

# Norfolk Health & Wellbeing Board

Date: **Wednesday 20 July 2016**

Time: **Part A in public 9:30am**  
**Part B in private (informal meeting)**

Venue: **Edwards room, County Hall, Norwich**

## Membership

William Armstrong  
Cllr Yvonne Bendle  
Harold Bodmer  
Cllr Bill Borrett

Dr Hilary Byrne  
Cllr Penny Carpenter  
Cllr Trevor Carter  
Cllr Annie Claussen-Reynolds  
Pip Coker  
T/ACC Nick Dean  
Joanna Yellon  
Dr Anoop Dhesi  
Andy Evans

Lorne Green  
Joyce Hopwood

Dr Ian Mack  
Cllr Elizabeth Nockolds

Cllr Andrew Proctor  
Michael Rosen  
Dr Louise Smith  
Cllr Roger Smith

Cllr Vaughan Thomas

Dr Wendy Thomson  
Dan Mobbs  
Cllr Brian Watkins

Tracy Williams

## Substitute

Alex Stewart  
Cllr David Bills  
Catherine Underwood  
Cllr Margaret Stone

Antek Lejk  
Cllr Marlene Fairhead

Mark Taylor  
John Stammers

Dr Sue Crossman

Cllr Roger Foulger  
Don Evans

Phil Shreeve

Jo Smithson

## Representing

Chair, Healthwatch Norfolk  
South Norfolk Council  
Executive Director Adult Social Services  
Chairman, Adult Social Care Committee,  
Norfolk County Council  
South Norfolk Clinical Commissioning Group  
Great Yarmouth Borough Council  
Breckland District Council

North Norfolk District Council  
Voluntary Sector Representative  
Norfolk Constabulary  
NHS England, East Sub Region Team  
North Norfolk Clinical Commissioning Group  
Great Yarmouth & Waveney Clinical  
Commissioning Group  
Norfolk's Police and Crime Commissioner  
Voluntary Sector Representative

West Norfolk Clinical Commissioning Group  
Borough Council of King's Lynn and West  
Norfolk  
Broadland District Council  
Executive Director Children's Services  
Director of Public Health  
Chairman, Children's Services Committee,  
Norfolk County Council  
Norwich City Council

Managing Director, Norfolk County Council  
Voluntary Sector Representative  
Norfolk County Council

Norwich Clinical Commissioning Group

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

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

Nicola LeDain on 01603 223053  
or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

## Part A – public meeting

1	<b>Apologies</b>	Clerk	
2	<b>Election of Chair</b>	Clerk	
3	<b>Election of Vice Chairs</b>	Chair	
4	<b>Appointment of a representative to the Road Casualty Reduction Partnership Board</b>	Chair	
5	<b>Minutes</b>	Chair	(Page <b>3</b> )
6	<b>Members to declare any interests</b>	Chair	
7	<b>Any urgent business</b>	Chair	

### Items for discussion/action

8	<b>Integration and transformation</b>		
	a) Norfolk & Waveney Sustainability and Transformation Plan	Wendy Thomson	<b>To Follow</b>
	b) CCGs commissioning intentions 2017-18 – initial discussion	CCGs x 5	
	c) Norfolk Better Care Fund Plan 2016-17	Harold Bodmer/ CCGs x 5	<b>To Follow</b>
9	<b>Making Mental Health a Priority for Norfolk</b>	Louise Smith	

### Close of public meeting – short break

## Part B – private (Informal meeting)

### H&WB – the way forward

- Discussion of the outcome of the recent development workshops and proposals for a way forward

Chair/  
Louise Smith

### Information updates

- **Norfolk Health & Wellbeing Strategy** – the annual report can be accessed at the following [link](#) and will form part of an information pack available on the day
- **Joint Strategic Needs Assessment (JSNA)** - the annual report can be accessed at the following [link](#) and will form part of an information pack available on the day
- **Healthwatch Norfolk** – the HWN Annual Report 2015-16 has been published and you can find it at the following [link](#)
- **Norfolk Health Overview & Scrutiny Committee** – you can access the most recent NHOSC papers at the following [link](#)

**Health and Wellbeing Board**  
**Minutes of the meeting held on Wednesday 26 April 2016 at 9.30am**  
**in the Council Chamber at South Norfolk District Council**

