Appendix 1

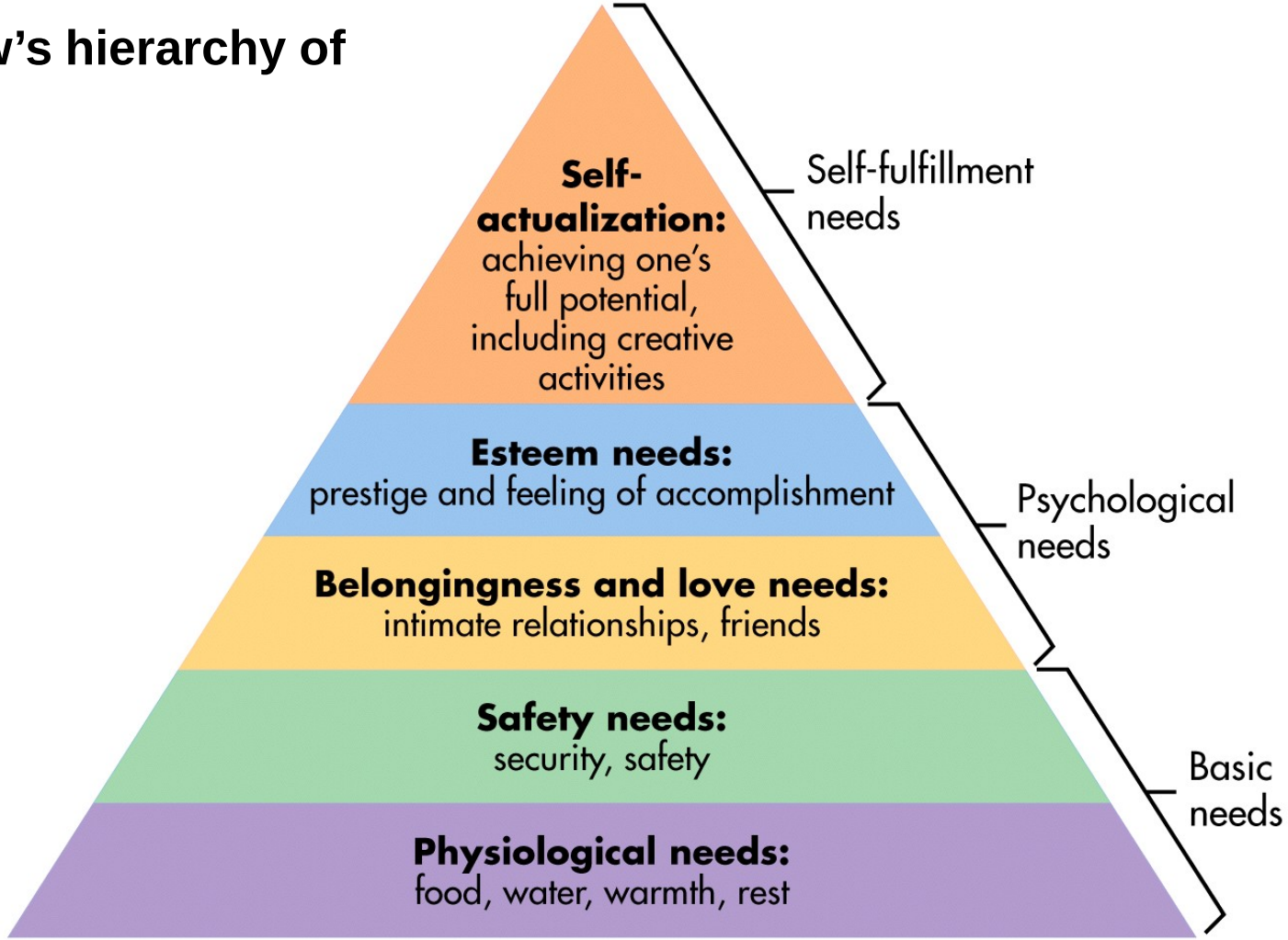
Two Councils One Team

Broadland District Council
Community at heart

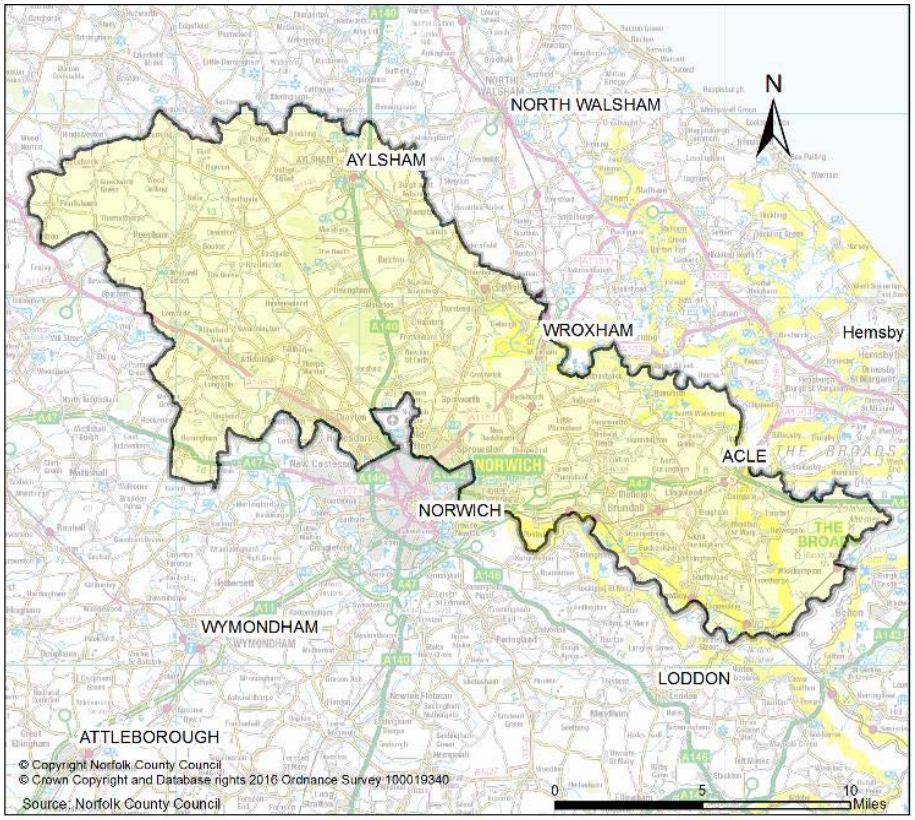
South Norfolk COUNCIL

Wellbeing Panel Introduction

Maslow's hierarchy of needs



Two Councils - One Team



Broadland Population 128,535

32% population 65+	Average house price £245,000
79% Owner Occupiers	Average Salary £23,592
52% urban population	12% households with no car
10% Private Rented Sector	86% economically active

Two Councils - One Team

Frailty & Falls

- By 2035, the number of people aged 80+ in our areas will increase by 11,800
- 9% of people aged 65+ are admitted to hospital with issues stemming from frailty
- Around 1,100 residents of each council area are predicted to be admitted to hospital for a fall annually
- 20% of people die within four months of a fall and 30% within a year

Employment & Aspirations

- Total of 320 young people Not in Education, Employment or Training (NEET) in our areas
