Norfolk County Council
at your service

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 27 February 2014**

Time: **10.00am**

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

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

Members of the public or interested parties who have indicated to the Committee Administrator, Timothy Shaw (contact details below), before the meeting that they wish to speak will, at the discretion of the Chairman, be given a maximum of five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman.

Membership

MAIN MEMBER	SUBSTITUTE MEMBER	REPRESENTING
Mr C Aldred	Mr P Gilmour	Norfolk County Council
Mr J Bracey	Mr P Balcombe	Broadland District Council
Mr D Bradford	Mr P Manning	Norwich City Council
Mr M Carttiss	Mrs A Thomas / Miss J Virgo / Mr J Ward	Norfolk County Council
Mrs J Chamberlin	Mrs A Thomas / Miss J Virgo / Mr J Ward	Norfolk County Council
Michael Chenery of Horsbrugh	Mrs A Thomas / Miss J Virgo / Mr J Ward	Norfolk County Council
Mrs A Claussen-Reynolds	Mr B Jarvis	North Norfolk District Council
Mrs M Fairhead	*Vacancy*	Great Yarmouth Borough Council
Mr E Seward	*To be advised*	Norfolk County Council
Mr T Jermy	Ms D Gihawi	Norfolk County Council
Miss A Kemp	Ms D Gihawi	Norfolk County Council
Mr R Kybird	Mrs M Chapman-Allen	Breckland District Council
Dr N Legg	Mr T Blowfield	South Norfolk District Council
Mr A Wright	Mrs S Young	King's Lynn and West Norfolk Borough Council
Mrs M Somerville	Mrs A Thomas / Miss J Virgo / Mr J Ward	Norfolk County Council

For further details and general enquiries about this Agenda please contact the Committee Administrator:
Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

1. **To receive apologies and details of any substitute members attending**

2. **Minutes**

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 16 January 2014. (Page 5)

3. **Members to declare any Interests**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter.

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects:

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. **To receive any items of business which the Chairman decides should be considered as a matter of urgency**

5. **Chairman's announcements**

6. **10:10 – 11:35** **Norfolk Health and Wellbeing Strategy 2014-17**

The committee will be consulted on the draft strategy by the Health and Wellbeing Board. (Page 11)

7. 11:35 – 11:45 Forward work programme

To consider and agree the forward work programme. (Page 32)

Glossary of Terms and Abbreviations (Page 35)

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 19 February 2014

Main Committee Members have a formal link with the following local healthcare commissioners and providers:-

Clinical Commissioning Groups

North Norfolk	-	Mr B Hannah (substitute Mr J Bracey)
South Norfolk	-	Dr N Legg (substitute Mr R Kybird)
Gt Yarmouth and Waveney	-	Mrs M Fairhead
West Norfolk	-	Mr M Chenery of Horsbrugh (substitute Miss A Kemp)
Norwich	-	Mr D Bradford (substitute Mrs M Somerville)

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Mrs A Claussen Reynolds
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	Mr M Chenery of Horsbrugh
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr N Legg Mrs M Somerville
James Paget University Hospitals NHS Foundation Trust	-	Mrs M Fairhead Mr C Aldred
Norfolk Community Health and Care NHS Trust	-	Mrs J Chamberlin (substitute Mrs M Somerville)

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
PROGRAMME OF FUTURE MEETINGS

17 April 2014
29 May 2014
10 July 2014
4 September 2014

IN TRAN communication for all	**If you need this Agenda in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 800 8020 or Textphone 0344 800 8011 and we will do our best to help.**

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NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
ON 16 January 2014

Present:

Mr C Aldred	Norfolk County Council
Mr J Bracey	Broadland District Council
Mr D Bradford	Norwich City Council
Mr M Carttiss	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Mrs M Fairhead	Great Yarmouth Borough Council
Mr E Seward	Norfolk County Council
Mrs M Somerville	Norfolk County Council
Miss A Kemp	Norfolk County Council
Mr A Wright	King's Lynn and West Norfolk Borough Council

Substitute Members Present:

No substitute Members attended the meeting in this role.

Also Present:

Dr Sue Crossman	Chief Officer, West Norfolk Clinical Commissioning Group
Mark Taylor	Chief Officer, North Norfolk Clinical Commissioning Group
Dr Anoop Dhesi	Chairman, North Norfolk Clinical Commissioning Group
Andrew Hopkins	Acting Chief Executive, Norfolk and Suffolk NHS Foundation Trust (NSFT)
Dr Julian Beezhold	Lead and Clinician and Chair of the Medical Advisory Committee, Norfolk and Suffolk NHS Foundation Trust
Dr Neil Ashford	Lead Clinician, Norfolk and Suffolk NHS Foundation Trust
Jane Marshall-Rob	Director of Workforce and Organisational Development, Norfolk and Suffolk NHS Foundation Trust
Terry Skyrme	Campaign to Save Mental Health Services in Norfolk and Suffolk
Euan Williamson	NHS Integrated Mental Health and Learning Disabilities Commissioning Manager, North Norfolk Clinical Commissioning Group
Rebecca Champion	Engagement Manager, North Norfolk Clinical Commissioning Group
Peter Balcombe	Broadland District Council
Emma Corlett	County Councillor and Member Champion for Mental Health
Chris MacDonald	Healthwatch Norfolk
Jean Thirtle	North Norfolk Trade Union Council
Trevor Wright	UNISON
Carol Briggs	UNISON
A Evans	Unite (Norwich Medical) Branch
Ann Baker	Norfolk Older People's Strategic Partnership
Hazel Fredericks	West Norfolk Older People's Forum

Christine Mawson	Anglia Commissioning Support Unit
Fiona Devine	NNUH
Kevin James	NSFT
Jane Marshall-Robb	NSFT
Andrea Goldsmith	The Eastern Academic Health Science Network
	There were also several members of the public from the Campaign to Save Mental Health Services in Norfolk and Suffolk present in the meeting for item 7 (Changes to Mental Health Services in Central Norfolk).

