single, sustainable health and wellbeing system - prioritising prevention, tackling inequalities in communities and integrating ways of working. With the Strategy one year in, this report provides the Board with an opportunity to review progress and agree future action to support its delivery.</p> <p>Recommendations The HWB is asked to:</p> <ul style="list-style-type: none"> a) Consider the progress made to achieving the ambitions of the JHWBS, and commit to taking further action to drive forward and embed the ambitions of the JHWBS within partners own organisations and partnership activity. b) Discuss and agree the proposed areas of focus for the HWB in 2020/21 (outlined in section 3.4). 	

1. Background

- 1.1 Late 2018, saw the launch of our [Joint Health and Wellbeing Strategy](#). It sets out a vision of a single, sustainable health and wellbeing system - prioritising prevention, tackling inequalities in communities and integrating ways of working.
- 1.2 The Strategy stands as a system-wide, shared commitment to taking collective accountability for the health, care and wellbeing of our communities. It draws on the breadth of the Board's membership and its reach across systems and into communities to deliver on the distinctive added value that the HWB can bring. It is about how we all work together as system leaders to drive forward improvement in the health and wellbeing of people and communities, given the unprecedented challenges facing our health, care and wellbeing system.
- 1.3 The Strategy sets us some challenging system objectives, and with the Strategy one year in, this is an opportunity to review progress and agree future action.

2. 2019/20 Highlights - What did we achieve?

- 2.1 As the forum bringing together political, community and health leaders, the HWB has been instrumental in building strong relationships among equals, with trust, shared values and a common vision underpinning our shared endeavours.
- 2.2 A fundamental principle of the Strategy is that it informs and influences decisions about the commissioning and delivery of health, care and wellbeing services, so that they are focused on the needs of the people who use them and tackle the factors that affect everyone's health and wellbeing.

Vision: A Single, Sustainable System

- 2.3 Over the past year the HWB has taken an active role in the development of the [Norfolk and Waveney Health and Care Partnership](#) five-year plan – particularly driving the focus on prevention within the Plan. The Plan provides a shared vision to meet the increasing health and care needs of the population whilst ensuring services are sustainable and affordable and provides the framework within which detailed proposals for how services across Norfolk and Waveney will develop. The draft “A healthier Norfolk and Waveney - Our five year plan for improving health and care (2019 – 2024)” can be viewed [here](#).
- 2.4 The Plan draws on the key findings of the Joint Strategic Needs Assessment (JSNA), and the delivery of the Plan will draw on local data and information in the JSNA to identify local priorities and unmet need to adopt evidence-based interventions.
- 2.5 The JHWBS provides the building blocks to the Plan (with the plan aligned to the 4 priorities set out in the JHWBS). The notable links to the JHWBS demonstrates the progress made over the year in moving towards the over-arching goal of a ‘single, sustainable system’, as well as the strong sense of shared purpose and ambition fostered within the system.

Prioritising Prevention

- 2.6 Prevention and early intervention are critical to the long-term sustainability of our health and wellbeing system. The JHWBS set out a shared commitment to supporting people to be healthy, independent and resilient throughout life; offering help early to prevent and reduce demand for specialist services.

CASE STUDY: Influencing the national agenda

The Government launched its long-awaited Prevention Green Paper in July 2019, which set out a direction of travel for prevention into the 2020's. The HWB submitted a joint, system response outlining the need for Government to focus on the policies which address the root causes of poor health, and which recognise the importance of a system-wide, place-based approach where priorities are inter-connected, and action is co-ordinated.

The response argued that this shift requires Government to:

- **Broaden the ‘prevention’ rhetoric** - This means going beyond a conversation about health which is focussed on health and social care interventions.
- **Deliver cross-government approach to wellbeing** – with wellbeing be embedded across Whitehall – covering both policy development and funding allocation.
- **Invest in sustainable, long-term funding for public health** – investment is needed across all the determinants of health which will enable localities to balance short term solutions with investment in long term strategic improvements.
- **Strengthen a place-based, systems approach to prevention** - stronger collaboration and effective partnership working, not only between the NHS and local government, but with wider health and wellbeing partners at local level.

CASE STUDY: A systematic approach for children and young people

HWB endorsed a 3-year Area SEND Strategy which was co-produced by all relevant partners and stakeholders within Norfolk's SEND System. The Strategy outlines the approach to joint commissioning between local authorities and clinical commissioning groups, and for education providers, across early years, school and colleges, to work with statutory agencies and with parents/carers to co-produce services and to work in a person-centred way. The HWB will continue to monitor its impact via an annual review.

CASE STUDY: Embedding a systems leadership approach to prevention

HWB partners signed up to the Prevention Concordat for Better Mental Health led by Public Health England which provides a consensus statement whereby Health and Wellbeing Board organisations pledge to align their mental health prevention approaches to key priorities.

CASE STUDY: Recognising excellence and innovation

As a way of recognising the implementation and development of the JHWBS, the HWB has launched an annual Awards. The 2020 Awards have taken the theme of 'Prioritising Prevention' and are an opportunity to showcase and recognise the work undertaken by the system to deliver on this ambition.

Tackling Inequalities

- 2.7 Addressing health inequalities is a priority for the JHWBS and is central to the Government's health strategy, the Five year Forward View.

CASE STUDY: Supporting place-based approaches

District council HWB members formed an HWB sub-committee to lead on the work addressing health inequalities. Over 2019/20 this activity has focussed on a 'Homes and Health' work programme.

A sustainable model to support discharge from hospital, 'District Direct', is being rolled out in a consistent way across the county – now being extended to include mental health and community hospitals, with a District Direct officer working within the local mental health trust. Future work is planned with community hospitals, particularly for those patients in rehabilitation.

Work has also been undertaken around delivering the Warm Homes fund with district councils across Norfolk and Waveney working in partnership and offering central heating system grants or advice for anyone struggling to heat their home.

For 2020/21 the Sub-Committee has agreed a new Compact to 'strengthen collaboration and joint working between district councils to enhance opportunities to support a system-wide, place-based approach to health and wellbeing'. The focus for 2020/21 will be on 'Stronger, Healthier Communities'.

Integrating Ways of Working

- 2.8 The JHWBS sets out an ambition that as a system we will collaborate in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.

CASE STUDY: A systems approach to children & young people's mental health

As part of a whole system approach to meeting the needs of families with young children, key agencies in Norfolk, including mental health services, are working more closely together.

As part of this, work has continued to develop the emerging mental health service model for 0 – 25 year olds in Norfolk and Waveney. The core of the model is a very different way of working and communicating together, a different conception of how children, young people and families access the help they need, and a foundational outcomes framework that will

help us focus on the difference we're making in children and young people's lives. The Alliance Board – a new governance body – became operational at the end of 2019.

CASE STUDY: Embedding co-production into practice

2019 saw a realisation to the ambition of developing a comprehensive, inclusive autism strategy, informed by the JSNA. The Strategy sets out a vision for all individuals and families affected by autism to have the same opportunities to live fulfilling and rewarding lives as anyone else, across their entire lifetimes: whether they are a child, a young person, an adult or an older person.

The strategy was developed through the Norfolk All-Age Autism Partnership Board which includes nine autistic members with older people, working age adults, young people and parents/carers representatives along with the public sector, voluntary and third sector representatives. The Strategy was endorsed by the HWB in July 2019 with partners committing to embed the strategy within their own organisations by promoting participation in autism training.

CASE STUDY: An integrated approach to resilience

The impact of an ageing population combined with increasing numbers of people with a long-term health condition means that demand for health and social care is increasing all the year round. Across the winter months these pressures are exacerbated, particularly across the urgent care system and primary care.

The Norfolk and Waveney health and care system strengthened its system-wide resilience planning taking a collaborative approach to planning which recognises and values the strengths and contributions of different organisations within the system. A range of interventions are in place, including a single Winter Director for the whole system, and single 'winter room' to provide strategic co-ordination across the system.

Joint Strategic Needs Assessment

- 2.9 The JSNA continues to provide partners with data and analyses on the health status and trends to inform the implementation of the JHWBS.
- 2.10 2019 saw the launch of a new JSNA website to allow for:
 - c) **Better reporting and profiling** - multi-theme overview reports for Wards and individual themed reports across all geographies for eight themes: population, children and young people, health and social care, housing, crime and community safety, deprivation, economy and employment, and environment
 - d) **New Map Explorer** – ability to produce a wide range of thematic maps with our interactive map explorer, using different classifications and colour schemes, show animated time-series, view ranked data tables and download or export data.
 - e) **New Data Explorer** - the dedicated data explorer allows you to search more than 5,000 indicators in our data catalogue and download them in a specified format.
 - f) **New content structure for the JSNA** - the way information is accessed has been improved, enabling a simplified menu structure.
- 2.8 Over the past year the website has been accessed by 10.8k unique visitors.
- 2.9 A JSNA HWB Liaison Group has also been established to ensure that the JSNA is responsive to the requirements of system partners to support an evidence and needs-based approach to development.

3. What do we need to do next?

Actively driving the delivery of the JHWBS in 2020/21

- 3.1 As we continue to deliver our Strategy we must continue to test and stretch our commitment as system leaders to drive improvements and innovations beyond organisational boundaries and sectors to use resources in the most effective way.
- 3.2 The HWB came together in December 2019 in a development session to review progress in meeting system ambitions and to identify areas of focus and priority needed to proactively drive forward the JHWBS ambitions.
- 3.3 This has informed the JHWBS action plan which continues as the Board's working document to support the implementation of the Strategy (included as **Appendix A**).
- 3.4 In addition to the above, there was a proposal that the HWB provide space to target a small number of 'wicked issues' each year in areas where it can take systems leadership role to drive forward the ambitions of the Strategy. Based on this discussion, the following priorities for broader action in 2020/21 are proposed as:
- a) **Prevention in Communities** - It is proposed that the HWB proactively explore the opportunities arising from the HWB as a partnership of 'anchor institutions' – organisation with a strong connection to the local population, and who can have a significant influence on the health and wellbeing of a local community as employers, purchasers and investors.
 - b) **Organisational culture and working between organisations** - HWB system leaders play a crucial role in successfully applying the principles of the JHWBS into organisational culture. There is an opportunity to explore how HWB members work together to embed the ambitions of the JHWBS into all levels of their organisations to strengthen our 'collaborative plumbing'. It is proposed that the HWB explore the opportunities of how as a system we drive a greater sense of shared values, vision and purpose across and within our organisations.
 - c) **Better Care Fund – Developing HWB Principles** - It is proposed that principles, to be agreed by the HWB, are developed to provide a system framework to support the development of our plans to ensure that they reflect the priorities of the HWB and the Joint Health and Wellbeing Strategy.
- 3.5 It is proposed that members support deeper exploration of these priority areas with recommendations brought back to the HWB for consideration.

