

Overview & Scrutiny Committee



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Tuesday, 2 April 2019

A meeting of the **Overview & Scrutiny Committee** of North Norfolk District Council will be held in the **Council Chamber - Council Offices, Holt Road, Cromer, NR27 9EN** on **Wednesday, 10 April 2019** at **9.30 am**.

At the discretion of the Chairman, a short break will be taken after the meeting has been running for approximately one and a half hours

Members of the public who wish to ask a question or speak on an agenda item are requested to notify the committee clerk 24 hours in advance of the meeting and arrive at least 15 minutes before the start of the meeting. This is to allow time for the Committee Chair to rearrange the order of items on the agenda for the convenience of members of the public. Further information on the procedure for public speaking can be obtained from Democratic Services, Tel: 01263 516047, Email: matthew.stembrowicz@north-norfolk.gov.uk.

Anyone attending this meeting may take photographs, film or audio-record the proceedings and report on the meeting. Anyone wishing to do so must inform the Chairman. If you are a member of the public and you wish to speak on an item on the agenda, please be aware that you may be filmed or photographed.

Please note that Committee members will be given priority to speak during the debate of agenda items

Emma Denny
Democratic Services Manager

To: Mr S Hester, Mr N Pearce, Mrs A Claussen-Reynolds, Ms J English, Ms V Gay, Mr M Knowles, Mr R Reynolds, Mr B Smith, Mr N Smith, Mr B Hannah, Dr P Bütikofer and Mrs P Grove-Jones

All other Members of the Council for information.
Members of the Management Team, appropriate Officers, Press and Public



**If you have any special requirements in order
to attend this meeting, please let us know in advance**
If you would like any document in large print, audio, Braille, alternative format or in
a different language please contact us

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A G E N D A

1. TO RECEIVE APOLOGIES FOR APOLOGIES FOR ABSENCE

2. SUBSTITUTES

3. PUBLIC QUESTIONS & STATEMENTS

To receive questions / statements from the public, if any.

4. MINUTES

(Pages 1 - 10)

To approve as a correct record the minutes of the meeting of the Overview and Scrutiny Committee held on 13th March 2019.

5. ITEMS OF URGENT BUSINESS

To determine any other items of business which the Chairman decides should be considered as a matter of urgency pursuant to Section 100B(4)(b) of the Local Government Act 1972.

6. DECLARATIONS OF INTEREST

Members are asked at this stage to declare any interests that they may have in any of the following items on the agenda. The Code of Conduct for Members requires that declarations include the nature of the interest and whether it is a disclosable pecuniary interest.

7. PETITIONS FROM MEMBERS OF THE PUBLIC

To consider any petitions received from members of the public.

8. CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE BY A MEMBER

To consider any requests made by non-executive Members of the Council, and notified to the Monitoring Officer with seven clear working days' notice, to include an item on the agenda of the Overview and Scrutiny Committee.

9. RESPONSES OF THE COUNCIL OR THE CABINET TO THE COMMITTEE'S REPORTS OR RECOMMENDATIONS

None received.

10. NORFOLK & WAVENEY ADULT MENTAL HEALTH STRATEGY - BRIEFING

(Pages 11 - 54)

To receive a briefing on the draft Norfolk and Waveney Adult Mental Health Strategy (see draft Report attached), from representatives of the Norfolk and Suffolk NHS Foundation Trust and North/South Norfolk NHS CCG.

11. BIG SOCIETY FUND - ANNUAL REPORT

(Pages 55 - 62)

Summary:

The Big Society Fund (BSF) continues to achieve its aim of helping build strong communities in North Norfolk, supporting NNDC's priority in the Corporate Plan of a district with vibrant communities and where healthy lifestyles are accessible to all.

Feedback from Members who attend project opening events, as well as the End of Grant reports submitted when a project has been completed, clearly demonstrate the value and benefit of the Big Society Fund and the difference it is making to local communities.

The importance of the Big Society Fund is highlighted by many organisations who continue to report that access to grant funding has reduced both locally and nationally. Therefore the BSF which offers grants of up to £15,000 continues to be the most significant year round generic fund available within North Norfolk.

Conclusions:

The North Norfolk Big Society Fund has successfully achieved its expected outcomes following its seventh year of operation. The current management arrangements, administrative and decision making process are effective and efficient. The Fund has enabled a wide variety of projects to be implemented for the benefit of communities across North Norfolk.

Recommendations:

Overview & Scrutiny are requested to note the success of the Big Society Fund and to recommend to Council:

That the Big Society Fund grant scheme should continue at its current level of funding (£225,000) for another year.

In consultation with the Chair of the Big Society Fund to review the Funds criteria to reflect changes in funding, demand and need.

Reasons for Recommendations:

To ensure the Council are informed about the Big Society Fund during its seventh year of operation.

To enable the continuation of the Big Society Fund during 2019 / 2020.

LIST OF BACKGROUND PAPERS AS REQUIRED BY LAW

(Papers relied on to write the report, which do not contain exempt information and which are not published elsewhere)

Cabinet Member(s) Cllr. Sarah Butikofer	Ward(s) affected All
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Contact Officer, telephone number and email:
Sonia Shuter 01263 516173, sonia.shuter@north-norfolk.gov.uk

12. LEISURE AND LOCALITY SERVICES - ANNUAL UPDATE (Pages 63 - 66)

To receive an annual update on the Council's leisure and locality services.

13. SHERINGHAM PRIMARY SCHOOL PARKING TASK & FINISH GROUP - UPDATE

To receive an update on the progress of the Sheringham Primary School Parking Task and Finish Group.

WORK PROGRAMMES

14. THE CABINET WORK PROGRAMME

To note the upcoming Cabinet Work Programme

15. OVERVIEW & SCRUTINY WORK PROGRAMME AND UPDATE (Pages 67 - 68)

To receive an update from the Scrutiny Officer on progress made with topics on its agreed work programme, training updates and to receive any further information which Members may have requested at a previous meeting

16. EXCLUSION OF THE PRESS AND PUBLIC

To pass the following resolution, if necessary:
"That under Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph _ of Part I of Schedule 12A (as amended) to the Act."

17. TO CONSIDER ANY EXEMPT MATTERS ARISING FROM CONSIDERATION OF THE PUBLIC BUSINESS OF THE AGENDA

OVERVIEW AND SCRUTINY

Minutes of a meeting of the Overview and Scrutiny Committee held on 13th March 2019 in the Council Chamber, North Norfolk District Council, Holt Road, Cromer at 9.30 am.

Members Present:

Committee: Cllr S Hester (Chairman)

Cllr M Knowles

Cllr P Grove-Jones

Cllr N Pearce

Cllr P Bütikofer

Cllr A Claussen-Reynolds

Cllr N Smith

Cllr R Reynolds

Officers in

Attendance: The Chief Technical Accountant, the Democratic Services & Governance Officer (Scrutiny), the Democratic Services Manager, the Corporate Director (NB), the Head of Economic & Community Development, the Economic Growth Manager, the Head of Legal Services, and the Policy & Performance Management Officer.

Members in

Attendance: Cllr J Rest, Cllr J Lee, Cllr N Coppack, Cllr E Seward (portfolio holder for Finance, Revenues & Benefits), Cllr A Fitch-Tillett (portfolio holder for Coastal, Health & Wellbeing), and Cllr N Lloyd (portfolio holder for Environment, Property).

130. APOLOGIES

Apologies were received from Cllr B Hannah, Cllr J English, Cllr B Smith, Cllr V Gay and Cllr R Shepherd.

131. SUBSTITUTES

Cllr J Lee for Cllr J English.

132. PUBLIC QUESTIONS & STATEMENTS

None received.

133. MINUTES

The minutes of the Overview and Scrutiny Committee meeting held on 13th February 2019 were signed as a correct record subject to the following amendments:

During the Enforcement Board Update Cllr M Knowles wished to make it clear that his statement on page 4 of the minutes referred to a specific property that had ongoing issues over a ten year period.

134. ITEMS OF URGENT BUSINESS

None received.

135. DECLARATIONS OF INTEREST

None received.

136. PETITIONS FROM MEMBERS OF THE PUBLIC

None received.

137. ENFORCEMENT BOARD – UPDATE REQUEST

At the last meeting of the Overview & Scrutiny Committee, Members resolved to ask that the Corporate Director (NB) attend the next meeting to provide an update on the work of the Enforcement Board, as he was unable to attend the previous meeting.

Questions and Discussion

The Corporate Director (NB) apologised that he was unable to attend the previous meeting due to a clash with other meetings. It was explained that the main Enforcement Board update had gone to Cabinet in February the week before Overview and Scrutiny.

In reference to issues identified on the sharing of case information with Members, it was noted that previous discussions had been held to determine the best method of communicating this information to Members. The Corporate Director (NB) explained that a number of recommendations were being implemented that included; changes to the case matrix to better catalogue the extensive information. He added that cases would be scheduled in order of importance to display key information first. It was explained that updates could only provide the key details on each item, as there would be extensive amounts of information for each case. Members were informed that they could then request further information on specific items as and when required if needed for Parish Council updates or separate queries.

The Corporate Director (NB) clarified that smaller planning enforcement issues were not dealt with by the Enforcement Board, as there was a dedicated team for these issues in the Planning Department. As a result, it was suggested that Members looking to ask questions on small planning enforcement issues could be signposted to that team. In contrast, Members were informed that the Enforcement Board continued to manage more complex issues, some of which moved very slowly.

The Democratic Services Manager informed Members that Cabinet had resolved to increase the frequency of Enforcement Board updates from six-monthly to quarterly. Cllr P Bütikofer asked whether it would be possible to co-opt Councillors onto the Board. The Corporate Director (NB) replied that the Enforcement Board had always been viewed as a non-political entity that Members should not influence, though he agreed that Members should be informed of its actions. He added that if Members were invited to attend meetings as observers, it would be difficult to determine which Members would be relevant.

The Head of Legal Services stated that from a governance perspective, it was not good practice to have joint Officer-Member Boards, and from an enforcement perspective Members could inevitably be skewed by their ward's interests. She added that Member's input could still be sought, but without full commercial training it would be dangerous for officers and Members to work together, as it could stifle the Board's ability to objectively assess cases. Cllr P Bütikofer stated that he accepted this view, but asked if it would be possible for Members to observe relevant meetings. The Head of Legal Services replied that unlike many officers, she had statutory protection on the advice that she gave to

Members. For most officers on the Enforcement Board, this was not the case, and if Members were to attend meetings, officers could be inclined to give advice that would please Members. She added that at a strategic level if Members were not happy with this process then they could provide feedback, though their involvement would not be beneficial at an operational level. Cllr P Bütikofer accepted this response, but stated that it was important for Members to be kept informed. The Head of Legal Services replied that officers had worked to improve this communication, but clearly there was still work to be done as Members had a right to the information.

Cllr J Lee stated that he supported the comments of the Corporate Director (NB) and the Head of Legal Services on Member involvement on the Board, and agreed that on complex cases it would not be helpful for Members to attend. He added that if Members wanted information on a specific case then it should be expected that they pursue this information themselves.

Cllr P Grove-Jones questioned whether the decision not to involve Members would preclude the Cabinet portfolio holder for Planning and Enforcement, then asked how many CPOs were being considered and how many had been completed. The Head of Legal Services replied that it would be difficult for officers to maintain an objective approach when put under pressure by a Cabinet Member. The Corporate Director (NB) replied to the question on CPOs and stated that one had recently been completed, concerning two properties in Sculthorpe. He stated that another property had just completed sale, following the threat of a CPO. Two further properties were under threat of a CPO, and three more cases were being considered following the last meeting of the Board. He added that Cabinet authorisation was needed to approve the budget for pursuing CPOs, and that out of the last twelve that had been threatened as a last resort, only two CPOs had been completed. Cllr P Grove Jones then asked what the average timescale was to complete a CPO. The Corporate Director (NB) replied that on the most recent occasion, it had taken 18 months to complete, though there had been a two year lead-up to begin this process. In summary, it was suggested that CPOs took roughly a year to complete, and potentially longer if there were complications.

Cllr R Reynolds stated that he had supported the original decision for Members not to be on the board and continued to support the officer's opinion. The main reasons for this were confidentiality and financial concerns.