Apologies for Absence

Apologies for absence were received from Mr R Kybird, Dr N Legg, Michael Chenery of Horsbrugh and Mr T Jermy.

1. Minutes

The minutes of the previous meeting held on 28 November 2013 were confirmed by the Committee and signed by the Chairman.

2. **A minute's silence in tribute to Mr Garry Sandell and Dr Jim Norris**

The Chairman reported the sad news of the death of a serving member of the Committee, Mr Garry Sandell, and of a former Chairman of the Committee, Dr Jim Norris.

Dr Norris was the first Chairman of Norfolk Health Overview and Scrutiny Committee. He was instrumental in establishing the Committee in September 2002 and his guidance in the early years set the tone for health scrutiny in Norfolk in the years that followed.

Mr Sandell joined the Committee in 2005 and attended its meetings until June 2013, after which time illness prevented him from attending. Garry made a significant contribution to the work of the Committee over the years, including his service as Vice Chairman in 2006-07.

Members of the Committee stood in silence for one minute in tribute to Garry Sandell and to Dr Jim Norris who would be sadly missed by all those who knew them.

3. Declarations of Interest

There were no declarations of interest.

4. Urgent Business

There were no items of urgent business.

5. System-wide review of health services in west Norfolk

The Committee received a suggested approach from the Scrutiny Support Manager (Health) to a report from NHS West Norfolk Clinical Commissioning Group on the review of health and social care systems in West Norfolk in response to financial pressures, demographic trends and rising demand for healthcare.

The Committee received evidence from Dr Sue Crossman, Chief Officer, West Norfolk Clinical Commissioning Group.

In the course of discussion, the following key points were made:

- Dr Crossman said that the way in which health and social care were currently configured in West Norfolk was unsustainable.
- Phase 1 of a system wide review of the financial, clinical and operational sustainability of health services in the West Norfolk CCG area had shown that the long term sustainability of the area's health services could only be achieved through system reconfiguration and enhancing integrated care with adult social services.
- Phase 2 of the review involved working jointly with health and social care partners to design a plan for future service configuration.
- Patients and carers would be involved in the work associated with Phase 2 of the review, as would the West Norfolk Older People's Forum and Healthwatch.
- Healthwatch was represented on the project review steering group.
- The CCG had recently secured £200,000 of transitional funding from NHS England which would be used in the west Norfolk health system in the period up to April 2014. After this time, transitional funding would become available for the period until the recommendations of the system wide review were made known at the end of July 2014.
- Members spoke about what more could and should be done locally in the west Norfolk area to better meet the needs of patients, carers and social workers and prevent costly out of area placements. In reply, Dr Crossman said that out of area placements only took place where there were clear medical reasons for doing so and not for purely financial or other reasons. The West Norfolk CCG had not lost sight of the needs of carers who had to travel long distances to visit loved ones who had been placed outside of the area. Dr Crossman said that limited support with travel costs was available for carers in financial hardship who visited patients placed at Blickling Hospital and at the Julian Hospital in Norwich. The details of the support with travel that was available from the west Norfolk CCG would be forwarded to the scrutiny support manager to be included in the next Members Newsletter.
- Dr Crossman said that the QEH had a defined geographical boundary and an established identity within the local community.
- The QEH was undertaking a monthly review of its staffing requirements
- There was in West Norfolk what was described by Dr Crossman as a system of "virtual beds in the community" whereby some 14 patients currently received rehabilitation services in their own homes. Dr Crossman added that there were plans to issue patients living in the community with a voluntary, encrypted smartcard that stored information concerning their personal health needs.

It was agreed that the Committee should receive a further report from Dr Crossman on progress or as a formal consultation with the Committee as appropriate and at the same time receive a report from the County Council on the integration of health and social care in the West Norfolk area at a future meeting.

6 Report of Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee on the Proposals for Liver Resection Services

The Committee received a suggested approach from the Scrutiny Support Manager (Health) to a report of Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee on proposals for centralisation of liver resection services at Addenbrooke's Hospital, Cambridge, which was presented to Norfolk Health Overview and Scrutiny Committee for information and discussion.

Margaret Somerville, Vice Chairman of the Joint Committee, introduced the report.

Members' attention was drawn to recommendation 2 in the joint committee's report which asked NHS England to report to this Committee on the rates of referrals, resections, mortality and re-admissions for liver metastases one year after the implementation of any new system across the three counties.

The Committee noted the report and the recommendations and that these had already been reported to the Norfolk Health and Well Being Board.

7 Changes to Mental Health Services in Central Norfolk

The Committee received a suggested approach from the Scrutiny Support Manager (Health), to an update report from NHS North Norfolk Clinical Commissioning Group (currently the lead commissioner for mental health services in Norfolk) and Norfolk and Suffolk NHS Foundation Trust (NSFT) regarding implementation of the changes to mental health services in the central Norfolk Area (i.e. Norwich, North Norfolk and South Norfolk).The report also provided results on safety and quality indicators since April 2013.

The Committee received evidence from Mark Taylor, Chief Officer, North Norfolk Clinical Commissioning Group; Dr Anoop Dhesi, Chairman, North Norfolk Clinical Commissioning Group; Andrew Hopkins, Acting Chief Executive, Norfolk and Suffolk NHS Foundation Trust; Dr Julian Beezhold, Lead and Clinician and Chair of the Medical Advisory Committee, Norfolk and Suffolk NHS Foundation Trust; Dr Neil Ashford,Lead Clinician, Norfolk and Suffolk NHS Foundation Trust and Jane Marshall-Robb, Director of Workforce and Organisational Development, Norfolk and Suffolk NHS Foundation Trust.

The Committee also heard from Terry Skyrme of the Campaign to Save Mental Health Services in Norfolk and Suffolk.

In the course of discussion, the following key points were noted:

- The NSFT was working to reduce delayed discharges and to improve the speed at which it responded to referrals made to the new access and assessment service.
- GPs welcomed the single point of access to mental health services that the new access and assessment service provided.
- It was pointed out that the introduction of the new access and assessment service had involved moving away from a link worker model of service delivery which had worked well for some GP practices but not well for others.
- Under the new system there were two teams of case workers in the central area.
- There were, however, considered to be many cases under the new system where patients had had to make repeated requests to access the service, and an estimated 200 patients were said to continue to have no access to a

care co-ordinator.