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

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

Vision	JHWBS Added Value	Action	HWB Sponsor	Interface with HWB										Highlight Update (Impact to date)
				2019					2020					
				13-Feb	24-Apr	10-Jul	30-Oct	04-Dec	04-Mar	06-May	08-Jul	14-Oct	16-Dec	
A Single, Sustainable System	<p>We will work together to lead change for an integrated financially sustainable system by:</p> <p>Informing new ways of working and transformation by sharing our thinking, planning, opportunities and challenges</p> <p>Driving collective accountability and collaboration taking joint responsibility for the whole system rather than as individual organisations.</p> <p>Using data intelligently by making evidence-based decisions to improve health and wellbeing outcomes.</p> <p>Promoting engagement and involvement by listening to the public and being transparent about our strategies across all organisations.</p>	HWB Governance	HWB Acct Officer										<p>Informing new ways of working and transformation:</p> <ul style="list-style-type: none">Delivery of informal, thematic workshops to support the delivery of the strategy. <p>Driving forward our shared strategic priorities:</p> <ul style="list-style-type: none">HWB membership extended to bring in NHS providers as full members to drive forward the shared vision.HWB partners agreed a Strategy Implementation Framework and Action & Delivery Plan and committed to action to take this forward.HWB supported the creation and launch of an HWB Chairman’s Award to recognise the contribution of partners towards delivering the ambitions of the JHWBS. The 2020 Awards have taken the theme of ‘Prioritising Prevention’. <p>Being collectively accountable:</p> <ul style="list-style-type: none">HWB partners have committed to and endorsed the Norfolk and Waveney 5-Year plan, which will implement the NHS strategy for the health service for the next ten years, building on existing plans and based on collaboration. <p>Simplifying systems:</p> <ul style="list-style-type: none">In 2019, HWB partners endorsed the move to a single CCG management team, in line with its strategic drive for simplicity in the system and for reducing duplication. <p>Using our data intelligently:</p> <ul style="list-style-type: none">In 2019, HWB partners agreed the refreshed JSNA governance it is fit for purpose for our current system.HWB partner organisations are actively involved with the JSNA working group with the establishment of a JSNA Liaison Group and all HWB partners supporting the use of the JSNA products in their organisations’ commissioning plans. <p>Promoting engagement and involvement:</p> <ul style="list-style-type: none">HWB members agreed to support the development of a Voluntary Sector Health and Social Care Assembly.	
		NHS Integration	STP Exec Lead											
		Organisational culture and working between organisations	STP Workforce Lead											
		CCG Annual Reports	CCG Chairs											
		Sharing system-wide commissioning intentions	All Commissioners											
		Joint Strategic Needs Assessment	HWB Acct Officer											
		Pharmaceutical Needs Assessment	DPH											
		User engagement in our understanding and planning	HWN Exec Lead											
Prioritising Prevention	<p>We will prioritise prevention by:</p> <p>Developing in partnership a systematic approach for children and young people’s support and provision.</p> <p>Embedding prevention across all organisational strategies and policies and holding partners to account for prioritising prevention in policies and decision-making</p> <p>Promoting and supporting healthy lifestyles with our residents, service users and staff.</p>	Area Special Educational Needs and Disabilities (SEND) Strategy	NCC DCS									<p>Systematic approach for children and young people:</p> <ul style="list-style-type: none">Commitment and enthusiasm secured for working on developing a shared vision and framework for children and young people’s mental health services across the county that could unify and articulate how we come together to improve lives.Endorsed the Area SEND Strategy with the HWB to review improvement and impact of the strategy annually. <p>Embedding prevention across all organisational strategies and policies:</p> <ul style="list-style-type: none">HWB partners endorsed the Norfolk and Waveney Adult Mental Health Strategy.HWB endorsed a system wide strategy to adult mental health.HWB Partners committed to joint objectives for Winter and all-year resilience.The HWB submitted a joint, system response outlining the need for Government to focus on the policies which address the root causes of poor health, and which recognise the importance of a system-wide, place-based approach where priorities are inter-connected, and action is co-ordinated.		
		CAMHS Review	NCC DCS											
		Mental Health Prevention Concordat	NCC DPH											
		Norfolk and Waveney Adult Mental Health Strategy	STP Workstream/ Exec Lead											
		Health Resilience	STP Exec Lead/NCC DASS/DPH											
		Healthy lifestyles	DPH											

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

Tackling Inequalities in Communities	We will commit to working together to build on the strengths in local communities, rural and urban, by:	Homes and Health programme	HWB District Council Sub-Committee											Providing support for those who are most vulnerable in localities: <ul style="list-style-type: none"> HWB partners agreed that a county-wide communication campaign on the Warm Homes fund be developed, led by the DC Sub Committee, and agreed to promote within their own organisations. HWB Partners agreed to support the Home First communications campaign and the development of a Home First ethos across both our paid and unpaid workforce. HWB partners committed to actions to encourage/support provision and raise awareness of Physical Health Checks for Adults with a Learning Disability across the county. HWB Partners agreed to support a system planning approach to operationalise the ambitions to tackle inequalities set out in the Health and Care System Plan 2019-24. HWB Partners agreed to develop the District Direct approach in acute, mental health and community trusts from April 2020.
	Improving locality working to support a place-based approach to providing support for those who are most vulnerable in localities.	Supporting a joint district council approach	HWB District Council Sub-Committee											
	Prioritising and working together to address the impact of crime, violence and injuries.	System approach to crime, violence and injuries.	NCCSP											
	Providing and using evidence to address needs and inequalities.	Physical health checks	<i>CCG Exec Lead</i>											
	Joining up development planning by working with those with planning responsibilities.	Inequalities in system planning	HWB District Council Sub-Committee											
Integrating Ways of Working	We will ensure integrated ways of working by:	All-Age Autism Strategy	NCC DASS											Using our resources in the most effective way: <ul style="list-style-type: none"> HWB Chairman wrote to the Secretary of State and Minister for Social Care expressing concerns about the future of the Better Care Fund and the hope that the fund will continue into 2020. HWB Chair and Vice-Chairs received and endorsed the Better Care Fund Plan. Collaborating in the delivery of people-centred care: <ul style="list-style-type: none"> HWB partners signed up to the statements set out in the Prevention Concordat for Better Mental Health, agreeing to work together to develop a shared system action plan. 2019 saw a realisation to the ambition of developing a comprehensive, inclusive autism strategy which sets out a vision for all individuals and families affected by autism to have the same opportunities to live fulfilling and rewarding lives as anyone else, across their entire lifetimes: whether they are a child, a young person, an adult or an older person. All HWB partners committed to support the Autism e-learning training and campaign within their organisations to increase its use across the partnership.
	Collaborating in the delivery of people-centred care to make sure services are joined up , consistent and makes sense to those who use them.	Adult and Children Safeguarding	NCC DASS/DCS											
	Using our resources in the most effective way by driving forward integrated ways of working.	Better Care Fund Plan	NCC DASS											
	Promoting the important role of carers and addressing the support they may also require by working together	Primary Care Strategy	STP Exec Lead/NCC DASS											
		Carers Strategy	NCC DASS											

Key:

Delivery	
Workshop	Grid
Board Report	Block colour
<i>Priority Action in Development</i>	<i>In italics</i>

Acronyms			
Joint Health and Wellbeing Strategy	JHWBS	Health & Wellbeing Board	HWB
Norfolk County Council	NCC	Healthwatch Norfolk	HWN
Child and Adolescent Mental Health Services	CAMHS	Sustainability & Transformation Partnership	STP
Director of Children's Services	DCS	Voluntary, Community and Social Enterprise	VCSE
Director of Public Health	DPH	Norfolk County Community Safety Partnership	NCCSP
Director Adult Social Services Department	DASS		

Report title:	CCG Annual Reports
Date of meeting:	4 March 2020
Sponsor (H&WB member):	Tracy Williams, Vice-Chair of the Health and Wellbeing Board
Reason for the Report NHS Clinical Commissioning Groups (CCGs) must include a narrative in their Annual Reports about how they have contributed to the delivery of Health and Wellbeing Board (HWB) priorities. The Board must also be consulted in the preparation of these narratives.	
Report summary Each CCG in Norfolk and Waveney has submitted a draft narrative, prepared for their 2019/20 Annual Reports, about how they have supported and contributed to the delivery of HWB priorities (as set out in the Joint Health and Wellbeing Strategy).	
Recommendations The HWB is asked to: a) Indicate any recommended changes and agree the narratives.	

1. Background

- 1.1 Under the Health and Social Care Act 2012, Clinical Commissioning Groups (CCGs) are required to consult the Health and wellbeing Board (HWB) about the part of their Annual Report which sets out the CCG's contribution towards delivery of the Joint Health and Wellbeing Strategy, and each year the CCGs provide the extract of their Annual Reports for comment. The Board may also give directions as to the form and content of an Annual Report and, at the outset, the HWB gave direction that the overall form and content of the Annual Reports should be succinct and clear for the public.

2. The Draft Narratives

- 2.1 Each of the five CCGs in Norfolk and Waveney have submitted narratives for inclusion in their Annual Reports for 2019/20 about how they have contributed to the delivery of Health and Wellbeing Board priorities. The narratives are attached as follows:
- **Appendix A** - Great Yarmouth & Waveney CCG
 - **Appendix B** - North Norfolk CCG
 - **Appendix C** - Norwich CCG
 - **Appendix D** - South Norfolk CCG
 - **Appendix E** - West Norfolk CCG
- 2.2 CCG Annual Reports are not due to be submitted to NHS England and Improvement until 16 April 2020 and these narratives remain draft and subject to minor changes up to that point, to fulfil the requirements of Governing Bodies and NHS England and Improvement.

Officer Contact

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

Name

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Email

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

NHS Great Yarmouth & Waveney CCG

Draft extract of Annual Report 2019-20

Joint Health and Wellbeing Strategy

NHS Great Yarmouth and Waveney CCG is an active member of the Health and Wellbeing Board.

The Joint Health and Wellbeing Strategy has four key priorities which the CCG has worked to support:

Health and Wellbeing Board Vision/ Priority	How the CCG is supporting the HWB priorities
Vision - A Single Sustainable System	<p>The five CCGs have created a single management team, and merged on 1 April 2020.</p> <p>The CCG is a partner in the Norfolk and Waveney Health and Care Partnership (STP).</p> <p>The Partnership and CCG aspire for Norfolk and Waveney to achieve “Integrated Care System” status in 2020/21.</p>
Priority - Prioritising Prevention	<p>The CCG supports Public Health prevention priorities such as smoking cessation; it has also helped to promote the Every Mind Matters campaign which encourages people to take simple steps to improve mental wellbeing and prevent low mood.</p> <p>GP Practices have been supported to identify and train diabetes clinical champions and undertake further clinical training. The CCG has also commissioned structured education for people with Type 2 diabetes to prevent further ill health.</p> <p>The CCG’s Cancer Team has undertaken engagement work with the Gypsy, Roma Traveller Community to understand how we can better meet their cancer screening needs.</p> <p>Our partnership’s commitment is to reduce suicide rates in Norfolk and Waveney by 10% in 2020/21. We have received national funding to support this.</p> <p>The MyCOPD app is available to patients who are currently engaged in a pulmonary rehabilitation programme in Norfolk and Waveney.</p>
Priority - Tackling Inequalities in Communities Providing support for those	<p>Social prescribing has been introduced at many practices, whereby patients are signposted to the right community support services to tackle the root cause of their ill health.</p> <p>In January 2020 we launched a Get Checked campaign across</p>

<p>who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.</p>	<p>Norfolk and Waveney. This encourages everyone to have their blood pressure checked. Nearly 130,000 people in Norfolk and Waveney are expected to have high blood pressure that has not been diagnosed.</p>
<p>Priority - Integrating Ways of Working</p> <p>Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.</p>	<p>The CCG has developed a Network Escalation Avoidance Team (NEAT), a multi-disciplinary team that puts an integrated package of care in place for people who develop a health crisis.</p> <p>The CCG commissioned an Adult Community Health service and Specialist Palliative Care Service which commenced April 2019. The outcome-based specification designed, is fully aligned to the Health and Wellbeing Board priorities to deliver improvements in the following;</p> <ul style="list-style-type: none"> • Peoples experience of health and care • Peoples health and wellbeing • Efficiency and value for money of services • Integrated services across the system including primary, community and social and secondary care • Self-care <p>The CCGs led development of the Norfolk and Waveney Health and Care Partnership five year plan which sets out its ambitions to integrate services. The plan was presented to the Board at its January meeting.</p>

The Norfolk Health and Wellbeing Board has been consulted over the contents of this section of the report. It was presented to the March 2020 meeting of the Board for information and comment.

NHS North Norfolk CCG

Draft extract of Annual Report 2019-20

Joint Health and Wellbeing Strategy

NHS North Norfolk CCG is an active member of the Health and Wellbeing Board.