Cllr E Seward stated that he had noted that the Board had been established for some time, and whilst CPOs had worked in the past, they were not a quick means to achieve results. As a result, it was expected that the Government may look to review the CPO process in the future. He then asked whether it would be worth carrying out an exercise pre-emptively to determine what changes would be needed in order to streamline the process.

Cllr J Lee stated that he was happy with the work of the Enforcement Board as it was, and suggested that Members should look at the success of the Board to date. He added that he often passed properties that would otherwise be derelict were it not for the work of the Board.

Cllr M Knowles stated that many queries were concerned with smaller cases, and that when he had reported an issue recently, he had received a response in 24 hours, though noted that on other occasions it had taken much longer to get a response.

Cllr A Claussen-Reynolds stated that Oak Street in Fakenham had been vastly improved by the work of the Enforcement Board.

Members agreed that they were now happy to commend the Report.

RESOLVED

To commend the Enforcement Board Update.

138. MANAGING PERFORMANCE QUARTER 3 2018/19

The Corporate Director (NB) informed Members that the Report sought to provide a quarterly update for Members on major projects.

Questions and Discussion

The Corporate Director stated that overall the organisation was working well, and that new software for performance management was currently being introduced to go live following the election in May. One of the key improvements that the Inphase system offered was to provide better, more useable information.

Cllr A Claussen-Reynolds referred to page 84 on the new joint waste services contract. She stated that it had been reported that Kier were now potentially £40m in debt, and asked if this would have any effect on the Council. The Corporate Director (NB) replied that the Council's position would remain the same until the Interim Report was released. In terms of the financial position, he stated that there was no cause for concern at present, and that the Council remained in touch with its treasury advisor.

Cllr P Grove-Jones noted that land at Catfield had been delayed for development again, and asked whether the Hopkins development that had been delayed could be progressed at either the Catfield or Station site. The Corporate Director (NB) replied that there were a number of issues with old buildings, a technical company that had been hampered by utilities issues, and a number of small businesses that were currently in very poor properties. Furthermore, there were only six industrial units, meaning that there was limited scope for the area. On the Station site, it was suggested that there was potential for development, but it was not likely to be for industrial use. Cllr P Grove-Jones asked if the land at the Catfield site still belonged to the previously identified farmer. The Corporate Director (NB) replied that it was only part of the site, and he did not know who owned the rest of the land.

RESOLVED

To note the Report.

139. CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE BY A MEMBER

i. Cllr J Rest submitted the following request:

That the Committee conduct a review of the content of the facts and figures provided by the section 151 Officer with regards to Fair Meadow House - Itteringham. Consideration should be given to the original set up and concept of how this part of the 'Itteringham Project' was to be operated. Although no trading figures have been provided for the shop, I'm confident that part of the project is filling the criteria it was intended to achieve, i.e. a valuable community service. I would request that a robust review is carried out on the future viability of Fair Meadow House, and that a review date is set to decide at the end of the 2019 season its continued use. I appreciate this report cannot be carried out and reported on before the elections in May 2019, however I see no reason as to why this

request should not be added to the O&S Work Programme as soon as possible, post May 2019.

Questions and Discussion

Cllr J Rest stated that the matter had arisen after he had asked for the S151 Officer to compile a Report on the matter. Though he noted that the business had only been running for one year, his main concerns were about the accommodation available at Fair Meadow House, and therefore suggested that the Overview and Scrutiny Committee should investigate the matter and add it to its Work Programme.

The Chairman asked if Cllr J Rest had any figures to support his concerns. Cllr J Rest replied that whilst the original income had been expected to reach £36,350 per annum, the property had only achieved £12,033, which with running costs of £10,500, meant that the property had only had only achieved a £1,400 profit. He then stated that the initial investment was approximately £600k and that profits were 4% lower than originally expected.

The Head of Legal Services stated that reviewing cases such as this was exactly what the Scrutiny Committee should be pursuing. She added that the Council had only recently taken over the running of the property, and that occupancy levels were expected to improve as a result of changes that had recently been made. It was stated that there was a plan B in the value of the building, though wider issues concerned the Council's approach to resolving its future funding gaps. At present, taking into account the Council's three main income streams, there was still roughly a £2m budget gap predicted for 2021. As a result, asset commercialisation would likely become a necessity to meet the deficit. It was suggested therefore, that the Council would need to become less risk averse in order to generate more income, though work would be required to ascertain the level of risk that was acceptable to Members, and to identify income generating projects. Cllr J Rest stated that he absolutely agreed with the need for this work, and reiterated his request for it to be added to the Scrutiny Work Programme. The Head of Legal Services agreed that the Scrutiny Committee must review the Itteringham project as an example, alongside work to identify the Council's appetite for risk to reach a cross-party consensus on commercialisation moving forward.

Cllr J Lee suggested that in the case of Itteringham, more investment was needed for the property to reach its full potential. He stated that the figures were not yet worrying, and that time was needed for the investment to fully develop. Overall, it was suggested that purchasing the property was still a good investment due to the value of the property identified as a plan B. Cllr J Lee then stated that his investments had fallen alongside those of many businesses and suggested that markets needed time to settle. He then stated his support for the work to be added to the Scrutiny Work Programme.

Cllr N Smith stated that the property was not yet in his ward, but would be following the boundary changes if he was re-elected. He stated that the initial surveys on the property had been inadequate, which had caused further issues, but that he still believed that purchasing the property and the shop was the right decision.

The Chairman asked the Committee whether it felt that this work would be more appropriate for the Asset Management Working Group, or the Scrutiny Committee. The Head of Legal Services replied that identifying the Council's appetite for investment risk and asset commercialisation was a substantial amount of work, and would be more appropriate for the Scrutiny Committee.

RESOLVED

That a review of Meadow House - Itteringham be added to the Overview and Scrutiny Work Programme for 2019/20, alongside work to identify the Council's appetite for commercialisation, to be supported by the Head of Legal Services.

ii. Cllr S Hester submitted the following request:

That the substantial increase in water bills in the district be considered by the Committee. It was noted that the increase could be linked to ongoing maintenance costs. It was agreed that Anglian Water should be invited to attend a Committee meeting when possible to explain whether maintenance costs had been passed on to customers and caused higher bills.

Questions and Discussion

The Democratic Services & Governance Officer (Scrutiny) suggested that if Members agreed that they would like to invite Anglian Water to attend a future meeting to respond to the Chairman's request, then it would be helpful to identify other issues to further support the request.

Cllr J Lee stated that it was vital to raise the issues arising with regard to infrastructure upgrades around potential new developments identified in the draft Local Plan. He then stated that he had not noticed an increase in his water bill as a result of maintenance costs. The Chairman replied that he had anecdotal evidence to this effect.

RESOLVED

That Anglian Water be invited to attend a meeting of the Overview and Scrutiny Committee in 2019/20 to respond to concerns of bill increases and network improvements around potential new developments.

140. RESPONSES OF THE COUNCIL OR THE CABINET TO THE COMMITTEE'S REPORTS OR RECOMMENDATIONS

The Democratic Services and Governance Officer (Scrutiny) informed Members that Cabinet had resolved to accept the Committee's recommendation that the frequency of Enforcement Board updates should be increased from six-monthly to quarterly.

141. TOURISM UPDATE

The head of Economic and Community Development introduced the Report and apologised on behalf of Cllr N Dixon; portfolio holder for Tourism, and the Visit North Norfolk (VNN) representative who were not able to attend the meeting.

Questions and Discussion

The Head of Economic and Community Development stated that the update provided Members with an overview of the current relationship between VNN and NNDC, that had evolved over recent years. It was stated that previously NNDC had funded the core costs of VNN, however this had evolved to the point that VNN had become self-sustaining. As a result, NNDC now funded specific marketing campaigns only, such as the work underway to promote the Deep History Coast.

It was stated that the industry had shifted away from the notion of Tourism, and had begun

to identify the sector as the visitor economy. It was noted that overnight visitors generally spent more, and that there was a general desire to extend the tourism season, in which case projects such as the Deep History Coast were essential.

The Head of Economic and Community Development stated that NNDC was also a member of Visit Norfolk, for which it paid an annual subscription fee of £7000. He then noted that Visit East Anglia had just relaunched as an umbrella organisation that shared staff with VNN, and that membership of one organisation usually granted membership of the other.

Cllr A Claussen-Reynolds stated that the information provided identified that the trend of three night stays was falling, she then asked if this was the case across the rest of England, and whether anything could be done to address the decline. The Head of Economic and Community Development replied that he was not entirely sure yet whether there was a trend, though there did appear to be a decline in the number of overnight stays. He added that the self-catering accommodation appeared to be booming, and this had resulted in a decline in hotel numbers and catered accommodation. It was suggested that holiday parks were changing too, with less traditional lets, but a noticeable shift towards greater levels of ownership.

Members were informed that up to date statistics had just been released, and that trends could now begin to be analysed, such as the impact of Brexit and fluctuation in the value of the pound. Cllr J Rest asked whether the Council paid for these statistics, and it was confirmed that the Council paid jointly with other authorities, and received good value as a result. Cllr J Lee stated that the statistics generally mirrored what had been seen on the ground, such as greater numbers of visitors but a decrease in spending, and more bookings being taken locally as a result of less holidays being taken abroad. The Chairman agreed that as the market changed, shorter bookings could be causing a loss of revenue in some cases.

Cllr P Grove-Jones stated that she was unsure how the figures and statistics were calculated, but suggested that the cost of accommodation was important, as £110-120 per night was fairly expensive before any additional spending had been taken into account. She then stated that hopefully improvements would be seen once Brexit had been resolved.

Cllr P Bütikofer referred to the recent trend in the rise of companies such as Airbnb, and asked if there had been any noticeable impact from this. The Head of Economic and Community Development replied that whilst companies such as Airbnb had been seen to be a disruptor, he had not noticed any particular impact on the market, as they had simply become another means of advertising holiday properties. He noted that in other countries, there had been concerns raised regarding the regulation of Airbnb, but from his perspective it was just another portal for customers to book their accommodation.

In reference to the statistics provided, the Head of Economic and Community Development stated that the Council did have an officer to process this information, and that NNDC had also been collecting data from its car parks, beach huts, Splash and Cromer Pier. The latter of which had seen a significant increase in bookings. Beach visitor numbers were also now being counted, and these numbers would be included in the statistics. Social media was raised as an additional means of monitoring interest in the region, as the Council was able to monitor the amount of traffic that used the Deep History Coast app.

Cllr A Claussen-Reynolds referred to page 3 of the update and noted that the average spend was reported to have risen to £7625 in 2017 and asked whether this figure was correct. The Economic Growth Manager clarified that this figure for overseas visitors had

raised by £599 per visit from the previous year, not risen from £599.

The Chairman noted that day visits still represented the majority of visits to the district, and that further revenue needed to be raised from these visits. He asked if any research had been done to help achieve this, suggesting a tourism tax as an example. The Head of Economic and Community Development replied that such a tax had been talked about nationally, but it was a very contentious issue. He added that whilst some voluntary schemes were in place elsewhere, a general tax would likely be poorly received. Furthermore, wage rates in the sector were low and jobs remained relatively fragile, which in combination with small profit margins, suggested that further taxation would not be well received. The Chairman noted these concerns, but stated that the £10 charge at Norwich Airport used to create a development fund had been successful. Cllr P Grove-Jones noted that the tourism tax had been successful in various countries on the continent. The Head of Economic and Community Development suggested that it could be worth posing the question to the destination management organisations. Cllr J Lee stated that he felt that a tourism tax would cause serious damage to the industry, not forgetting also, that there would be issues with collection and policing.

The Head of Economic and Community Development stated that a key aim was to increase the share of revenue from visitor spend, through income for services provided such as car parking, beach huts, Cromer Pier, and better marketing. He added that the profit share from Cromer Pier had been good, and that the new leisure contracts should also produce a significant saving whilst the new leisure facilities would generate additional income.

Cllr A Claussen-Reynolds asked whether any marriages took place on the Pier. The Head of Economic and Community Development replied that it was not licensed for marriages, and though receptions had been held there, if these displaced other (more profitable) events, however, they were not necessarily good income generators. It had been suggested that there was potential for the art deco building to be used for this purpose, and noted that Blackpool Council had built a wedding Chapel as a regeneration project.

RESOLVED

To note the update.

142. BUDGET MONITORING REPORT 2018/19 - PERIOD 10

The Chief Technical Accountant introduced the Report and informed Members that it summarised the budget monitoring position for the revenue account and capital programme to the end of January 2019.