- The witnesses said that the NSFT provided effective and efficient services that compared well with mental health services elsewhere in the country.
- The number of out of area placements was said to show significant fluctuations from one week to the next.
- The NSFT was said to make use of out of area nursing home beds in West Norfolk and in Great Yarmouth and Waverley. The NSFT recognised that pressures on bed places in the central Norfolk area were leading to too many out of area placements and more bed spaces were needed locally.
- In reply to questions, the witnesses said that they considered out of area treatment to be necessary for those small number of cases that would continue to require specialist mental health services that could not be provided in the central area.
- Mr Taylor said that he was working closely with the NSFT on ways to prevent out of area placements and that he was confident that by the end of April 2014 bed capacity in the central area would be what he described as "about right."
- It was pointed out that no single agency had responsibility for patients with mental health needs at the time they were discharged from hospital. This issue was being addressed as part of the review.
- The NSFT was looking to increase the number of people who could gain access to its services and to put in place a more robust system for the recording of patient data which was considered to be somewhat lacking at present.
- Terry Skyrme of the Campaign to Save Mental Health Services in Norfolk and Suffolk said that he worked as a crisis resolution team member at the NSFT. He described the NSFT as being in "dire crisis" at the present time and said that 19 patients were recently placed outside of the area with 8 of these placed in private hospitals at considerable cost.

The Chairman ruled that having allowed significantly in excess of the allotted time for this matter, he had to close the discussion and to move the Committee on to the next agenda item.

It was agreed that the Norfolk and Suffolk NHS Foundation Trust and North Norfolk CCG (lead commissioner for mental health) should report on progress in the central Norfolk area to a future meeting.

8 Mental Wellbeing in Norfolk and Waveney – Shaping the Future

The Committee received a report from the Scrutiny Support Manager (Health) to a report from North Norfolk CCG (on behalf of all the Norfolk CCGs) on plans for the re-commissioning of the 'Improving Access To Psychological Therapies' service.

The Committee received evidence from Euan Williamson, NHS Integrated Mental Health and Learning Disabilities Commissioning Manager, North Norfolk Clinical Commissioning Group and Rebecca Champion, Engagement Manager, North Norfolk Clinical Commissioning Group.

In the course of discussion, the following key points were noted:

- The public consultation exercise ran until the end of January 2014 and was being coordinated by North Norfolk CCG.

- The public consultation documents were available on each of the CCG web sites.
- Patient groups and MIND had helped to design and support the completion of the public consultation exercise.
- The results of the exercise were expected to be made known by the start of March 2014 and work was expected to start on the implementation of the recommendations by April 2014.
- The CCGs wanted to increase the number of people who used the mental well being service and to make the service available to those with more severe common health disorders who could not access the present service.

The Committee noted the consultation on re-commissioning of the "Improving Access to Psychological Therapies Service" (mental wellbeing service) and agreed that the subject would not require further consideration by this Committee.

9 Delayed discharge from hospital in Norfolk

The Committee received a report that asked Members to consider terms of reference for a joint scrutiny task and finish group of members from this Committee and Community Services Overview and Scrutiny Panel on 'Delayed discharge from hospital in Norfolk'.

The Committee agreed to:

(a) establish a joint task and finish group with Community Services Overview and Scrutiny Panel (CSOSP);
(b) approve the draft terms of reference (attached at Appendix A to the report) subject to the proviso suggested by CSOSP that the task and finish group could report back within the new Committee governance arrangements after April 2014, if necessary.
(c) appoint Michael Chenery of Horsbrugh, Alexandra Kemp and Dr Nigel Legg and Mr A Wright to serve on the task and finish group.

10. Forward Work Programme

The Committee agreed the list of items on the current Forward Work Programme with the addition of the issue of Ambulance Turnaround at the Norfolk and Norwich University Hospitals Foundation Trust being added to the agenda for April 2014.

The meeting concluded at 1.20pm

Chairman

Norfolk Health and Wellbeing Strategy 2014 - 2017

Suggested approach from Maureen Orr, Scrutiny Support Manager

Consultation with Norfolk Health Overview and Scrutiny Committee (NHOSC) on the content of the draft Health and Wellbeing Strategy 2014 – 2017, which is due to be finalised by Norfolk Health and Wellbeing Board on 16 April 2014.

1. Background

1.1 The Health and Social Care Act 2012 introduced Health and Wellbeing Boards in every social care authority area in England. Norfolk Health and Wellbeing Board was established in shadow form in April 2012 and assumed its full statutory responsibilities in April 2013.

1.2 The Health and Wellbeing Board is a statutory committee of Norfolk County Council. It has 26 members including:-

- county councillors x 3 (cabinet members for public protection, adult social services and safeguarding children)
- county council officers x 4 (acting managing director and directors of public health, community services and children's services)
- district councillors x 7
- representatives from the clinical commissioning groups (CCGs) x 5
- a representative from NHS England
- representatives of the voluntary sector x 3
- Chairman of Healthwatch Norfolk
- Norfolk Police and Crime Commissioner
- a representative of Norfolk Constabulary

1.3 Norfolk Health and Wellbeing Board's functions are to:-

1) Lead the development, with Norfolk County Council and Norfolk's CCGs, of the Joint Strategic Needs Assessment (JSNA).

2) Lead the development, with Norfolk County Council and Norfolk's CCGs, of the Joint Health and Wellbeing Strategy (JHWS).

3) Speak up for Norfolk, championing the health and wellbeing needs of the people of Norfolk at a local, sub-regional, regional and national level and challenging central government policy where it conflicts with locally identified priorities.

4) Lead and encourage a broad base of partners outside of formal

health, public health and social care settings to tackle the wider determinants of health and wellbeing.