The Joint Health and Wellbeing Strategy has four key priorities which the CCG has worked to support:

Health and Wellbeing Board Vision/ Priority	How the CCG is supporting the HWB priorities
Vision - A Single Sustainable System	<p>The five CCGs have created a single management team, and merged on 1 April 2020.</p> <p>The CCG is a partner in the Norfolk and Waveney Health and Care Partnership (STP).</p> <p>The Partnership and CCG aspire for Norfolk and Waveney to achieve “Integrated Care System” status in 2020/21.</p>
Priority - 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.	<p>The CCG supports Public Health prevention priorities such as smoking cessation; it has also helped to promote the Every Mind Matters campaign which encourages people to take simple steps to improve mental wellbeing and prevent low mood.</p> <p>The MyCOPD app is available to patients who are currently engaged in a pulmonary rehabilitation programme in Norfolk and Waveney.</p> <p>GP Practices have been supported to identify and train diabetes clinical champions and undertake further clinical training. The CCG has also commissioned structured education for people with Type 2 diabetes to prevent further ill health.</p> <p>The CCG’s Cancer Team has undertaken engagement work with the Gypsy, Roma Traveller Community to understand how we can better meet their cancer screening needs.</p> <p>Our partnership’s commitment is to reduce suicide rates in Norfolk and Waveney by 10% in 2020/21. We have received national funding to support this.</p> <p>In January 2020 we launched a Get Checked campaign across Norfolk and Waveney. This encourages everyone to have their blood pressure checked. Nearly 130,000 people in Norfolk and Waveney are expected to have high blood pressure that has not been diagnosed.</p>
Priority - Tackling	Social prescribing has been introduced at many practices,

<p>Inequalities in Communities</p> <p>Providing support for those who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.</p>	<p>whereby patients are signposted to the right community support services to tackle the root cause of their ill health.</p> <p>The CCG co-commissioned a substantive service to identify people who frequently attended the Norfolk and Norwich University Hospital Emergency Department due to mental, physical or social problems which did not require acute hospital treatment. They are offered more appropriate support to address the underlying causes of their problems.</p>
<p>Priority - Integrating Ways of Working</p> <p>Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.</p>	<p>The CCG has expanded and developed its Network Escalation Avoidance Team (NEAT), a multi-disciplinary team that puts an integrated package of care in place for people who develop a health crisis.</p> <p>The CCG has invested in 'Hospice at Home' an enhanced palliative care service working in partnership with community staff, GP Practices and palliative care specialists.</p> <p>The CCGs led development of the Norfolk and Waveney Health and Care Partnership five year plan which sets out its ambitions to integrate services. The plan was presented to the Board at its January meeting.</p>

The Norfolk Health and Wellbeing Board has been consulted over the contents of this section of the report. It was sent to the March 2020 meeting of the Board for information and comment.

NHS Norwich CCG

Draft extract of Annual Report 2019-20

Joint Health and Wellbeing Strategy

The CCG is an active participant in the leadership and work of the Board and contributes towards the delivery of the 2018-2022 Health and Wellbeing Strategy for Norfolk. The Chair of NHS Norwich CCG, Tracy Williams, is one of the two Vice-Chairs of the Health and Wellbeing Board.

The Joint Health and Wellbeing Strategy has four key priorities which the CCG has worked to support:

Health and Wellbeing Board priority	How the CCG is supporting the HWB priorities
Vision - A Single Sustainable System	<p>The five CCGs have created a single management team, and merged on 1 April 2020.</p> <p>The CCG is a partner in the Norfolk and Waveney Health and Care Partnership (STP).</p> <p>The Partnership and CCG aspire for Norfolk and Waveney to achieve “Integrated Care System” status in 2020/21.</p>
Priority - 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.	<p>The CCG’s Healthy Norwich programme continues to help people in the Norwich area lead healthier lives. Through focusing on prevention and tackling inequalities in local communities. Partners have developed a new approach to prevent ill health and improve health and wellbeing which aims to engage with patients, the public and local employers to increase awareness and improve local health outcomes based on the Five Ways to Wellbeing. This work is fully aligned to the Joint Health and Wellbeing Strategy 2018-22, the 2040 Norwich City Vision and supports Public Health’s Healthier Lifestyles initiative.</p> <p>The CCG supports Public Health prevention priorities such as smoking cessation; it has also helped to promote the Every Mind Matters campaign which encourages people to take simple steps to improve mental wellbeing and prevent low mood.</p> <p>GP Practices have been supported to identify and train diabetes clinical champions and undertake further clinical training. The CCG has also commissioned structured education for people with Type 2 diabetes to prevent further ill health and promote the uptake of MapMyDiabetes, an online resource for type 2 diabetes education.</p> <p>The MyCOPD app is available to patients who are currently engaged in a pulmonary rehabilitation programme in Norfolk</p>

	<p>and Waveney.</p> <p>The CCG's Cancer Team has undertaken engagement work with the Gypsy, Roma Traveller Community to understand how we can better meet their cancer screening needs.</p> <p>Our partnership's commitment is to reduce suicide rates in Norfolk and Waveney by 10% in 2020/21. We have received national funding to support this.</p> <p>In January 2020 we launched a Get Checked campaign across Norfolk and Waveney. This encourages everyone to have their blood pressure checked. Nearly 130,000 people in Norfolk and Waveney are expected to have high blood pressure that has not been diagnosed.</p>
<p>Priority - Tackling Inequalities in Communities</p> <p>Providing support for those who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.</p>	<p>Social prescribing has been introduced at many practices, whereby patients are signposted to the right community support services to tackle the root cause of their ill health.</p> <p>The CCG co-commissioned a substantive service to identify people who frequently attended the Norfolk and Norwich University Hospital Emergency Department due to mental, physical or social problems which did not require acute hospital treatment. They are offered more appropriate support to address the underlying causes of their problems.</p> <p>The City Reach Health Service has provided primary health care for people who are homeless or otherwise do not engage or access main stream NHS services. Norwich CCG with stakeholders including the homeless outreach pathways team, service users and other partners have worked to co-produce a new holistic model of care.</p>
<p>Priority - Integrating Ways of Working</p> <p>Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.</p>	<p>Norwich CCG and partners run the Network Escalation Avoidance Team (NEAT), a multi-disciplinary team that puts an integrated package of care in place for people who are experiencing a health or social care crisis.</p> <p>The CCGs led development of the Norfolk and Waveney Health and Care Partnership five year plan which sets out numerous ambitions to integrate services. The plan was presented to the Board at its January meeting.</p>

The Norfolk Health and Wellbeing Board has been consulted over the contents of this section of the report. It was sent to the March 2020 meeting of the Board for information and comment.

NHS South Norfolk CCG

Draft extract of Annual Report 2019-20

Joint Health and Wellbeing Strategy

NHS South Norfolk CCG is an active member of the Health and Wellbeing Board.

The Joint Health and Wellbeing Strategy has four key priorities which the CCG has worked to support:

Health and Wellbeing Board vision/priority	How the CCG is supporting the HWB priorities
Vision - A Single Sustainable System	<p>The five CCGs have created a single management team, and merged on 1 April 2020.</p> <p>The CCG is a partner in the Norfolk and Waveney Health and Care Partnership (STP).</p> <p>The Partnership and CCG aspire for Norfolk and Waveney to achieve “Integrated Care System” status in 2020/21.</p>
Priority - 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.	<p>The CCG supports Public Health prevention priorities such as smoking cessation; it has also helped to promote the Every Mind Matters campaign which encourages people to take simple steps to improve mental wellbeing and prevent low mood.</p> <p>GP Practices have been supported to identify and train diabetes clinical champions and undertake further clinical training. The CCG has also commissioned structured education for people with Type 2 diabetes to prevent further ill health.</p> <p>The MyCOPD app is available to patients who are currently engaged in a pulmonary rehabilitation programme in Norfolk and Waveney.</p> <p>The CCG’s Cancer Team has undertaken engagement work with the Gypsy, Roma Traveller Community to understand how we can better meet their cancer screening needs.</p> <p>Our partnership’s commitment is to reduce suicide rates in Norfolk and Waveney by 10% in 2020/21. We have received national funding to support this.</p> <p>In January 2020 we launched a Get Checked campaign across Norfolk and Waveney. This encourages everyone to have their blood pressure checked. Nearly 130,000 people in Norfolk and Waveney are expected to have high blood pressure that has not been diagnosed.</p>
Priority - Tackling	Social prescribing has been introduced at many practices,

<p>Inequalities in Communities</p> <p>Providing support for those who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.</p>	<p>whereby patients are signposted to the right community support services to tackle the root cause of their ill health.</p> <p>The CCG co-commissioned a substantive service to identify people who frequently attended the Norfolk and Norwich University Hospital Emergency Department due to mental, physical or social problems which did not require acute hospital treatment. They are offered more appropriate support to address the underlying causes of their problems.</p>
<p>Priority - Integrating Ways of Working</p> <p>Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.</p>	<p>The CCG has expanded and developed its Network Escalation Avoidance Team (NEAT), a multi-disciplinary team that puts an integrated package of care in place for people who develop a health crisis.</p> <p>The CCG has invested in 'Hospice at Home' an enhanced palliative care service working in partnership with community staff, GP Practices and palliative care specialists.</p> <p>The CCGs led development of the Norfolk and Waveney Health and Care Partnership five year plan which sets out its ambitions to integrate services. The plan was presented to the Board at its January meeting.</p>

The Norfolk Health and Wellbeing Board has been consulted over the contents of this section of the report. It was sent to the March 2020 meeting of the Board for information and comment.

NHS West Norfolk CCG

Draft extract of Annual Report 2019-20

Joint Health and Wellbeing Strategy

The CCG is an active participant in the work of the Board and contributes towards the delivery of the 2018-2022 Health and Wellbeing Strategy for Norfolk.

The Joint Health and Wellbeing Strategy has four key priorities which the CCG has worked to support:

Health and Wellbeing Board priority	How the CCG is supporting the Health and Wellbeing Board priorities
<p>Vision - A Single Sustainable System</p> <p>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.</p>	<p>The CCG is a partner in the Norfolk and Waveney Health and Care Partnership (STP) which works in partnership with the Health and Wellbeing board to deliver its priorities.</p> <p>The five CCGs have created a single management team and merged on 1 April 2020.</p>
<p>Priority - Prioritising Prevention</p> <p>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.</p>	<p>The CCG supports Public Health prevention priorities such as smoking cessation; it has also helped to promote the Every Mind Matters campaign which encourages people to take simple steps to improve mental wellbeing and prevent low mood.</p> <p>GP Practices have been supported to identify and train diabetes clinical champions and undertake further clinical training. The CCG has also commissioned structured education for people with Type 2 diabetes to prevent further ill health.</p> <p>The MyCOPD app is available to patients who are currently engaged in a pulmonary rehabilitation programme in Norfolk and Waveney.</p> <p>NSFT and WNCCG have jointly commissioned a 'Mental Health Hub' (provided by West Norfolk Mind) to help support people with mental health issues before they reach crisis point.</p> <p>Our partnership's commitment is to reduce suicide rates in Norfolk and Waveney by 10% in 2020/21. We have received national funding to support this.</p>

	<p>The MyCOPD app is available to patients who are currently engaged in a pulmonary rehabilitation programme in Norfolk and Waveney.</p>
<p>Priority - Tackling Inequalities in Communities</p> <p>Providing support for those who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.</p>	<p>WNCCG has supported Norfolk County Council colleagues in rolling out 'Social Prescribing' across all practices. This is supporting patients to access the right community support services that are best able to support them with non-medical issues.</p> <p>Primary Care Networks and their practice members are making best use of local data to identify the most prevalent illnesses and offer targeted support, particularly around frailty, asthma and diabetes, to help patients prevent their conditions worsening if possible.</p> <p>The CCG's Cancer Team carried out an engagement programme with the Gypsy, Roma and Travelling communities, and the Learning Disabilities community in West Norfolk to understand how we can better meet their screening needs.</p> <p>In January 2020 we launched a Get Checked campaign across Norfolk and Waveney. This encourages everyone to have their blood pressure checked. Nearly 130,000 people in Norfolk and Waveney are expected to have high blood pressure that has not been diagnosed.</p>
<p>Priority - Integrating Ways of Working</p> <p>Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.</p>	<p>As part of the work to transform health and care services across Norfolk and Waveney, five Local Delivery Groups (LDGs) have been established, with one in West Norfolk. The LDG meets on a monthly basis in King's Lynn. Partners include:</p> <ul style="list-style-type: none"> • NHS West Norfolk CCG • Norfolk County Council • Norfolk Community Healthcare NHS Trust • Norfolk and Suffolk NHS Foundation Trust • Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust • Borough Council of King's Lynn and West Norfolk • West Norfolk Healthcare Ltd • Healthwatch • Community Action Norfolk <p>WNCCG, working with its partners, has developed further its Network Escalation Avoidance Team (NEAT), a multi-disciplinary team that puts an integrated package of care in</p>

	<p>place for people who develop a health crisis.</p> <p>The CCG has led development of the Norfolk and Waveney Health and Care Partnership five year plan which sets out numerous ambitions to integrate services. The plan was presented to the Board at its January meeting.</p>
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The Norfolk Health and Wellbeing Board has been consulted over the contents of this section of the report. It was sent to the March 2020 meeting of the Board for information and comment.