Questions and Discussion

The Chief Technical Accountant informed Members the Council was expected to deliver a full year underspend of £781k, though the majority of this was due to payments received in relation to storm surges, and were one-off bonuses that could not be expected in the future. It was stated that the insurance money received would be returned to the asset management fund to reimburse money used for works to Cromer Pier. The Chairman asked if the money paid out from the insurance company had been the full amount claimed. The Chief Technical Accountant stated that it was not the full amount, as a smaller sum had been received previously as part of an initial payment.

Cllr P Grove-Jones asked if the Council still received any Government grants in relation to the storm surges. The Chief Technical Accountant replied that a small sum of £11,000 had been received in 2017 as part of the Bellwin scheme, but generally speaking the other

grants had been discontinued. Cllr P Grove-Jones referred to reports that suggested that Government funding had been significantly reduced for local authorities on the basis that it provided greater autonomy. In response to the subsequent budget concerns, it was confirmed that the budget gaps expected in 2020/21 had already taken into account annual increases in Council tax.

Cllr E Seward stated that future deficits had been identified during in the Budget Report, and it was the unknowns that remained the largest issue. He stated that the fair funding review was now set to begin, and the big fear was that car park revenues and business rates may be considered differently, which could have a significant impact on the budget. On Council tax, he expressed his frustrations, but noted that it had to be raised to meet the deficit. It was stated that the Council did have a comfortable level of reserves that could be used to balance the books, but that these could not be relied upon as a long-term solution. The Chairman stated that he accepted that there were challenges ahead, and that this was why it was so important for the Committee to place asset commercialisation on its Work Programme.

Cllr N Pearce stated that the Committee should recognise that many decisions were made on predictions and it must be recognised that officers could only give advice based on predictions. He then asked how Members could determine the level of risk necessary to meet the budget deficit. The Head of Legal Services replied that she had referred to commercialisation in its broadest sense, and that this could mean implementing savings, as well as making new investments. She added that in some cases community engagement may well be necessary to gauge the reception of less popular investments, and that in these cases the Council would need to make sure that it promoted the potential benefits to the community. It was suggested that the last commercialisation agenda had not been fully consulted on, and had failed accordingly.

Cllr P Grove-Jones suggested that an increase in the second homes tax could open up more properties whilst generating extra revenue. It was confirmed that the tax rate on second homes was now equal to 100% of the standard Council tax rate. The Head of Legal Services stated that it was a cross-county priority to deliver more affordable housing, but funding was needed to do this, and most projects would not generate significant income in the first five years. Moreover, it was suggested that returns on affordable housing would be lower than market housing. She then stated that there were options available that could save money, such as commercialising the public conveniences across the district. Cllr P Grove-Jones stated that it was important to remember that outsourcing didn't always work. The Head of Legal Services agreed but stated that at this stage, all options should remain on the table for consideration.

Cllr P Grove-Jones stated that she did not get the impression that Members had refused all commercialisation projects. The Chairman suggested that the issue with several of the commercialisation projects identified was that returns were often low, and alternate investment opportunities were needed that created savings. He then asked if recycling options could be considered, such as selling marketable recycled products.

Cllr M Knowles thanked the Head of Legal Services for her message on commercialisation and stated that it needed to be repeated at Full Council.

Cllr P Grove-Jones suggested that Victory housing should be asked to attend a meeting again in the future.

RESOLVED

To note the Report.

143. THE CABINET WORK PROGRAMME

The Democratic Services and Governance Officer (Scrutiny) informed Members that the Cabinet Work Programme had been completed for the year, and that unless any new business was set, Cabinet would not meet again until after the election.

144. OVERVIEW AND SCRUTINY WORK PROGRAMME AND UPDATE

The Democratic Services and Governance Officer (Scrutiny) reminded Members that representatives from the Norfolk and Waveney NHS CCG would be attending the next meeting to discuss the recently released draft Report on the Adult Mental Health Strategy. It was also stated that the Big Society Fund Annual Report would come to the next meeting, owing to the fact that no Cabinet meeting would be held in April.

The meeting ended at 12.01pm

Chairman

Norfolk and Waveney

Adult Mental Health Strategy

December 2018



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Foreword

As we become more aware of the challenges faced by people with mental health needs we know that, in one way or another, these issues touch the lives of every person in Norfolk and Waveney. Although you may not have a mental health condition yourself, you will know someone who does. It could be a member of your own family, a friend, colleague at work or someone you see out and about in your community.

What we also know is that many mental health problems are preventable and most can be treated. If supported in the right way, most people can recover or learn to manage their condition and this means they can lead a happy, healthy and productive life.

Over the past year we have spoken to thousands of local people about services and support available across Norfolk and Waveney for adults with mental health problems; people with mental health issues, families and carers, professionals in the field, and volunteers. These have been productive and often very tough conversations because we have heard some difficult stories. We have also been told very clearly that the current provision of local support and services simply isn't working in the way people want and need it to.

In this strategy we reflect on those conversations and set out six commitments in areas where we have been told we need to make the most significant changes and improvements. These six commitments are as follows:

1. To increase our focus on prevention and wellbeing
2. To make the routes into and through mental health services more clear and easy to understand for everyone
3. To support the management of mental health issues in primary care settings (such as within your GP practice)
4. To provide appropriate support for those people who are in crisis
5. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
6. To ensure the whole system is focused on working in an integrated way to care for patients

In this document you will find more information about how we have worked with local people to develop this strategy, and how we are now taking this work forward. You should not consider this strategy a finished piece of work, but the start of an enormous programme of change. Each of our six commitments is now an active workstream with a team of professionals, service users, carers and volunteers working to deliver real change but also to reinforce those parts of the service we have been told are working well.

We want you to continue talking to us as this work develops and will be offering regular opportunities for these conversations to happen. Thank you for your help and support in developing this strategy.

Frank Sims, Mental Health Lead, Norfolk and Waveney Sustainability and Transformation Partnership

Dr Tony Palframan, Chair, Norfolk and Waveney Mental Health STP

1 Objectives of the Mental Health review and the purpose of this document

The Norfolk and Waveney Sustainability and Transformation Partnership (STP) is one of 44 STP's nationally, established to ensure the NHS, social care, and key partners worked together to better deliver health and social care. A major piece of work commissioned by the Norfolk and Waveney STP was a review of local adult mental health services.

Individuals with mental health issues look to health and social services to provide support and care at points of difficulty and vulnerability in their lives. We know local mental health services are under great pressure and face a significant challenge to deliver the quality of care that service users require.

We started this review in order to understand the views of adult service users, their families and carers, staff and volunteers. We wanted to review the performance of current services, analyse system issues and develop a long-term strategy to ensure sustainable delivery of high quality adult mental health services across the area. Child and Adolescent Mental Health Services (CAMHS) are subject to a separate review, as are learning disabilities and autism. However our strategy will link with that work, as well with the national strategic aims outlined in NHS England's Five Year Forward View for mental health. It will also develop alongside the work underway in Suffolk to review and redevelop mental health services there.

We started the review of adult services in May 2018 with a large public event called 'Breaking the Mould' and also carried out a public survey through the autumn. This work highlighted a wide range of issues with current mental health services and support with important feedback from people who actually use those services. We also heard from their carers and family members, whose lives are also impacted by the quality and availability of local services.

Working with partners, including the Public Health team, we also looked at a significant amount of data to give us an idea of how our local services compare with others across the country and how things might change in the coming years. This showed an increasing public awareness of mental health issues will likely result in an increasing demand for mental health services in Norfolk and Waveney. It also revealed a mixed quality picture with some services below national benchmarks or targets.

We also have to accept that we are operating in a constrained financial environment as we attempt to meet current and future demand. This makes it critical to design services in the most effective way possible, to make best use of available resources to support the well-being of people of Norfolk and Waveney

This document summarises the key findings from the many conversations we had with the public, stakeholder and staff and the analysis of relevant system data. It also gives more information about our six commitments and what we are doing next.

2 How we talked to you and what you told us

Although we have a lot of system data to help us see what is and is not working, nothing is as important as speaking to those people who use local services. This also includes their carers and families as well as health and social staff, people from the voluntary sector and other organisations involved in providing support and care to the population of Norfolk and Waveney.

These real-life experiences paint a very vivid picture of where we are meeting the needs of local people and where we are not. Their perspectives and ideas have strongly shaped this review and helped us write this strategy. Many of these conversations were face to face either at large public events or smaller group meetings. But we also provided people the chance to comment by writing to us or by completing a survey. We also arranged a number of practical working sessions with people from different organisations to ensure a wide and representative group of people were part of the discussions.

A variety of users, health and social care workers and representatives from other organisations and services helped lead the communications and engagement process to ensure it was fair and unbiased.

In total we either held or attended 42 separate events between August and December 2018 of which seven were with people who use mental health services locally, carers and the public. A further 25 were with health and social care staff and 10 were with community and voluntary groups. We also spoke to hundreds of local people online through a discussion on Facebook. Throughout all of this work we were able to gather feedback, views and experiences from more than 2,500 local people.

Engagement of service users, carers and the public

The seven events which were for people who use mental health services locally, carers and the public can be split into two categories:

User Forums across Norfolk and Waveney: These were four stand-alone service user forums. This was a way for us to speak to service users early on in order to understand their perspectives. These conversations also helped us design and write the materials we would use at our launch events and conversations we would have with other stakeholders

Public Launch Events: We held three large public launch events (Lowestoft, Kings Lynn and Norwich) which were widely publicised by our primary care teams, local hospitals, voluntary teams, the CCGs and through the media (including on social media). The events reached over 130 people in total and provided an excellent environment for discussion on the key mental health issues facing the system as a whole. These events included a number of presentations and two workshops, as follows:

Workshop One: Your experiences of local Mental Health support and services: What is working? What needs to change? What are the current issues or barriers?

Workshop Two: What should future Mental Health support look like? How would changes make a difference to you?

These events provided an enormous amount of feedback and insight into what was working and what needs to improve - all of this information has been used to help write this strategy.

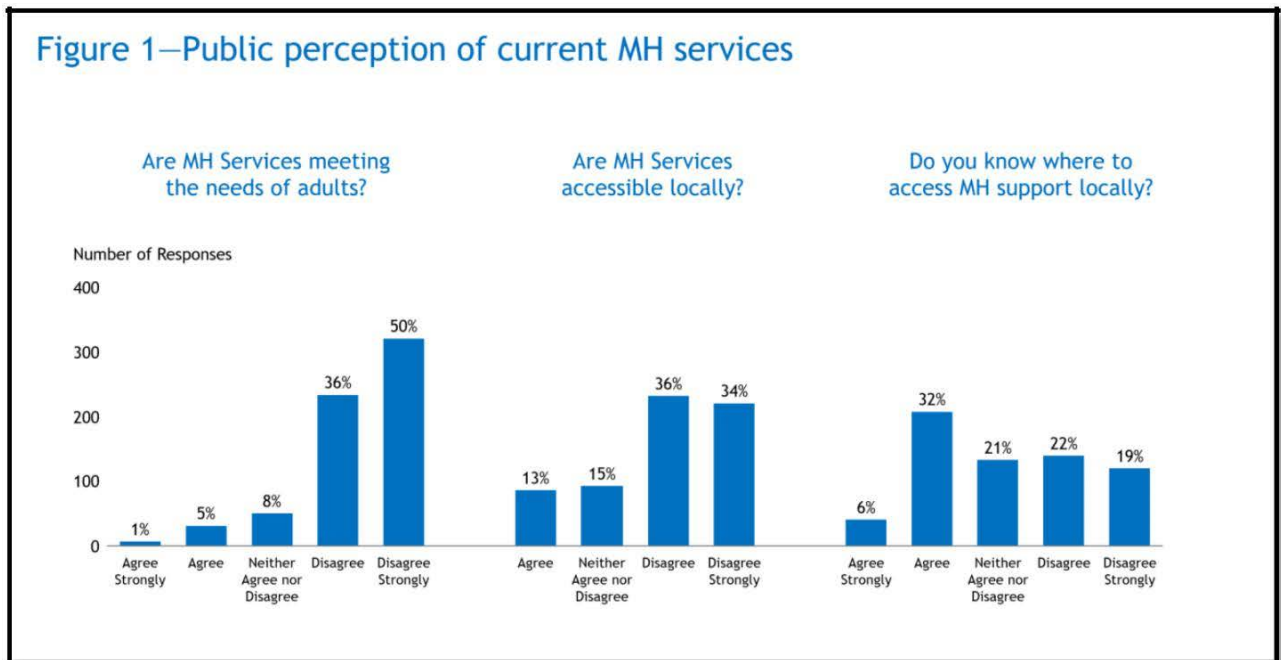
In parallel, there have been a further four public events for people directly affected by dementia and two further dementia events for professionals. These reached 150 people. These events were run by a separate dementia workgroup to allow a more tailored approach to engaging with people with dementia, their carers and professionals working in the field.