- Average 24% of Housing Benefit claimants are in work
- 805 residents claim Out of Work benefits in Broadland, 990 in South Norfolk
- 30.5% of adults in Broadland and 43.7% in South Norfolk have achieved qualifications at NVQ Level 4 or above.

Activity & Healthy Living

- 27% of Broadland/SN 10-11 year-olds are overweight or obese
- 60% of adults are overweight or obese in SN, 61% in Broadland
- 63.8% of SN residents and 65.4% of Broadland residents are physically active each week

Mental Wellbeing

- 8.6% of young people aged 5-16 have a mental health illness in Broadland/South Norfolk
- 28,000 adults have a common mental health disorder across our two council areas
- Around 2,400 people aged over 65 in both BDC and SNC areas are predicted to have dementia

Broadland District Council
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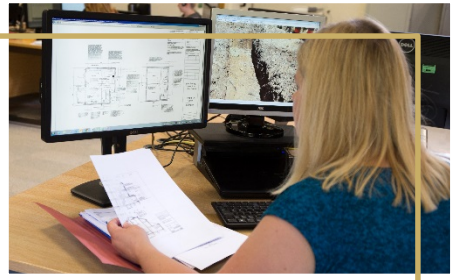
Two Councils - One Team

Health & Leisure Services

Community & Sports Development

Waste, Policy & Operations

Locality Partnerships (Help Hub)