DRAFT

Report title:	Norfolk and Waveney Health and Care Partnership update
Date of meeting:	4 March 2020
Sponsor (H&WB member):	Patricia Hewitt, STP Independent Chair Melanie Craig, STP Executive Lead
<p>Reason for the Report</p> <p>The purpose of this report is to update members of the Health and Wellbeing Board (HWB) on the Norfolk and Waveney Health and Care Partnership, with a focus on progress made with key pieces of work since the last report in October 2019.</p> <p>Report summary</p> <p>The report provides an update on the progress of the Norfolk and Waveney Health and Care Partnership, including the financial position and performance of our system, how we are aligning mental health and community teams to our Primary Care Networks, support for people to age well and digital transformation.</p> <p>Recommendations</p> <p>The HWB is asked to:</p> <ul style="list-style-type: none"> a) Consider what additional actions partners could take, both collectively and individually, to support our health and care system to address the financial challenge we face. b) Support the continued development of our Primary Care Networks, including the planned integration of mental health and community teams. c) Support the continued development of our Network Escalation and Avoidance Teams so that we can deliver the two-hour urgent community response and two-day reablement commitments in the NHS Long Term Plan. 	



1. Managing the finance and performance of our health and care system

- 1.1 Key to our success as a partnership of health and care organisations is to work more closely together to manage our finances and performance. To use our money to best effect, we need model having 'one budget' for providing services. This is why we produce a report that look at the finances of all of our local NHS organisations and another about the performance of our whole health and care system.
- 1.2 The financial position for the Norfolk and Waveney health system at month at month 9, excluding one-off supplemental income we may receive, was a deficit of £78.6m against a planned deficit of £68.1m – a £10.5m adverse position. We are now not expecting to meet the planned system control total for 2019/20 and as a result are forecasting that we will not receive c£25m of one-off supplemental income.
- 1.3 Overall, we have made an improvement in our financial position this year. In 2018/19 the NHS organisations in Norfolk and Waveney had a total deficit of £97.6m. We are now forecasting a deficit of c£55m for 2019/20. Whilst this is a significant improvement on last year's performance, we know that we must live within our means and that we must continue to work ever closer together in order to improve care and make our services more efficient. As we develop our operational plan for 2020/21 and move towards becoming an Integrated Care System, we are continuing to look for opportunities to change how we work as a system to join-up care and eliminate duplication.

1.4 The last update to the Board noted that the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust had been allocated £1.5m of capital funding for urgent and emergency care. This funding has been used to increase the space for same-day emergency care and capacity in their discharge lounge. Renovated in just six weeks, these changes are already making a significant impact already on patient care and the Trust's A&E performance.

1.6 Further information about our **financial position is included in Appendix A.**

1.7 Further information about our **performance is included in Appendix B.**

2. Merger of the five Norfolk and Waveney CCGs

2.1 Since the Board last met, NHS England and Improvement has authorised in principle the merging of the five CCGs. The CCGs are on track to become one organisation, known as NHS Norfolk and Waveney CCG, from April 2020. The support of members of the Board helped significantly with the CCGs' application.

2.2 It's worth noting that our CCGs are the only ones in the Eastern region that are merging in the next financial year. Due to the support they received from partners and practices, pace of delivery and strong case for change, the CCGs are recognised on the regional and national NHS stage as an exemplar. This is important as the NHS Long Term Plan requires STP/ICS 'footprints' to have one NHS commissioner. The creation of one CCG will enable us to transform services quicker, reduce unwarranted variation and help us to integrate care.

2.3 The following have been elected to the new Governing Body:

- Dr Hilary Byrne – elected by practices in South Norfolk
- Dr Anoop Dhesi – elected by practices in North Norfolk
- Dr Claire Hambling – elected by practices in West Norfolk
- Dr Ardyn Ross – elected by practices in Great Yarmouth and Waveney
- Tracy Williams, Queens Nurse – elected by practices in Norwich

2.4 Dr Anoop Dhesi has been elected by the CCG's member practices to be Chair of NHS Norfolk and Waveney CCG. Anoop is a GP in Stalham in North Norfolk has been Chair of NHS North Norfolk CCG since 2013. Prior to that he has held clinical leadership roles for more than a decade.

2.5 The CCGs are now recruiting lay members, with remits for patient and public involvement, finance and performance, primary care, and financial management and audit, plus two clinical members, a registered nurse and a secondary care doctor.

2.6 Allied to creating a single CCG, the five CCGs have almost finished creating a single management team. This month the CCGs are hoping to complete the rest of the staff interviews and finish appointing to as many roles as possible. It is an important and necessary process to ensure we have the right structure in place both for the single CCG and looking further ahead to when we become an Integrated Care System.

2.7 The CCGs have issued two general updates on their merger which have been issued to partner organisations for sharing and placed on their websites. If members of the Board have not seen these yet, they can be downloaded here:

<https://www.norwichccg.nhs.uk/publications-policies-and-documents/corporate-information/4067-briefing-norfolk-and-waveney-ccg-february-2020/file>

3. Aligning mental health and community teams to our PCNs

3.1 A pilot scheme is going live to transform mental health care by placing Mental Health Practitioners in GP surgeries in five test locations in Lowestoft, Breckland, Fens and Brecks, central Norwich and north Norfolk. This pilot is part of the development of our 17 Primary Care Networks, or PCNs. Co-location is regarded by GP practices as extremely important. When the right model and ways of working are established we expect it to have a significant impact.

3.2 NCH&C is also aligning its community teams to the PCNs in West, South and North Norfolk and in Norwich. This is a further piece of system transformational work which will improve integration and place-based care. East Coast Community Healthcare (ECCH) has already aligned its community staff to practices as part of its re-designed operating model which commenced on 1 April 2019. This is already showing real benefits for staff and patients, including:

- **Practice based huddles to coordinate care for patients:** Routinely there are now meetings at GP practices with ECCH colleagues to discuss patients that have particularly complex health or who are likely to need extra support. These discussions didn't happen previously, but they have enabled GP practices to try out new ways of working. For example at Sole Bay on Fridays they discuss and prepare together for what might happen over the weekend with individual patients who they are concerned about, and on Mondays they discuss what did happen, what they need to do next and what they can learn. These meetings have also led to the development of pro-active welfare checks (including at weekends) for individuals identified by the GP practice who would benefit, such as patients who are recovering from infections and those who have just been discharged from hospital.
- **Liaison nurses building relationships:** Every GP practice has a liaison nurse from ECCH. The nurse takes part in the practice's discussions about who needs visits and support and any patients of concern. Importantly, having these nurses in post has changed the dynamic between GP practices and the ECCH teams. Having a point of contact and consistent staff visiting has really helped to build relationships, which is the foundation of us being able to provide better and more coordinated care to patients.
- **Integrated nursing teams:** ECCH has been working on a number of local projects designed to develop the new model. A good example is the work they are doing with Coastal Villages Partnership where they are integrating nursing teams. The practice nurses and the community nurses are exploring rotational working to support their ongoing learning and development, for example around caring for people with long-term conditions. They are also developing joint clinics and a way of sharing the workload around wound care and diabetes.
- **Helping the James Paget:** The impact hasn't just been on primary care. Whilst still under pressure of course, the James Paget is performing well this winter when compared with other hospitals. Some of this performance can be associated with how we are now caring for people in the community. For example, we have seen a 53% drop in cardiac failure admissions to hospital since the contract started.

Working with the Ambulance Service, the new Emergency Intervention Vehicle has successfully reduced the numbers of patients conveyed to the James Paget by providing direct interventions, issuing equipment and alarms to enable patients to remain at home; 81% of those treated by the EIV remained at home.

We have introduced a new triage service for patients with musculoskeletal concerns. This has resulted in 55% of these referrals being managed by ECCH services – in the past these patients would previously have been seen by a consultant led service at the James Paget.

- **Palliative Patients with Complex Needs:** New services have been developed to support palliative patients with complex needs. Six beds have been opened on the Beccles Hospital site and are managed by the St Elizabeth's Hospice palliative care consultant. The positive impact of this is well illustrated by feedback from a GP describing the experience of one their patients who had a stay in Beccles Hospital: "The patient is on two syringe drivers with sub cut fluids at home, administered by her husband, which is allowing her to stay out of the acute care settling and be at home where she wants to be. This would not have happened a few months ago so it is much appreciated." Alongside the six new beds, a 24/7 support and advice line is available (handling on average 78 calls per week) which provides support to families and clinicians managing patients in their homes.

4. Ageing Well

- 4.1 It has been announced that we are one of just seven 'Ageing Well accelerator sites' across England. The seven accelerator sites will share a total pot of £14m of additional monies to develop a two-hour urgent community response to help older people remain safely at home when their health deteriorates, helping them to avoid hospital admissions, and to meet the two-day reablement commitment in the Long Term Plan. This is really positive news and a good reflection on how our system is now being viewed by regional and national colleagues.
- 4.2 We are going to use the funding to develop our Network Escalation Avoidance Teams. Our NEATs currently operate 'in-hours' Monday to Friday, so with our 'accelerator site' status and funding we are looking at how NEATs could operate for longer. This will be achieved through collaboration between system partners, including NCH&C, ECCH, IC24, NSFT, Norfolk County Council, Suffolk County Council and the CCGs.

5. Digital transformation

Introducing online consultations for patients

- 5.1 Many GP surgeries across Norfolk and Waveney have begun to offer patients online consultations, in addition to all the other ways of contacting their surgery. It means people are getting the help they want quicker and more conveniently. For GP surgeries it reduces the pressure on phone lines and helps them keep face-to-face appointments for those who really need it.
- 5.2 The website being used in Norfolk and Waveney is a product called Footfall. It enables people to go online and request advice or an appointment without having to telephone. They can do this 24/7 and the requests are attended to during normal working hours. Patients can still phone if they want.
- 5.3 Patients can ask questions and report symptoms. The practice then looks at the request and responds within a stated timeframe, connecting the patient to the right person, service or support. For many people, an online response or phone call from a clinician can resolve their enquiry. However, they can request a face to face appointment if they wish, or a clinician can advise them to come into the surgery if they think a face to face consultation is necessary.
- 5.4 Online consultations are expected to be available across Norfolk and Waveney by the summer, but they are already having an impact. Fakenham Medical Practice in North Norfolk reports a drop of 90% in waiting times and a drop of 82% in appointments not kept by patients, as a result of the new website. Comments received by practices include:

"I submitted a form and then 28 mins later I had been seen and sent away with a prescription. Can't get better than that!"

“I just wanted to say that since the introduction of the new system, I think it is brilliant. It seems to be a far greater use of resources and you are dealt with in a far more efficient way. Well done!”