We ensured disadvantaged groups were included throughout the review by making the surveys available in Easy Read form to allow people with learning disabilities to share their views. Additionally we engaged several advocacy forums and organisations who gave feedback on behalf of the communities and individuals they represent. The organisations involved included Opening Doors, a learning disability advocacy organisation, Bridge Plus, GYROS and ACCESS, which are advocacy and support organisations working with black, minority ethnic (BME) and migrant communities.

In addition to these events about 1000 people gave their views through our survey; 62% of these were service users, carers and members of the public who provided a real breadth of service user input; 38% included health and social workers and community and voluntary sector workers giving a view from the people who deliver services or support.

The survey delivered a very clear message that the people of Norfolk and Waveney are largely dissatisfied with the current provision of mental health services in the area:

- 95% of respondents feel that services fail to meet the needs of the mentally ill
- 70% of respondents feel that mental health services are not locally accessible
- 40% of respondents do not feel that they know how to access services



Although the experience of users was highly varied we could see there were a number of consistent themes emerging about the provision of care and services. These were:

- Services were seen as complex, slow and hard to access and navigate, for example, crisis services
- Services were perceived to be poorly integrated between different organisations
- Quality and consistency was perceived to be highly varied (for example waiting times)
- Provision of care seen needed to be more focused on treatment than prevention
- Service users did not feel community care was being fully utilised

On the next page you can see some of the comments we received from both our events and our survey. These strongly reflect much of the feedback we received.

Service User Experience

Page 18

Complex, slow and hard to navigate

Services can feel overly complicated and difficult to move through for service user, carers and health and care professionals

"The system is too reliant on individual contacts and personal connections...if you don't have a contact, then it is very difficult to get help, particularly in a crisis"

Public Event

"People should only have to tell their story once between UCS support and formal health services"

Public Event

"GPs in Norfolk feel confused by and outside of NSFT services. GPs are the first port of call. If they don't understand our services, we are all in trouble."

Public Survey

"Since the introduction of the Wellbeing Service more desperate and risky people fall between the gap in service"

Public Survey

Poor integration of care

Service users & families find care to be disjointed, fragmented & confusing, with a lack of cohesion and communication between services, resulting in individuals 'falling between cracks'

"There needs to be better sharing of information about individuals, including with the Voluntary sector"

Public Event

"More communication - between mental health trusts / hospitals / GPs. They should be able to access current medication requirements and mental health assessments."

Public Survey

"Integration of wider determinants of health (housing, benefits, food etc. for those with mental health difficulties). A whole-system approach."

Public Event

"There should be a transition pathway for children-to-adults in health and social care"

Public Event

Issues with quality and consistency

Services provide inconsistent, slow and poor quality care across Mental Healthcare services in Norfolk & Waveney

"Mental Health professionals need to provide more personalised care, co-producing each individual's care plan with them. They should also be better at involving family members in an individual's care"

Public Event

"People are being discharged from inpatients without consultation with community teams on a regular basis"

Public Survey

"Social workers lack skills. Not enough training at well-being centres"

Public Survey

"Speedier access to support. Too much medical treatment (anti-depressants) and not enough talking therapy"

Public Event

Concentration on treatment rather than prevention

There is a lack of services focusing on preventative measures, with current focus heavily weighted in downstream treatment

"A crisis never happens suddenly - it is the end result of unmanaged care over a period of time"

Public Event

"Support must start young... children peer-to-peer support"

Public Event

"Training/education to be delivered by someone with experience and not necessarily by professionals (e.g. peer to peer support)"

Public Event

"I feel that you need to be in a crisis to receive any type of health. It would be more beneficial to have a service out there which can help prevent illnesses before they reach crisis."

Public Survey

Community care not fully utilised

Service users are signposted to secondary/formal care settings too easily, with a lack of offering of care in less formal, community support settings

"The public don't know that much about the range of services and support on offer, particularly from the Voluntary sector, for people with Mental Health conditions"

Public Survey

"There should be longer-term placements for people with serious conditions, not institutions, but community based approaches"

Public Survey

"Home treatment service/health coaching would keep people out of hospital"

Public Event

"Professionals should have more faith in the voluntary sector and in social prescribing"

Public Event

How we talked to Health, Social care and Voluntary groups

We knew it was important to talk to those people who provide services and support to individuals with mental health issues across Norfolk and Waveney. As part of these conversations we also spoke to experts from other national and international health systems so they could share with us examples of best practice from around the world. This work included:

- More than 70 one-on-one interviews with individuals from different stakeholder organisations across Norfolk and Waveney relevant to adult mental health and dementia. These were from within the system and outside of the system to help gain an objective view about issues being faced by mental health services and the level of care offered to service users
- A series of 35 meetings with different organisations which enabled us to share findings from prior work and engagement, to develop a compelling case for change and to begin to define potential solutions
- Discussions with community support groups and voluntary organisations to identify key trends in mental health needs nationally, gaps in service provision and additional insights on how collaboration across the system could help to improve mental health services in a more holistic manner
- We received responses from about 400 health & social care workers and community and voluntary workers to the online survey

All of the feedback from service users, their families and carers, professionals and volunteers was used to develop a draft strategy and we published this in December 2018. During January and early February 2019 we asked for comments and feedback on that draft. We were delighted that hundreds of people spoke to us again and told us what they thought.

All of these conversations, comments, stories and experiences have been used to produce the strategy you are reading now.

Health and Social Care worker experience

Complex, slow and hard to navigate

Services can feel overly complicated and difficult to move through for service user, carers and health and care professionals

“Access to services and Mental Health professionals is difficult. This is true even for other health and care professionals.”

Staff Survey

“No stream-lining of care. The service is simply ineffective with people sitting on caseloads due to no direction of care and no provision of services.”

Staff Survey

“There are significant issues with fragmentation of the mental health pathways in Norfolk, with multiple providers, using different systems, and somewhat internal focus.”

Staff Survey

Poor integration of care

Service users & families find care to be disjointed, fragmented & confusing, with a lack of cohesion and communication between services, resulting in individuals ‘falling between cracks

“There is little in the way of communication from Mental Health teams to GPs - sometimes patients are being seen, but we aren’t written to & kept informed of plans.”

Staff Survey

“There is not yet sufficient joint working between NHS, social care, and third sector providers to meet the needs of the hardest to reach in society, such as those who are homeless, trapped in a cycle of criminal justice pathways, or vulnerable to drug and alcohol use”

Staff Survey

“Inconsistent/inappropriate referrals from primary care.”

Staff Survey

Issues with quality and consistency

Services provide inconsistent, slow and poor quality care across Mental Healthcare services in Norfolk & Waveney

“The staffing levels are inadequate to provide a safe level of care. Funding cuts means there is not enough money to provide care at the appropriate time its needed or to the quality it should be.”

Staff Survey

“Lack of appropriate placements for those with the diagnosis of personality disorders resulting in unhelpful prolonged hospital admissions.”

Staff Survey

“Lack of staffing which puts patients of greater risk”

Staff Survey

Concentration on treatment rather than prevention

There is a lack of services focusing on preventative measures, with current focus heavily weighted in downstream treatment

“threshold begin very high, no earlier intervention/lower level of mental health support.”

Staff Survey

“Lack of support after discharge and lack of investment in prevention.”

Staff Survey

“(Lack of) Education and preventative support in schools, colleges and with families”

Public Event

Community care not fully utilised

Service users are signposted to secondary/formal care settings too easily, with a lack of offering of care in less formal, community support settings

“Lack of third sector support outside of specialist mental health services”

Staff Survey

“Mental health / social prescribing / community charitable organisations and social services should go back to working jointly and they all should share information with GPs”

Staff Survey

“Loss of specialist teams and robust community resources”

Staff Survey

How we listened to different views on using local services

It was important we listened to many different people and their own experiences as a user of local services. To this end we set up a “Task and Finish Group” which included a mix of individuals including health and social care professionals, voluntary sector representatives, commissioners and service users. This group has met more than 20 times in recent months and played an important role to ensure this strategy reflected the entire system as a whole. The group had an opportunity to shape this approach, review findings and input on a regular basis into the emerging findings and recommendations. It included 22 individuals from 13 different organisations and was instrumental in shaping the initial fact-finding exercise and in outlining the direction of our strategy at a high level.

The group identified “six strategic pillars”, which have since become our six commitments. We now have teams including service users and relevant staff mobilised behind each of these commitments. Their role is to set the ambitions for each commitment, including goals and milestones. These teams will also ensure there are even more conversations with the broader public and service users to ensure this work can adequately meet the needs of local people. This level of co-development continues to ensure that representative teams are taking ownership of the strategy and are also being adequately supported to do so effectively.

As part of their work we agreed to create a Dementia workstream as a key sub-group. This is particularly advanced having already facilitated about 100 discussions specifically about the dementia pathway at 22 focus group events. This level of co-development is expected to continue with several Interactive workshops being scheduled to further engage other key stakeholders.

3 How we used data

In many ways, "Mental Health" is an umbrella terms which covers a wide spectrum of different conditions. These range from Common Mental Illness (CMI) and Severe Mental Illness (SMI) to Dementia. Within Norfolk and Waveney we have five NHS Clinical Commissioning Groups (CCGs) and there are variations across each CCG area. For example there are key differences between urban areas like Norwich and Great Yarmouth and areas which are more rural. We obtained data from Public Health England, Fingertips and the Office of National Statistics (ONS), which allowed us to complete comprehensive analysis across the CCG areas.

Prevalence

Across Norfolk and Waveney the level of mental illness is broadly similar to levels in other parts of the country. However there is a higher prevalence of Dementia reflecting the older demographic in certain areas. Importantly the level of unmet need is higher than the national CCG average, driven by high levels of unmet need relating to common mental illness (anxiety and depression). The number of people with common mental illness is expected to grow at about 1.4% year-on-year further compounding the issue. We also know that suicide rates are slightly above the national average (10.6 suicides vs 9.6 per 100,000 nationally) although progress has been made in recent months to reduce that disparity.

Outcomes

We looked at data on the quality of local services and the outcomes they deliver for local people, and how they compare to national services. Through this we were able to identify a number of local challenges. The provision of care for people with common mental illness is falling below national targets. For example only 83% of patients gained access to IAPT (Improving Access to Psychological Therapies) services within six weeks (compared to the national average of 90% of patients), suggesting capacity challenges across both primary care and the wellness services.

At the same time, there are issues with the way that people are supported. For example, only 77% of SMI patients received blood tests in the past 12 months. This suggests there are issues with the ongoing monitoring and prescriptions for psychosis which exceeds the national average by 29%. It's important to note, however, that Norfolk and Waveney is positively above the national average in some areas; for example, the blood test records scores 3pts better than national in relation to dementia. However, there is still potential for improvement since the dementia care review scored 7pts below than the national average in the past 12 months and the quality of residential and nursing beds scored 10% lower than the national average across Norfolk and Waveney.

It has been widely reported that our region's largest provider of Mental Health services, the Norfolk and Suffolk Foundation Trust (NSFT), is also experiencing a number of challenges as highlighted by the most recent CQC report released in November 2018. This rated the trust as inadequate for the third time and outlined a range of areas for improvement. This includes staffing levels, care plan updates, leadership and the management of patients on waiting lists

As the Norfolk & Waveney Adult Mental Health strategy is developed in greater detail it will be important to tailor the overarching approach to the specific requirements of the different CCG areas.