5) Influence and support commissioners of health and wellbeing services to act in line with the evidence-based findings of the JSNA, and to highlight where commissioning is out of step with best evidence.

6) Drive the further integration of health services and social care services, and other public services and hold each other/the Board to account for it.

7) Promote the sharing of good practice and learning across the Norfolk health system.

1.4 During 2012-13 the shadow Health and Wellbeing Board developed an interim, one year strategy for 2013-14, which was aligned with the agreed plans of the outgoing Primary Care Trusts and the shadow CCGs. Public Health's work to refresh and further develop Norfolk's JSNA has been ongoing.

1.5 During 2013-14 the Health and Wellbeing Board has been working on a joint three year strategy based on the refreshed JSNA and providing a strategic direction for health and social care commissioners from 2014 – 2017.

2. Purpose of today's meeting

2.1 In April 2013 NHOSC received a paper which provided guidance on the roles of the committee and the new Health and Wellbeing Board. In relation to the Health and Wellbeing Strategy it was suggested that NHOSC could contribute during the development of the strategy by:-

- Looking at how well the priorities in the strategy reflect the needs in the JSNA
- If necessary, challenging the Health and Wellbeing Board on its priorities.

The corollary to this was that NHOSC should not challenge an individual CCG on its commissioning priorities if they were clearly in line with the strategy agreed by the Health and Wellbeing Board.

2.1 The Chairman of the Health and Wellbeing Board has been invited to today's meeting to present the draft Health and Wellbeing Strategy 2014 – 17 and to give NHOSC an opportunity to comment before the strategy is finalised by the Health and Wellbeing Board on 16 April 2014. Any comments made by NHOSC will be taken into account by the Board.

The draft Norfolk Health and Wellbeing Strategy 2014-17 is attached at Appendix A.

2.2 The Acting Director of Public Health has also been invited to today's meeting and will answer any questions members may have on the JSNA evidence that underpins the draft strategy. The JSNA includes a large collection of information relating to the health and wellbeing needs of Norfolk's population. It ranges from simple data on how many people live in the county, their age and gender and where they live, to information on the range of needs and inequalities affecting them. The JSNA is available on the Norfolk Insight website:-

http://www.norfolkinsight.org.uk/jsna

3. Suggested approach

3.1 After the Chairman of the Health and Wellbeing Board and the Acting Director of Public Health have presented the draft Health and Wellbeing Strategy 2014-17, members may wish to discuss the following areas with them:-

(a) In what way has the JSNA been developed over the past two years to better inform the commissioning priorities in health and social care?

(b) How well do the priorities in the draft strategy reflect the evidence of needs in the JSNA? The priorities are:-

- Support for early years (children under 5),
- Reducing obesity
- Improving quality of life for people with dementia and their carers

(c) What was the process for selecting these priorities rather than any others?

(d) The draft strategy includes three overarching goals that all activity must be measured against:-

- Integration – of activity and outcomes, making services more joined up for those receiving them
- Prevention – moving intervention much further upstream and making a difference before the problems become acute
- Reducing inequalities in health and wellbeing outcomes

How will county-wide progress be monitored and measured?

(e) It is understood that a more detailed workplan with clear responsibilities, milestones, outcomes and targets will be developed to sit beneath the strategy. How long will it take to produce this once the Board has agreed the strategy?

4. Action

4.1 After considering the draft Health and Wellbeing Strategy 2014-17 and discussing it with the Chairman of the Health and Wellbeing Board and

Acting Director of Public Health, NHOSC is invited to:-

(a) Consider whether it wishes to make comments to the Health and Wellbeing Board regarding the draft strategy and, if so

(b) Agree on comments to be reported to members of the Health and Wellbeing Board before the draft strategy is finalised on 16 April 2014.

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Norfolk Health and Wellbeing Board – Draft Strategic Plan 2014-17

Introduction

The Strategic Plan for the Norfolk Health and Wellbeing Board is firmly aimed at reducing inequalities in health and wellbeing outcome across Norfolk whilst improving outcomes for all. In deciding priorities and developing the Plan, the Board is clear that it is not the role of Health and Wellbeing Boards to duplicate work that is the responsibility of individual partners or to cut across existing governance systems. Rather, the work identified is in areas where the maximum impact can only be achieved by more than one partner working together and the guiding imperatives are practical action and sustainable change.

By identifying a small number of areas for action the Board intends that partner organisations will align their own planning and spend to the joint priorities to drive sustainable change. In this way, as the health and wellbeing of Norfolk is reviewed and new priority areas are introduced, the actions which address the current priorities will have become embedded in the day-to-day activity of partner organisations.

Although the strategic ambitions of the Board are for major change in the county of Norfolk, the Plan is to some extent deliberately operational as the Board is clear that rhetoric is not enough and that measurable change must be delivered for which partners and the Board as a whole can be held accountable.

Agreement of Priorities

In identifying and agreeing priority areas the Health and Wellbeing Board took account of data from the Joint Strategic Needs Assessment and the key messages of the Director of Public Health's Annual Report which were that;

- The impact of an aging population will provide huge challenges which need to be considered in relation to all forms of care including palliative care and end of life.
- The impacts of deprivation and inequality must be considered in relation to future service challenges and not solely in relation to individuals – deprivation and inequality have a significant service cost.
- Finding breakpoints in the cycle of deprivation is key
- Co-ordinated upstream intervention is required to reduce demand.
- Existing services are not preventing sufficient downstream need.

The Board agreed three philosophical and three topic related goals. In this Strategic Plan therefore, activity is centred on;

- Promoting the social and emotional wellbeing of pre-school children
- Reducing obesity
- Making Norfolk a better place for people with dementia and their carers

Activity in each of these priority areas must meet the goals of

- Integration – of activity and outcomes, making services more joined up for those receiving them
- Prevention – moving intervention much further upstream and making a difference before problems become acute.
- Reducing Inequalities in health and wellbeing outcomes

Rationale for the three topics

1. Promoting the social and emotional wellbeing of pre-school children

Social and emotional wellbeing is important in its own right, but it also provides the basis for future health and life chances. The first years of a child's life are key in influencing their future health, school performance and ultimately employability. Poor social and emotional capabilities increase the likelihood of antisocial behaviour and mental health problems, substance misuse, teenage pregnancy, poor educational attainment and involvement in criminal activity.