New technology to support people with diabetes to manage their condition

- 5.5 New technology is helping people with Type 2 diabetes in Norfolk and Waveney to better understand and manage their condition. Clinical studies show that improving self-management skills leads to better health for people with diabetes. It also reduces the chance of suffering from the complications of diabetes – such as heart attack, blindness and stroke.
- 5.6 To help people with Type 2 diabetes, a new digital resource called Mapmydiabetes is being rolled out. It is a program of information, guidance and self-help tools to support people to manage their diabetes. It provides people with:
- information and education about their diabetes
 - in-depth eating and activity coaching, including recipes for people with diabetes
 - a highly secure way of sharing information with their GP surgery, so that patients can see their diabetes results and appointments online
 - regular updates from their GP surgery about services to help them with their diabetes
- 5.7 Once a person has been diagnosed with diabetes, they can be supported to access Mapmydiabetes by their GP or practice nurse. The system is very easy to use and patients can access it at home or out and about on laptops, tablets and mobile devices.

Other Primary Care IT projects we are pursuing:

- The Norfolk and Waveney CCG Digital Team has been successful in securing a Digital First Primary Care Accelerator award from NHS England. This is a revenue investment of £228,000 for this year (2019/20), with a further £500,000 for the following four years. Norfolk and Waveney is the only CCG in the Eastern region to be awarded Accelerator Status. It means we can recruit more staff to work with practices to support them in adopting and rolling out new digital initiatives which will benefit our patients.
- Our CCGs have also been awarded £1.1m to digitise older patient records currently held in paper format. This work will be undertaken with 21 practices across the area and will digitise a quarter of a million notes. As well as making the notes available for patients to view online, and reducing the work involved in requests for records, this will create valuable space within GP practices that can be put to use in creating rooms for social prescribers or additional consulting rooms.
- GP Connect allows clinicians in the NHS 111 service to view the patient's GP record. Norwich was the first CCG in the country to go live with this in the summer with a small group of six practices. Shortly NHS 111 staff will be able to book appointments at GP practices, where the practice has made these available. The Ambulance Service will also use it – paramedics will be able to view the patient's GP record in real time when they are called out.

6. Systems Leadership Programme for Directors 2019/20

- 6.1 36 colleagues from across our health and care system have embarked on our new leadership programme. The programme has been designed to provide the time and thinking space for directors and associate director level leaders across Norfolk and Waveney to consider their

role in strategic system change, to help them identify any learning needs and to work through system issues.

6.2 During the programme participants will work with experts to:

- Develop relationships and trust through joint working; shared experiences; and 'stepping into each other's shoes'
- Rethink their role as a change agent through access to coaching and mentoring; being empowered to think and act differently; and engaging in challenge and debate with peers on hot topics and wicked issues
- Gain an improved understanding of the scale of the challenge faced by the system through access to key speakers; change theory; national policy; and insights into Norfolk and Waveney and its long term plan
- Build their own 'toolkit' of resources to refine their leadership approaches.

6.3 This programme is important because we will only be successful in transforming care and making services fit for the future if we support the cultural and behavioural change that we need to move away from competition and towards greater collaboration.

6.4 Over the next five years we aim to offer similar system leadership programmes like this for staff at all levels across health and care so that we develop a culture of shared ownership for improving the health outcomes for our population. This will include piloting a new coaching in action programme for middle managers, and the launch of 'Springboard' which is a development programme for staff in bands 1-4.

Officer Contact

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

Subject:	Norfolk and Waveney System Finance Report
Prepared by:	John Hennessey, STP Chief Finance Officer, Russell Pearson STP Deputy Chief Finance Officer, and Julie Cave, STP Chief Operating Officer
Purpose of paper:	Discussion and information

1. Executive Summary

Month 9 Financial Position

- The financial position for the Norfolk and Waveney health system at month 9, excluding PSF, FRF, MRET and CSF is £78.6m deficit against a plan of £68.1m deficit, a £10.5m adverse position.
- The year to date adverse positions of NNUH (£9.8m) and CCGs (£2.3m), are reduced by the favourable year to date variance of £1.5m at NCH&C. The adverse variance year to date will result in PSF/FRF of £13.5m not being received.
- The forecast deficit of £103.0m, is £19.4m adverse to the planned deficit of £83.6m. This is due to a NNUH (£17.1m) and CCGs (£3.0m), partly off-set by NCHC (£0.7m).
- The Norfolk and Waveney health system is now not expecting to meet the control total as planned. The adverse variance at NNUH is forecast to result in the loss of PSF/FRF of £23.1m.
- A further deterioration in forecast is anticipated for JPUH, this has yet to be quantified and agreed with the Trust's board. Without mitigation this could result in a further loss of PSF/FRF of £1.8m and therefore this is an area for the system to focus on.

2. Financial Position: Month 9

The month 9 financial position is based on the day five “heads up” call that organisations have with the regulator. The reported position to NHSE&I, at organisational level, is as follows:

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Norfolk & Waveney STP

2019/20 Month 9 YTD Financial Performance

Adjusted financial performance surplus/(deficit) **excluding** PSF, FRF, MRET, CSF

		Month 9				Forecast			Control Total	
		Actual	Plan	Variance	Forecast	Plan	Variance	Forecast	CT	Variance
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
JPUH	D	(5,623)	(5,623)	0	(6,081)	(6,081)	0	(6,081)	(6,381)	300
NCHC	D	(1,076)	(2,534)	1,458	(1,798)	(2,475)	677	(1,798)	(2,775)	977
NNUH		(50,745)	(40,983)	(9,762)	(71,440)	(54,340)	(17,100)	(71,440)	(55,340)	(16,100)
NSFT		(2,987)	(2,987)	0	(3,317)	(3,317)	0	(3,317)	(3,517)	200
QEHKL		(21,656)	(21,664)	8	(25,589)	(25,589)	0	(25,589)	(25,898)	309
Subtotal Providers		(82,087)	(73,791)	(8,296)	(108,225)	(91,802)	(16,423)	(108,225)	(93,911)	(14,314)
GY&W CCG	D	1,185	1,635	(450)	2,280	2,880	(600)	2,280	2,200	80
North Norfolk CCG	D	73	448	(375)	100	600	(500)	100	0	100
Norwich CCG	D	73	523	(450)	100	700	(600)	100	0	100
South Norfolk CCG	D	1,215	1,815	(600)	1,620	2,420	(800)	1,620	2,120	(500)
West Norfolk CCG	D	855	1,230	(375)	1,140	1,640	(500)	1,140	1,040	100
Subtotal CCGs		3,401	5,651	(2,250)	5,240	8,240	(3,000)	5,240	5,360	(120)
TOTAL STP		(78,686)	(68,140)	(10,546)	(102,985)	(83,562)	(19,423)	(102,985)	(88,551)	(14,434)

Plan figures as per regulatory submissions.

Month 9 actuals/FOT from Trust & CCG Draft 'Heads Up' regulatory call

The table above shows that at the end of month 9, excluding PSF, FRF MRET & CSF, we have under achieved against plan by £10.5m (month 8 £5.4m adverse), a £5.1m adverse movement in the month. This movement is driven by an adverse increase in deficits at NNUH of £3.4m and at the CCGs of £2.3m. This is partly off-set by an improvement at QEHKL of £0.4m.

The year to date adverse positions of NNUH (£9.8m) & CCGs (£2.3m), are reduced by the favourable year to date variance of £1.5m at NCH&C. The adverse variance year to date will result in PSF/FRF of £13.5m not being received year to date.

The forecast deficit of £103.0m, is £19.4m adverse to planned deficit of £83.6m. This is due to variances at NNUH (£17.1m) and CCGs (£3.0m), partially off-set by a favourable variance at NCHC of £0.7m.

The final forecast position at NNUH will be confirmed as part of their revised forecast submission to NHSI/E. The adverse position is mainly due to CIP non delivery, loss of clinical income due to increased emergency demand and the high level of elective cancellations, as well as premium pay costs to deliver additional activity and to cover vacant posts.

The deterioration in the CCGs forecast is primarily driven by increased acute expenditure (£3.0m) as part of agreeing a block contract with NNUH.

A further deterioration in forecast is anticipated for JPUH, this has yet to be quantified and agreed with the Trust's board and at this stage is shown in line with plan, as per month 8, until finalised. Should this deteriorate then the system should consider whether this can be mitigated in order not to lose further national support funding.

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Norfolk & Waveney STP

2019/20 Month 9 YTD Financial Performance

Adjusted financial performance surplus/(deficit) including PSF, FRF, MRET, CSF

		Month 9			Forecast			Control Total	
		Actual	Plan	Variance	Forecast	Plan	Variance	Forecast	CT
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
JPUH	D	(70)	(70)	0	1,859	1,859	0	1,859	1,559
NCHC	D	728	(730)	1,458	977	300	677	977	0
NNUH		(40,238)	(18,203)	(22,035)	(60,933)	(20,691)	(40,242)	(60,933)	(21,691)
NSFT		(701)	(701)	0	200	200	0	200	0
QEHKL		(6,158)	(6,166)	8	(2,287)	(2,287)	0	(2,287)	(2,596)
Subtotal Providers		(46,439)	(25,870)	(20,569)	(60,184)	(20,619)	(39,565)	(60,184)	(22,728)
GY&W CCG	D	1,185	1,635	(450)	2,280	2,880	(600)	2,280	2,200
North Norfolk CCG	D	73	448	(375)	100	600	(500)	100	0
Norwich CCG	D	73	523	(450)	100	700	(600)	100	0
South Norfolk CCG	D	1,215	1,815	(600)	1,620	2,420	(800)	1,620	2,120
West Norfolk CCG	D	855	1,230	(375)	1,140	1,640	(500)	1,140	1,040
Subtotal CCGs		3,401	5,651	(2,250)	5,240	8,240	(3,000)	5,240	5,360
TOTAL STP		(43,038)	(20,219)	(22,819)	(54,944)	(12,379)	(42,565)	(54,944)	(17,368)

Plan figures as per regulatory submissions.

Month 9 actuals/FOT from Trust & CCG Draft 'Heads Up' regulatory call. Lines with an 'D' are draft and subject to change.

The table above shows the month 9 financial performance including PSF, FRF, MRET and CSF.

The tables show that due to the deterioration in NNUH and CCGs position, we are now not expecting to meet the control total or provide financial support to the Cambridgeshire and Peterborough system as planned. The adverse variance at NNUH is forecast to result in the loss of PSF/FRF of £23.1m, the anticipated adverse variance at JPUH would result in a loss of PSF/FRF of £1.8m. Overall this would mean receipt of £46.3m of PSF, FRF, MRET & CSF out of a total of £71.2m.

3. CIPs & QIPPs Month 9

The month 9 CIP & QIPP delivery as reported to NHSE&I is shown in the table below

Item 11. Appendix A.

Norfolk & Waveney STP

2019/20 Month 9 YTD Financial Performance

CIP & QIPP delivery

		Month 9			Forecast		
		Actual	Plan	Variance	Forecast	Plan	Variance
		£000s	£000s	£000s	£000s	£000s	£000s
JPUH	D	4,727	5,318	(591)	9,298	9,298	0
NCHC		3,025	3,060	(35)	4,386	4,500	(114)
NNUH		17,219	19,213	(1,995)	26,900	28,558	(1,658)
NSFT		7,859	7,777	82	10,862	10,862	0
QEHKL	D	3,746	3,976	(230)	5,400	6,015	(615)
Subtotal Providers		36,576	39,344	(2,769)	56,846	59,233	(2,387)
GY&W CCG	D	13,013	12,302	711	17,032	16,136	896
North Norfolk CCG	D	5,699	6,927	(1,228)	7,617	9,100	(1,483)
Norwich CCG	D	8,567	7,756	811	11,290	10,100	1,190
South Norfolk CCG	D	7,086	11,167	(4,081)	9,736	15,025	(5,289)
West Norfolk CCG	D	9,783	9,603	180	12,390	12,461	(71)
Subtotal CCGs		44,148	47,755	(3,607)	58,065	62,822	(4,757)
TOTAL STP		80,724	87,099	(6,376)	114,911	122,055	(7,144)

Plan figures as per regulatory submissions.

Month 9 actuals/FOT from Trust & CCG Draft 'Heads Up' regulatory call. Lines with an 'D' are draft and subject to change.