[For further details of prevalence per CCG area please see Appendix 1](#)

4 Key issues we need to address

All of this work has shown there are significant issues with current mental health service delivery in Norfolk and Waveney, which are likely to worsen in the future. People who use these services predominantly have a low opinion of them with feedback forming consistent themes across the system. Objectively Norfolk and Waveney performs below national benchmarks on a number of quality and outcome measures, has a dissatisfied workforce in some areas (resulting in staffing difficulties), has challenges meeting current demand, and faces financial challenges. We need to tailor a solution which tackles the underlying drivers. These include the following:

“ We need to focus on prevention of mental health problems and keeping people healthy and well.”- Public Event

We’ve heard about the stigma associated with mental health issues, a lack of awareness and education about the issues and insufficient focus on preventing mental health issues including dementia. Prevention tends to have less funding than most believe is necessary, contributing to a greater focus on managing the consequences in higher cost settings. Many people that use mental health services felt they did not get the attention they needed before the onset of mental illness. The wellbeing of older age patients living with Dementia was also raised as an area of concern.

“ The service is incredibly slow to access the tier you need; leading to a decaying of people’s mental health – Public Survey

People who use these services and health and social care workers both told us they struggle to access specialist mental health services when needed. Access issues came across strongly from users and primary care physicians. The current model results in significant frustration for service users and health and social care workers. The Dementia working group has also revealed issues with accessing the right care for service users experiencing the initial signs of dementia resulting in high levels of distress and poor levels of care in some elements.

Figure 3—“The service is incredibly slow to access the tier you need; leading to a decaying of people’s mental health”

Situation

- 54 year old with paranoid schizophrenia as well as physical disabilities
- Prior MH section 2 admission
- Now under CMHT with a Care plan stating weekly contact
- Significant recent deterioration not taking medication
- Recently OD’d, assessed and discharged by MH liaison from A&E

Overview of what happened

- Presents to GP displaying paranoia and disturbing housing community
- GP faxed a request for urgent review to the MH crisis team
- GP called again. Condition has deteriorated
- Police visited several times, he is disturbing neighbours and destroyed flat
- He has barricaded himself in and is not allowing people to visit
- Clearly psychotic with delusions and paranoia
- GP sent MH referral to SPOA urgent 120 hours requested as urgent
- No response 2 weeks later

Important lessons

- Early preventative care is insufficient
- Access to specialist care is poor, often delayed and poorly communicated
- Care plans and obligations can sometimes be missed in the system
- Causing additional burden in other services

“ *Lack of holistic care ‘don’t connect the dots’ between physical, MH and social” – Public Event*

Services users, their carers and staff have both told us the system is not operating in an integrated fashion. Service users feel they too often get “lost in the system” or “fall between the cracks”. There are also frustrations from those who provide services with accessing and communicating with other services within the local system. There are capacity issues across acute beds which are made worse by issues with integration across regions. Service users say they are being managed in a way that does not meet their needs due to how services operate separately. This lack of integration results in limited accountability across the service user journey and a poor service user experience.

Figure 4—“Lack of holistic care ‘don’t connect the dots’ between physical, MH and social”

Situation

- 59 year old single patient with bipolar disorder on several medications
- Circumstances resulted in deterioration and suicidal thoughts
- Referred by GP to psychiatrist for MH review and medication review
- Diverted to WBS psychiatrist who gave some advice
- Offered therapy sessions which the patient cancelled
- No psychiatric F/U offered despite clear documentation of suicide risks

Overview of what happened

- GP was seen regularly but felt the patient was beyond his ability
- The patient had several risk factors and was suicidal and self medicating
- Clear plans were being made with minimal protective factors identified
- GP makes 120hr urgent SPOA referral stating patient is suicidal with plans
- Referral downgraded and offered telephone appt. with wellbeing advisor
- Assessment prompted a referral to a psychological therapist
- Promise made to monitor wait if longer than 90 days
- Safety net was to go to A&E or GP if thoughts become intrusive
- GP sees him regularly, increases prescribing and is not informed of FU

Important lessons

- Lack of clear guidelines and inconsistency in approach
- Inappropriate decisions made within mental health services
- Speed to appropriate support is poor and communication is limited

Source: Pseudo-anonymized GP patient files, QJR reports

“ *Access to services must be simpler and pathways clearer” – Public Event*

There is pressure on mental health acute beds which are running over-capacity in many areas. Pathways are unclear to those outside the acute environment but also between professionals within the acute environment. This results in a great variation in how mental health acute resources are used. GPs have told us they feel unsupported in the community and this may drive higher levels of referrals, which means acute resources are often spent on patients awaiting social and community care. Service users tell us the system focuses too much on treatment rather than alternative means of support in the community, putting significant strain on mental health acute resources in the area.

“ **Crisis Team seems to only be available once someone has actually attempted suicide**” - Public Survey

Users, carers and professionals all raise issues with the management of patients in crisis. They do not feel crisis services respond fast enough when needed or support patients as they step down from crisis. This results in service users accessing services that are not necessarily the most appropriate for their needs, meaning they receive sub-optimal care as a consequence.

Figure 5—“Crisis Team seems to only be available once someone has actually attempted suicide”

Situation

- 48 year old male with a history of bipolar disorder and alcohol abuse
- Repeated admissions under section and under MH for over a decade
- Lives alone. Elderly parents live 30min away and visit most weekends
- Care plan warning signs are disengagement, stopping meds and drinking

Overview of what happened

- Recent episode a year ago during which he told his CPN to “F off”
- MH team reported he had “disengaged” when contacted
- Family and neighbours were concerned and called the crisis team
- Crisis team would not review before GP review
- Female GP reviewed with family protection and patient admitted to care
- After discharge he had regular F/U by his support worker and psychiatrist
- Patient was later discharged without his approval or GP consultation
- Family soon reported to the GP he was drinking again and was withdrawn
- Mental health team contacted by GP and told a new referral was needed
- Face to face assessment GP assessment required again
- Letter of complaint raised by the GP, patient later accepted back

Important lessons

- Seemingly poor communication with GPs and family
- Crisis service do not respond when needed
- No robust follow up plans or follow up access
- Lack on sensible approach to re-referral for known patients

Source: Pseudo-anonymized GP patient files, QIR reports

“ **Sharing data between organisations is really difficult**” - Public Event

The absence of high quality data means there is a lack transparency between organisations around each patient’s history, their needs and current treatment status. This makes it harder to hold the system to account and limits the ability of different services to work jointly across the healthcare system.

“ **Not enough funding, not enough trained staff**” - Public Survey

We have a growing population and know we are not meeting the needs of local people. But we also have significant financial restraints and must ensure resources are managed carefully. There are also emerging workforce issues in Primary Care and in specialist secondary mental health provision. These challenges have resulted in our work having less impact than anticipated. We know we need to redesign how the system works as a whole and create new models of care in order to drive that important and much needed change.

5 What we have learnt from others

The conversations we have had locally with service users, staff and the wider public and the analysis of local data has highlighted several areas of mental health care and support that potentially needs a new model of delivery. These were;

- a) Mental health support for GPs in a primary care setting
- b) Crisis response/urgent care
- c) Focus on prevention of mental illness in the broader population
- d) Suicide reduction
- e) Wellbeing services for individuals with Common Mental Illness
- f) Waiting times and responsiveness

We know that locally, nationally and internationally there are many innovative projects aimed at tackling the same issues we are facing in Norfolk and Waveney. We focused on the above six areas to search for examples of best practice that have the potential to deliver high impact initiatives and interventions for us here in Norfolk and Waveney. We reviewed more than 80 initiatives across a broad spectrum of mental health services and also spoke to a number of respected international experts. Here are five models which have been developed both nationally and internationally, with strong evidence bases, which we can learn from in Norfolk and Waveney.

1. **Collaborative Care Models:** Multi-disciplinary/agency team led by primary care provider delivering population-based Mental Health care using evidence based interventions
2. **Multi-disciplinary/agency crisis response teams:** Community & acute based, multi-disciplinary/agency teams for Mental Health crisis intervention, including much closer working with the emergency services
3. **Whole-Population Health Management Approaches:** Data driven approach targeting prevention and care, which builds feedback and incentives based on a system wide outcomes framework
4. **Zero Suicide Strategies:** Cross-organizational commitment to reducing the level of suicides through a holistic approach to public safety
5. **Digital Cognitive Based Therapies:** Technological interventions delivered direct to service users through a range of digital therapies. Examples include Medefer's 'virtual hospitals' which reduces hospital attendances through virtual consultations and Alluceo's app for patients and providers, which is an integrated digital platform for appointment scheduling, in-app communication, self-care materials and patient outcome tracking among other tools.

We assessed these five models as the most relevant interventions to Norfolk and Waveney. However we have considered these alongside local examples of good practice.

It is also worth mentioning that collaborative care models have already been introduced locally for different severities on mental illness. Here are some examples:

Low Level Mental Illness: A partnership between Beccles Medical Centre and Great Yarmouth & Waveney Mind has been developed to alleviate pressures on Primary Care staff by providing a caseworker to work with the centre to support patients with Mental Health issues.

Moderate to Severe Mental Illness: The PRISM service, set up by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), puts specialist Mental Health staff in GP surgeries so patients with moderate to high Mental Health conditions can be seen in a familiar environment with less bureaucracy.

Severe to Crisis Mental Illness: Norwich Escalation Avoidance Team (NEAT) is a single point of access for urgent, unplanned health and social care needs where a multi-disciplinary team work together to coordinate an integrated response. However the service requires professional referrals and does not solely target Mental Health.

Many of these examples focus on building treatments much more explicitly around the person using the service, making full use of multi-disciplinary working and new technology. This general approach will be relevant for Norfolk and Waveney as we plan ahead and define the specific changes we are going to make to the way services are provided.

6 Our Six Commitments

To date in Norfolk and Waveney there has been no overall strategy or long term plan that sets out what our mental health priorities should be or defines a clear and measured approach to delivering the improvements we must make.

That is now going to change. Based on all the work we have done including conversations with thousands of local people including those who use mental health services, their families and carers, and professionals, who either deliver or commission services, we know there are areas where we need to focus our attention.

From this we are making six commitments which form the basis of this strategy. These commitments are:

1. To increase our focus on prevention and wellbeing
2. To make the routes into and through mental health services more clear and easy to understand for everyone
3. To support the management of mental health issues in primary care settings (such as within your GP practice)
4. To provide appropriate support for those people who are in crisis
5. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
6. To ensure the whole system is focused on working in an integrated way to care for patients

Over the following pages we set out our six commitments in more detail and explain what happens next.

Each of the six commitments is now an active piece of work in its own right. Service users and carers, staff and people from the voluntary sector will be working with us to develop a plan for each.

Each plan which will give detailed information about timeframes, changes, resources, targets and – importantly – how we are going to measure and evidence success.

COMMITMENT 1: TO INCREASE OUR FOCUS ON PREVENTION AND WELLBEING

We are using this strategy to define our priorities for wellness and the prevention of mental illness. Our teams in Public Health and Social Care have an important role to play, and they are already driving a number of separate but related projects such as initiatives around suicide prevention. However, we need to do more and, importantly, we need to do more *together*.

A vital component of our strategy is the health of our local population and the resilience of our communities in taking better care of the mental health needs to local people by focusing on reducing the stigma attached to mental health conditions including dementia.

The mental health of a community is influenced by a wide range of different factors including levels of deprivation, housing, employment and the strength of that community. These factors are hugely important for both the prevention of mental health issues and the success of treatment, management and recovery. For example, research has shown that common mental illness are more than twice as high among homeless people compared to the general population, and 90% of people in prison have mental health problems, drug or alcohol problems.

It is an important point to bear in mind, however, that these broader factors are challenging for any single organisation to influence or control. It is hard to swiftly predict and plan for the impact these factors may have on a community, and so it is not unusual for the services that support them to be underfunded. This means some interventions which could have the most impact in mental health don't always get the right support.

However if we are to do better and deliver positive change in a timely and measurable way, we have to ensure this strategy has the right amount of resource committed to it by all the partner organisations. We must tackle these issues together in a joined-up way that actually has an impact.

In order to deliver on our commitment to increase our focus on prevention and wellbeing, there are a number of practical steps we can focus in straight away such as:

- **Enabling individuals to take more ownership of their health and wellbeing.** We are going to ensure individuals are equipped to promote their own wellness and that they are supported to make positive lifestyle choices as well as improving their own emotional literacy
- **Building more community resilience:** We are going to enable the community and voluntary sector to play a stronger role in supporting people with mental health issues. We aim to reduce stigma with a specific focus on local education and support to ensure that prevention and promotion of wellbeing become a shared aspiration within communities. Many people have told us this education needs to start much earlier, in schools, and that is going to be an important part of this work.
- **System wide strategy and accountability:** We are going to define a long term public health and social care approach for mental health related issues which will build stronger partnerships with central organisations to better serve the population. This will include building relations with services which are not specifically mental health services such as housing, job services and the justice system.