In the most recent Public Health Outcomes Framework Norfolk is performing significantly worse than the national average for many of the indicators relating to young people including

- Breastfeeding initiation,
- mothers smoking during pregnancy,
- childhood obesity,
- pupil absence,
- first time entrants to the youth justice system,
- young people not in employment, education or training
- MMR vaccination

School attainment at all stages is also poorer than the average. All of these factors are relatively worse in more deprived areas.

2. Reducing Obesity

The most recent Active People survey data presented as part of the Public Health Outcomes Framework showed that adult obesity rates in Norfolk are higher than the East of England average and the same applies to excess weight in children aged 4-5 and 10-11.

Projections in the 2013 Director of Public Health's Annual Report suggested that over the next 25 years in Norfolk if trends continue there will be an additional, 50,000 diabetics and an additional 9,000 strokes due to obesity.

Evidence has shown that obesity is a common risk factor for diabetes, other metabolic diseases, heart disease, stroke, liver disease, many cancers, injuries, arthritis, and depression, causing death and disability, and posing a huge burden to health and social care sector.

Severely obese individuals are likely to die on average 11 years earlier than those with a healthy weight, comparable to the reduction in life expectancy from smoking.

Obesity is associated with an increased risk of a number of health conditions:

- 10% of all cancer deaths among non-smokers are related to obesity
- The risk of Coronary Artery Disease increases 3.6 times for each unit increase in BMI
- 85% of high blood pressure is associated with a BMI greater than 25
- The risk of developing type 2 diabetes is about 20 times greater for people who are very obese (BMI over 35), compared to individuals with a BMI of between 18 and 25
- Up to 90% of people who are obese have fatty liver. Non-alcoholic fatty liver disease is projected to be the leading cause of cirrhosis in the next generation.
- The health effects of excess weight are increasingly apparent even in children; the incidence of both type 2 diabetes and non-alcoholic fatty liver disease used to be rare in children, but is now increasing
- Obesity in pregnancy is associated with increased risks of complications for both mother and baby such as miscarriage, gestational diabetes, thromboembolism, birth defects, stillbirth, shoulder dystonia of foetus, etc.

Social stigmatisation and bullying are common and can, in some cases, lead to depression and other mental health conditions,

3. Making Norfolk a better place for people with dementia and their carers

Dementia is an isolating, disabling and frequently misunderstood condition. A recent survey by the Alzheimers Society found that less than half of respondents felt part of their community and they listed a number of activities which they had had to give up, often because of a loss of confidence or a fear of becoming lost or confused. Many felt unable to go out or try new things and most felt unable to contribute to their community.
Nationally it is estimated that;

- 4/5 of people in residential care have dementia
- 2/3 of people with dementia live in the community
- 1/3 of acute inpatients have dementia
- ¼ of Home Care Staff lack knowledge or skills on dementia
- Only 31% of GPs believe they have received sufficient basic and postqualification training to diagnose and manage dementia.

The prevalence of dementia is rising both nationally and in Norfolk. Dementia is principally a disease of older people and Norfolk has a higher proportion of people over 65 than the England average. It is estimated that nearly two thirds of people with dementia in Norfolk have not had a formal diagnosis of their condition.

In Norfolk over the next ten years the number of people with dementia is forecast to increase by about 5,000 and about 10% of hospital admissions of people over 65 have a comorbidity of dementia.

On average people currently wait up to three years before reporting symptoms of

dementia to their doctor and most carers report are unaware of the symptoms of dementia before diagnosis. Many carers report being in denial about their relative having the illness and over half believe the symptoms to be just part of ageing.

Developing the Plan

In a county the size of Norfolk with the complexity of administrative structures one approach to delivering outcomes can clearly not be adopted by all partners. It is accepted that this Plan does not start from a zero base and the ways in which partners contribute to the overall outcomes will vary according to local circumstances, local need and what is already in place. The aim is, however, that outcomes will be measured in the same way across the county and that any variation in outcome should be solely on the basis of need.

The actions in the Plan are drawn, in the case of the priorities relating to children and obesity, from the national evidence base – the Marmot Review, the National Obesity Observatory and the NICE Guidelines and in the case of dementia, from extensive consultation with service users, families and carers. In most cases the planned actions are high level and require a level of detail sitting beneath them. It is envisaged that the Strategic Plan will be a dynamic document and delivery plans and timetables will be linked to each action.

Sharing Best Practice

Although the Board is very clear that it wishes to deliver change and it does not wish to see existing activity rebadged, there are projects underway throughout the county which are related to the priority areas and which are looking to do things differently. As far as possible these will be monitored and reported to the Board as "demonstrators" to provide an indication of what works or doesn't work, to inform activity elsewhere.

Monitoring the Strategic Plan

The Strategic Plan will be monitored on two levels, activity and outcomes. Once action plans have been developed, progress relating to these will be available to the Board and will be placed on the public website. In addition a range of key countywide outcome indicators will be developed for each topic which will be reported on at appropriate intervals.