**Present:**

Pip Coker	Voluntary Sector Representative
Joyce Hopwood	Voluntary Sector Representative
Antek Lejk	South Norfolk Clinical Commissioning Group
Dr Ian Mack	West Norfolk Clinical Commissioning Group
Cllr Elizabeth Nockolds	Borough Council of King's Lynn and West Norfolk
Cllr Andrew Proctor	Broadland District Council
Michael Rosen	Executive Director of Children's Services
Dr Louise Smith	Director of Public Health
Alex Stewart	Chair, Healthwatch Norfolk
Cllr Alison Thomas	South Norfolk Council
Dr Wendy Thomson	Managing Director, Norfolk County Council
Catherine Underwood	Director of Integrated Commissioning, Norfolk County Council
Cllr Brian Watkins	Norfolk County Council
Cllr Sue Whitaker	Chair, Adult Social Care Committee, Norfolk County Council
Tracy Williams	Norwich Clinical Commissioning Group

Also present:

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

**1 Apologies**

- 1.1 Apologies were received from Cllr Penny Carpenter, Cllr Annie Claussen-Reynolds, Dr Anoop Dhesi, William Armstrong (substituted by Alex Stewart) and ACC Nick Dean (substituted by T/ACC Nick Davison).

**2. Minutes**

- 2.1 The minutes of the Health and Wellbeing Board (HWB) held on the 3 February 2016 were agreed as a correct record and signed by the Chair.

**3. Declaration of Interests**

- 3.1 There were no interests declared.

**4. Urgent Business**

- 4.1 There was no urgent business received.

**5a. Norfolk and Waveney Sustainability and Transformation Plan**

- 5a.1 The Board received a report which outlined the new national policy initiative of STP's (Sustainability and Transformation Plans) The NHS shared planning guidance 'Delivering the Forward View' asks "every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the Five

Year Forward View” through a new Sustainability and Transformation Plan which will cover the period from October 2016 to March 2021. The Board also consider an outline of the developing STP for Norfolk and Waveney.

- 5a.2 Members agreed that more detail and greater clarity would be needed around the Governance arrangements of the STP, and about the H&WB’s involvement and its role over the longer term.
- 5a.3 The role of the district councils in the development of the STP workstreams was raised, given their close relationships with local communities and community engagement activities, as well as the involvement voluntary sector.
- 5a.4 More information was needed on how to address the health inequalities and a systematic approach would be required.
- 5a.5 Members considered that the Board had a key role to play in both the development and implementation of the Norfolk and Waveney STP. It was suggested that a workshop meeting might prove useful to look at some of these issues in more detail.
- 5a.6 The Board **RESOLVED** to;
  - Provide views to the STP Executive Group about the development of the Norfolk and Waveney STP, including the H&WB’s involvement and role, and noting that the final submission is due later in June

## **5b. Norfolk Better Card Fund Plan**

- 5b.1 The Board received a report which updated them on the progress of with Norfolk’s 2015/16 BCF plan along with most recent BCF quarterly submission to NHS England. The Board were also updated on the development of the Norfolk 16/17 BCF programme, which builds on the learning from 2015/16 programme, and noted the work underway to resolve agreement about funding allocations. An update was also provided on successful bids for support from NHS England and details of how these would be used to build an impactful programme in 16/17.
- 5b.2 The Board received the draft narrative submission for the 2016/17 BCF plan, but noted that the financial plan had not been settled due to the CCGs’ stating the funding for the protection of social care was no longer available. The County Council and CCGs confirmed that they were completing a process to resolve the matter. The Board recognised that partners were working together in very difficult financial times in order to achieve a solution for the financial agreement.
- 5b.3 Assurance was sought that the Disabled Facilities Grant funding would be transferred in full to the district councils and then for discussions about its use to be held in partnership.
- 5b.4 The Board **RESOLVED** to;
  - Note the BCF 2015/16 progress submission to NHS England for the period 1 October to 31 December 2015
  - Note that agreement on the 2016/17 BCF programme financial plan has yet to be reached and the work that is underway to achieve this agreement
  - Agree that the H&WB’s BCF sub-group should be asked to agree the final version of the BCF 2016-17 plan, with all Board members having the opportunity to provide comments to inform that decision.

The next meeting would take place on **Wednesday 20 July 2016** at 9.30am. The venue would be confirmed.

The meeting closed at 11.40 after which it continued into a workshop.

