

# Norfolk Health & Wellbeing Board

Date: **Tuesday 6 March 2018**

Time: **10:30am**

Venue: **Abbey Conference Centre, Norwich**

## Membership

William Armstrong  
Cllr Yvonne Bendle  
Cllr David Bills  
Cllr Bill Borrett  
James Bullion  
Dr Hilary Byrne  
Cllr Penny Carpenter

Cllr Paul Claussen  
Melanie Craig  
Dr Anoop Dhesi  
Simon Evans-Evans  
Cllr Andy Grant

Lorne Green  
Dr Joyce Hopwood  
Antek Lejk

Cllr Kevin Maguire  
Dan Mobbs  
Cllr Elizabeth Nockolds

Cllr Maggie Prior  
Cllr Andrew Proctor  
Dr Janka Rodziejewicz  
ACC Paul Sanford  
Dr Louise Smith  
Jo Smithson  
Dr Liam Stevens  
Dr Wendy Thomson  
Sara Tough  
John Webster  
Dr Paul Williams  
Tracy Williams

## Substitute

Alex Stewart  
Cllr Florence Ellis  
  
Cllr Shelagh Gurney  
Catherine Underwood

Cllr Stuart Dark

Cllr Trevor Carter

Cllr Emma Flaxman-Taylor

Dr Gavin Thompson  
Laura Bloomfield

Adam Clark  
Elly Wilson  
Cllr Sam Sandell

Cllr Roger Foulger  
Jon Clemo

Sarah Jones

## Representing

Healthwatch Norfolk  
South Norfolk District Council  
Norfolk County Council (NCC)  
Adult Social Care Committee, NCC  
Adult Social Services, Norfolk County Council  
South Norfolk Clinical Commissioning Group  
Children's Services Committee, Norfolk County Council  
Breckland District Council  
NHS Great Yarmouth & Waveney CCG  
North Norfolk Clinical Commissioning Group  
NHS England, East Sub Region Team  
Great Yarmouth Borough Council

Police and Crime Commissioner  
Voluntary Sector Representative  
NHS North and South Norfolk Clinical Commissioning Groups  
Norwich City Council  
Voluntary Sector Representative  
Borough Council of King's Lynn and West Norfolk  
North Norfolk District Council  
Broadland District Council  
Voluntary Sector Representative  
Norfolk Constabulary  
Public Health, Norfolk County Council  
Norwich Clinical Commissioning Group  
NHS Great Yarmouth & Waveney CCG  
Norfolk County Council  
Children's Services, Norfolk County Council  
West Norfolk Clinical Commissioning Group  
West Norfolk Clinical Commissioning Group  
Norwich Clinical Commissioning Group

## Standing invitation to attend Board meetings:

Christine Allen  
John Bacon  
Julie Cave  
Mark Davies  
Roisin Fallon-Williams  
Jon Green  
Rt Hon Patricia Hewitt  
Cllr Mary Rudd  
Jonathan Williams

Anna Davidson  
  
Gary Page  
John Fry  
Geraldine Broderick  
Edward Libbey

Tony Osmanski

James Paget University Hospital  
Norfolk Independent Care  
Norfolk & Suffolk NHS Foundation Trust  
Norfolk & Norwich University Hospital  
Norfolk Community Health & Care  
Queen Elizabeth Hospital  
Chair, STP Chairs Oversight Group  
Waveney District Council  
East Coast Community Healthcare

**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 223029 or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

# Norfolk Health & Wellbeing Board Agenda

Time: 10:30am

1	Apologies	Clerk	
2	Election of Vice Chair (CCG)	Chair	
3	Chairman's opening remarks	Chair	
4	Minutes	Chair	(Page 3)
5	Action points arising from the minutes	Chair	
6	Members to declare any interests	Chair	
7	Sustainability and Transformation Plan (STP)		
	a) An Integrated Care System	Antek Lejk	(Page 10)
	b) Vision for the future model of Primary Care in Norfolk and Waveney (Report and presentation)	Melanie Craig	(Page 14)
8	Norfolk's Joint Health and Wellbeing Strategy 2018-22	Chris Butwright	(Page 19)
9	Pharmaceutical Needs Assessment (PNA) 2018 (Report and presentation)	Suzanne Meredith	(Page 27)
10	Health and Wellbeing Board (HWB) and health scrutiny - briefing note	Linda Bainton	(Page 30)

## Information updates

- **Norfolk Health Overview & Scrutiny Committee (NHOSC):** Agenda papers relating to items on the HWB agenda include: **Norfolk & Waveney Sustainability & Transformation Plan [Progress Update](#) – 26 October 2017**
- **Healthwatch Norfolk** – the most recent HWN Board minutes/report relating to this agenda at this link: <https://www.healthwatchnorfolk.co.uk/reports/board-papers/>
- **Further information about the Norfolk 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 Wednesday 27<sup>th</sup> September 2017 at 9.30am**  
**in the Edwards Room, County Hall**

**Present:**

Cllr Bill Borrett (in the Chair)	Norfolk County Council
Cllr Yvonne Bendle	South Norfolk District Council
Cllr David Bills	Norfolk County Council
Cllr Paul Claussen	Breckland District Council
Melanie Craig	NHS Great Yarmouth and Waveney CCG
Dr Joyce Hopwood	Voluntary Sector Representative
Sarah Jones	Norfolk County Council
Dr Ian Mack	West Norfolk CCG
Antek Lejk	North Norfolk CCG
Cllr Kevin Maguire	Norwich City Council
Cllr Elizabeth Nockolds	Borough Council of King's Lynn and West Norfolk
Cllr Maggie Prior	North Norfolk District Council
Dr Janka Rodziewicz	Voluntary Sector Representative
Dr Louise Smith	Norfolk County Council
Alex Stewart	Healthwatch Norfolk
Dr Gavin Thompson	Police and Crime Commissioner's Office
Catherine Underwood	Norfolk County Council
Tracy Williams	Norwich CCG

**Invited Guests also present:**

Christine Allen	James Paget University Hospital
Rt. Hon Patricia Hewitt	Independent Chair, STP Chair's Oversight Group
Tony Osmanski	East Coast Community Healthcare
Gary Page	Norfolk and Suffolk NHS Foundation Trust

**Officers present:**

Linda Bainton	Norfolk County Council
Jane Harper Smith	STP Programme Director
Alison Leather	Director of Quality, South Norfolk CCG
Jonathan Stanley	CAMHS Strategic Commissioner

**1 Apologies**

- 1.1 Apologies were received from Mr W Armstrong (Healthwatch), Cllr P Carpenter (Norfolk County Council), Cllr Andrew Proctor and Cllr Roger Foulger (Broadland District Council), ACC Paul Sanford (Norfolk Constabulary), Dr Wendy Thomson (Norfolk County Council), Cllr Andy Grant (Great Yarmouth Borough Council), Simon Evans Evans (NHS England), Roisin Fallon Williams (Norfolk Community Health and Care), Dan Mobbs (Voluntary Sector Representative), Lorne Green (Police and Crime Commissioner) and Jonathon Williams (East Coast Community Healthcare).

## **2. Chairman's Opening Remarks**

- 2.1 The Chairman welcomed Rt. Hon Patricia Hewitt to the meeting who had been invited in her capacity as Independent Chair, Norfolk & Waveney Sustainability & Transformation Plan (STP) Chairs Oversight Group.
- 2.2 The Board were informed that Vice Chair, Dr Ian Mack would be standing down as Chair of the West Norfolk CCG and therefore this would be his last meeting. Dr Mack had been a member of the Board since its very first meeting in April 2013 and had taken a full and active part in the Board's business. In particular Dr Mack had worked as one of the Board's two Vice Chairs ever since the role was introduced in July 2013. On behalf of the Board the Chairman placed on record his thanks for the significant contribution that Dr Mack had made to its work. It was noted that the Board would need to hold an election for the role of Vice Chair at its next formal meeting in February 2018.

## **3. Minutes**

- 3.1 The minutes of the Health and Wellbeing Board (HWB) held on 12<sup>th</sup> July 2017 were agreed as a correct record and signed by the Chairman.

## **4. Action points arising from the minutes**

- 4.1 The Board noted that the Chairman and Vice Chairs had met on 4 September 2017 in order to sign off the BCF Plan 2017-19 in time for its submission to NHSE on 11 September. The BCF submission had now been published on the Health and Wellbeing Board page of the website, and a briefing note for Board members had been circulated. The Chairman reminded the Board that a link to the BCF submission was provided at the bottom of the agenda.
- 4.2 In response to a query regarding concern that at a national level the LGA and ADASS (Association of Directors of Adult Social Services) had withdrawn their support for the BCF guidance, Catherine Underwood confirmed that she was aware that the process for approving plans was being undertaken and the assessment was that this was not impacting on the process locally.
- 4.3 The Chairman reminded the Board that further information had been provided to Board members regarding the following matters, which had been raised at the last meeting:
- Accidents and Deliberate Injuries in Children and Young People
  - Awareness amongst GPs about the Slimming World voucher scheme in GP practices
  - Health and Wellbeing Board Stakeholder event
  - Suicide Prevention learning Event

## **5. Declaration of Interests**

- 5.1 There were no interests declared.