Housing Options

Housing Standards

Independent Living

Benefits

Community Capacity

Broadland District Council
Community at heart

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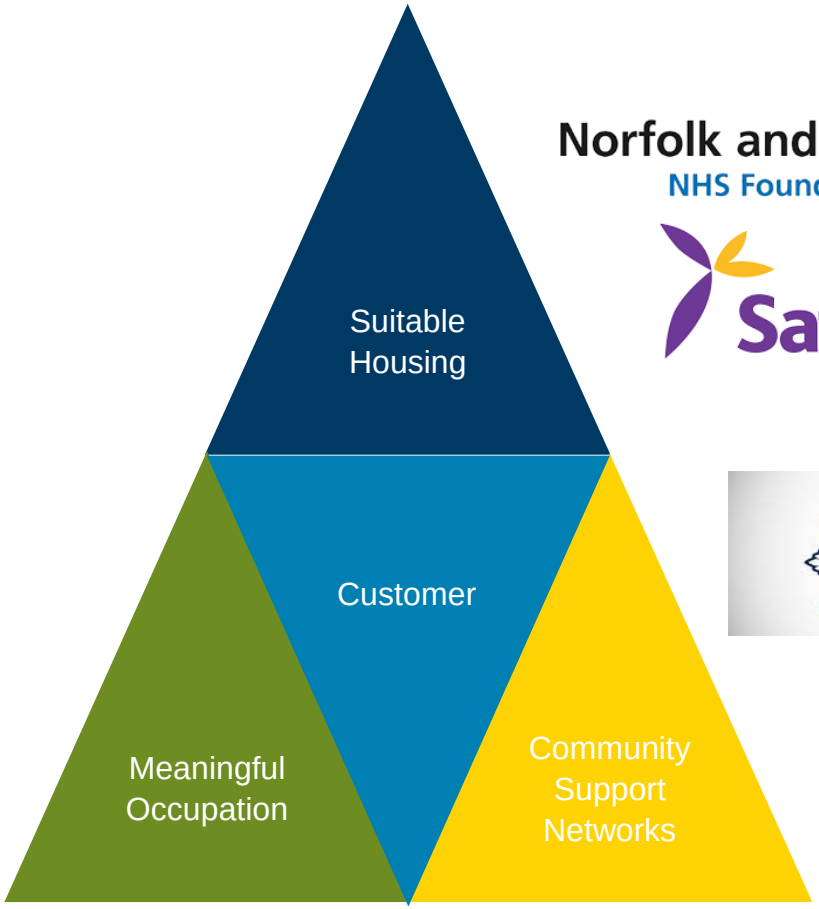
South Norfolk Council