Chairman

<b>Report title:</b>	<b>Making Mental Health a Priority for Norfolk 2016-2020</b>
<b>Date of meeting:</b>	<b>20<sup>th</sup> July 2016</b>
<b>Sponsor</b>	<b>Dr Louise Smith, Director of Public Health, Norfolk County Council</b>
<p><b>Reason for the Report</b></p> <p>The Board is asked to receive, discuss and agree the report detailing the proposed approach to making mental health a priority in Norfolk.</p> <p><b>Report summary</b></p> <p>The H&amp;WB has agreed that Mental Health is the fourth priority in the Joint Health and Wellbeing Strategy for Norfolk. At the meeting in February 2016, the Board heard that a multiagency seminar had identified four main strategic aims for Norfolk:</p> <ul style="list-style-type: none"> <li>• Reduce stigma</li> <li>• Make Mental Health everyone's business</li> <li>• Improve access to self-help resources and early help</li> <li>• Commission better pathways into and through services</li> </ul> <p>This report proposes a business plan of what key actions can help deliver these aims and identifies what outcomes we want to achieve by 2020 with this priority.</p> <p><b>Key questions for discussion</b></p> <ol style="list-style-type: none"> <li>1. Does the Board agree with this approach and agree that this will be a live business plan that can respond to developments through periods of change?</li> <li>2. Does the Board consider the key actions are sufficient to impact on the strategic aims?</li> <li>3. Would the Board like to recommend any further outcomes to achieve by 2020?</li> </ol> <p><b>Action/decisions needed:</b></p> <p>The Health &amp; Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> <li>• Agree the approach to Making Mental Health a Priority for Norfolk and give any further recommendations it would like to see in this business plan</li> </ul>	

## 1. Background

- 1.1 The Board has agreed that Mental Health is the fourth priority in the current Joint Health and Wellbeing Strategy for Norfolk. At the Board meeting in April 2016, an outline report was presented to the Board and next steps were discussed.

## 2. Making Mental Health a Priority in Norfolk

- 2.1 This report reminds the Board why improving Mental Health outcomes is so important in Norfolk. A multiagency seminar has informed the proposed approach

(appendix A) and a live business plan (Appendix B) gives detail on how the identified strategic aims can be delivered. Outcomes to be achieved by 2020 are included.

### 3. Key issues for discussion

- 3.1 Does the Board agree with this approach and agree that this will be a live business plan that can respond to developments through periods of change?
- 3.2 Does the Board consider the key actions are sufficient to impact on the strategic aims?
- 3.3 Would the Board like to recommend any further outcomes to achieve by 2020?

### 4. Proposals/Action

- 4.1 The Board is asked to agree this approach to making Mental Health a Priority for Norfolk and give any further recommendations it would like to see in this business plan.

#### Officer Contact

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

Name	Tel	Email
Deborah Elliott	01603 638393	<a href="mailto:Deborah.elliott@norfolk.gov.uk">Deborah.elliott@norfolk.gov.uk</a>



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.



## **Making Mental Health a Priority for Norfolk 2016-2020**

“How to prevent mental ill-health and provide better support for those who have developed mental illness”

### **Introduction**

Following a decision by the Health and Wellbeing Board to make Mental Health a priority as part of the Health and Wellbeing Strategy, the Director of Public Health hosted a seminar aimed at system leaders and senior commissioning leads, facilitated by [The Centre for Mental Health](#). Outcomes were fed back verbally to the Board at the February meeting. This paper aims to provide the Board with more detail and suggest a strategic approach flexible enough to build on previous and existing work achieved by partners, while at the same time informing ways forward and suggested actions on how we as partners act as a Board to achieve the better outcomes required.

### **Why is this important?**

We also know that people who have a severe mental illness often have poorer physical health and are more likely to die earlier.

Although anyone can experience a mental illness or poor mental health, some people will be more likely than others because of their genetic make-up or their life experiences that make them more vulnerable.

It has been estimated that for every £1 invested in early identification and treatment for mental health problems up to £7.89 is saved. The majority of these savings sit outside Health and Social Care and will benefit the local economy.

Evidence of need shows:

- Almost half of all adults will experience at least one episode of depression during their lifetime
- One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood
- One in ten new mothers experiences postnatal depression
- About one in 100 people has a severe mental health problem.
- Some 60% of adults living in hostels have a personality disorder
- Some 90% of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem.
- Carers of people with long-term conditions are at greater risk of poor health than the general population, and are particularly likely to develop depression.



## **Outcomes from the Mental Health Seminar**

Key outcomes that were agreed in the seminar included:

- There is an appetite for change across the partnership and a willingness to contribute to changes from participants
- It is important to acknowledge that the key role that Health and Wellbeing Board leaders have to ensure that Mental Health is a real priority for their areas of responsibility and that planning for services reflects this
- That an overarching system wide approach through the Health and Wellbeing Board could support individual organisations make the shift required for better outcomes

## **Proposal**

The Health and Wellbeing Board commits to action to support a system wide approach to Mental Health. This will involve bringing together the separate strands of responsibilities and commissioning delivered by constituent agencies of the Health and Wellbeing Board and then identify gaps and agree how outcomes can be improved through co-ordinated approaches.