## **6. Health and Wellbeing Board governance, system leadership and forward plan**

- 6.1 The annexed report (6) was received which outlined the governance arrangements currently in place for the Board, including membership, terms of reference, current ways of working, substructures and appointments to other bodies. It also outlined the Board's

relationship with other bodies and key partnerships and groups. The report invited the Board to consider and make comments on the current arrangements and to make a number of proposals.

**6.2 During the ensuing discussion the following issues were raised:**

- Members of the Board, and their partner organisations, were welcome to bring forward suggestions for consideration on the forward plan of future issues
- It was noted that it was vital that the Board had a significant role in working with the NHS and the social care system moving the health and wellbeing agenda forward, acknowledging that 'health' was more than health services, it was also about wellbeing. The fact that the Board was held in public added to its strength and the report represented an opportunity for the Board to cement this role further.
- An issue was raised about the fact that the voluntary sector were not represented at a Vice Chair level on the Board, nor were they represented on the STP. It was agreed that consideration would be given to this and it would be brought back to the next meeting.
- The Chairman said that the Health and Wellbeing Board website had now been improved and updated and previous reports could now be accessed by subject matter on the Health & Wellbeing Board page of the County Council's website.

**6.3 The Board RESOLVED to:**

- 1 Agree that the Rt. Hon Patricia Hewitt, recently appointed Chair of the N&W STP Oversight Group, be invited to join Board meetings (para 2.3) and that all appointments to the Board are reviewed by the partner organisation on an annual basis (para 2.4)
- 2 Agree the Board's updated terms of reference and recommend that Norfolk County Council be asked to consider amending its constitution accordingly (para 2.6 and Appendix B)
- 3 Agree the proposed terms of reference for the Chair and Vice Chairs Group, including encompassing the role of the Better Care Fund Sub Group and overseeing the development of the HWB's next Joint Health & Wellbeing Strategy (paras 2.12 & 2.14 and Appendix C)
- 4 Confirm the close of the Strategy Implementation Group (para 2.13)
- 5 Confirm the HWB's nominations to other committees (para 2.15)
- 6 Confirm all participant members sign up to the agreed ways of working as system leaders (para 4.3)
- 7 Agree the draft Forward Plan (para 5.3 and Appendix E)

**7 Sustainability and Transformation Plan (STP)**

**7.1 Introduction from the Independent Chair**

7.2 In introducing the report the Rt. Hon Patricia Hewitt thanked Dr Wendy Thomson for the early work that she had undertaken in the development of the STP and confirmed that she would remain on the STP Executive Team.

7.3 Ms Hewitt informed the Board that the Oversight Group was not a statutory body but had a key influencing role in bringing together a large number of statutory bodies from health and

social care. There was a focus on prevention and keeping people in their homes longer and the STP was about leading services towards that vision, promoting closer working and integration across the system. Ms Hewitt also referred to the need to improve public consultation and engagement as well as looking at ways to involve the voluntary sector in the work of the STP. She reiterated that the Oversight Group was not intended to provide a further level of bureaucracy in the system and had clear links to the Health and Wellbeing Board in that they both aimed to enable people to lead the healthiest lives possible.

#### 7.4 **STP Update - focus on implementation (report and presentation)**

7.5 In introducing the report, which outlined the main transformation deliverables, Antek Lejk said that the STP now needed to move to its next phase and focus on delivery and implementation. He confirmed that there was also a need to make changes to the governance and that the STP 'journey' needed to take our health system into much closer integration with our social care system. Mr Lejk stated that the immediate system priority for now, and the rest of the year, that the STP would be focused on was accident & emergency, however the challenge would be to not lose sight of the longer term priorities and the prevention agenda. He emphasised that all of the bodies on the Health & Wellbeing Board had a key role to play.

7.6 The STP Programme Director gave a presentation which provided a summary of key elements of the STP Implementation plan, which was due to be published shortly.

A copy of the presentation can be found on the County Council's website at:

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/587/Committee/39/Default.aspx>

7.7 During the ensuing discussion the following issues were raised:

- While not all partner organisations would be involved directly on the STP Executive, everyone needed to be engaged in the delivery of STP workstreams.
- It was important to look at longer term prevention and the impact of good quality housing on improving both physical and mental health. In relation to prevention, HWB partners were encouraged to ask the question "How can my organisation help?"
- The role of the district councils in delivering some of the STP priorities was discussed as was the district councils engagement with the STP overall. Members noted that work was already being undertaken by some district councils, for example, around social prescribing in local communities.
- It was considered helpful for the HWB to have a report on what the different district councils did in relation to this as it could serve to encourage innovation and the sharing of good practice. It was agreed that a document be produced by all the district councils outlining what the current projects/activities being undertaken across Norfolk that were, or could be, supporting delivery of the STP.
- The Voluntary, Community and Social Enterprise Sector (VCSE) were keen to engage with the STP at all levels and, for example, had a role in relation to social

prescribing.

- In relation to further public engagement, there was a need to look at the learning from the Accountable Care Organisations (ACOs).
- The HWB noted that Waveney District Council were represented on the Suffolk Health and Wellbeing Board and were also a member of the Norfolk & Waveney STP Stakeholder Board.

#### **7.8 The Board resolved to:**

- 1) Note the report
- 2) Ask that the HWB/member organisations identify actions they could take to accelerate progress on delivering the changes necessary to deliver sustainable services.

### **8. Local Transformation Plan for Norfolk and Waveney 2017-18 (Children and Young People's Mental Health)**

8.1 The annexed report (9) was received by the Board. It asked them to approve the refreshed CAMHS Local Transformation Plan (LTP) 2017-18 and endorse the proposed LTP priorities for the next two years.

8.2 During the ensuing discussion the following issues were raised:

- It was acknowledged that the key national expectation/target that by 2020/21 at least 35% of children with a diagnosable mental health problem would be able to access support and treatment, was still too low. In response the CAMHS Strategic Commissioner said that the ambition in the LTP for Norfolk and Waveney was that this target would be higher, although it was acknowledged that they could only do as well as they could within the resources available.
- In response to an issue raised it was acknowledged that there were too many pathways for children and young people and their parents and teachers to access care and treatment. The service was looking at ways to improve this and was looking at a re-design which would move away from the traditional 'Tiers' structure towards a single point of contact for advice, referrals etc. for people to access services.
- As part of the CAMHS re-design project consideration was being given to a potential new model of service delivery based on the 'Thrive' model. The Board asked to be consulted on the new 'Thrive' service model and to receive an update on the new governance arrangements as part of the Board's consideration of the CAMHS re-design at the May 2018 HWB meeting.
- Different mediums of support for children and young people with mental health needs were available, including social media and a peer to peer texting support number.
- It was noted that there were a number of factors that could increase the likelihood of

children and young people being more at risk of mental health problems, including poverty and poor housing.

- The Board were informed that a Government green paper on child and adolescent mental health was expected in December 2017, which would present mandatory waiting time standards. This was welcomed however it was acknowledged that locally waiting times were significantly better than the national average.
- It was noted that plans were underway to streamline overall governance arrangements through the proposal of a single, joint commissioning committee.

### 8.3 **The Board RESOLVED to:**

- 1) Endorse the refreshed LTP
- 2) Recommend that the 5 CCGs and NHS England approve and sign off the Plan

## 9. **Hospital Discharge in Norfolk**

9.1 The annexed report (8) was received. The report considered the importance of timely and effective hospital discharges in allowing people to continue to recover their wellbeing after a hospital stay and noted the evidence from a national review by Healthwatch of where difficulties may arise. It also provided summary data about delayed discharges from hospitals across the Norfolk system

9.2 During the ensuing discussion the following issues were raised:

- Following a query, it was agreed to circulate further information relating to the review of the involvement of the voluntary sector in the multi-disciplinary and multi-agency discharge teams in the High Impact Change (HIC) plan and the timescales involved.
- There was a need to be more proactive around ensuring the wellbeing of older people when they went back home as well as focussing on avoiding admissions to hospital in the first place.
- The need to build and maintain effective relationships between partner organisations was seen as being key to improving both admissions to and timely and effective discharges from hospital as it was clear that no one organisation was responsible.