The South Norfolk/Broadland Prevention Approach



NHS Norfolk and Suffolk NHS Foundation Trust

Saffron Housing Trust

Norfolk Community Health and Care NHS Trust

NHS North Norfolk Clinical Commissioning Group

NHS Norfolk and Norwich University Hospitals NHS Foundation Trust

NORFOLK CONSTABULARY Our Priority is You

in good health The Norfolk and Waveney Health and Care Partnership

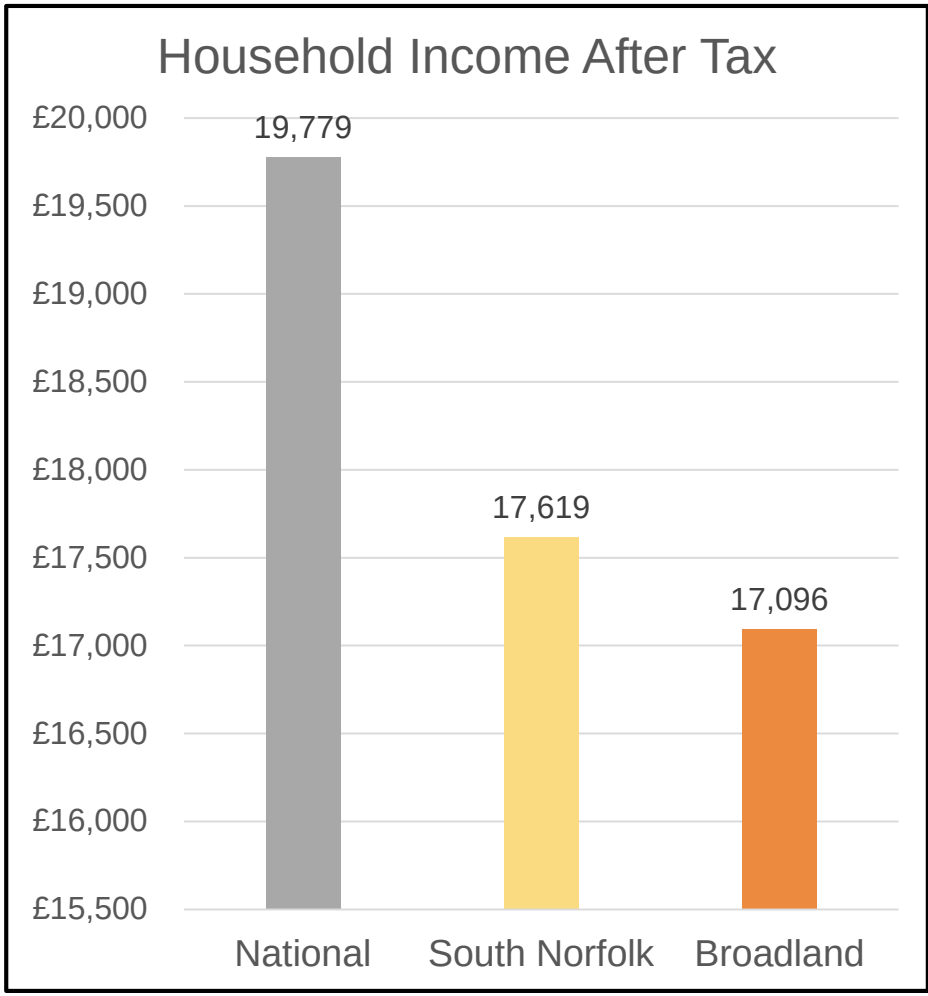
OFFICE OF THE POLICE & CRIME COMMISSIONER FOR NORFOLK

DWP Department for Work and Pensions

Norfolk County Council

Overview of Inclusive Growth

- Large numbers of homes meeting the ‘affordable’ definition are still unaffordable for large numbers of residents
- Access to key services poor in rural areas
- Average ranking on national social mobility indicators, but at a lower level there are multiple issues
- Broadland and South Norfolk in lowest quintile for disadvantaged pupils entering higher education
- Academic achievement levels of disadvantaged pupils in South Norfolk in lowest decile



Challenges:

- Creating affordable and accessible housing
- Rurality and access to services
- Empowering our communities
- Meeting the needs of our ageing population
- Focussing on prevention to help reduce demands across the system

Appendix 2

Health & Norfolk Sustainability Transformation Partnership

Introduction

South Norfolk and Broadland have always been active in promoting the role of districts in improving the health of its populations. Similarly, in comparison to the rest of Norfolk both districts have populations that appear to be in generally good health. However, more localised data shows there are significant pockets of deprivation leading to health inequalities, without the access to relevant services.

The collaboration between Broadland and South Norfolk allows us to have greater influence on the health and social care agenda. Establishing our collective priorities enables us to target our services and resources appropriately and effectively within a clear evidence base.

Health and social care are recognising the benefits of locality partnership working and central government are strongly promoting the collaborative agenda. The introduction of Local Delivery Groups (LDG) and Primary Care Networks (PCN) are testament to this. PCNs will target resources at a smaller population level in order to ensure that services meet the needs specific to that area.

Behaviour change, prevention and creating healthy environments are where the districts support reductions in obesity, reduce mental health crisis, help prevent falls and delay frailty, all which impact positively on demand management for health and social care services.

Health and Wellbeing Overview

Local authority health profiles were released in July 2018, comprising a range of health and wellbeing indicators. For both local authorities, the vast majority of indicators are either on or above average. Of 32 indicators, only one is below average in Broadland (Diabetes diagnosis rate) and only three indicators are below average in South Norfolk (Killed and seriously injured on roads, diabetes diagnosis rates and dementia diagnosis rate). That said, there are significant disparities across our districts in terms of health and wellbeing, justifying a targeted strategy to reduce these inequalities. One clear example is the level of adult obesity in South Norfolk, which is far more pronounced in the south of the district. Both councils have used an evidence-based approach to health and wellbeing projects.

Both South Norfolk and Broadland's age profiles show a significantly larger proportion of the population aged 65+ (25.3% for Broadland, and 23.9% for South Norfolk) compared to the England average (17.9%). This is predicted to increase consistently for the next 25 years (East of England Forecasting Model, 2018). Furthermore, in terms of living in good health, statistics show that in Norfolk men can expect to live to age 64 in good health and women to age 66 indicating that although a growing number of people will be living longer they will be doing so in poor health.

The Indices of Multiple Deprivation (IMD) give a picture of overall quality of life within an area. Neither Broadland or South Norfolk have any areas within the least deprived quartile. However, there is variance above this level. Underneath the overall score, there are significant pockets of both districts that have high levels of deprivation in the 'Barriers to Housing and Services' and the 'Access to Education, Skills and Training' domains.