The Board should adopt a delivery model that leads systems away from a treatment focus and towards a continuum of mental health improvement where treatment is only one element and the wider determinants of health are addressed in the part they play on our wellbeing.

Sustainability and Transformation Plans, Reimagining Norfolk implementation plans and other significant planning currently underway must reflect this commitment to improving mental health outcomes by the redesign of services and addressing the principles and priorities identified through the workshop.

## **Priorities & Principles**

Underpinning priorities and principles will include:

- Creating a common purpose across the Norfolk system and making mental health everyone's business
- Encouraging a more open and accepting culture through healthy public policy
- Being relevant to people of all ages and with a wide range of mental health needs
- Seeking to build capacity in communities, self-help, earlier interventions and support and community based provision
- Addressing the wider determinants of mental ill health
- Valuing the contributions of people with lived experience as equal partners in their own support and in the development of new services
- The Health and Wellbeing Board providing leadership and governance to a systems approach

In this way, change can be achieved.

## **Scope of the strategy**

This system wide approach to mental health will form part of the current Joint Health and Wellbeing Strategy for Norfolk. The Health and Wellbeing Board has already included the social and emotional wellbeing of pre-school children and Dementia as two of its priorities since 2014 and the action plans for these priorities will continue to be implemented.

Specialist fields (e.g. learning disability, drugs and alcohol, commissioning) will not be covered in any detail. However, an overview will be maintained which will include elements such as awareness raising through roll out of Dementia Friends services or CBT/CST services, for example.

The Health and Wellbeing Mental Health Strategy will also complement and support mental health plans already in place through programmes being led by the Safeguarding Board, CAMHS transformation and other Commissioning Networks and commissioned services strategies.

### **Acknowledging the challenges**

Improving mental health nationally and locally continues to bring major challenges. The complex environment and wide range of health issues that impact on mental health require all representatives on the Health and Wellbeing board to lead on their responsibilities within the commissioning and partnership arrangements in Norfolk.

Current models of care are established and how long term investment has been secured has been historically difficult. Crisis care, inpatient access and outreach services are in place, however integration with agencies that have an important impact on these services i.e. police and housing, have been difficult to influence for effective patient pathways in every case. Mental health services and care are acknowledged as difficult to access for those who need this support.

It is also acknowledged that historically there has been poor investment and low level of service provision compared to physical health services, however there is a commitment from the Board to improving outcomes and ensuring the best models of care are in place for patients.

### **The Five Year Forward for Mental Health: National Drivers**

The Independent Mental Health Taskforce to the NHS in England released the strategy, [The Five Year Forward for Mental Health](#) in February 2016. Based on [Future in Mind \(2015\)](#) which focussed on children and young people's mental health and wellbeing, this strategy aims to promote the 'Parity of Esteem' with equal status to mental and physical health for all, which the Board has already signed up to in the current Joint Health and Wellbeing Strategy for Norfolk.

This approach to improving Mental Health in Norfolk has been informed by the proposals in this national strategy and will support its delivery. However, the proposed following actions will focus on those mental health improvements that require the Health and Wellbeing Board to put into action.