### 9.3 **The Board RESOLVED to:**

Consider the existing performance and commitments.

## 10. **Transforming Care Partnership - Services for Adults with a Learning Disability**

10.1 The annexed report (10) was received which asked the HWB to receive and respond to the end of 1<sup>st</sup> year report of the Norfolk and Waveney Transforming Care Partnership (TCP).

10.2 During the ensuing discussion the following issues were raised:



- Members noted that the focus for next year was on the fact that it was an all-age programme, and the need to ensure consideration of the children and young people element, as well as on alternative housing solutions.
- The Care Act was clear about statutory responsibilities to support 'wellbeing'. It formed part of the conversations with those who received support and also being creative in considering ways to support them eg digital opportunities.
- The Board noted that there was a slightly lower life expectancy for people with learning difficulties and considered it useful to understand the level of Physical Health Checks across Norfolk. It was suggested that Health Overview & Scrutiny Committee could be asked to investigate the level of health checks being undertaken across Norfolk and what is being done about those people not coming forward for their checks.
- The Board were interested in the alignment between health needs and housing stock and agreed that the TCP housing strategy be circulated to all members.

### 10.3 **The Board RESOLVED to:**

Agree to endorse the next steps for CCG governing bodies and local authority partners, as recommended by the end of year report:

- 1) Development of a local Risk Share Agreement across NCC/Strategic Commissioning Committee, CCG's and Specialised Commissioning Group (SCG) for people with a learning disability and/or autism with challenging behaviour.
- 2) Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable workforce.
- 3) To support an increase in the use of integrated Personal Health and Social Care Budgets.
- 4) To transfer the Transforming Care database to BroadCare.
- 5) To agree a budget to support co-production for the remainder of the programme.

### 11. **Any other business**

- 11.1 The Chairman noted that there were a number of bodies who were either absent from the meeting or who had not nominated a substitute members. It was agreed to write to those bodies not represented at the meeting to remind them that they could nominate a substitute if they were unable to attend.

**The meeting concluded at 12.20am**

**Chairman**

<b>Report title:</b>	<b>Norfolk and Waveney STP's Expression of Interest to become an Integrated Care System</b>
<b>Date of meeting:</b>	<b>6 March 2018</b>
<b>Responsible Chief Officer:</b>	<b>Antek Lejk, STP Executive Lead</b>
<b>Strategic Impact</b>  <p>Improving Health and Care services is of strategic importance to all partners within the Sustainable Transformation Partnership (STP). We wish to look beyond our existing partnership arrangements and start working as a more integrated system across the NHS and Care system.</p> <ul style="list-style-type: none"> <li>• Citizens in Norfolk &amp; Waveney need access to good quality and cost effective health and care services. The STP partner organisations have clear responsibilities to work together to achieve this, exercised through the Health Overview and Scrutiny Committee.</li> <li>• People's health and care needs are often closely linked and effective co-ordination and integration of services is required for an effective and seamless response.</li> <li>• We wish to move away from the transactional relationships between the different parts of our health and care system to integrated delivery based on population health need, that aims to help people stay healthy at home and reduce the number of people falling into crisis or emergency care.</li> </ul>	

## Executive summary

Norfolk and Waveney Sustainability and Transformation Programme has been invited to submit an expression of interest to become one of eight STPs in a 'second wave' of Integrated Care Systems. This would mean working in shadow form, whilst we explore what becoming an ICS for Norfolk and Waveney would mean for our population. This paper sets out the opportunities this presents for improved health services and integrated care, the criteria for application and how these reflect the STP priorities.

## Recommendations:

1. **Members are asked to support the Expression of Interest to become an Integrated Care System, subject to agreement by Trust Boards, Governing Bodies and Council Committees.**

## 1. An Integrated Care System

1.1 NHS England sees becoming an Integrated Care System (ICS) as an evolution of the Sustainability and Transformation Partnerships. An ICS enables a system to become a system which is jointly responsible for creating integrated health and care services for their local population within the available budget.

1.2 Becoming an ICS gives a local system more flexibility to manage resource across local services, improved access to NHS transformation funding opportunities and engagement with NHS regulation in manner which enables local flexibility and integration. Overall, it is seen to be an enabler to accelerating the improvement of Norfolk and Waveney's health and care system.

1.3 The criteria for becoming an Integrated Care System are:

### Criteria for “shadow” or prospective ICS

Capabilities all systems should evidence from the beginning

Effective leadership and relationships, capacity & capability	<ul style="list-style-type: none"><li>• Strong leadership team, with mature relationships across the NHS and local government</li><li>• Clear, shared vision and a credible strategy</li><li>• Effective collective decision-making, with clear roles and accountabilities – including primary care</li><li>• Effective ways of involving clinicians and staff, service users and the public</li><li>• Ability to carry out decisions that are made, with the capability to execute on priorities</li></ul>
Track record of delivery	<ul style="list-style-type: none"><li>• Evidence of tangible progress towards delivering <i>Next Steps on the Five Year Forward View</i> especially redesign of UEC system, better access to primary care, improved mental health and cancer services</li><li>• Delivery of constitutional standards or confidence that by working as a system they are more likely to be recovered</li></ul>
Strong financial management	<ul style="list-style-type: none"><li>• Collective commitment by CCGs and trusts to shared systems of financial planning and financial risk management, supported by system control total and system operating plan</li><li>• Agreement to individual control totals or acceptable proposal for re-apportioning system control total</li><li>• Credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance</li></ul>
Coherent and defined population	<ul style="list-style-type: none"><li>• A meaningful geographical footprint that respects patient flows</li><li>• Where possible, is contiguous with local government boundaries</li><li>• Covers an existing STP of sufficient scale (~1m pop or more)</li></ul>
Focused on care redesign	<ul style="list-style-type: none"><li>• System has persuasive plans for integrating services vertically (primary care, social care &amp; hospitals) and collaborating horizontally (between hospitals)</li><li>• Widespread involvement of primary care, with GP practice collaborating through incipient networks</li><li>• Plans to redesign care models and introduce more systematic approaches to population health</li></ul>

1.4 Eight areas are currently in this position, with a second wave of areas to be approved in March. The Norfolk and Waveney Sustainability and Transformation Partnership (STP) has been invited by NHS England to bid and an expression of interest was submitted on 16<sup>th</sup> February with the agreement of the STP executive members, including the Managing Director, Director of Adult Social Services and the Director of Public Health. The expression of interest will be reviewed by NHS England and NHS Improvement during March. A successful outcome would see Norfolk and Waveney become a shadow ICS from April 2018.

## 2. The benefits of becoming an Integrated Care System

2.1 The benefits which have been identified in Norfolk and Waveney STP expression of interest to becoming an ICS include:

- Enabling a stronger focus on prevention and the whole population's health to

improve the health of the population of Norfolk and Waveney.

- Integrating more health and care pathways in the community wrapped around primary care, building upon existing services to provide more seamless care.
- Support the integration and closer working across the three hospitals.
- Enable a whole system approach to supporting challenged services
- Reduce unwarranted variation across the whole population
- Working more closely as regulators, commissioners and providers to provide better consistency.
- Make Norfolk and Waveney a more attractive place to work
- Enable a fundamental shift in culture across services.
- Enable us to make better use of our health and care resources which total £2.6billion

2.2 These support the STPs strategic objectives to improve health outcomes, the quality of services and provide the best value for money.

### **3. Role of the Health and Wellbeing Board**

3.1 The Expression of Interest sets out that proposals will be developed for an enhanced role for the Norfolk Health and Wellbeing Board to provide greater democratic accountability of the work of the ICS and that a decision will be reached by May 2018. This will not substitute for decisions which will be made by Trust Boards, Governing Bodies and other Council committees under the Constitution.

### **4. Financial implications**

4.1 The financial implications of becoming an Integrated Care System will need to be scoped out and decisions managed as the process evolves. The various Statutory Bodies and the Council will continue to have control through existing governance structures over any financial commitments they choose to make. [These will be considered by the relevant Trust Board, Governing Body or Policy and Resources committee.]

### **5. Issues, risks and innovation**

5.1 Norfolk and Waveney is well-placed to lead innovation in health and care, for the benefit of local people. We are recognised as having a strong track record of integrated services and integrated commissioning and our STP has been assessed as 'Advanced'. Becoming an integrated care system will position Norfolk and Waveney as one of the early adopters of the model.