A number of other indicators and datasets are used by officers across both councils, including the Healthy Assets and Hazards Index (Used to determine lived environment effects on health), POPPI (Projecting Older People Population Information), PANSI (Projecting Adult Needs and Service Information), census data and the Active Lives Survey.

Sustainability and Transformation Partnerships

Sustainability and Transformation Plans were place-based, system-wide plans for health and social care and cover integration between health and local authority services "including, but not limited to, prevention and social care, reflecting locally agreed health and wellbeing strategies". They covered the period up to March 2021 and they are seen as blueprints for accelerating implementation of the NHS Five Year Forward View (5YFV).

Adoption of these plans led to the evolution of Sustainability and Transformation Partnerships in order to oversee implementation. The STP is currently developing plans for the next 5 years aligning with the NHS Long Term Plan, this includes the next iteration of the STP which will see the establishment of an Integrated Care System by April 2021. ICSs will bring together local NHS organisations, councils, the voluntary sector, care organisations and others to take collective responsibility for managing resources, improving the health of their population and ensuring high quality services.

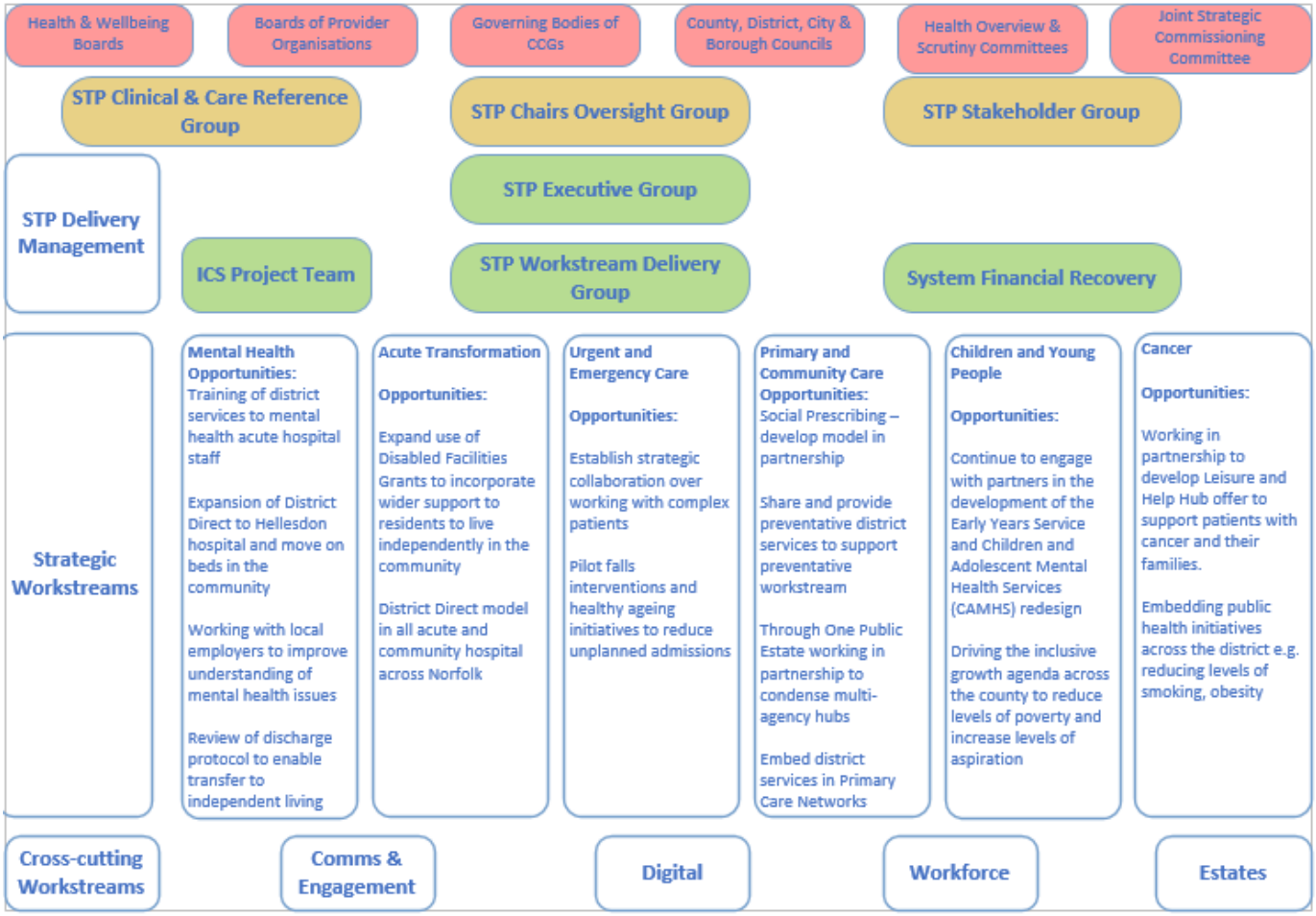
The Norfolk and Waveney STP/ICS will work in partnership at 3 different levels:

The Norfolk and Waveney Footprint

The diagram below details the overall STP/ICS structure which highlights governance arrangements and workstreams. It should be noted that as the STP/ICS progresses these workstreams have flexed to meet identified need.