Promoting the social and emotional wellbeing of pre-school children

Key Outcome Measures

☐ Foundation Stage Attainment

☐ CAHMS Referrals

☐ A&E data - accidents

☐ Domestic Abuse Stats

☐ Public Health Drug and Alcohol Data

☐ Reception Year Childhood Obesity Data

☐ Breastfeeding initiation and continuation at 6-8 weeks

☐ mothers smoking during pregnancy

☐ pupil absence

☐ first time entrants to the youth justice system

☐ young people not in employment, education or training

☐ MMR vaccination

	Actions	**Lead Partner**
1.	Ensure the social and emotional wellbeing of under-5s is assessed as part of the JSNA. This includes vulnerable children and their families. Population based models (such as PREview, a set of planning tools published by the Child and Maternity Health Observatory) will be considered as a way of determining need and ensuring resources and services are effectively distributed.	Public Health
2.	Develop arrangements for integrated commissioning of universal and targeted services for children aged under 5. This includes services offered by general practice, maternity, health visiting, school nursing and all early years providers. The aim is to ensure: • vulnerable children at risk of developing (or who are already showing signs of) social and emotional and behavioural problems are identified as early as possible by universal children and family services • targeted, evidence-based and structured interventions are available to help vulnerable children and their families – these should be monitored against outcomes	Children's Services, NHS England, Public Health, CCG

	• children and families with multiple needs have access to specialist services, including child safeguarding and mental health services.	
3.	Ensure that procedures are in place for professionals: • to make referrals to specialist services, based on an assessment of need • to collect, consistently record and share information as part of the common assessment framework (relevant child and adult datasets should be linked) • for integrated team working • for continuity of care • to avoid multiple assessments.	As Above
4.	Put in place training to ensure that the range of organisations which have contact with families of young children are able to recognise, address and make appropriate referrals in relation to signs of domestic abuse	Police
5.	Support the development of programmes which promote the inclusion of fathers in early child care, particularly in relation to vulnerable groups such as war veterans and offenders	Third Sector
6.	Identify and address barriers for more vulnerable families to access affordable childcare and early learning	Children's Services
7.	Promote programmes which improve work readiness of parents in vulnerable families	District Councils/NCC
8.	Ensure that maternal mental health is assessed at an early stage and any issues addressed	NHS England/Public Health
9.	Support and encourage development of parental and child literacy	
10.	Improve contact between substance misusing parents and treatment services	Public Health/NDAP
11.	Develop and pilot a single programme which addresses empowerment and self-esteem in relation to domestic abuse, relationships and risk taking behaviour in teenagers.	Childrens Services/Public Health/Third Sector
	Review and target the availability of parenting support	

12.	for vulnerable families Promote projects addressing child safety in the home	Children's services
13. 14.	Improve the promotion of and opportunities for healthier diets, physical activity and toothbrushing in preschool children	NHS England/Public Health
Demonstrator Projects; Early Help – Diss, Nelson, Great Yarmouth		
Reducing the Prevalence of Obesity		
Key Outcome Measures o Childhood obesity measures o GP Recorded Obesity o Evidence from engagement exercises o GP recorded physical activity o Health Trainer records		
	Actions	**Lead Partner**
1.	Develop a comprehensive Countywide obesity strategy	
2.	Put in place an individual to co-ordinate activity on obesity	
3	Provide advice and information support to District Councils, CCGs and other partners	
4.		
5.	Promote Active Travel routes and projects	
6.	Ensure that Norfolk people have the widest possible opportunities to be physically active. This includes identifying and addressing barriers to activity	
7.	Make the most of the potential for the planning system to create a healthier built environment	
8.	Work with local businesses and partners to increase	

	access to healthy food choices	
9.	Link activities on healthy weight to initiatives relating to the environment and sustainability – allotments and food growing projects can, for example, support environmental objectives and at the same time provide opportunities for people to be more active and eat more healthily.	
10.	Lead by example –partners providing leadership in their local area by ensuring that there is healthier catering provision in the settings and services that they run and in schools under local authority control, or by promoting a switch from driving to cycling among their own staff.	
11.	Make the most of key opportunities to engage with communities and promote behaviour change,	
12.	Work with partners to embed physical activity and healthy eating support within existing social care pathways. Provide a wide range of appropriate physical activity and healthy eating opportunities across a range of settings. Provide necessary adaptations and carer support for severely obese people to help improve their quality of life and avert the need for emergency service intervention (as a result of falls, for example).	
13.	Work with social landlords to implement the practical action plan led by the Design Coun and the National Housing Federation, that sets out ten priorities for change to provide more opportunities for people of all ages to be more active and enjoy the space outside their homes.	
14.	Ensure that obese people in social housing or in adapted homes have the opportunity to be physically active through home or community based physical activity programmes. Improve availability of	

	unstructured opportunities for physical activity, such as access to parks and open spaces and safe play areas.	
15.	Encourage local workplaces and businesses to sign up to the Responsibility Deal or similar local agreement and put into place effective actions to support employees and customers to make healthier choices, for example, introduce policies to prevent, support and manage obesity. This could include ensuring the availability of healthy food choices and the provision and promotion of physical activity physical activity, for example, by introducing walking meetings or non-working lunch times. The effectiveness of such policies is dependent on the support and ongoing commitment of senior members of staff.	
16.		
17.	Provide ongoing training and awareness raising to combat prejudice and discrimination against obese people in the workplace.	
18.	Ensure elected members and all management and staff working with local communities, both within and across partner organisations, are aware of the importance of preventing and managing obesity and that they advocate for action on obesity.	
	Agree a local “obesity branding” such as Change4Life which enables partners to have shared vision, speak with 'a common voice' and be clearly identifiable to the community.	
	Undertake engagement activity to better understand perceptions of obesity in high prevalence areas and what messages and services will be effective.	
Making Norfolk a better place for people with dementia and their carers		
Key Outcome Measures • Older people with dementia and carers of people with dementia must be included from the start and through the whole process to implementation and monitoring (co-production) • Integration must underpin all work and be demonstrable		

• a refocusing from acute to community funding, alongside the removal of perverse incentives for acute hospitals • More use of small and large flexible grants for three to five years to support people in the community • Service users are enabled and asked what support they need and what outcomes should be measured • Evaluation of new services including measures of satisfaction of the older people with dementia and their carers who receive the services (monitor outcomes not just outputs) and, if effective, fund long-term		
	Actions	**Lead Partner**
1.	Revisit Norfolk's 2009 - 2014 Dementia Strategy evaluating what worked, what didn't and what is sustainable	
2.	Ensure that a comprehensive needs assessment is included in the Joint Strategic Needs Assessment (JSNA) and informs a full Strategy/Action Plan	**Public Health**
3.	The Strategy/Action Plan should be revisited regularly and agencies held to account at 12 monthly intervals i.e. it should be a working document	
4.	Undertake a county wide information campaign involving people with dementia and their carers throughout – using people's stories and working with community leaders to promote understanding	
5.	Focus on raising awareness and understanding, and the importance of early diagnosis and follow-up	
6.	Encourage and enable carers, including older carers, to recognise they are carers.	(GPs key)
7.	Provide general & specialist information on paper, internet & face-to-face • Provide an annual 'Older People's Handbook' along the model of the 'Carers' Handbook' linked to an internet database with general information about all the support that is available including a section on dementia and on transport developed with older people and carers	
	• Improved support for partner voluntary agencies providing information and advice services including reconsideration of tendering policies	CCGs, NCC