5.2 A risk register will be maintained during the development of new arrangements with the NHS.

### **Officer Contact**

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

**Officer Name:**

**Tel No:**

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<b>Report title:</b>	<b>Vision for the future model of Primary Care in Norfolk and Waveney</b>
<b>Date of meeting:</b>	<b>6 March 2018</b>
<b>Sponsor (H&amp;WB member):</b>	<b>Melanie Craig, Chief Officer, NHS Great Yarmouth and Waveney Clinical Commissioning Group</b>
<p><b>Reason for the Report</b></p> <p>The purpose of this paper is to update members of the Health and Wellbeing Board (HWB) on the Norfolk and Waveney Sustainability and Transformation Plan (STP), with a focus on the vision for the future model of primary care in Norfolk and Waveney.</p> <p><b>Report summary</b></p> <p>The STP Primary and Community Care work stream (previously known as the Prevention, Primary and Community Care work stream) has been relaunched. The intention is to deliver greater involvement and commitment to the planning, development and implementation of the sustainable transformation partnership (STP) across primary and community care from all relevant partner organisations. With such a broad remit, involving lots of partners from across the breadth of health and social care, it is imperative that a strategic view is taken to support the development of plans aligned to priorities in a rapidly changing health and social care landscape.</p> <p>This report provides an update on the development of the Primary and Community Care work stream with a particular focus on the development of the strategic plan for primary care aligned to the GP Forward View and the Five Year Forward View.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1. The HWB notes with concern the challenges facing the sustainability of general practice, especially in recruitment of GPs</li> <li>2. Given these workforce challenges, the HWB approves the strategic direction of primary care development, including proposals to: <ul style="list-style-type: none"> <li>• promote self-care and responsible health seeking behaviours from the public</li> <li>• widen the range of staff working in general practice</li> <li>• introduce new consultation and communication methods</li> <li>• a focus for GPs on people with the most difficult health problems</li> <li>• bring GP practices to work more closely together</li> </ul> </li> </ol>	

## 1. Background

- 1.1 Primary care is under increasing strain trying to adapt to a very different situation from the one it was originally set up to address. We are all too familiar with the current public health challenges, people are living longer, mainly because of better

living standards but also as a result of modern medical practice. People are smoking less, but they are less active and more overweight which causes a whole host of different health problems such as diabetes and heart disease. People are also living longer than ever before, but often with more complex, multiple long term conditions (LTCs), coupled with complex social issues. These are referred to as the 'wider determinants of health' such as social mobility and economic standing.

- 1.2 To respond effectively, we need to balance natural caution with the urgency of the situation – we can build on the best of our present system, and move towards making the system more sustainable. GPs are well placed to support patients to live well for longer and closer to home. But there are significant challenges facing general practice both nationally and locally. It is the role of the STP Primary and Community Care work stream to bring together primary and community care secondary care and local councils (social care) to address these challenges and improve the health and wellbeing of the population through joined up and closer working, as well as make progress towards financial sustainability across the system.

## **2. GP Forward View: What future care will look like**

### **Addressing the challenge**

- 2.1 To meet this challenge, Primary and community care services are working to organise themselves differently to be able to provide:
- A more holistic approach to health and wellbeing with a specific focus on prevention and self-care, supporting patients to live well at home for longer.
  - Workforce development and skill mix opportunities to deliver a more responsive and accessible NHS (in line with national directive on 7 day a week working).
  - Improved end of life planning for patients wishing to die at home or elsewhere.
  - Much more joined up and integrated primary and community services for sharing expertise and resource across localities to build resilience and sustainability.
  - Pro-active older peoples care by proactively identifying the most vulnerable and high risk patients requiring focused and in-depth interventions.
  - Better care co-ordination so there are fewer people involved in care and reducing the burden of appointments.
  - Released time for GPs to focus on people with the most difficult problems.
  - GPs heading a team which includes different health workers e.g. physician associates and medical assistants.
  - New specialist support services across primary and community care helping the GP team and their patients.
  - GP practices working together to share skills, expertise and resource.
- 2.2 Historically, GPs have worked within their own practices and self-managed patient demand. As pressure on the system grows, practices are increasingly combining efforts and working together at varying levels of scale. By working together GPs can strengthen in resilience and stability to lead and shape the design of care. Care interventions can be delivered at different levels, recognising the benefit of maintaining local delivery and developing relationships across Norfolk and Waveney.

## **STP Primary and Community Care Development**

- 2.3 Following a recent review of the governance arrangements for the STP, the STP Executive agreed a re-focus was necessary for the Prevention, Primary and Community Care Work Stream specifically. As senior responsible officer (SRO) for primary care across the STP, the work stream is now being led by Melanie Craig, Chief Officer, NHS Great Yarmouth and Waveney CCG.
- 2.4 With an opportunity to relaunch the work stream under the new SRO, we have new governance arrangements for the work stream and improved stakeholder engagement, as well as refreshed work programme which is evidence based and clinically led.
- 2.5 The new STP Primary and Community Care Programme Board was successfully relaunched on the 5 December 2017. There were twenty five attendees from across health and social, primary and community care and the voluntary sector. Norfolk County Council were represented by James Bullion, Director of Adult Social Services. There were eight GPs in attendance representing the CCG patches and localities across Norfolk and Waveney.
- 2.6 The next stage in the STP Primary and Community Care work stream is to develop Local Delivery Groups, coterminous with the CCGs. The overall purpose of each Local Delivery Group will be to implement the strategic direction set by the STP Primary and Community Care Programme Board including new models of care; provider development; access and resilience; prevention and self-care. This is in line with the national NHS Five Year Forward View and the General Practice Forward View and is essential to meet patient need.

## **Local delivery and areas of impact**

### **Active Sign Posting and Self Care**

- 2.7 Across the STP, our aim is to have all practices with members of staff trained in sign-posting skills, with the ability to promote self-care and responsible health seeking behaviours from the public. The expected impact of this includes:
- patients being empowered to self-care where appropriate and seek alternative appropriate services
  - Improving patient satisfaction with services and ease of access.
  - Increasing capacity in general practice for health staff to see and treat most vulnerable and at need patients
- 2.8 Across Norwich, active sign-posting is operationalised by the GP Provider Group, 'One Norwich' who have held two workshops and trained 42 reception and clerical staff across 18 GP Practices. Great Yarmouth and Waveney have trained over 70 staff, including GPs, on care navigation processes. This is all about sign posting patients to the right services for them.
- 2.9 Across North and South Norfolk, all practices have undertaken sign post training with a planned rolling programme for updates and West Norfolk CCG commission care navigators to be hosted within practices to sign post patients to alternative appropriate services.



### **Social Prescribing**

- 2.10 A shared objective across the STP is to better use referral and signposting to non-medical services in the community that increase wellbeing and independence, adopting a holistic approach to patient care. Norfolk Public Health and Adult Social Services are leading on a two year programme to establish social prescribing and community navigation at scale across the Norfolk and Waveney STP footprint for commencement January 2018.
- 2.11 At a Local Delivery Group level existing programmes currently in place include: South Norfolk where 19 practices signed up to South Norfolk District Council Social Prescribing project. In North Norfolk integrated care coordinators are based in practices supporting the patient pathway, to link to local services in the community.
- 2.12 There is a social prescribing project implemented in the Waveney area to support patients with socio-health needs delivered by Citizens Advice Bureau. The programme is evaluating the impact of this project and sharing lessons from implementation. There is also a social prescribing pilot in Great Yarmouth with a practice employed support worker linking into the borough council care connector scheme.

### **Improved Extended Access**

- 2.13 NHS North and South Norfolk CCGs are, on behalf of the five CCGs, leading on the development of Improved Access models and plans. As such, all five CCGs have been working together to develop a consistent and robust approach across the STP footprint, which includes submitting a shared STP Improved Access project plan, and sharing learning to develop pilots that meet local population needs as evidenced by stakeholder engagement. At a local level pilots are being developed by each CCG in line with local need determined by the recent patient survey (December 2017), local knowledge and stakeholder feedback. These pilots are being developed with a focus on achieving the 7 core requirements and will inform delivery plan for submission by the end of January 2018.

### **New Consultation Types**

- 2.14 The aim of which is to introduce new communication methods for some consultations, such as phone and email, improving continuity and convenience for the patient, and reducing clinical contact time. From an STP perspective we are developing a single coordinated approach to online consultation specifically to ensure a consistent and coordinated service offer for GP advice. Patients should be able to find out information about a health problem or request GP advice from the convenience and comfort of their own home. Implementing a technical solution to support increasing access to primary care fits with the STP's strategic aims as well as supports increasing capacity and resilience in general practice to focus on delivering face to face appointments for patients with complex health needs. The project is in early days of conception but will ensure robust stakeholder engagement as it develops.

### **Workforce development and Productivity**

- 2.15 One of the key challenges to sustainable and resilient general practice is the recruitment and retention of GPs and the wider primary care team. As a system, we fall in line with national averages of an aging workforce, 23% of GPs are aged over 54 compared with 22% nationally. In addition to challenges recruiting, For various reasons including workload, income, pension changes and demography, we are facing loss from the primary care workforce, including both GP and nurse positions.