Patricia Hewett chairs the Oversight Group, currently made-up of the chairs of the five clinical commissioning groups, three acute hospital trusts, local community health organisations and Norfolk and Suffolk county councillors which forms the overarching strategic lead for the STP. In addition to this, Melanie Craig acts as the Executive Lead and chairs the Executive Board.

Norfolk & Waveney Sustainability Transformation Partnership Model



Clinical Commissioning Group (CCG) Level

The Norfolk CCGs are currently in a period of restructuring which is expected to lead to one single staff structure by the end of 2019. Melanie Craig has been appointed as the Chief Officer and John Ingham as the Chief Financial Officer for the 5 CCGs

Local Delivery Groups (LDGs) have been created which correspond to existing CCG boundary areas, these groups coordinate partnership working and ensure that services are adapted to meet the needs of each area including the implementation of the Primary Care Networks. There are 3 local delivery groups across our districts, at which officers represent both councils as appropriate at all meetings (level of attendance is under review):

- North Norfolk Local Delivery Group
- Norwich Local Delivery Group
- South Norfolk Local Delivery Group

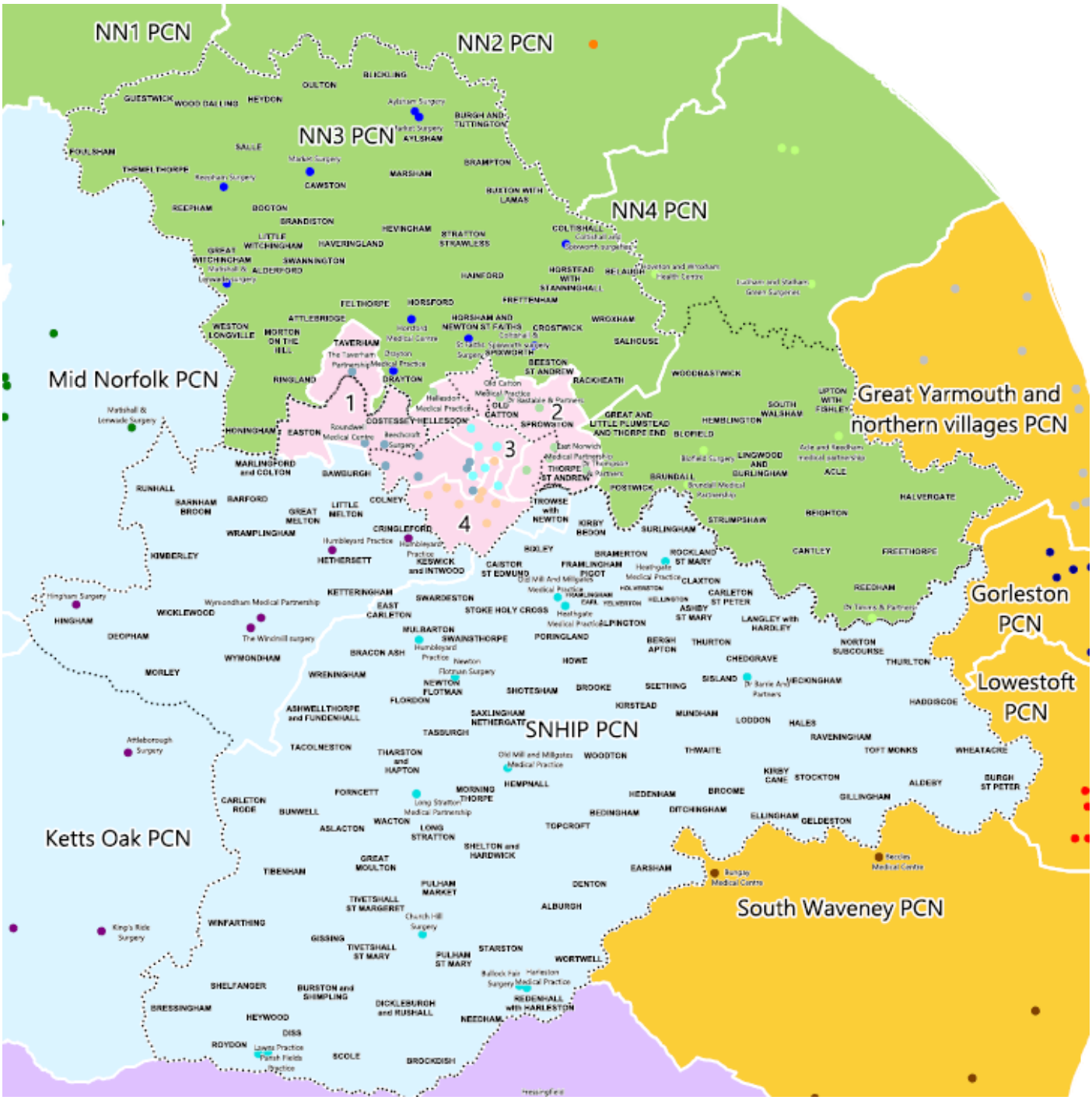
Primary Care Network (PCN) Level

NHS England expects PCNs to become a key vehicle for delivering the NHS long-term plan and will provide a wider range of services to patients. Primary care networks will eventually be required to deliver a set of seven national service specifications, including structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care, supporting early cancer diagnosis, cardiovascular disease case-finding and locally agreed action to tackle inequalities.

To do this they will be expected to provide a wide range of primary care services to patients, involving a broader set of staff roles than might be feasible in individual practices, for example, first contact physiotherapy, extended access and social prescribing. Networks will receive specific funding for clinical pharmacists and social prescribing link workers in 2019/20, with funding for physiotherapists, physician associates and paramedics in subsequent years.

They will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around primary care network boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care. From 2020/21, PCNs will also be required to assess the needs of their local population to identify people who would benefit from targeted, proactive support. Primary care networks will be focused on service delivery, rather than on the planning and funding of services (which will remain with commissioners) and are expected to be the building blocks around which integrated care systems are built. GP Partnership Organisations are expected to work closely with GP colleagues to oversee the delivery of Primary Care Networks