Our **emerging priorities** are to focus on those interventions which are likely to have the largest impact based on national priorities and what we know locally. Therefore to increase our focus on prevention and wellbeing, we will:

Enable individuals to take more ownership for their health and wellbeing

We will support the development of a public facing Mental Health portal that provides information and self-access points for health, social and voluntary services to promote service user access, increase transparency and improve wellbeing.

Build more community resilience

We will organise and run public campaigns on mental health stigma, loneliness and wellness including supporting the Norfolk Loneliness Strategy.

We will invest in training for high risk stakeholder groups. This will include training programmes in schools and in the workplace and targeted sessions for families and carers.

We will partner with employers across Norfolk and Waveney and build “back to work” schemes to support rehabilitation and recovery for those with mental health conditions.

We will invest in specific targeted schemes for key issues across Norfolk and Waveney. For example, zero suicide strategies and more comprehensive addiction and drug and alcohol awareness programmes.

We will roll out the ABCD (Asset Based Community Development) approach by building stronger links with voluntary and community organisations and increasing their visibility to those suffering with mental health conditions so that care and treatment can be actively sought in other settings.

System wide strategy and accountability

We will develop a multi-agency approach to tackle some of the related issues we know have the highest impact on health over the medium to long term. This includes allocations of funding for social housing and the provision of benefits and support.

COMMITMENT 1: TO INCREASE OUR FOCUS ON PREVENTION AND WELLBEING

Short-Term Priorities (1-6 Months)

- Develop a multi-agency approach to broader determinants of health
- Invest behind targetted schemes. For example, a Zero-Suicide scheme.
- Invest in training for high-risk groups

Medium Term Priorities (6-24 Months)

- Organise public campaigns on stigma, loneliness and wellness
- Partner with employers to build back-to-work schemes
- Roll out Asset Based Community Development (ABCD) approaches
- Support development of a public mental health portal

Longer Term Priorities (2-10 years)

- Execute against the broader determinants of health plans

COMMITMENT 2: ENSURE CLEAR ROUTES INTO AND THROUGH SERVICES AND MAKE THESE TRANSPARENT TO ALL

Many service users and mental health workers have told us there are difficulties in accessing mental health services and also confusion associated with navigating the local system. Some felt lost, and others felt that “people were slipping between the cracks”.

The experiences of Primary Care physicians, such as your local GP, suggest their ability to access the system on behalf of a patient was highly variable and the quality of care offered at the point of entry was inconsistent across cases. Even mental health specialists reported inconsistent views on what constitutes best practice across their services and colleagues.

There is clearly confusion about what level of care to expect and who in the system is accountable for the patient at various stages of their journey. This lack of transparency across the system results in variations that are hard to manage. This may result in users receiving poor care which in turn causes them to feel let down by services.

We know that for physical conditions it is commonplace to have a standard pathway for patients and this improves the quality of care. And although this already happens in some areas of mental health (such as anxiety and Personality Disorder) it remains rare across Norfolk and Waveney.

It is important for service users, their carers and family – and also for staff – that we have clear pathways through the system. We need to better define from the outset which services people can be offered so that we can better manage their expectation and also provide a consistent level of quality care for all service users. Also, it is critical that we hold service providers to account for these standards by reviewing data, systems, tracking and management.

People who use mental health services and their carers and families should have a clear idea what they can expect from those services. This will enable them to take more ownership of their own care pathway and hold their services to account more formally. It is essential that these pathways also utilise skills from the third sector and voluntary organisations far more effectively as this will increase the provision of community based services. These could be, for example, residential rehabilitation, supported housing and outreach teams to help combat the current strain on capacity.

Therefore our commitment, and the work we will be doing, aims to clarify and standardise key treatment pathways across service providers, improve their visibility and ensure services and individuals can be held accountable for their performance and the level of care they delivery to patients and service users.

Significant work is already underway to transform Dementia pathways as we seek to improve fundamental social and economic structures in order to decrease barriers into the system and improve support throughout the pathway.

There is much to do but our ambitions are high and, we believe, deliverable.

- To increase the standard of care offered to all service users in Norfolk and Waveney by embedding best practice treatment pathways that ensure reliable, high quality and timely care to those suffering with mental illness, spanning all age groups to ensure successful transition between children and adults.
- To clearly communicate to health and social care workers and service users the expectations of care delivery across the system
- To improve accountability for delivering holistic system based care in an integrated fashion across the region supported by data systems and tools

Our **emerging priorities** are to identify the most impactful treatment pathways through the system and build multi-agency teams around them, tasked with developing best practice approaches with clear guidelines, criteria and standards. Where possible we want these to become national examples of best practice.

We want to identify sensible 'fast track' pathways for service users with established high need and those that are known to the system already. We also want to develop an online internal tool to track pathway-based outcomes and share performance with all relevant stakeholders through intuitive digital dashboards.

We aim to build a single digitally accessible directory of services that service users and health and social care workers can view. We will also publish pathway approaches at a simplified level alongside outcomes to ensure all those involved have transparent expectations. This will enable users to take more ownership for their care and to hold services to account.

We will ensure sites are pro-actively maintained by the services.

We are going to launch an internal and an external communication drive to ensure that all our teams fully understand the new expectations and approach to tracking and monitoring. We will also continue to progress and build from work already underway to transform Dementia pathways using it as an exemplar to drive change across other system pathways.

We also need to ensure suitable aftercare is available for those at the end of a course of treatment. Aftercare can include almost anything that helps an individual live in the community, such as Help with specialised accommodation, social care support, day centre facilities and recreational activities. It could also include ensuring that arrangements for housing needs are made, particularly if an individual is likely to be homeless when discharged from hospital or can't return home for some reason.

COMMITMENT 2: ENSURE CLEAR ROUTES INTO AND THROUGH SERVICES AND MAKE THESE TRANSPARENT TO ALL

Short-Term Priorities (1-6 Months)

- Identify most impactful service user journeys and build multi-agency teams around them
- Identify fast-track pathways for high risk service users

Medium Term Priorities (6-24 Months)

- Build a directory of services and publish pathway based expectations
- Develop an internal tool to track outcomes across pathways
- Launch an internal and external communications initiative

Longer Term Priorities (2-10 years)

- Continued iteration of digital tools based on user feedback
- Hold teams accountable to pathway based outcomes and improve services
- Integrate additional pathways into the approach
- Transition commissioning into pathway based approaches

COMMITMENT 3: SUPPORT THE MANAGEMENT OF MENTAL HEALTH ISSUES IN PRIMARY CARE SETTINGS

Primary Care services provide the first point of contact in your local healthcare system. It essentially acts as the 'front door' of the NHS and includes your local GP practice and community pharmacies. As such, Primary Care is often the first port of call for those suffering with emotional distress.

Primary Care plays an essential role for the whole health and care system in effectively managing the mental health of the community and ensuring individuals are referred to the most appropriate services. Up to 30% of a primary care physician's caseload can be directly attributed to mental health issues. We also know a high proportion of people with common mental illness - who are often best supported in a Primary Care setting - are not having their needs met.

Primary Care services in Norfolk and Waveney are under increasing pressure. Up to 9% of patients seeking appointments with general practitioners cannot secure one at a time of their choosing. There are many different reasons for this and these include higher expectations from the public, increasing demand from the population and a declining Primary Care workforce.

On top of this, Primary Care teams do not feel adequately supported by secondary care, which is also experiencing issues with demand and capacity. GPs across Norfolk and Waveney have commented that they are being forced to take on more responsibility than they are trained to do, which can result in sub-optimal levels of care being offered to mentally ill patients. This includes high levels of anti-psychotic prescribing.

These issues are not unusual and in many ways Norfolk and Waveney is simply reflective of national challenges. Certainly there is a national push to address these issues through new models of care which are typically based around multi-agency approaches centred on specific neighbourhoods or localities. This enables services to be customised around the needs to local communities and for limited resources to better used to meet the specific needs of the population in that given area.

This type of model has worked well elsewhere and many examples exist that demonstrate how these models can improve both physical and mental health outcomes. The 'Collaborative Care' approach (multi-agency supporting teams embedded in Primary Care) is one such model that has shown documented benefits in the treatment of mental health.

In order for us to support the management of mental health issues in Primary Care settings, we are looking at how we can build on national recommendations and capture learnings from local and international best practices. This will help us define a new model of care that protects and strengthens the quality of services for our service users.

Our key ambitions are to bring together different organisations to work together in a more integrated way in Primary Care (a multi-agency approach). This means creating and utilising the skills of a mixed team to deliver better support and services to meet the multiple needs of the population. We aim to create an approach that is tailored at the local level to match the diverse needs of different localities in Norfolk and Waveney. We will also ensure Primary Care teams are appropriately supported with the tools and access to specialty secondary care services they need to better treat their population needs.

Our **emerging priorities** are to design and introduce a new model of care with appropriate supporting tools and digital solutions. We will tackle mental distress in a primary care setting with appropriately skilled workers and fully utilise existing staff and teams through appropriate training.

We will deliver care to those with moderate to severe mental illness in a Primary Care setting using specialist teams based on the highly successful PRISM model (a successful model of embedding mental health support for moderate to severe mental illness into primary care). Local teams will include recovery coaches, volunteers, Mental Health support workers / navigators and Mental Health practitioners amongst others.

We aim to improve the quality of advice available to Primary Care teams with designated channels between primary care physicians and mental health specialists. We will ensure plans for well-being hubs are fully linked to the broader mental health strategy with co-location of high impact teams and community based services.

We will simplify data systems across Primary Care so that users can be tracked across the system and standards of care can be tracked and managed. We will introduce digital solutions where appropriate to give service users more control and access to services. Where possible this should build on pilot schemes already underway across Norfolk and Waveney, for example e-consult services and digital cognitive behavioural therapy (CBT) offerings.

We will tackle the workforce issues through a multi-agency approach to recruitment and retention. We will also improve the linkages with other/ existing voluntary services in each neighbourhood to ensure service users can receive the most appropriate and impactful care for their needs. A key part of this commitment is to ensure a workforce training programme is undertaken across all services even those not specifically supporting mental health conditions.

COMMITMENT 3: SUPPORT THE MANAGEMENT OF MENTAL HEALTH ISSUES IN PRIMARY CARE SETTINGS

Short-Term Priorities (1-6 Months)

- Improve the quality of advice offered to Primary Care physicians
- Ensure plans for primary care hubs are fully linked to the mental health strategy
- Improve linkages with voluntary services

Medium Term Priorities (6-24 Months)

- Deliver care for mental distress in the primary care setting
- Deliver care for moderate to severe mental illness in a primary care setting
- Simplify data system across primary care
- Introduce digital solutions for patient care
- Roll out a multi-agency approach to recruitment

Longer Term Priorities (2-10 years)

- Continue to harmonize data systems and digital reporting in primary care
- Deliver against recruitment plans and workforce strategies
- Continue to digitally transform primary care
- Strengthen partnerships with community care
- Cement new ways of commissioning

COMMITMENT 4: PROVIDE APPROPRIATE SUPPORT TO THOSE IN CRISIS

Mental health crises can be as severe as physical health crises, and as such the response should be equally quick, be supported by appropriately skilled staff and have seamless links across other services to ensure service users recovering from crisis can be effectively and successfully stepped back down into the community.

Unfortunately crisis services across Norfolk and Waveney today do not deliver to this standard. There are several incident reports of ineffective triage, inability to access services and steep ramp downs of care resulting in poor outcomes for service users. GPs across the patch do not feel crisis services are adequate and this is echoed by service user feedback. Across the system demand is overflowing into other services causing unnecessary pressure in the wrong areas such as ambulances, A&E and the police.

We must recognise that appropriate care for those who experience mental health crisis must be widely accessible in all care environments and must include both the acute response and the “tapered step down” support as the crisis resolves.

Our commitment to provide appropriate support to those in crisis is focused on delivering effective crisis care both as a stand-alone service but also in areas where people in crisis may impact on other services if their needs are not being met.

Our key ambition is to develop a 24/7 crisis management service which is able to perform and respond to patients as an emergency service irrespective of their care setting. Our **emerging priorities** are to find a full-service solution that will deliver effective triage, multi-agency response and post-crisis support with the tools and systems required to enable it.