If we do nothing by 2020 there will be a shortfall of 85 GPs across Norfolk and Waveney.

- 2.16 In response to the workforce challenge the STP Primary Care Workforce Strategy and delivery plan sets out how Norfolk and Waveney CCGs will support and enable primary care providers to develop a multi-disciplinary workforce, in the right numbers with the appropriate knowledge, skills and values, to provide high quality primary care for the residents of Norfolk and Waveney. Some of the schemes already in place that have started to have impact includes the GP Careers Plus scheme which started off in Great Yarmouth and Waveney and for which we have now received funds to enable roll out across the STP and are aiming to secure 17 fewer retirees.
- 2.17 The team also successfully bid for wave 2 International Recruitment Funds £2.6m to support recruitment of 70 GPs over the next two years and we are waiting to hear if a further bid for wave 3 has been successful.

### Officer Contact

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<b>Report title:</b>	<b>Norfolk's Joint Health and Wellbeing Strategy 2018-22</b>
<b>Date of meeting:</b>	<b>6 March 2018</b>
<b>Sponsor (H&amp;WB member):</b>	<b>Dr Louise Smith, Director of Public Health, Norfolk County Council</b>
<p><b>Reason for the Report</b></p> <p>The Health and Wellbeing Board (HWB) is developing its Joint Health &amp; Wellbeing Strategy 2018-2022. This paper proposes a framework the joint strategy, based on the outcomes of the Board's workshop in December 2017.</p> <p><b>Report summary</b></p> <p>This paper provides a summary of key points from the HWB workshop, which focused on developing our strategic approach to the next Joint Health and Wellbeing Strategy. It outlines a Strategic Framework for <b>how</b> HWB partners will work together to address the challenges facing the system and drive forward improvement in health and wellbeing outcomes. The paper also outlines next steps in the development of the Strategy.</p> <p><b>Recommendations:</b></p> <p>The HWB is asked to:</p> <ol style="list-style-type: none"> <li>1. Agree the Board's strategic approach, based on the outcomes of the workshop</li> <li>2. Endorse the draft Strategic Framework, which will form a core element of the Strategy</li> <li>3. Agree the next steps, including HWB partners' formal engagement in the Strategy</li> </ol>	

## 1. Background

1.1 The Health & Wellbeing Board (HWB) is developing its Joint Health & Wellbeing Strategy 2018-22. Over the past months and the Board has:

- Agreed that our longer-term strategic goals are still important to us - **Prevention, Inequalities** and **Integration**
- Engaged with **wider stakeholders** to help shape our thinking
- Agreed a **vision** for our next Strategy
- Explored partners' **existing priorities** and **potential areas for further collaboration** on shared outcomes
- Reviewed **best practice** and what other areas are doing to improve health and wellbeing outcomes in these areas

## 2. Outcomes from the HWB workshop

2.1 At a workshop in December 2017, the HWB focused on developing its overall strategic approach. Discussions were framed around three key areas:

- The Sustainability & Transformation Plan (STP) and the HWB
- District Councils and a Place Based approach
- Wider issues around building healthy, resilient communities

2.2 Key outcomes from the workshop:

- **An integrated, sustainable system** – we need to create a single, integrated, sustainable system improving the health and wellbeing of Norfolk and Waveney. We need to work together as system leaders, using our resources in the most effective way to create wellbeing, promote resilience and independence and address inequalities. HWB partners need to take oversight of the health, care and wellbeing system as a whole and work together to make sure it is joined up and makes sense to people who use our services.
- **Taking a collective view as a system** – as system leaders, we will need joint responsibility and take a collective view as a system rather than as individual organisations. We recognise that the cultural challenge is as significant as the resources challenge and that all of us, as system leaders, have a role in engaging with our workforce and elected members, as well as the public.
- **Accountability** - there is a need to be clear about accountability to local people and their elected representatives. As system leaders, we need to be clear about what we have to do or change to improve things and the kind of system that would be needed for us to hold each other to account for the things we jointly agree to do.
- **Simplicity of the system** – we need simplicity in system governance arrangements and to avoid duplication in the health and wellbeing system as a whole. There are concerns about additional structures being created, for example, through the work of the Sustainability and Transformation Partnership (STP). The focus should be on using and building on existing structures, including the HWB, which operates at a strategic level across the wider health and wellbeing system, and making best use of existing connections into our communities.
- **Wider engagement around the STP** - clear messages are needed to enable the public to engage in a better informed debate. The HWB is central to this and could help develop the wider system view of the opportunities, the challenges and possible solutions.
- **Sustainability of our health, care and wellbeing system** – we should focus the system on longer term sustainability - on prevention, early intervention and the wider determinants of health and wellbeing. We should be the 'conscience' of the wider system around tackling health inequalities in a sustainable way and challenge each other/ commissioners on priorities around prevention and the wider determinants of health, to create a sustainable health, care and wellbeing system for the future.

- **Place based approach** – we should focus our collective energy and efforts into creating a place-based health and wellbeing system for Norfolk, built around people and communities in localities, working with them for a long term sustainability. This means combining our system-wide, strategic vision with locally designed delivery and ensuring systems are working in a joined-up way with the focus on people and communities.
- **Whole system prevention and early intervention** – we need a whole system prevention approach. To achieve this we need to take collective responsibility, as system leaders, for our role in ensuring that prevention and early intervention forms part of policy, strategy and commissioning plans. Through our Strategy, we will make a shared commitment to prevention and early intervention across the health, care and wellbeing system to achieve our agreed, shared outcomes.
- **Supporting people to be healthy and resilient** - there is a key role to be played by all partners in building healthier, more resilient communities, and we need a practical approach to take this forward. **The role of the HWB** should include:
  - **Strategic engagement** across the wider health, care and wellbeing system
  - **Building on existing prevention work**, sharing experience across HWB partners, and **highlighting the existing good practice**, at a strategic level
  - **Enabling a clear and consistent strategic approach** across the wider system
- **With a consistent, integrated service offer** – the HWB has a statutory duty to promote greater integration and we should pursue this by enabling and encouraging a clear and consistent strategic approach across the wider system. Our focus should be on integrated ways of working, collaborating on the delivery of person centred care, and working together across the whole system to identify affordable and sustainable pathways of care.
- **Based on evidence of needs** - we should use our wealth of data and information, including our JSNA, intelligently - making evidence based decisions to improve health and wellbeing outcomes.
- **Built on partners' existing plans** – we are taking a practical approach - building on the priorities partners are already working hard to address, identifying the added value that collaboration through the HWB's Strategy can bring, and working together to achieve our agreed, shared outcomes

### 3. Taking this forward

- 3.1 We need to ensure strategic alignment between the HWB and our Joint Health & Wellbeing Strategy and the STP. Our Strategy will help form the links and connections across the wider system, as part of the system interface with the STP.
- 3.2 A draft Strategic Framework has been developed, drawn from the Board's Strategy development work so far (**Appendix A**). The Strategic Framework outlines:

- The Board's overall strategic approach
- What the HWB means by this, together with
- How HWB partners will work together, as system leaders, to address whole system challenges and drive forward improvement in health and wellbeing

3.3 The Framework is a core element of the Board's new Strategy. It stands as a shared commitment by all partners to taking collective responsibility as system leaders for our role in tackling whole system challenges and improving health and wellbeing outcomes in a sustainable way.

3.4 An early draft Joint Health and Wellbeing Strategy is in development and will be shared with HWB partners for comments as part of the next stage of development.