The map on the following page shows the complicated relationship that CCG's (South CCG in light blue, Norwich CCG in pink, North CCG in green), districts (dotted lines) and primary care networks (White lines) have with each other, with a number of overlapping boundaries. South Norfolk district boundaries contain 3 PCNs (in part or in full), and Broadland district boundaries encompass 4 PCNs (in part or in full). The dots show GP surgeries. This complicated set of geographies explains, to a certain extent, the importance that should be attached to building up relationships across our areas.



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Health and Wellbeing Board

HWB met on 30th October 2018 to receive the Joint Health and Wellbeing Strategy, (JHWBS). This had been signed by partners, including both councils, and matches the framework of the South Norfolk Health and Wellbeing Strategy and Broadland priorities. Homes and Health is an agreed priority of the HWB for 2019 with three key areas of activity:

- Warm and healthy homes
- Building housing interventions into multi-disciplinary teams (MDTs)
- Improved discharge from hospital.

These areas fit with all three priorities of the JHWBS: prevention, reducing inequalities and increasing integrations as well as linking to the priorities of the STP Prevention workstream. South Norfolk and Broadland Councils are actively involved in delivering these priorities and are being consulted on future priorities. Both Councils have identified health and wellbeing priorities, both of which have been signed off by members. These are contained within the SNC HWB Strategy 2018 -2021 and BDC HWB Priorities 2019-2022.

NHS Long Term Plan

The NHS Long Term Plan was published in January 2019, setting out the vision for the NHS over the next 10 years. Amongst the key actions were:

- Increasing collaboration between GP's, their teams and community services through Primary Care Networks, increasing the services they provide jointly
- Using the new NHS app as a 'digital front door'
- Increasing the number of routes into the NHS, such as apprenticeships
- Improvements to planning and service delivery through data analysis
- Commitment to the social prescribing model

Recommendations to CMLT

- Endorse our involvement within the STP and wider health & social care agenda; and identify where we need to develop, if we do not already have a presence.
- Support our involvement and planned opportunities with Local Delivery Groups (LDG) and Primary Care Networks.
- Agree our level of involvement with the Health & Wellbeing Board.
- Agree focus and opportunities to develop the health and wellbeing agenda across Broadland and South Norfolk.