8.	Enable communities to develop activities and support • Make more use of flexible grants to support small and larger projects and volunteers in communities ('enable'). Make it easier to apply for these grants and improve community development support. • Extend the Norfolk Village/Community Agents pilots to ensure proper time to evaluate. If effective, seek to fund for 3 years to 5 years, and establish Community Agents in areas of high deprivation & low community capacity.	
9.	Promote and support dementia friendly communities • Evaluate the Age UK Norfolk Dementia Friendly Communities Manager and Dementia Lead posts promoting dementia friendly communities and, if effective and value for money, seek to provide three/five years funding from April 2014 including realistic support costs • Share and use learning from the examples of dementia friendly communities outside Norfolk such as Debenham in Suffolk	
10	Provide transport to enable older people and their carers to access health and wellbeing services • Improved co-ordination of transport services (public and community) for the needs of service users particularly reducing social isolation and improving access to the health care and wellbeing activities that sustain good mental health • Audit all transport funding spend relating to people with dementia and their carers (public, subsidised, community, voluntary agency), map need and consider how funding could be used most effectively • Ensure that the national 2007 flexible criteria are properly followed for non-urgent patient	

	transport services (PTS) so that carers of people with dementia and people who can't walk far are included	
11	Establish sustainable low level generic preventative services which help all older people remain living independently are funded	
12	Identify in local development plans how homes for meeting the aspirations and needs of older people, including those with dementia and their carers, can be provided. • Councils should consult older people and their carers and, through planning for housing, aim to ensure that housing developments accommodate the requirements of older people in all aspects of housing number, design (accessibility, low heating costs etc) and location.	
13.	Make dementia awareness training available to GP practice staff	
14.	Seek to identify a staff member who would like to volunteer as Dementia Champion in every practice	
15	Improve support in GP practices for patients and their carers who can't access transport for example staff could mark patients' and carers' notes if they don't have access to transport and receptionists could advise patients on local transport, and book it for patients where appropriate	
16.	Diagnose in a timely way and explain why this matters to people with dementia and their carers	
17.	Identify a key worker from any of the relevant agencies to co-ordinate support for older people with dementia and their carers • For older people with dementia who come very regularly to the GP Practice • Co-locate key workers with other partner staff for at least some of the time • Explain the Care Pathway and provide information (paper and/or internet, including about benefits and transport)	

	• Co-produce a Care Plan with the person who has been diagnosed and with their carer • Include contingency funding into personal support budget/plans so carers can have an urgent break they can initiate themselves through Norfolk County Council's Customer Services or directly if they have a direct payment • Include the transport costs of accessing health and wellbeing services in social care and health personal budgets / care plans • After the key worker has set up and reviewed the care plan, make it possible for older people with dementia and their carers to re-refer directly back into their Adult Social Care locality team, rather than starting again though Norfolk County Council Customer Services / the Social Care Centre of Excellence	
18	Identify and assess the health and wellbeing needs of carers of people with dementia • Offer a separate assessment to all carers who may want to talk apart from the person they care for about their needs • Co-produce a care plan with the carer • Explain the pathway and provide information (paper and/or internet, including about transport)	
19	Provide a paper-based booklet about specialist support available for people with dementia, linked to an internet database developed with people with dementia and their carers	
20	Have available in the GP practice on a sessional basis someone who can provide face-to-face information about support that is available • Research all the models that have been / are being used in Norfolk GP practices to date to enable GP Practices to identify the model that will suit them and their patients/carers best • Signpost people with dementia and their carers to local general and specialist support e.g. on self-management, practical help, exercise,	

	activities, befriending, Pabulum Cafes, benefits including non-means tested Attendance Allowance	
21	Provide specialist outreach into communities from acute hospitals	
22	Evaluate the Admiral Nurse pilot funded until the end of March 2014 and see how this model fits as part of post diagnostic support in Norfolk for people with dementia and their families/ carers. If effective and appropriate, seek to continue funding for three –five years as one of the more specialist parts of the range of support services	
23	Seek to fund Dementia Advisers to cover the whole county for three – five years as part of a range of support, so that every person with dementia and their carer has easy access.	
24	Ensure that independent sector home care staff have dementia training as most people with dementia are living in the community with support • Work with Norfolk Independent Care and share existing good practice, e.g. a home care agency opening the dementia training for its staff to the unpaid carers of people with dementia they are supporting • Campaign to raise awareness of the value of care work - create more apprenticeships; emphasise job satisfaction using case examples; promote accessible, on-going training • Promote and encourage flexible working in the home care sector for people aged 67+ who have a great deal of experience to offer	
25	Make it easier & simpler for people to complain if they are unhappy with their homecare service • Require a transparent complaints procedures in commissioned services , and provide a clear route through to the commissioner where a complaint is not satisfactorily resolved. • Develop the model of continuous improvement.	