## 4. Next steps and timeline

4.1 Next steps for the development of the Board's JHWBS are as follows:

### Phase 1

- **March 2018** - The early draft Strategy will be sent to all HWB partners
- **April 2018** - Each HWB partner to provide comments on the **early draft Strategy** and confirm their arrangements for achieving formal endorsement/sign off of the HWB's Strategy by their own organisations

### Phase 2

- **2 May 2018** - A **revised draft Strategy** will be brought to the HWB in a workshop for discussion and final comments

### Phase 3 - June to October ratification

- **June 2018** - Final stages of development. Each HWB partner will be asked to confirm the plans they have in place, to notify and sign up to the Strategy
- **18 July 2018** - The **final draft Strategy** will be brought to the HWB for approval
- **Autumn 2018** – The **final draft Strategy** will be brought to all partner organisations for sign off, culminating in Norfolk County Council

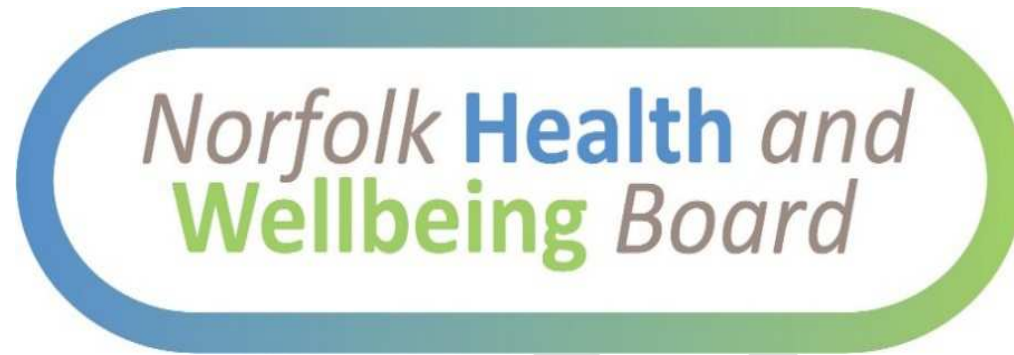
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# Joint Health & Wellbeing Strategic Framework 2018-22

An **integrated, sustainable** health and wellbeing system for Norfolk and Waveney:

**“Living healthier, happier, independent lives”**

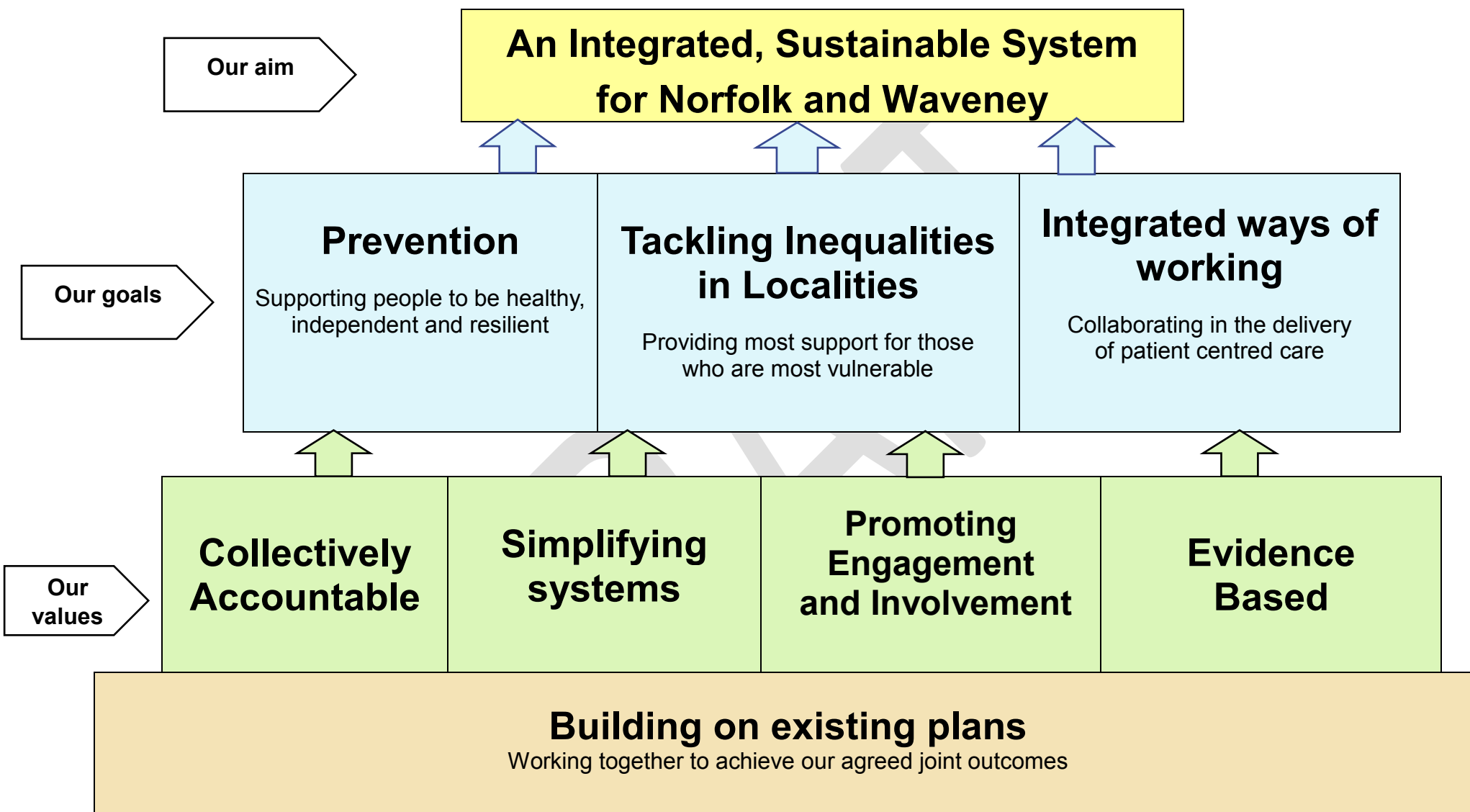
Working together as system leaders we will use our resources in the most effective way to **create wellbeing, promote resilience and independence** and provide **consistent services across Norfolk & Waveney**

Our Strategic Framework	By this we mean:	We will do this by:
<b>An integrated, sustainable system</b>	<ul style="list-style-type: none"> <li>Working with the STP to deliver transformation and sustainability of health and social care for Norfolk and Waveney</li> <li>Galvanising our collective energy and efforts around people and communities and working with them for a long term sustainability</li> </ul>	<ul style="list-style-type: none"> <li>Helping form the links and connections across the wider health and wellbeing system: exploring developing an Integrated Care System</li> <li>Focusing the whole system on sustainability: across our £1.6bn annual spend on health and social care</li> <li>Addressing health and wellbeing needs, including homelessness, poor housing, economic inactivity, loneliness and isolation as well as treating health conditions and providing social care</li> <li>Enabling strong and locally engaged communities that are focussed on wellbeing and prevention</li> </ul>
<b>A focus on Prevention</b>	<ul style="list-style-type: none"> <li>A shared commitment to supporting people to be healthy, independent and resilient throughout life</li> <li>Moving services upstream, out of hospital and into the community</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring prevention is embedded in policy, strategy and commissioning plans</li> <li>Stopping ill health and care needs happening in the first place - promoting healthy choices and self-care</li> <li>Promoting independence - through systematic and proactive management of health and social care circumstances – enabling people to stay at home</li> </ul>
<b>Addressing Inequalities in Localities</b>	<ul style="list-style-type: none"> <li>A shared, system-wide vision, combined with place based delivery, with systems working in a joined-up way</li> <li>Promoting the best start in life for children and their families and communities</li> </ul>	<ul style="list-style-type: none"> <li>Taking collective responsibility, as wider system leaders, for our role in addressing health inequalities in a sustainable way</li> <li>Identifying where inequalities exist within Norfolk and ensuring plans reflect how these will be addressed: providing targeted and preventative support for those who are most vulnerable</li> <li>Making a commitment to working with other wider system partners in building stronger, healthier, communities</li> <li>Enabling locality owned decisions around the allocation and use of resources</li> </ul>
<b>Integrated ways of working</b>	<ul style="list-style-type: none"> <li>Focusing on ways of working and collaborating on issues that are best addressed by an integrated solution</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring integrated ways of working forms part of policy, strategy and commissioning plans</li> <li>Collaborating in the delivery of person centred care - irrespective of the employing organisation</li> </ul>



		<ul style="list-style-type: none"> <li>Aligning processes and systems (teams without walls) and providing appropriate access to information and support – for example, through social prescribing or end of life care</li> </ul>
<b>Collectively Accountable</b>	<ul style="list-style-type: none"> <li>As system leaders taking a collective view of the system rather than as individual organisations</li> <li>Taking a collective approach to getting the best outcomes for our £1.6bn spend on health and social care</li> </ul>	<ul style="list-style-type: none"> <li>Helping ensure joint accountability, alongside joint responsibility</li> <li>Making a commitment, countywide, to working together to build on the strengths in local communities which create wellbeing and working in partnership with those communities</li> </ul>
<b>Simpler system</b>	<ul style="list-style-type: none"> <li>Reducing duplication and inefficiency</li> </ul>	<ul style="list-style-type: none"> <li>Working towards simpler system governance and fewer organisations</li> <li>Promoting a single system approach where possible and appropriate</li> </ul>
<b>Engagement</b>	<ul style="list-style-type: none"> <li>Working with Healthwatch to ensure public engagement and accountability</li> </ul>	<ul style="list-style-type: none"> <li>Promoting involvement for staff, individuals and communities in shaping the future health and wellbeing of Norfolk</li> <li>Ensuring that the work of the HWB is public</li> </ul>
<b>Based on evidence of needs</b>	<ul style="list-style-type: none"> <li>Using our wealth of data and information, including the JSNA, intelligently to make evidence based decisions to improve health and wellbeing outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Making best use of our evidence and shared intelligence to enable us to identify where improvement is needed</li> <li>Ensuring preventive interventions are in place across the county, delivered through evidenced based programmes of work</li> </ul>
<b>Building on existing plans</b>	<ul style="list-style-type: none"> <li>Building on the priorities that partners are already working hard to address, identifying the added value that collaboration through the HWB's Strategy can bring, and working together to achieve our agreed joint outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Identifying areas where partners are willing to collaborate further on joint outcomes</li> <li>Making best use of the opportunities this provides for working together to deliver jointly agreed outcomes in a sustainable way</li> <li>Taking a system wide approach to sharing good practice across the county</li> </ul>