At month 9 health organisations achieved £80.7m of CIPs and QIPPs against a plan of £87.1m, £6.4m adverse to their plans (Month 8 £5.5m adverse). Overall CCGs are forecast to under deliver £4.8m of QIPPs and providers (NNUH, QEHKL and NCHC) are forecasting to under deliver their CIPs by £2.4m, a total of £7.1m (5.9%) adverse to plan (Month 8 £5.2m adverse).

A further deterioration in forecast CIP delivery is anticipated for JPUH, this has yet to be quantified and agreed with the Trust's board and continues to be shown in line with plan, as per month 8, until finalised.

Subject:	Norfolk and Waveney System Performance Report
Prepared by:	Paul Martin, PMO, STP, Jon Fox and Will Kelly, Business Intelligence, CCGs
Purpose of paper:	Discussion and information

Executive Summary

The dashboard provides an overview of key performance indicators for our health and care system. It covers unplanned care, cancer, planned care and mental health.

Unplanned care

High Level Summary (based on November data):

- Across Norfolk and Waveney, emergency admissions have risen by 3.1% year on year.
- Short stay admissions have increased (2.5%) and long stay admissions (3.9%).
- Across Norfolk and Waveney, A&E attendances have risen by 5.2% year to date.
- Attendances arriving on foot have increased (6.7%) more than attendances arriving via ambulance (1.9%).
- Norwich Walk in Centre (WIC) attendances have dropped by -3.9% year on year.
- WIC Attendances have decreased compared to October, but they are 4.6% higher than the same month last year.
- Across Norfolk and Waveney, 111 calls have increased by 2.9%.
- Calls resulting in an ambulance dispatch have decreased by 7.2% and calls ending with a recommendation to attend A&E are up by 10.4%. All other call outcomes have increased by 4.2%.

JPUH

In November, A&E performance has fallen for the sixth month in a row to 79.0% which is the lowest it has been for over a year. There remains a high volume of A&E attendances (5% increase on 2018/19) and ambulance attendances (4% increase on 2018/19). In addition there remains medical workforce gaps at night and weekends and an increased number of patients with delayed discharges. Actions in place include an enhanced review of long stay and medically optimised patients and an additional 20 escalation beds opened. Plans to further increase capacity across the system are under discussion. Increased GP streaming capacity in place and relocation to AMBU (Ambulatory Unit) to increase physical capacity.

Longer term solutions include the ongoing development of ED expansion plans. ED trajectory remains under discussion with system partners and commissioners.

Compliance with ED standard is dependent on the ED rebuild and increased social care capacity. 60 minute ambulance handover delays have increased to 7.8% in November, the highest in over a year. The level of conveyances remains high and handover is severely impacted by demand pressures when ambulances arrive simultaneously and the physical limitations of ED. Actions in place include a Senior ED Nurse coordinating flow through ED and ambulance offloads. The Trust continues to work with system partners to develop a comprehensive urgent and emergency care work programme to reduce demand and maximise flow out of the hospital. Local process actions also agreed with EEAST, including provision of additional reception cover to streamline the handover process.

NNUH

A&E performance has decreased for the fourth month in a row to 71.4% in November. Attendances remain very high with a 6.1% increase on the previous year. Other than the increasing levels of attendance the main causative factors continue to center around workforce limitations (30% vacancy factor). Priority actions continue to be the implementation of the 12 point system recovery plan – emphasis on the rolling out of the GP Streaming pilot to better manage demand and primary care attendance in ED. 2019/20 YTD 60 minute ambulance handovers continue to be significantly improved on 2018/19, however performance has worsened in November to 18.2%. DTOC has increased marginally from 3.5% to 3.9%. Key factors impacting performance are Consultant, Nursing and Junior Doctor shortfalls, discharge planning and adherence to SAFER. A recovery action plan and enhanced support calls remain in place with NHSI/E.

QEH

Performance in November has reduced to a 10 month low of 76.2%. Factors affecting performance include a sustained increase in the average number of attendances per day since May 2019 and a 5.1% increase in attendances in November 2019 compared to November 2018. Further to this there is continued overcrowding in both the ED and exit block as the ED estate is not fit for purpose and flow out of the department continues to be challenging. In addition ED medical and nurse staffing capacity and rota pattern are not always matching changes in demand.

Performance will be improved by increased capital investment in the ED and emergency floor to improve the environment and increase capacity. Minor estates work in ED is already in progress. The sustain phase of the urgent and emergency care improvement plan is also underway which focusses on embedding the SAFER bundle on all wards across the Trust and increasing pre-noon discharges.

A review of the medical and nursing staff establishment and rota has concluded and the nurse staffing business case is complete with the medical staff business case in progress. 60 minute ambulance handover delays have reduced in November to 14.8% which is the lowest for 6 months. Performance is off track due to the continued overcrowding in and exit block from the ED; the department is limited in capacity to cohort patients which leads to delays in ambulance handover. Other than the above listed actions relating to ED floor space, performance will be improved by standardisation of the ambulance handover process. Joint work is in progress with the ambulance service and this is being supported by NHSE/I.

Cancer

JPUH

The Trust has seen a large increase in referrals across all body sites, particularly breast. Compounding this, the Trust has had clinical capacity challenges (vs demand), particularly for two week wait referrals. Recovery action plans are in place for breast and endoscopy to reduce the number of patients not being seen within two weeks. These include daily cancer date reports by body site being provided to DOM's & SOM's so that they are able to monitor the demand and to use the information to create additional clinic/endoscopy capacity in advance. Additional one stop clinics and twilight clinics are being undertaken with further weekend endoscopy sessions. Revised job planning has been undertaken to increase the DCC activity and increase availability of senior middle grade staff. Further support from breast imaging services is being provided from other trusts.

NNUH

GP two week wait performance has improved for two consecutive months to 79.4%. The delays to first appointment in Skin and Lower GI has seen an increase in patients waiting longer than 62 days for treatment. Other main areas of underperformance on the 62 day standard are Urology due to delays in Diagnostics, and Gynaecology due to Theatre capacity. 31 day subsequent treatments – underperformance in Surgery due to long standing issues with the Melanoma pathway that will be resolved with the expansion of Nuclear Medicine in 2020, and underperformance in RT and ACD due to increase in referrals in month.

QEH

Provisional November data shows that the majority of targets continue to be met. 62 day GP referral to treatment performance has been challenged due to a continued focus on reducing the 62 day backlog, resulting in an increase in the number of breaches in month. A cancer improvement plan is in place and the quarterly update is provided to the Trust Board. In addition to the cancer improvement plan, performance will be improved by the provision of additional, operational support to urology and lower GI. This additional support will be in place for three months (October – December) and will increase the pace in improvement work in these tumor sites.

Planned Care

JPUH

November's 18 week performance worsened to 79.4% with overall waiting list size increasing for the fourth successive month. A significant element of the 18 week list size increase is due to data entry and quality and a comprehensive training plan is in place to address this. Emerging capacity constraints within some specialties is leading to an overall increase in the waiting list with a revised baseline under discussion with the commissioners and regulators. Capacity in challenged specialties is predominantly workforce related. Outpatient and theatre utilisation programmes in place to increase activity. Revised processes and reports in development. A comprehensive RTT plan is in place to increase inpatient activity and reduce admitted backlog of patients. Detailed Recovery Action Plans with trajectories against waiting list size have been developed for T&O, Ophthalmology, Dermatology,

ENT and Gynaecology. The RTT plan is monitored via the Trust Access Group and Divisional Performance Committee.

NNUH

Performance has marginally reduced to 79.2% in November from 79.9% in and the overall backlog has increased for the 10th month in a row. Overall performance continues to be compromised by the urgent focus on cancer work, increasing demand and a rise in cancellations due to a lack of capacity. Staffing also continues to be a challenge with pension tax issues also impacting. There were ten x 52 week breaches in November however intensive waiting list management is in place to reduce this risk. Capacity remains a key challenge and NNUH is working with commissioners and NHSE/I to seek further demand management schemes. Diagnostics continues to be challenged, with the MRI and CT standard now recovered, but increase in inpatient and outpatient demand in Non-Obstetric Ultrasound and reduced workforce and capacity at Global still impacting on delivery of the standard. Plans are in place to recover but conversations are ongoing with Global for additional support.

QEH

Performance has worsened for the sixth month in a row to 78.1% in November. Performance is off track due to the variance in the following high-volume specialties; Urology, Ophthalmology and Gastroenterology. Performance will be improved in Urology by the introduction of a referral triage system and the two new Consultants who have started in post, Ophthalmology – additional locum capacity and outpatient utilisation improvement, Gastroenterology: triage of referrals continues, and a locum Consultant started in October. Overall backlog has grown marginally from 13,941 in October to 14,084 in November however the number of patients waiting more than 40 weeks has grown from 33 in October to 81 in November. QEH are investigating this growth and more detail will be provided next month.

Mental Health

Inappropriate Out of Area Placements (OoAP) – Overall performance continues to be positive. There have been a number of older people in an inappropriate OoAP due to the ability of NSFT to discharge people needing a care home or nursing placement. Work is ongoing on planning a Perfect Week to help galvanise system support to reducing DToC.

Improved Access to Psychological Therapies (IAPT) – Final iteration of the improvement plan was due by 29th November 2019. NHSE/I had commented and feedback has been reflected in the revised version. Improvement trajectories to support the plan were made available on 29th November 2019. The final iteration of the improvement plan was not available until 11th December 2019 and further discussion was required following receipt of the revision. An agreed alternative submission date of 10th January 2020 has been agreed with NSFT, using a summary template which has been developed to help make the relationship between the plan and the trajectories clearer.

In parallel to this development work, NSFT are mobilising improvement plan actions, including:

- The service is aligning the development of IAPT services with the emerging PCNs, to maximise integration and service exposure;

Item 11. Appendix B.

- Assistant PWPs have been recruited to reduce drop-out rate;
- More Step 2 capacity has freed up Step 3 workers from carrying out assessments and focus on treatment capacity;
- A choose and book system has been introduced;
- Service number appears on service user phones, previously appeared as unknown number.

Dementia - The STP remains within the 95% confidence limits of the dementia diagnosis rate. In addition:

- The STP is continuing to develop the dementia community support offer for Norfolk and Waveney.
- CCGs continue to share individual work across the existing action plans, to aid progress.
- Actions are being taken forward by individual CCGs to increase the diagnosis rate, including practice visits and data cleansing.
- As of November 2019, there were 10,675 people aged over 65 with a dementia diagnosis. This is an increase from the previous month (10,659), however the Dementia Diagnosis Rate remains at 64.0% due to an increase in the estimated population.

Item 11. Appendix B.