If we are going to offer **triage and immediate multi-agency response** we will need to ensure specialist level care can be accessed effectively and, importantly, quickly. We can do this by introducing or expanding existing helplines tailored to specific high need groups. This could be a Crisis Resolution and Home Treatment (CRHT) helpline, a Personality Disorder (PD) specific helpline or a helpline for the remaining patients in crisis.

We will need to provide pre-emptive support to service users who are considered high risk to avoid the escalation into crisis. We can do this through appropriately staffed teams and this may include linked registers and co-ordinated working with embedded primary care teams.

It is important to note that we also have examples of success already underway in the area. For instance, we want to build on the highly successful Norwich Escalation Avoidance Team – known as NEAT. This ensures people in crisis are treated quickly by a multi-agency team that is capable of addressing a full range of acute needs such as health, social and community support. We also need to provide fast-track access for high-need users that are known to the system, and to expand psychiatric liaison services to reach high intensity areas - and hold them accountable for the service provided.

Many service users and their carers and families say we need to do more in terms of **post-crisis support**. To do this we will need to provide ongoing post-crisis support as close to patients as possible by fully utilising primary care hubs and co-located specialist community teams.

We will ensure crisis teams are more effectively linked to primary care and community teams so that service users can be appropriately and seamlessly stepped down into the community or into a primary care setting. To do this will need to support workers in practices, alongside PRISM-like models. We will strengthen links with secondary inpatient care beds for higher intensity step down as and when needed. We will also partner with voluntary services who provide continued care following management in a secondary care setting.

In order to **enable** this work, we will harmonise patient records so that crisis response teams can access the information they need to deliver effective care. This will mean that patients will receive an effective response from the start. We will also define clear outcome measures and ensure that reporting methods are supported with digital tools to better monitor and manage performance. We will hold teams accountable for standards

COMMITMENT 4: PROVIDE APPROPRIATE SUPPORT TO THOSE IN CRISIS

Short-Term Priorities (1-6 Months)

- Provide pre-emptive support to high risk individuals
- Provide fast-track access to high risk users
- Augment Psych liaison
- Build a mental health crisis response unit building on NEAT

Medium Term Priorities (6-24 Months)

- Develop specific helplines for high risk patient groups
- Offer post-crisis support in primary care and community settings
- Strengthen crisis team linkages
- Partner with voluntary services

Longer Term Priorities (2-10 years)

- Ensure the standard of crisis response is standardised across Norfolk and Waveney

COMMITMENT 5: ENSURE EFFECTIVE INPATIENT CARE FOR THOSE THAT NEED IT MOST

Inpatient care refers to patients whose condition requires a stay in a hospital bed or another health or care facility. Across Norfolk and Waveney the provision of inpatient specialist mental health services struggles to meet the demand placed upon it.

Demands on beds are typically above nationally recommended levels in both adult acute and in older adult beds. This means costly out-of-area placements have been rising. We are already struggling to meet demand and, if things do not change, we will not be able to meet demand within the next five years. There is a financial cost to this and there is also an impact the ability of the Norfolk and Suffolk Foundation Trust (NSFT) to deliver high quality, cost-effectively care to the broader Norfolk and Waveney population.

It is essential that specialist acute mental health services should be available for those who need them the most. To do this we need to minimise the number of patients managed in this setting and make sure that, when appropriate, a patient can be cared for in a community environment, ideally in their own home. This is in keeping with other regional Adult Mental Health strategies and national recommendations. Not only is this better for the individual but it is also far less expensive. It also means specialist inpatient beds can be used for those with the greatest need for them.

Our commitment to ensure effective inpatient care for those that need it focuses our attention on ensuring that in-patient beds are available for the severely ill patients that need to be cared for in that environment.

Our **emerging priorities** are to develop new models of care focusing on delivery in Primary Care and community environments. We will deliver improved in-patient care focused on those service users who require specialist treatment in that environment. By delivering moderate to severe support in a Primary Care setting we can support multi-agency teams capable of managing moderate to severe mental health issues.

We will improve Primary Care access to psychiatrists to receive timely and specialist clinical advice for complex mental health service users. We will also improve the way professionals in Primary Care and secondary care speak to each other on patient care decisions. This will ensure patients are receiving the right decisions on their care as early as possible. Our aim is to co-develop clinical pathways for high volume Mental Health issues and maintain them regularly to improve transparency and accountability.

We will be investing in the effective delivery of community and social care. We will identify community care services which could accommodate patients currently occupying inpatient beds who could be supported elsewhere. We will invest in social and residential care beds to ensure service users who are ready to leave specialist services can do so in a timely fashion. We will also rationalise and standardise policies and protocols for patients admitted to hospital (step up) and discharged from hospitals to return to home (step down).

We will also look at optimising the care delivery offered to inpatients. This means that we will hold **clinicians** accountable for reducing unnecessary stays in acute inpatient beds. We will introduce continuous improvement cycles to ensure local teams are always looking to improve the services on offer to service users. We will drive cultural change across the specialist care teams through strong leadership and the appointment of

clinical champions tasked with spearheading change. We will also pro-actively reduce our reliance on out of area and specialist placements.

COMMITMENT 5: ENSURE EFFECTIVE INPATIENT CARE FOR THOSE THAT NEED IT MOST

Short-Term Priorities (1-6 Months)

- Enhance communications between services
- Begin to co-develop clinical pathways
- Rationalise and standardise step up and step down protocols
- Introduce continuous improvement cycles

Medium Term Priorities (6-24 Months)

- Dovetail in with Primary Care support for moderate to severe mental illness and access to psychiatrists
- Right size community and social services and invest in beds
- Hold clinicians accountable for treatment pathways
- Begin to embed cultural change

Longer Term Priorities (2-10 years)

- Roll out cultural change
- Implement recommended organisational form changes
- Execute against estate plans to prepare for the future

COMMITMENT 6: ENSURE THE SYSTEM IS FOCUSED ON WORKING IN AN INTEGRATED WAY TO CARE FOR PATIENTS

Staff who provide services across the system have told us that mental health services are poorly integrated and that care is often delivered in silos resulting in a poor service user experience. People who use mental health service have also told us this. There are many reasons for this including historical behaviours, structural efficiencies but also the nature of the contracts that underpin the system.

We need to create new ways of commissioning mental health services to become more integrated and to deliver high quality of care to the people who use them. We have already outlined our ambition to pursue integrated commissioning to drive more joined-up ways of working and better outcomes for service users.

We have a unique opportunity to trial new ways of working and commissioning that may improve the overall experience of people who use mental health services.

Our commitment to ensure the system is focused on working in an integrated way to care for patients means we need to decide how services are commissioned and contracted. We also need to outline a new way of harmonising data to support integrated system management decisions

Our **emerging priorities** are to define how we commission and contract services. We will be clear about the services and pathways that are suitable for integrated approaches and ensure flexible commissioning to drive the right levels of care across the system. We will ensure performance can be properly measured but allow sufficient flexibility at a local level to enable innovation and the introduction of new models of care. We will strengthen alliances and share financial risks so that providers can focus on delivering the best care to their users. Those who commission services will place greater emphasis on preventative care and review the approach to commissioning voluntary services

We will also look at the better use of data and tracking. We will ensure our data systems are accessible across all mental health providers so that seamless care can be delivered to service users. We will also ensure providers can be tracked and held accountable for effective and high quality service delivery. We will manage this as a system to improve outcomes for the whole population and minimise duplication of data collection and processing by aligning systems and aligning reporting. Free up resource to care for patients.

COMMITMENT 6: ENSURE THE SYSTEM IS FOCUSED ON WORKING IN AN INTEGRATED WAY TO CARE FOR PATIENTS

Short-Term Priorities (1-6 Months)

- Define integrated commissioning ambitions
- Outline performance based measure and approaches

Medium Term Priorities (6-24 Months)

- Strengthen alliances across providers
- Shift commissioning focus to up-stream interventions
- Harmonised data systems and reporting tools
- Minimise tracking and reporting to inform contract discussion

Longer Term Priorities (2-10 years)

- Integrate approaches with integrated commissioning agendas

7 What do we need to change to ensure success?

There are a number of key factors that we know we need to look at in order to deliver on our six commitments.

Workforce

Looking ahead we see three major implications for future workforce plans:

1. Primary Care physicians will be critical to the service but are currently at risk as a workforce group. It is therefore critical that the number of GPs increase in line with the increased demand for their service, or that an alternative model can be found to reduce the strain on GP services and deliver better care to service users. Steps should be taken to ensure appropriate recruitment and retention strategies are in place for GPs. Furthermore, use of alternative staff should be considered.
2. An increase in the secondary care workforce is critical given the need to expand crisis teams, single points of access and increase access to senior professionals. Hence, retention and recruitment of substantive Psychiatrist positions should be top of the agenda, as should the provision of appropriately specialist nursing or support workers in the key interfaces and access points.
3. Clearly staff satisfaction and historical workforce planning has been challenging with a high number of vacancies emerging and a high cost attributed to temporary staffing. To address this in the coming years:
 - a. It is critical that temporary staffing spend in secondary care is systematically addressed through robust policies and regular checks
 - b. It is also important that focus is given to cultural change across the organisation to ensure staff are motivated to work and to stay
 - c. We need to ensure our workforce is properly trained for mental health support. Although this is important for GPs and primary care, it is important for our workforce more broadly as well.

Information Technology

As Norfolk & Waveney moves to become a more integrated system, communication and working between data systems and data processes will be critical to success. Currently, a variety of systems are used both within and across provider groups with inconsistent levels of access to the required data. Furthermore, access to specific key performance indicators to support management and commissioning is limited. It is critical that addressing data issues forms part of the future strategy. This is consistent with the direction of travel outlined in the 5-year Forward View but should be accelerated where possible.

This will not be a short term fix. It will require sustained investment, a designated project team and a phased plan for design and implementation. Norfolk & Waveney will need a designated project team to map out this process.

Estates

All the modelling done to date suggests that there are already demand and capacity mismatches across the estates footprint. Acute inpatient beds are under pressure and the provision of social and community beds is not meeting current demand.

An Estate strategy for the next 5 years has been submitted by Norfolk & Waveney, which sets out a proposed pipeline for development in order to address the current imbalance in system estate resources and future expected growth in capacity issues.

The strategy focus on redeveloping the Mental Health hospital estate to provide integrated care to patients, provide accommodation for key workers and private residential housing (including some with care) for patients. In addition to building new facilities, the strategy aims to co-locate physical and Mental Health care services together by creating 5 priority locations which will house integrated care teams. This is a good start, however further work is required to ensure the funding is secured to further develop the plans set out in the Estate strategy.

CARERS

Acknowledging the role of carers, involving them more in decision making for individuals.
Supporting carers.

8 What next

The six commitments outlined represent the key areas of system change for adult mental health services in the future but now need to be developed into detailed plans. This will be the focus of the next phase of work.

The workstreams supporting our six commitments have already begun fleshing out their priority areas and agree timelines and key milestones. Key to this work is having good and broad representation from our local system drawing on the experience and views of service users and carers.

Over the coming months each of the work streams will have produced detailed implementation plans which will themselves be subject to further engagement and co-production. These will be key documents in their own right and together will demonstrate how the Adult MH strategy will be implemented, what changes are actually being proposed and the timelines by when this will take place.

In addition further work will be conducted to review the organisational forms required to deliver against the strategic ambition. This will take into account all the work completed to date, the results from other ongoing work and reviews, and feedback from users to determine the most effective model to deliver the best care for service users across Norfolk and Waveney. Further information on this process will follow in due course.

9 Appendix 1 – Mental health prevalence profiles by CCG

Norwich profile

Prevalence

Norwich has a high prevalence of mental illness, with over 30k people estimated to experience a mental health condition. Prevalence of CMI (15.6%) and dementia (0.7%) is broadly in line with national averages, while the percentage of people with SMI (1.6%) is significantly higher than the national average. Norwich also experiences the highest prevalence of psychosis across Norfolk & Waveney – equal to the UK average 0.4%, while also experiencing a suicide rate ~50% higher than the national average (0.014% vs.0.01% of 16+ population)

Outcomes

Quality & outcomes measures for CMI in Norwich broadly fall short of national averages; IAPT waiting times and recovery rates are below the national average, while the area is one of the highest in the country for GP prescribing of antidepressants. Norwich is moderately below national standards on several aspects of SMI care, displaying an exceptionally high cost of prescribing for psychosis (54% above national average) and below the average proportion of people on CPA (Care Program Approach) receiving follow-up post discharge and physical health checks. Norwich benchmarks relatively well on dementia-related public health metrics, displaying lower than expected rates of elderly A&E admissions and above average rates of physical health checks.