## Summary of our Strategic Framework



<b>Report title:</b>	<b>Pharmaceutical Needs Assessment (PNA)</b>
<b>Date of meeting:</b>	<b>6 March 2018</b>
<b>Sponsor:</b>	<b>Dr Louise Smith, Director of Public Health</b>
<p><b>Reason for the Report</b>  This report requests the Health and Wellbeing Board (HWB) to approve and publish the new Norfolk Pharmaceutical Needs Assessment 2018.</p> <p><b>Report summary</b>  The HWB has a statutory responsibility to publish an up-to-date Pharmaceutical Needs Assessment (PNA) for Norfolk by April 2018.</p> <p>The Deputy Director of Public Health, Suzanne Meredith, has led the delivery of the PNA, on behalf of the HWB, and Public Health provided the resources required to complete it. A multi-agency PNA steering group was established, and the legal requirements have been met.</p> <p>As of 31 September 2017, Norfolk had a total of 164 community pharmacies, 56 dispensing GP practices (with 22 branch surgeries) and 1 dispensing appliance contractor (DAC). The Norfolk PNA 2018 concludes that the number and distribution of pharmaceutical service provision in Norfolk is adequate. There is no current need identified for more pharmaceutical providers at this time.</p> <p>A key theme within the PNA is that the integration of pharmaceutical services and effective use of pharmacists' skills is seen as essential to enable delivery of the Sustainability &amp; Transformation Partnership (STP) aims and supportive of the public health and primary care strategies. A series of additional recommendations are made in the PNA which support this.</p> <p><b>Recommendations:</b>  The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Approve the publication of the new Norfolk Pharmaceutical Needs Assessment 2018 by April 2018, in line with the HWB's statutory responsibilities</li> <li>2. Endorses the PNA recommendations (para 2.3 below)</li> <li>3. Celebrates the value of Community Pharmacies - the contribution they make to health and wellbeing and their potential for making a positive contribution in future.</li> </ol>	

## 1. Background

- 1.1 Every Health and Wellbeing Board in England has a statutory responsibility to publish a statement of the needs for pharmaceutical services for the population in its area, referred to as the Pharmaceutical Needs Assessment (PNA). This is the main reference document upon which commissioning of pharmaceutical services decisions are made, including the granting of NHS contracts by NHS England. It is a requirement of the HWB to publish a PNA every 3 years, or sooner if significant changes in need have been identified. The previous Norfolk PNA was published in March 2015. A new PNA must be published by April 2018.
- 1.2 This PNA was undertaken in accordance with the requirements set out in Regulations 3 to 9 of Schedule 1 of the Regulations 2013 and its development was overseen by a multi-agency PNA Steering Group.
- 1.3 As part of the process the views of a wide range of key stakeholders were gathered to identify issues that affect the commissioning of pharmaceutical services and to understand the need for, and provision of, pharmaceutical services in Norfolk. A public consultation was undertaken from 7<sup>th</sup> November 2017 to 9<sup>th</sup> January 2018.
- 1.4 The PNA 2018 represents a snapshot of information taken in September 2017. It sets out to identify any gaps in pharmaceutical services focusing predominately on those pharmaceutical services delivered in primary care, through community pharmacy, dispensing services provided by dispensing practices and dispensing appliance contractors (DAC).
- 1.5 The PNA will need to be reviewed and refreshed should any significant changes be required. Any updates will be published as supplementary statements as required by the regulations.

## 2. Key findings

- 2.1 Provision of pharmaceutical services was assessed against the demographic and health needs of the population of Norfolk. The information gathered was analysed and has resulted in a series of recommendations. The full Norfolk PNA for 2018 is available at: [Norfolk PNA 2018](#)
- 2.2 As of 31 September 2017, Norfolk had a total of 164 community pharmacies, 56 dispensing GP practices (with 22 branch surgeries) and 1 dispensing appliance contractor (DAC). **The Norfolk PNA 2018 concludes that the number and distribution of pharmaceutical service provision in Norfolk is adequate. There is no current need identified for more pharmaceutical providers at this time.**
- 2.3 A key theme within the PNA is that the integration of pharmaceutical services and effective use of pharmacists' skills is seen as essential to enable delivery of the STP aims and supportive of the public health and primary care strategies. In addition to the main recommendation in section 2.2, the PNA includes nine additional recommendations, some of which are aspirational:

Recommendations made by this PNA are as follows:

1. Commissioners should seek to maximise the potential of delivering prevention and medicines optimisation interventions by fully integrating pharmacy into current and emerging models of care to meet the range of needs of Norfolk's

population.

2. To harness the wide range of skills that community pharmacists and their teams have to support the delivery of the prevention and self-care agenda to support the long term sustainability of the Norfolk health economy.
3. The Norfolk HWB should agree a process to identify any significant changes in provision, assess the impact and publish supplementary statements to the PNA as required.
4. That local providers of pharmaceutical services have equitable (in line with other local healthcare providers) access to appropriate translation interpretation and British Sign Language interpreting services.
5. The HWB and commissioners should continue to work in partnership with existing community pharmacies to maximise opportunities for prevention interventions and to further support people to self-care within the easy to exclude community.
6. The HWB and commissioners should continue to work with existing community pharmacies to maximise the opportunities for improving population health; the management of long term conditions and the reduction of health inequalities by making every contact count.
7. To continue to work with GP practices and pharmacies to maximise the appropriate use of electronic repeat dispensing to derive maximum benefits for patients and providers of services.
8. STP/CCGs should further engage with community pharmacy leaders to enhance integration of nationally commissioned services to maximise patient benefits of optimal use of medicines.
9. STP and constituent CCGs to be mindful of the capabilities and skills within community pharmacy and ensure these are fully integrated into system redesigns to support positive patient outcomes.

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<b>Report title:</b>	<b>The Health &amp; Wellbeing Board and Health Overview &amp; Scrutiny – briefing paper</b>
<b>Date of meeting:</b>	<b>6 March 2018</b>
<b>Sponsor (H&amp;WB member):</b>	<b>Dr Louise Smith, Director of Public Health</b>
<p><b>Reason for the Report</b>  This briefing paper has been prepared for members of the Norfolk Health and Wellbeing Board (HWB) to help clarify the complementary roles of the HWB and health scrutiny.</p> <p><b>Report summary</b>  This paper outlines the roles of the HWB and health scrutiny, providing examples of what the HWB and Norfolk Health Overview &amp; Scrutiny Committee (NHOSC) do (and don't do) in relation to commissioning, operational activity and strategic planning. The paper also outlines the way in which the Norfolk HWB and NHOSC liaise on forward planning to co-ordinate their activity, together with examples of recent activity by NHOSC.</p> <p><b>Recommendations:</b></p> <p>The HWB is asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents of the Briefing</li> </ul>	

## 1. Background

- 1.1 From time to time, members of the Health and Wellbeing Board (HWB) have discussed the role of the Board and have discussed the relationship between it and the role of health scrutiny. This briefing has been prepared for members of the HWB to help address any confusion that may have arisen about the roles of the HWB and health scrutiny.