26	Source funding for and develop activities and support for people with dementia and their carers • Norfolk **Pabulum cafes** support both the person with dementia and their carer at the same time but in separate rooms so the carer has peace of mind and can get support including IAA • Exercise such as chair-based Extend, Tai Chi and Zumba across Norfolk • The extension of dementia choirs across Norfolk	
27	Support in Acute Hospitals • Appoint a Dementia Lead • Produce a Dementia Strategy with people with dementia and their carers e.g. Doncaster and Bassetlaw Hospitals NHS Foundation Trust Draft Dementia Strategy 2013-15 • Encourage hospitals to take a holistic view of the care of people with dementia and other long-term conditions, and co-ordinate treatment provided by different specialists • Promote training in dementia care for all staff • Acute hospitals should ensure that older people's wards are adequately staffed • Provide information, advice and advocacy for older people with dementia and their carers on hospital wards and in outpatient clinics • Subject to positive evaluation, identify funding to extend the IAA pilot on NNUH hospital wards & extend to Queen Elizabeth and James Paget Hospitals • Recruit Health Care Assistants and Registered Nurses with the right values as well as the technical skills • Create dementia friendly care environments • Make it simpler and easier for people to	

	complain • Make the process transparent • Handle complaints so that staff understand they will be used positively to improve the service • Develop a culture where everyone is responsible and a model of continuous • Improvement • • Audit care for people with dementia/their carers • Provide specialist outreach into communities	
28	Support in Residential and Nursing Care • Identify staff who would like to volunteer as Dementia Champions • Recruit Admiral Nurses to provide outreach into care homes - specialist input and skill-sharing has been evidenced to reduce admissions to acute hospitals and improve care for residents • Work with Norfolk Independent Care and other partners to agree ways to provide training for staff in caring for people with dementia • Work with Norfolk Independent Care and other partners to agree ways to provide exercise and activities in care homes - residents must have the opportunity to keep fit, have an interest in life, learn new skills and laugh. • Include a commissioning requirement with care homes that there should be a minimum of one hour a week exercise and one hour a week of other activities. This could be supported by volunteers. • Make it simpler and easier for people to complain without the fear of repercussions for people who are particularly vulnerable - Make the process transparent - Handle complaints so that staff understand they will be used positively to	

	improve the service - Develop a culture where everyone is responsible • Include a requirement in care home contracts the requirement to display details of an independent advocate	

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED
Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Proposed Forward Work Programme 2014

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Administrative business*
17 Apr 2014	Use of the Liverpool Care Pathway in Norfolk's hospitals – an update on practices regarding end of life care in hospital following the report of the review the LCP published in July 2013.	
	Delayed Discharge from Hospital in Norfolk – report of the joint NHOSC & Community Services OSP scrutiny task & finish group	*Move to a later meeting to allow more time for the Member group to conduct the scrutiny.*
	Ambulance turnaround times at the Norfolk and Norwich hospital – a progress report from the commissioners (Norwich CCG leading), the N&N and the East of England Ambulance Service NHS Trust	
	Terms of reference for Great Yarmouth and Waveney Joint Health Scrutiny Committee	*Depending on discussions with Suffolk*
29 May 2014	Wheelchair provision by the NHS - an update from the commissioners of wheelchair services in central and west Norfolk.	
	Changes to Mental Health Services in West Norfolk – consultation by the CCG and Norfolk and Suffolk NHS Foundation Trust on potential closure of inpatient facilities	*Depending on whether WN CCG and NSFT are ready to consult with NHOSC on proposals for*

	Changes to mental health services in central Norfolk – an update on the implementation of the Norfolk and Suffolk NHS Foundation Trust Service Strategy 2012-16 in the central Norfolk locality.	*permanent changes*
10 July 2014	Stroke services in Norfolk – report of the task and finish group. Access to dentistry in Norfolk – an update report on action following the new oral health needs assessment.	

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Provisional dates for reports / briefings to the Committee

Sept 2014 – **System-wide review of health services in west Norfolk** – an update from West Norfolk CCG.

NHOSC Scrutiny Task and Finish Groups

Task & finish group	Membership	Progress
Stroke Services in Norfolk	Cllr John Bracey Cllr Michael Chenery of Horsbrugh Cllr Nigel Legg Cllr Margaret Somerville (Chairman) Cllr Tony Wright Alex Stewart – Healthwatch Norfolk	The task & finish group has held four meetings with a range of witnesses at County Hall, and has visited stroke services in the N&N, QEH, JPH and Norwich Community Hospital and NHS 111 to see the stroke emergency pathway to 999. The Group is on schedule to report back to NHOSC in July 2014.
Delayed discharge from hospital in Norfolk (joint task & finish group with Community Services OSP)	From NHOSC:- Cllr Michael Chenery of Horsbrugh Cllr Alexandra Kemp Cllr Nigel Legg Cllr Tony Wright	The task & finish group met with social care staff on 3/2/14. A meeting with the acute hospitals, mental health and NHS community care is scheduled for 6/3/14. The group has scheduled a further meeting on 9/4/14.

	From Community Services OSP:- Cllr Shelagh Gurney Cllr Brian Hannah Cllr Harry Humphrey Cllr Margaret Somerville	

NHOSC Members on Regional Joint Scrutiny Committees (task & finish basis)

Joint Committee (task & finish)	**NHOSC Membership**	**Progress**
Liver Re-section services (joint committee with Suffolk and Cambridgeshire)	Cllr Michael Chenery of Horsbrugh Cllr Alexandra Kemp Cllr Margaret Somerville (Substitute for all Members:- Dr Nigel Legg)	NHS England has accepted all but two of the Joint Committee's recommendations. The chairman of the committee is in correspondence with NHS England regarding the two unaccepted recommendations.

Norfolk Health Overview and Scrutiny Committee 27 February 2014

Glossary of Terms and Abbreviations

BMI	Body mass index
CABE	Commission for Architecture and the Built Environment
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
ETD	Environment Transport and Development (department of Norfolk County Council)
GP	General practitioner
JHWS	Joint health and wellbeing strategy
JPUH & JPH	James Paget University Hospital
JSNA	Joint strategic needs assessment
MMR	Measles mumps and rubella
NCC	Norfolk County Council
NDAP	Norfolk Drug and Alcohol Partnership
NHOSC	Norfolk Health Overview and Scrutiny Committee
NNUH (N&N, NNUHFT)	Norfolk and Norwich University Hospitals NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OSP	Overview and Scrutiny Panel
QEH	Queen Elizabeth Hospital, King's Lynn
WNCCG	West Norfolk Clinical Commissioning Group