APPENDIX

Current Engagement with Partners

Governance	Reason for attendance
Sustainability Transformation Partnerships (STP) Director of People & Communities sits on Prevention workstream Officers representative on various task and finish groups	Prevention Board as part of Primary & Community Care workstream – District representative. Opportunity to advocate and influence on district involvement in STP delivery. Districts have lobbied for attendance on other relevant workstreams, but this has not come to fruition. **SNC/BDC key agendas**: High Impact Change Model to reduce hospital admissions and support discharge; Social Prescribing, Raise profile of district services
Health & Wellbeing Board South Norfolk Cabinet member for People and Communities is the vice-chair of the board Vice-Chair of BDC represented on the Board	A statutory forum in which key leaders from the local health and care system work together to improve the health and wellbeing of their local population. All Districts have a member representative on the board. **SNC/BDC key agendas**: Sign off of the Better Care Fund (includes Disabled Facilities Grants); Raise profile of District services; Homes and Health priorities (hospital discharge; warm homes fund, multidisciplinary teams); input into County strategy.
Health & Wellbeing Subcommittee Sits beneath the Health and Wellbeing Board composed of all seven district councils, Public Health, Integrated Commissioning and the Chair of the Health and Wellbeing Board. South Norfolk Cabinet member for People and Communities is the vice-chair of the board Director of People & Communities	To ensure a coordinated district perspective on health and social care issues across the County and to feel this into the wider Health and Wellbeing Board. This subcommittee allows Members and officers to discuss and develop a common approach to areas of concern. **SNC/BDC key agendas**: Delivery of Public Health funding; prevention agenda, input into the health and wellbeing strategy, warm homes fund delivery.
Local Delivery Groups A collective of local health and social care partners including GP representatives.	Local delivery groups across Norfolk are at varying stages of development. **SNC/BDC key agendas**: Frailty & Healthy Ageing; Implementation of Primary Care Networks; coordinate partnership working.

Governance	Reason for attendance
BDC & SNC Early Help Strategic Board includes representatives from the South Norfolk CCG, Public Health, Adult Social Care and NSFT Chaired by Director of People & Communities SNC Officers and partner reps	To ensure partnership buy-in and development of local planning to support the prevention agenda. Focuses on the wider determinants of health in addition to frontline delivery. **SNC/BDC key agendas**: District Direct, Social Prescribing; Inclusive Growth; setting local priorities and locality offer; development and delivery of local health and wellbeing strategy.
BDC/SNC Health & Wellbeing Officer Group (HWBOG) BDC HWBOG recently expanded to cover SNC also. Public Health also attend.	Internally focussed to create a health in all policies approach. **SNC/BDC key agendas**: Delivery of public health funding; communication and coordination of new and emerging health and wellbeing agendas.

Health & Wellbeing priorities

Warm and Healthy Homes: The Warm Homes Fund (WHF) is a £150million fund provided by National Grid and administered by Affordable Warmth Solutions (AWS) across England, Scotland and Wales. It is primarily designed to incentivise the installation of affordable heating solutions in fuel poor households that do not use mains gas as their primary heating fuel.

Broadland District Council (BDC) has been awarded up to £3.1m of the WHF over the next two and half years to deliver first time central heating systems, (oil and gas boilers) and support to fuel poor homes across Norfolk to maximise income and energy and money. BDC are working in partnership with the other seven local Norfolk councils, as well as public health and community and health sectors to deliver the programme.

Building Housing Interventions into Multi-disciplinary Teams (MDTs): Led by Kings Lynn and West Norfolk Borough Council. This is a pilot project using housing staff to train NHS MDT staff to identify residents' needs in their homes and use joint learning to increase knowledge of housing solutions to support health and care services. Broadland will be using existing staff from the Housing Improvement Agency (HIA) and Housing Options departments to provide training for local MDT staff based within GP surgeries in the district.

Discharge from Hospital: Led by South Norfolk Council, with housing and NHS working together to establish a single and sustainable discharge model and to extend the District Direct offer to include discharge from mental health and community hospitals. District Direct at Norfolk and Norwich University Hospital has been funded by four district councils and CCGs until August 2019. We are currently in the process of identifying future funding for this scheme through CCG and Norfolk County Council funding. As an additional note, BDC and SNC are part of a sub-regional group that includes districts, Integrated Commissioning, the Norfolk Integrated Housing and Community Support Service (NIHCSS) and Discharge Facilitators. We are co-producing a protocol to aid discharge from mental health wards where housing and homelessness is a preventing factor. As part of this representatives from BDC and SNC have undertaken Housing training with ward staff at Hellesdon Hospital.