## 2 The complementary roles of the Health and Wellbeing Board and health scrutiny

- 2.1 The roles of the HWB and health scrutiny are independent, but complementary, with the shared goal of working to improve health, social care and wellbeing outcomes for communities. At its simplest, the key difference between the roles is that the HWB is about developing strategy and health scrutiny is about scrutinising existing practice, and proposals by commissioners or providers to substantially change services.
- 2.2 Two key points worth highlighting are:
- Norfolk Health Overview & Scrutiny Committee (NHOSC) can raise strategic system wide issues with the Norfolk HWB

- Norfolk HWB can commission NHOSC to scrutinise areas of concern

- 2.3 So, the two work together as part of the whole system accountability. For example, in the light of a report from NHOSC, the HWB might decide to look at the whole system strategic approach to a particular aspect of health and wellbeing in Norfolk. Similarly, in the light of a request from the HWB, NHOSC might decide to look at an issue of concern relating to services and what was happening on the ground

### **3 Role of the Health and Wellbeing Board**

- 3.1 The role of the HWB is bring together leaders from across the wider health, care and wellbeing system to better understand their local community's needs, agree priorities and work together in a more joined-up way to improve health and wellbeing outcomes for their area.
- 3.2 Norfolk HWB provides oversight and strategic systems leadership across many complex organisations and systems, and commissioning across the NHS, social care, public health and wider services. The HWB underpins the shared understanding and joint action that is needed to improve health and wellbeing outcomes for Norfolk.
- 3.3 The HWB has three main statutory responsibilities:
- Produce a local, joint health and wellbeing strategy - the overarching framework within which plans are developed for health services, social care, public health, and other relevant services
  - Assess the needs of their local population through the joint strategic needs assessment process (JSNA) and to approve the Pharmaceutical Needs Assessment (PNA)
  - Promote greater integration and partnership - including joint commissioning, integrated provision, and pooled budgets where appropriate.

### **4 Role of Health Overview and Scrutiny**

- 4.1 In September 2002, the Norfolk HOSC was established to consider matters relating to the needs, health and health related-services of the population of Norfolk. It scrutinises services that have an impact on the health of Norfolk's citizens and challenges the outcomes of interventions designed to support the health of Norfolk people. Local commissioners or service providers proposing substantial changes to health services in Norfolk must offer to consult NHOSC unless their proposals cover a wider geographic area, in which case a joint health scrutiny committee of NHOSC Members and health scrutiny Members from other counties may be established to receive the consultation (see 4.2 and 4.3 below).
- 4.2 In 2007, Great Yarmouth & Waveney Joint Health Scrutiny Committee (GY&W JHSC) was established to exercise health scrutiny powers for the Great Yarmouth & Waveney area only. This is currently the footprint area for NHS Great Yarmouth & Waveney CCG.
- 4.3 In April 2017, NHOSC and Suffolk Health Overview and Scrutiny Committee made initial preparations for establishing a joint health scrutiny committee to cover the Norfolk and Waveney footprint area on a task & finish basis.

### **5 What this means in practice**

- 5.1 Norfolk HWB and NHOSC are aware of each other's work and liaise on forward planning to co-ordinate their activity. Examples of recent activity by NHOSC are in Appendix A. Below are examples of what the HWB and NHOSC do (and don't do) in relation to commissioning, operational activity and strategic planning.

## **A. Commissioning**

### **5.2 The HWB will:**

- Set big context and priorities through the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWBS)
- Challenge health and social care commissioners on priorities
- Give formal opinion on commissioning plans in relation to agreed JHWBS
- Commit to priorities for integration
- Take a patient and resident view, informed by Healthwatch Norfolk
- Ensure that an appropriate balance is struck between 'health' and 'wellbeing' in the JHWBS
- Promote a focus on commissioning for 'wellbeing', as well as for 'health', and make sure that there is a robust evidence-base available on how to improve population wellbeing
- Challenge partners on wider determinants of health
- Challenge national must-do actions if they don't make local sense
- Be a forum where significant changes in commissioning are considered, shaped and tested

### **5.3 The HWB won't:**

- Manage commissioning activity
- Arbitrate contract disputes
- Veto' commissioning plans
- Make commissioning decisions

### **5.4 NHOSC will:**

- Scrutinise specific health services and integrated health and social care services
- During scrutiny of specific issues, check whether commissioners are acting in line with agreed JHWBS priorities
- Work with Healthwatch Norfolk and other groups to take a patient and resident view (when scrutinising specific topics)
- Scrutinise to ascertain the facts about why local services are being delivered in a certain way and express an opinion on whether it is in the best interests of the local community
- Receive consultation on substantial local reconfiguration plans
- Decide whether to 'call in' local commissioners and/or providers
- Decide whether to seek to influence changes in plans by making recommendations to commissioners or providers, or by making referrals to the Secretary of State for review

### **5.5 NHOSC won't:**

- Review the commissioning strategies of each CCG
- Undertake specific scrutiny reviews of wider wellbeing elements outside the health service arena
- Routinely scrutinise individual CCG commissioning plans
- Duplicate the work of Healthwatch Norfolk



## **B. Operational activity**

### **5.6 The HWB will:**

- Consider system-wide issues identified through Healthwatch Norfolk and health scrutiny
- Broker action or changes from non-NHS partners eg housing
- Use operational crises to learn and develop wider thinking about underlying causes, including quality issues
- Provide a strategic focus around wellbeing to inform operational activity
- Ask NHOSC to scrutinise an area of concern

### **5.7 The HWB won't:**

- Do operational planning or emergency planning in response to events
- Agree operational solutions
- Duplicate the commissioner's role in quality assurance.
- Monitor performance against national targets
- Be the place that "does wellbeing" – letting individual partner organisations and commissioners "off the hook"

### **5.8 NHOSC will:**

- Raise system-wide, strategic issues identified through health scrutiny with the HWB
- Raise strategic issues involving non-NHS partners with the HWB for strategic resolution
- Decide whether to scrutinise one-off operational 'crises' to draw out learning points
- Refer to the evidence in CQC reports in relation to scrutiny of specific subjects
- During scrutiny review of specific subjects, check that commissioners and providers take account of wellbeing in their operational activity
- Consider taking commissions from the HWB to scrutinise specific areas of concern

### **5.9 NHOSC won't:**

- Duplicate the commissioner's role in quality assurance

## **C. Strategic Planning**

### **5.10 The HWB will:**

- Agree on the big things we all want – for patients and residents
- Challenge itself on keeping wellbeing on the agenda
- Challenge all partners that reductions in funding/de-commissioning decisions are not unduly impacting on the system
- Develop a shared understanding of what 'wellbeing' means in Norfolk and how partners can best work to promote it

### **5.11 The HWB won't:**

- Drive the agenda forward with unrealistic expectations

### **5.12 NHOSC will:**

- Check that reductions in funding and/or de-commissioning decisions do not impact unduly on the system

## Norfolk Health Overview and Scrutiny Committee - examples of recent activity

Date of scrutiny	Subject
22 Feb 2018	<p><b>Physical health checks for adults with learning disabilities (LD)</b></p> <p>Examination of:-</p> <ul style="list-style-type: none"> <li>• Whether there is sufficient information to properly assess whether people who are entitled to a learning disabilities health check receive one, and to plan for future needs.</li> <li>• Progress towards resolving data quality issues</li> <li>• Progress towards increasing the take-up of the LD annual health check to improve the take-up rate</li> </ul> <p><b>Agenda papers:</b> <a href="#">Physical health checks for adults with learning disabilities</a></p> <p><b>Outcome:</b> [To be inserted when available]</p>
	<p><b>Continuing healthcare</b></p> <ul style="list-style-type: none"> <li>• Follow-up on the effects of new policy and guidance introduced by central &amp; west Norfolk CCGs in 2016</li> </ul> <p><b>Agenda papers:</b> <a href="#">Continuing healthcare</a></p> <p><b>Outcome:</b> [To be inserted when available]</p>
11 Jan 2018	<p><b>Delayed discharges / transfers of care – the District Direct pilot</b></p> <ul style="list-style-type: none"> <li>• Examination of the progress of the district council / Norfolk &amp; Norwich hospital pilot and the extent to which district interventions can expedite people's return to their own home from hospital</li> </ul> <p><b>Agenda papers:</b> <a href="#">District Direct pilot</a></p> <p><b>Outcome:</b> <a href="#">Minutes (see page 2)</a></p>
	<p><b>Children's autism services (central &amp; west Norfolk) – assessment &amp; diagnosis</b></p> <ul style="list-style-type: none"> <li>• Follow-up on addressing waiting times for diagnostic assessment for Autism Spectrum Disorder</li> </ul> <p><b>Agenda papers:</b> <a href="#">Childrens Autism Services</a></p> <p><b>Outcome:</b> <a href="#">Minutes (see page 4)</a></p>
7 Dec 2017	<p><b>Norfolk and Suffolk NHS Foundation Trust – mental health services in Norfolk</b></p> <ul style="list-style-type: none"> <li>• Examination of the impact of the latest Care Quality Commission inspection, and resulting action plan, on the provision of mental health services in Norfolk.</li> </ul> <p><b>Agenda papers -</b> <a href="#">Agenda papers for 7 Dec 17 meeting</a></p> <p><b>Outcome:</b> <a href="#">Minutes, including recommendations</a></p>

## Officer Contact

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