## Appendix B

Our Aim	For example we will do this by:	By 2020 we will have:
<b>Reduce stigma</b>	<ul style="list-style-type: none"> <li>• Launching a <b>Year of Mental Health</b> in 2017 using <b>National Campaigns</b> i.e. OneYou</li> <li>• Developing campaign <b>key messages</b> to inform a communications and promotion plan inc. full use of social media</li> <li>• Hosting a <b>conference / workshops</b> – to include people with lived experiences</li> <li>• Signing up <b>Mental Health Champions</b> in all local authorities in Norfolk</li> <li>• Taking up the <b>Mental Health Challenge</b> – Time to Talk Campaign – all partners</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer people who have experienced stigma and discrimination (No Health without Mental Health)</li> <li>• Increased public openness to talking about and seeking help for mental health illness early rather than at crisis</li> </ul>
<b>Make Mental Health Everyone's Business</b>	<p><b>Employers</b></p> <ul style="list-style-type: none"> <li>• Rolling out <b>mental health first aid training</b> through main employer HR departments/ Occupational Health.</li> </ul> <p><b>Schools and further education</b></p> <ul style="list-style-type: none"> <li>• <b>Supporting and working in partnership</b> with schools (with a whole school approach) and with further education providers in the delivery of mental health awareness.</li> </ul> <p><b>Communities</b></p> <ul style="list-style-type: none"> <li>• <b>Working with Job Centre Plus</b> inc. Disability Employment Advisors, co-pilot work and projects to support mental health employment</li> <li>• <b>Reviewing District Council benefit claimant information</b> and signposting to mental health support</li> <li>• Working with <b>Local Government and the Voluntary and Community Sector</b>, further develop plans on how mental health outcomes can be improved</li> <li>• Developing and Implementing a tobacco control and stop smoking strategy across <b>NSFT</b></li> <li>• Developing a vibrant <b>Mental Health Network</b></li> <li>• Offering Mental Health awareness training with a particular focus on <b>Housing and Welfare</b> colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged a wider range of people and organisations, as part of a continuing active Norfolk Mental Health Network, to address the causes of mental ill health</li> <li>• Included mental health impacts in all policies and reviewed policies spend</li> <li>• Shared outcomes and performance indicators reported to HWB</li> <li>• Delivery of this 5 year strategy with the oversight of the Health and Wellbeing Board</li> <li>• Mechanism in place to align strategic priorities for all stakeholders</li> </ul>

<p><b>Improve access to self-help resources and early help</b></p>	<ul style="list-style-type: none"> <li>• Supporting the implementation of <b>NCC's Children's services Social and Emotional Wellbeing of Preschool Children Strategy</b></li> <li>• Implementing the <b>0-19 Healthy Child Programme plans</b> to improve access to self-help services</li> <li>• Supporting <b>self-harm reduction interventions</b> underway including working through the suicide prevention group</li> <li>• Promoting <b>physical activity</b> interventions to impact on mental health</li> <li>• Promoting the use of evidence based recommendations for CBT/CLT for <b>anxiety and depression</b> i.e. <a href="http://www.beatingtheblues.co.uk/">http://www.beatingtheblues.co.uk/</a></li> <li>• Improving access to the <b>NHS Health and Wellbeing service</b></li> <li>• Promote <b>"Shelf Help"</b> and <b>"Reading Well Books on Prescription"</b> with <b>NCC Library Services</b></li> <li>• Developing signposting roles linking with <b>District Early Help Hubs</b> and <b>voluntary sector</b></li> <li>• Implementing the <b>Combatting Loneliness Guide for LAs</b> or using the Joseph Rowntree Foundation Loneliness resource pack.</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of the Norfolk Suicide Prevention Strategy</li> <li>• More people with good mental health and fewer people having suffered avoidable harm (No Health without Mental Health)</li> <li>• Reduction in self harm</li> <li>• Fewer attempts of suicides</li> <li>• People report they know how to help themselves and seek help from friends and community</li> </ul>
<p><b>Commission better pathways into and through services</b></p>	<ul style="list-style-type: none"> <li>• Supporting the <b>armed forces community covenant</b> (veterans, pathway work) and making use of <b>Healthwatch research</b> on veterans experience of NHS</li> <li>• Assessing <b>how much is spent</b> on mental health and how this matches to need and <b>impacts on outcomes</b></li> <li>• Identify how <b>access to services</b> can be improved</li> <li>• Mental Health Workers in <b>Police Control Rooms</b></li> <li>• Delivering the <b>Crisis Care Concordat</b></li> <li>• Including Mental Health in the <b>Better Care Fund</b> plans and <b>STPs</b></li> <li>• Mapping and streamlining the <b>governance structure</b> for mental health in Norfolk</li> <li>• Using <b>surveys</b> in order to monitor the impact of this strategy</li> </ul>	<ul style="list-style-type: none"> <li>• More people having improved access to care with a positive experience and support as required</li> <li>• Completed delivery of the Crisis Care Concordat</li> <li>• Evidence of a strategic shift from acute based to community services</li> <li>• Increased % of NHS investment in Mental Health</li> <li>• Improved Mental Health outcomes and quality from services</li> <li>• The HWB having overview of the <b>STPs</b> and ensuring <b>service user views</b> are included into planning</li> <li>• Delivery of Children &amp; YP Mental Health Transformation Plan – (annual £1.9m investment) with the HWB having had oversight of impact</li> <li>• HWB oversight of West CCG delivery for funds held aside from CAMHS transformation plan</li> <li>• A more co-ordinated approach to commissioning 'Cinderella services' e.g. personality disorder services, police and crises, perinatal mental health, complex needs</li> </ul>