STP High Level System Dashboard - Summary

Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Acute Unplanned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH unless otherwise stated)																			
A&E 4 hr performance (whole trust, NNUH includes WIC)	Validated	95%	86.0%	83.9%	78.4%	77.2%	79.5%	78.3%	84.2%	83.3%	82.0%	80.2%	78.4%	76.2%	74.0%		88.0%	79.6%	
A&E Total Attendances (as above)	Validated	-	28,331	28,983	29,123	27,204	30,226	29,891	31,210	30,302	32,746	32,330	30,522	30,671	29,854		238,628	247,526	3.7%
A&E Total Breaches (as above)	Validated	-	3,961	4,679	6,292	6,206	6,211	6,478	4,921	5,069	5,890	6,411	6,579	7,314	7,753		28,593	50,415	76.3%
Emergency admissions (N&W CCGs only)	Validated	-	8,149	8,169	8,595	7,578	8,393	8,129	8,220	7,900	8,380	7,781	7,805	8,495	8,386		63,063	65,096	3.2%
DTOC - delayed days (includes acute + non-acute trusts, Norfolk patients)	Validated	-	2,551	2,681	2,974	2,150	2,532	2,153	2,981	2,748	2,704	2,819	2,973	2,999			18,309	19,377	5.8%
% of A&E Ambulance handover delays > 60 min	Validated	-	10.7%	11.6%	15.2%	14.0%	6.6%	4.9%	3.3%	4.7%	5.7%	5.6%	7.5%	11.2%	7.8%		5.4%	6.1%	
Acute Cancer Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																			
Two week wait GP referral (%)	Provisional	93%	79.3%	92.2%	88.8%	91.0%	87.5%	91.4%	91.0%	84.6%	85.0%	81.6%	80.1%	84.2%	86.3%		85.8%	85.5%	
Two week wait breast symptoms (%)	Provisional	93%	63.7%	53.3%	54.8%	47.4%	47.7%	82.5%	80.0%	87.4%	93.9%	92.1%	89.9%	93.1%	92.3%		91.8%	88.8%	
31 days from diagnosis to first treatment (%)	Provisional	96%	97.1%	97.6%	95.3%	96.9%	97.2%	96.9%	96.7%	98.3%	98.6%	97.5%	97.0%	97.6%	96.3%		97.3%	97.4%	
62 days from GP referral to first treatment (%)	Provisional	85%	76.4%	76.7%	70.5%	73.4%	77.4%	77.6%	72.6%	77.1%	72.4%	69.5%	71.0%	66.4%	68.8%		76.4%	72.0%	
Acute Planned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	83.0%	81.8%	81.7%	82.2%	82.5%	83.0%	84.0%	82.9%	82.3%	81.6%	80.7%	79.9%	79.0%		83.0%	79.0%	
Total number incomplete pathways	Validated	-	70,567	69,990	68,983	68,302	67,794	71,886	73,691	73,611	74,551	75,501	76,359	77,058	77,962		70,567	77,962	10.5%
Total number of 40 week breaches	Validated	-	649	770	758	681	633	655	702	698	674	783	786	718	854		649	854	31.6%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	22	29	29	13	0	2	2	1	1	1	0	2	10		22	10	-54.5%
Diagnostic tests within 6 weeks	Validated	99%	99.3%	98.2%	95.4%	98.3%	99.1%	98.2%	97.0%	98.0%	98.2%	95.9%	97.7%	98.1%	98.5%		99.3%	98.5%	
Number of patients waiting > 6 weeks	Validated	-	122	306	852	332	178	352	588	385	353	758	435	375	278		122	278	127.9%
GP acute referrals (all CCGs)	Provisional	-	20,132	16,438	20,180	18,890	20,333	19,014	20,772	18,957	21,318	18,384	19,746	21,213	20,099		159,621	159,503	-0.1%
Non-GP acute referrals (all CCGs)	Provisional	-	11,402	9,379	11,606	10,403	11,646	10,886	11,552	10,679	11,991	10,174	10,725	11,187	11,038		86,013	88,232	2.6%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	2,115	2,231	2,366	2,136	2,154	1,986	1,901	1,759	1,815	1,709	1,805	2,079			12,395	13,054	5.3%
Mental Health Metrics (all NSFT other than Dementia)																			
IAPT: access rates (local target)	Provisional	1.58%	1.57%	1.36%	1.60%	1.44%	1.55%	1.41%	1.22%	1.27%	1.65%	1.20%	1.01%	1.42%	1.33%		10.49%	10.48%	
IAPT: recovery rates	Provisional	50%	51.2%	51.4%	59.0%	59.4%	55.5%	58.3%	59.5%	58.8%	57.9%	56.4%	58.9%	57.9%	56.9%		50.5%	58.1%	
IAPT: first treatment <6 weeks	Provisional	75%	84.7%	86.6%	92.0%	98.7%	99.4%	99.2%	98.5%	98.0%	98.1%	97.5%	94.6%	95.6%	95.5%		90.1%	97.2%	
EIP: treatment started <2 weeks (local target) (3 month rolling)	Provisional	56%	83.0%	81.7%	82.0%	84.6%	83.5%	93.2%	88.4%	72.1%	70.7%	67.1%	65.4%	73.5%	77.6%		83.0%	72.1%	
CYP: eating disorders - Urgent (seen in 1 wk) (3 month rolling)	Provisional	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	60.0%	80.0%		100.0%	87.5%	
CYP: eating disorders - Routine (seen in 4 wks) (3 month rolling)	Provisional	90%	85.7%	73.9%	64.0%	62.5%	84.2%	100.0%	95.5%	96.0%	90.5%	83.3%	64.3%	62.5%	72.2%		88.0%	77.8%	
Out of area placements (bed days - 18-65, in month)	Provisional	-	755	765	1,100	1,025	1,421	1,742	1,440	1,369	1,663	1,024	545	233	271		4,895	8,287	69.3%
Out of area placements (bed days - 65+, in month)	Provisional	-	0	30	45	105	16	0	31	73	87	7	46	218	237		415	699	68.4%
Dementia diagnosis (non-NSFT)	Validated	66.7%	63.5%	63.5%	63.4%	63.4%	64.1%	63.6%	63.8%	64.1%	64.3%	64.2%	64.1%	64.0%	64.0%		63.5%	64.0%	
Primary and Community Metrics																			
Proportion of older people still at home 91 days after discharge	Validated	90%	86.4%	84.1%	90.0%	85.7%	86.1%	80.7%	84.5%	82.3%	85.6%	91.4%	89.9%	88.6%			86.6%	88.6%	
18 Week 'Incomplete' Waiting Times	Validated	92%	87.9%	86.4%	88.6%	89.9%	90.8%	90.5%	91.8%	93.1%	93.7%	92.9%	92.4%	91.1%	90.0%		88.3%	91.9%	

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STP High Level System Dashboard - JPUH



Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust)	Validated	95%	94.3%	87.2%	84.7%	80.1%	83.7%	86.4%	90.1%	89.9%	86.1%	86.0%	84.8%	80.6%	79.0%		91.7%	85.4%	
A&E Total Attendances (as above)	Validated	-	6,266	6,541	6,613	6,046	6,978	7,041	7,133	7,040	7,710	7,775	7,037	6,883	6,626		54,896	57,245	4.3%
A&E Total Breaches (as above)	Validated	-	358	834	1,012	1,203	1,140	960	705	713	1,075	1,088	1,070	1,332	1,389		4,544	8,332	83.4%
Emergency admissions (N&W CCGs only)	Validated	-	1,635	1,683	1,671	1,623	1,699	1,615	1,603	1,409	1,698	1,488	1,534	1,666	1,597		12,376	12,610	1.9%
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	3.0%	1.0%	2.2%	1.4%	1.2%	0.8%	1.1%	1.5%	1.4%	1.4%	1.0%	1.9%	3.1%		2.2%	1.5%	
# DTOC - NHS (Norfolk patients)	Validated	-	42	7	48	35	28	0	21	42	56	35	40	46	155		703	395	-43.8%
# DTOC - Social Care (Norfolk patients)	Validated	-	296	98	215	126	126	92	105	133	126	133	74	186	204		1,241	1,053	-15.1%
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	7	14	0	0	0	0	0	0	7	14	11	28		4	60	1400.0%
% of A&E Ambulance handover delays > 60 min	Validated	-	0.0%	1.1%	2.6%	7.1%	5.5%	1.2%	0.4%	0.1%	4.0%	2.9%	5.5%	6.0%	7.8%		0.6%	2.9%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional at 31/12/19	93%	96.4%	97.4%	94.5%	94.1%	90.9%	94.6%	84.0%	85.3%	94.3%	92.3%	90.2%	91.8%	94.0%		96.6%	90.9%	
Two week wait breast symptoms (%)	Provisional at 31/12/19	93%	96.3%	93.4%	87.2%	82.5%	62.7%	88.9%	47.7%	73.0%	85.2%	71.4%	61.0%	63.0%	73.1%		96.7%	70.5%	
31 days from diagnosis to first treatment (%)	Provisional at 31/12/19	96%	100.0%	98.9%	100.0%	100.0%	100.0%	99.0%	100.0%	99.1%	99.1%	98.1%	100.0%	97.7%	100.0%		99.9%	99.0%	
31 days subsequent treatment - surgery (%)	Provisional at 31/12/19	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%		100.0%	98.8%	
31 days subsequent treatment - drug treatment (%)	Provisional at 31/12/19	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional at 31/12/19	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.		0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional at 31/12/19	85%	87.0%	83.5%	80.7%	78.3%	89.8%	89.8%	73.1%	76.3%	65.8%	82.9%	83.6%	83.9%	70.0%		81.1%	78.6%	
62 days from screening to first treatment (%)	Provisional at 31/12/19	90%	100.0%	92.3%	96.3%	100.0%	100.0%	100.0%	100.0%	95.5%	100.0%	88.9%	50.0%	100.0%	100.0%		98.3%	97.1%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	87.5%	85.7%	83.8%	84.0%	84.4%	86.2%	85.5%	82.0%	81.4%	81.8%	80.4%	80.3%	79.4%		87.5%	79.4%	
Total number incomplete pathways	Validated	-	13,211	13,073	13,117	13,101	12,904	16,036	16,543	16,356	15,589	16,481	16,672	16,864	16,996		13,211	16,996	28.7%
Total number of 40 week breaches	Validated	-	26	36	42	48	48	34	54	47	36	38	40	40	63		26	63	142.3%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	0	0	0	0	0	2	2	1	0	1	0	0	0		0	0	-
Diagnostic tests within 6 weeks	Validated	99%	99.9%	99.1%	98.5%	99.3%	99.4%	99.2%	98.9%	99.1%	99.4%	98.5%	99.3%	99.7%	99.4%		99.9%	99.4%	
Number of patients waiting > 6 weeks	Validated	-	2	29	51	27	23	30	45	36	24	51	24	13	23		2	23	1050.0%
GP acute referrals (all CCGs)	Validated	-	4,023	3,139	4,016	3,734	3,924	3,766	4,018	3,600	3,962	3,651	4,234	4,202	3,792		31,882	31,225	-2.1%
Non-GP acute referrals (all CCGs)	Validated	-	2,629	2,178	2,680	2,294	2,773	2,528	2,660	2,357	2,970	2,113	2,461	2,650	2,581		19,355	20,320	5.0%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	490	594	549	543	517	470	430	382	446	375	389	493			2,884	2,985	3.5%

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STP High Level System Dashboard - NNUH



Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust, inc. WIC)	Validated	95%	85.6%	82.5%	77.1%	76.0%	76.9%	72.7%	82.1%	80.1%	80.6%	78.1%	75.4%	74.0%	71.4%		87.9%	76.9%	
A&E Total Attendances (as above)	Validated	-	16,425	16,764	16,829	15,847	17,264	16,900	18,046	17,194	18,727	18,256	17,596	17,738	17,299		137,713	141,756	2.9%
A&E Total Breaches (as above)	Validated	-	2,367	2,936	3,852	3,800	3,992	4,606	3,239	3,426	3,624	3,998	4,323	4,617	4,955		16,640	32,788	97.0%
Emergency admissions (N&W CCGs only)	Validated	-	4,312	4,401	4,649	4,006	4,467	4,373	4,383	4,320	4,537	4,296	4,235	4,575	4,488		34,222	35,207	2.9%
Delayed transfers of care (DTCO) - delayed days as % of occupied bed days	Provisional	3.5%	3.3%	3.8%	4.0%	2.2%	3.1%	2.7%	4.2%	3.4%	4.1%	4.4%	4.6%	3.5%	3.9%		4.2%	3.9%	
# DTCO - NHS (Norfolk patients)	Provisional	-	274	281	429	262	354	298	247	253	314	466	495	344	343		3,984	2,760	-30.7%
# DTCO - Social Care (Norfolk patients)	Provisional	-	500	564	686	267	514	380	830	534	666	637	460	534	503		4,320	4,544	5.2%
# DTCO - Both NHS / Social Care (Norfolk patients)	Provisional	-	55	132	0	26	7	32	65	119	147	108	280	95	195		399	1,041	160.9%
% of A&E Ambulance handover delays > 60 min	Validated	-	12.9%	16.4%	18.6%	15.0%	2.1%	2.8%	0.3%	2.3%	2.3%	2.3%	4.6%	11.1%	18.2%		6.1%	3.6%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional	93%	67.0%	88.1%	84.4%	88.1%	87.0%	94.9%	93.0%	79.7%	76.3%	72.2%	71.0%	76.1%	79.5%		77.9%	80.1%	
Two week wait breast symptoms (%)	Provisional	93%	44.9%	28.6%	36.5%	28.4%	47.1%	98.6%	94.2%	92.5%	96.7%	96.3%	99.5%	97.0%	95.4%		88.5%	96.1%	
31 days from diagnosis to first treatment (%)	Provisional	96%	96.6%	97.0%	93.3%	96.6%	96.6%	96.5%	96.9%	97.4%	98.9%	97.1%	96.0%	97.0%	96.7%		96.4%	96.9%	
31 days subsequent treatment - surgery (%)	Provisional	94%	86.4%	84.5%	79.0%	89.6%	83.9%	83.0%	84.2%	88.8%	89.0%	87.5%	87.0%	86.8%	92.2%		86.3%	86.9%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	100.0%	99.0%	98.5%	99.2%	99.2%	99.1%	98.4%	98.2%	99.2%	98.3%	94.3%	96.9%	98.0%		99.8%	97.7%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	98.9%	97.4%	94.5%	100.0%	95.3%	96.6%	97.0%	96.3%	96.4%	97.4%	93.6%	94.7%	95.8%		98.2%	96.0%	
62 days from GP referral to first treatment (%)	Provisional	85%	71.5%	73.5%	62.9%	71.7%	68.2%	76.3%	76.5%	75.6%	73.5%	67.2%	67.1%	63.7%	69.8%		72.6%	71.1%	
62 days from screening to first treatment (%)	Provisional	90%	81.0%	81.4%	89.8%	82.9%	96.8%	84.6%	82.6%	79.5%	72.6%	94.1%	74.2%	96.7%	83.9%		83.1%	84.5%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	82.6%	81.9%	82.1%	82.5%	82.8%	82.6%	83.9%	83.5%	82.9%	81.8%	81.1%	79.9%	79.2%		82.6%	79.2%	
Total number incomplete pathways	Validated	-	41,864	41,444	40,979	41,120	41,328	42,159	43,390	43,625	44,493	45,224	45,612	46,253	46,882		41,864	46,882	12.0%
Total number of 40 week breaches	Validated	-	429	465	466	465	455	485	552	559	557	667	687	645	710		429	710	65.5%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	21	28	28	12	0	0	0	0	1	0	0	2	10		21	10	-52.4%
Diagnostic tests within 6 weeks	Validated	99%	99.1%	97.6%	93.5%	97.7%	98.8%	97.5%	96.8%	98.2%	98.9%	96.9%	97.5%	97.3%	97.9%		99.1%	97.9%	
Number of patients waiting > 6 weeks	Validated	-	98	256	769	287	142	290	382	210	129	348	274	309	236		98	236	140.8%
GP acute referrals (all CCGs)	Provisional	-	11,419	9,513	11,485	10,890	11,710	11,293	12,068	10,970	12,363	10,662	11,359	11,918	11,862		89,977	92,495	2.8%
Non-GP acute referrals (all CCGs)	Provisional	-	6,229	5,041	6,192	5,614	6,146	5,776	6,146	5,716	6,317	5,559	5,760	5,916	5,919		46,145	47,109	2.1%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	1,060	1,110	1,226	1,067	1,105	1,026	982	925	924	884	929	1,054	1,080		7,342	7,804	6.3%

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STP High Level System Dashboard - QEH

Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust)	Validated	95%	78.1%	84.0%	74.9%	77.3%	82.0%	84.7%	83.8%	84.7%	81.1%	79.0%	79.9%	77.4%	76.2%		83.9%	80.8%	
A&E Total Attendances (as above)	Validated	-	5,640	5,678	5,681	5,311	5,984	5,950	6,031	6,068	6,309	6,299	5,889	6,050	5,929		46,019	48,525	5.4%
A&E Total Breaches (as above)	Validated	-	1,236	909	1,428	1,203	1,079	912	977	930	1,191	1,325	1,186	1,365	1,409		7,409	9,295	25.5%
Emergency admissions (N&W CCGs only)	Validated	-	2,202	2,085	2,275	1,949	2,227	2,141	2,234	2,171	2,145	1,997	2,036	2,254	2,301		16,465	17,279	4.9%
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	2.4%	2.5%	1.4%	1.3%	1.4%	1.2%	1.5%	1.9%	1.3%	0.8%	1.1%	1.9%	1.9%		2.4%	1.5%	
# DTOC - NHS (Norfolk patients)	Validated	-	249	242	142	120	138	118	160	200	109	65	86	146	141		2,125	1,025	-51.8%
# DTOC - Social Care (Norfolk patients)	Validated	-	33	73	41	32	42	27	37	37	62	44	49	105	102		278	463	66.5%
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	-
% of A&E Ambulance handover delays > 60 min	Validated	-	18.1%	13.3%	22.0%	20.2%	18.6%	14.6%	14.2%	15.2%	16.6%	16.4%	17.3%	17.5%	14.4%		9.6%	16.0%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional	93%	97.3%	97.4%	95.9%	95.1%	86.0%	81.0%	91.9%	95.9%	96.7%	96.2%	97.1%	97.1%	96.6%		96.2%	94.0%	
Two week wait breast symptoms (%)	Provisional	93%	100.0%	100.0%	91.3%	86.3%	29.8%	20.9%	66.1%	83.3%	91.5%	98.0%	98.1%	97.5%	98.6%		98.3%	81.3%	
31 days from diagnosis to first treatment (%)	Provisional	96%	96.2%	98.8%	97.2%	95.3%	96.5%	96.1%	93.2%	100.0%	97.2%	98.1%	97.9%	99.2%	99.2%		97.6%	97.6%	
31 days subsequent treatment - surgery (%)	Provisional	94%	92.9%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	85.7%	100.0%	90.9%	100.0%		99.2%	95.7%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%		99.5%	99.7%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.		0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional	85%	82.4%	80.0%	79.7%	74.6%	85.9%	70.9%	63.7%	81.1%	75.8%	63.9%	70.6%	63.6%	66.4%		82.2%	69.3%	
62 days from screening to first treatment (%)	Provisional	90%	85.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	90.9%	100.0%	100.0%		96.6%	98.5%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	80.1%	78.5%	78.8%	79.5%	79.8%	80.4%	82.5%	81.8%	81.1%	80.7%	79.6%	79.1%	78.1%		80.1%	78.1%	
Total number incomplete pathways	Validated	-	15,492	15,473	14,887	14,081	13,562	13,691	13,758	13,630	14,469	13,796	14,075	13,941	14,084		15,492	14,084	-9.1%
Total number of 40 week breaches	Validated	-	194	269	250	168	130	136	96	92	81	78	59	33	81		194	81	-58.2%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	1	1	1	1	0	0	0	0	0	0	0	0	0		1	0	-100.0%
Diagnostic tests within 6 weeks	Validated	99%	99.3%	99.3%	99.0%	99.5%	99.6%	99.1%	95.5%	96.4%	94.8%	91.0%	96.4%	98.6%	99.5%		99.3%	99.5%	
Number of patients waiting > 6 weeks	Validated	-	22	21	32	18	13	32	161	139	200	359	137	53	19		22	19	-13.6%
GP acute referrals (all CCGs)	Validated	-	4,690	3,786	4,679	4,266	4,699	3,955	4,686	4,387	4,993	4,071	4,153	5,093	4,445		37,762	35,783	-5.2%
Non-GP acute referrals (all CCGs)	Validated	-	2,544	2,160	2,734	2,495	2,727	2,582	2,746	2,606	2,704	2,502	2,504	2,621	2,538		20,513	20,803	1.4%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	565	527	591	526	532	490	489	452	445	450	487	532	526		3,794	3,871	2.0%

Item 11. Appendix B.

STP High Level System Dashboard - data sources, notes and caveats

Metrics	Data sources, notes and caveats
Unplanned Care Performance Metrics	
A&E 4 hr performance	Source: A&E Attendances and Emergency Admissions, NHS England Comprises whole provider figures including MIU and WIC for NNUH. Apr-18 NNUH figures adjusted using local WIC data as the nationally published figures did not include WIC.
A&E Total Attendances (as above)	
A&E Total Breaches (as above)	
Emergency admissions (N&W CCGs only)	Source: SUS+. Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit.
Delayed transfers of care (DTOC) - % of delayed days vs available bed days	Sources: Monthly Delayed Transfers of Care Data, NHS England & Bed Availability and Occupancy Data – Overnight, NHS England
# DTOC - NHS	Norfolk only.
# DTOC - Social Care	There is no official denominator to agree DTOC rates, so the latest KH03 quarterly return for overnight occupied beds has been used. As such these figures will not reconcile with any other reported figures.
# DTOC - Both NHS / Social Care	Prior to Jun-18, JPUH were only submitting delay codes to NHS delays and not including social care.
% of Ambulance handover delays - 60 min	Source: Contract Files, East of England Ambulance Service NHS Trust It's important to note that there is a discrepancy between EEAST and QEH views of handover delays at QEH.
Cancer Performance Metrics	
Two week wait GP referral (%)	Source: Cancer Waiting Times, NHS England
Two week wait breast symptoms (%)	Figures for the most recent month are submitted directly by providers and are provisional only.
31 days from diagnosis to first treatment (%)	Comprises whole provider figures.
31 days subsequent treatment - surgery (%)	
31 days subsequent treatment - drug treatment (%)	
31 days subsequent treatment - radiotherapy (%)	
62 days from GP referral to first treatment (%)	
62 days from screening to first treatment (%)	
Planned Care Performance Metrics	
Incomplete - RTT % waiting treatment <18 weeks	Source: Consultant-led Referral to Treatment Waiting Times, NHS England
Total number incomplete pathways	Comprises whole provider figures.
Total number of 40 week breaches	
Incomplete - RTT no. waiting treatment >52 weeks	
Diagnostic tests within 6 weeks	Source: Monthly Diagnostics Data, NHS England
Number of patients waiting > 6 weeks	Comprises whole provider figures.
GP acute referrals (all CCGs)	Source: Monthly Activity Return, NHS England
Non-GP acute referrals (all CCGs)	Includes activity from all CCGs to afford a whole provider view. Locality summary provides CCG activity at three Norfolk acute providers.
Avoidable emergency admissions (N&W CCGs only)	Source: SUS+ . Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit. Avoidable Admissions have not been aggregated to STP level for the latest month due to low clinical coding completeness at JPUH, which shows an artificial reduction.
Mental Health Metrics	
IAPT: access rates (local target)	Source: NSFT PI01 – Dashboard. 2018/19: 16.8% locally agreed target; 2019/20: 19% locally agreed target. National target is 22% for 2019/20.
IAPT: recovery rates	Source: NSFT PI01 – Dashboard. 50% national target. Also published nationally - local data more timely
IAPT: first treatment <6 weeks	Source: NSFT PI01 – Dashboard. 75% national target. Also published nationally - local data more timely.
EIP: treatment started <2 weeks (local target)	Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney. RAG rated against 2018/19 - 53%; 2019/20 - 56% national target. Also published nationally - local data more accurate YTD figure is for the period May to October due to reporting 3 month rolling.
CYP: eating disorders - Urgent (seen in 1 wk)	Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney. RAG rated against 90% local target.
CYP: eating disorders - Routine (seen in 4 wks)	Also published nationally - local data more accurate YTD figure is for the period May to October due to reporting 3 month rolling.
Out of area placements (bed days - 18-65, in month)	Source: NSFT PI07B – Dashboard. Trajectory to be agreed. Apr-18 to Feb-19 Nationally Published, Mar-19 onwards NSFT report.
Out of area placements (bed days - 65+, in month)	Data reconciliation project currently in progress with NSFT.
Dementia diagnosis	Source: NHS Digital Dementia Diagnosis publication - based on NHS Digital Reports that are taken from the GP's QOF register.
Other Metrics	
Prescribing Spend by ASTRO-PU	Source: Arden and GEM CSU Figures are practice spend and exclude any chargebacks/rebates.