North Norfolk profile

Prevalence

North Norfolk has a moderate prevalence of mental illness, with ~25k people estimated to experience a mental health condition. Prevalence of CMI (15.4%) and SMI is (1.2%) is broadly in line with national averages, while the percentage of people with dementia (1.2%) is significantly higher than the national average.

Outcomes

Quality & outcomes measures for CMI in North Norfolk broadly fall short of national averages; IAPT waiting times and recovery rates are below the national average, while the area is one of the highest in the country for GP prescribing of antidepressants. North Norfolk is moderately below national standards on several aspects of SMI care, displaying an exceptionally high cost of prescribing for psychosis (54% above national average) and is in line with the average for the proportion of people on CPA (Care Program Approach) receiving follow-up post discharge and physical health checks. North Norfolk benchmarks well on dementia-related public health metrics, displaying lower than expected rates of elderly A&E admissions, above average rates of physical health checks. However the quality of care beds in North Norfolk ranked 18% below national average, indicating room for improvement.

South Norfolk profile

Prevalence

South Norfolk has a moderate prevalence of mental illness, with ~30k people estimated to experience a mental health condition. Prevalence of CMI (15.1%) and SMI is (0.9%) is lower than national averages, while the percentage of people with dementia (0.9%) is marginally higher than the national average.

Outcomes

Quality & outcomes measures for CMI in South Norfolk broadly fall short of national averages; IAPT waiting times and recovery rates are below the national average, while the area is one of the highest in the country for GP prescribing of antidepressants. South Norfolk is in line with national standards on several aspects of SMI care, displaying an average cost of prescribing for psychosis and is in line with the average for proportion people on CPA (Care Program Approach) receiving follow-up post discharge and SMI individuals receiving physical health checks. South Norfolk benchmarks well on dementia-related public health metrics, displaying lower than expected rates of elderly A&E admissions and above-average rates of physical health checks.

West Norfolk profile

Prevalence

West Norfolk has a moderate prevalence of mental illness, with ~30k people estimated to experience a mental health condition. Prevalence of CMI (15.0%) and SMI (1.0%) is lower than national averages, while the percentage of people with dementia (1.1%) is marginally higher than the national average.

Outcomes

Quality & outcomes measures for CMI in West Norfolk face major challenges; IAPT waiting times and recovery rates are below the national average, while the area is one of the highest in the country for GP prescribing of antidepressants. Public health data indicates a mixed view for West Norfolk on SMI quality & outcomes; it ranks higher than the national average for % of SMI patients with a Health of the Nation Score on record, but is an outlier for the high numbers of delayed transfers of care for SMI users. West Norfolk benchmarks poorly on dementia-related public health metrics, despite scoring highly on quality rating for residential beds. A&E elderly admissions are 30% higher than expected, and West Norfolk also ranks below average for % of dementia patients receiving physical health checks.

Great Yarmouth & Waveney profile

Prevalence

Great Yarmouth & Waveney has a high prevalence of mental illness, with ~35k people estimated to experience a mental health condition. Prevalence of CMI (17.8%) and SMI (1.4%) is significantly above national averages, while the percentage of people with dementia (0.9%) is marginally higher than the national average.

Outcomes

Quality & outcomes measures for CMI in Great Yarmouth show significant challenges; IAPT waiting times and recovery rates are below the national average, and the rate of prescribing of antidepressants in the area is moderately above the national average. Public health data indicates significant issues for Great Yarmouth & Waveney on SMI quality & outcomes; it ranks below the national average for % of SMI patients with a Health of the Nation Score on record and is one of the lowest CCG areas for SMI patients receiving physical health checks. Great Yarmouth & Waveney broadly performs well on many public health dementia metrics; elderly A&E attendances are lower than expected, physical health check rates are in line with national averages – however the rate of dementia care review is significantly below national average.

10 Appendix 2 - Data driven demand, capacity & workforce assessment

Prior sections talk to the concerns of service users, health and social workers and other key stakeholder and presents objective findings that reflect a system under pressure and struggling to meet the demand placed upon it. To explore some of the underlying issues that drive these findings we have considered the physical and workforce capacity of key provider groups across Norfolk and Waveney focusing on services as they stand today but also projecting into the future. The analysis underpinning this section has been based on available and agreed data sets and therefore although it has broad coverage it does not reflect all aspects of the system. Having said that it does provide valuable insights on what is to come.

Primary care:

There is currently an estimated demand for primary care of ~5.4M patient consultations per year of which over 900K (17%) is thought to be attributable to Mental Health. This demand is thought to exceed capacity limits as 9% of the patients report that they are unable to get GP appointments when they want to. This demand and capacity picture comes at a time when the GP workforce is shrinking at ~1% per year. This presents a significant challenge going forward.

The Primary care workforce is already under pressure. GPs currently look after 18% more patients than the national average, which is expected to increase as a result of a growing population (3% growth by 2023), declining GP workforce and increased mental health prevalence. The GP workforce is declining due to high retirement levels and recruitment issues, this is causing the system to rely on a higher than average number of advanced skill nurses (36% of the workforce vs 27% nationally). This is a clear challenge going forward and is likely to worsen if not resolved with demand expected to outstrip supply in the next 2-3 years.

Norfolk & Suffolk Foundation Trust (NSFT)

Bed capacity is stretched. Occupancy typically exceeds the 91% best practice standard in Norfolk with challenges managing demand using the available capacity across Norfolk and Suffolk. The Length of stay (LoS) typically exceeds top quartile benchmarks which reflects both operational issues and the capacity of social and community teams to support discharges. If LoS could be brought in line with top quartile thresholds occupancy could be brought in line with national standards but this is a multi-factorial issue that would require a whole-system solution. In any case, when historical growth is projected forwards the capacity of NSFT is exceeded within 5 years given the current model of care. This indicates that either additional estate is required or new ways of working will need to be adopted as a system. NSFT has a relatively low community caseload (number of patients) per head of population when compared to peers but they engage with them more frequently (43% higher than peer average). New models of care could look to re-distribute some of the inpatient workload into the community.

Ongoing issues with recruitment have led to a high level of temporary staff, which account for 19% of NSFT staff costs compared to peer average of 10%.

To add to these issues NSFT remains in special measures and has recently had another critical CQC report demonstrating a worsening position overall. It is currently rated as inadequate for Safe, Responsive, and Well Led categories.

Strategy Norfolk Community Health & Care (NCHC):

NCHC's physical bed base appear to be running at good (~91%) occupancy levels with limited opportunity to improve performance through LoS optimisation. However, if growth continues at the anticipated levels capacity will be exceeded in a similar time frame to NSFT. In terms of community contacts 11% of NCHC's overall waiting lists exceed the 18 week deadline, suggesting ~2.7K additional contacts are required to reduce waiting lists. However, NCHC's contact rate exceeds benchmarks already. Again the picture suggests demand will out-strip capacity within 5 years.

The size of the community workforce appears to be falling, despite this being a critical part of the system. There is a particular challenge with intermediate staffing levels, where the level of clinical WTEs per 100k population is below the national average by approximately 10 staff lower than the recommended safe staffing guidelines.

Social Care:

DTOC rates (Delayed transfer of care) in NSFT highlight that delayed days consume a significant number of inpatient beds due to a shortage of residential and nursing home beds or bed equivalents. This has knock on effects on inpatient LoS and the care provided to service users. Stronger links with social care should be considered in the future

The social care workforce faces significant challenges. The independent sector, which makes up the majority of the workforce has retention issues, highlighted by a high turnover rate of 37% per year. Home and Nursing care also face retention issues with 48% and 45% turnover per year respectively, which is mainly attributable to patient facing staff. The Norfolk County Council workforce has contracted by 7% in the last 3 years, this rate is expected to increase due to a large proportion of the workforce who will reach retirement age in the next 10 years.

As a result, across the key elements of the system the workforce is stretched and in places dissatisfied with the working environment. The consequence of a contracting workforce combined with increased demand for Mental Health services in the future will cause further issues with service levels and staff engagement.

Spill-over impact of mental health issues on wider services:

Due to this mismatch in demand and capacity of mental health services, activity is flowing into other areas less equipped to deal with it, such as the physical acute hospitals, police services and the criminal justice system, ambulance services and wider public services. As a result people suffering from mental health are not receiving the treatment they need and services like the police and ambulance services are not able to meet the needs of the people who they are uniquely designed to serve. This is particularly common when people reach crisis point, too often people in crisis end up in a the physical acutes or in a police cell, detained under the Mental Health Act rather than having access to more appropriate places of safety. Looking forward it is clear more integration is needed between mental health services, emergency services and public agencies to ensure these circumstances are avoided.

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NORTH NORFOLK BIG SOCIETY FUND – ANNUAL REPORT

Summary: The Big Society Fund (BSF) continues to achieve its aim of helping build strong communities in North Norfolk, supporting NNDC's priority in the Corporate Plan of a district with vibrant communities and where healthy lifestyles are accessible to all.

Feedback from Members who attend project opening events, as well as the End of Grant reports submitted when a project has been completed, clearly demonstrate the value and benefit of the Big Society Fund and the difference it is making to local communities.

The importance of the Big Society Fund is highlighted by many organisations who continue to report that access to grant funding has reduced both locally and nationally. Therefore the BSF which offers grants of up to £15,000 continues to be the most significant year round generic fund available within North Norfolk.

Conclusions: The North Norfolk Big Society Fund has successfully achieved its expected outcomes following its seventh year of operation. The current management arrangements, administrative and decision making process are effective and efficient. The Fund has enabled a wide variety of projects to be implemented for the benefit of communities across North Norfolk.

Recommendations: Overview & Scrutiny are requested to note the success of the Big Society Fund and to recommend to Council:

That the Big Society Fund grant scheme should continue at its current level of funding (£225,000) for another year.

In consultation with the Chair of the Big Society Fund to review the Funds criteria to reflect changes in funding, demand and need.

Reasons for Recommendations: To ensure the Council are informed about the Big Society Fund during its seventh year of operation.

To enable the continuation of the Big Society Fund during 2019 / 2020.

LIST OF BACKGROUND PAPERS AS REQUIRED BY LAW

(Papers relied on to write the report, which do not contain exempt information and which are not published elsewhere)

Cabinet Member(s) Cllr. Sarah Butikofer	Ward(s) affected All
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Contact Officer, telephone number and email:
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1. North Norfolk Big Society Fund

The North Norfolk Big Society Fund was established in 2012 to help build strong communities in North Norfolk. Since the Fund started in 2012, two hundred and forty nine grant awards totalling approximately £1,883,000 have been made to 191 organisations for a range of community projects that are meeting local need and making a real difference to communities across North Norfolk.

A review of the sixth year of operation of the North Norfolk Big Society Fund was presented to Cabinet in April 2018. It concluded that the Fund was achieving its purpose and has enabled a wide variety of valuable community projects to be implemented across North Norfolk.

It was recommended and agreed by Cabinet to continue the Big Society Fund grant scheme at the current level of funding (£225,000) for another year.

The purpose of this annual report is to provide an overview of how the grant fund has been used in 2018 / 19 and to review its effectiveness.

A district with vibrant communities and where healthy lifestyles are accessible to all is identified as a key priority in North Norfolk District Council's Corporate Plan 2015 - 19. The plan confirms the council's commitment to support local residents and their communities by continuing to operate the Big Society Fund to meet local needs and aspirations.

Ensuring North Norfolk is A Better Place to Be with vibrant communities is also likely to be a key priority in the new Corporate Plan. The Big Society Fund demonstrates the Council's commitment to achieving this priority through providing funding and support which empowers Towns & Parish Councils and local organisations to improve their communities.

1.1 North Norfolk Big Society Fund Grant Scheme

Historically, the grant scheme was financed from a percentage of the second homes council tax returned from Norfolk County Council (NCC). From the 1st April 2019 this will cease. For at least the next financial year, funding of the BSF will be allocated from the second homes council tax reserves of approximately £1 million.

Virtually every parish in North Norfolk has a percentage of second homes. The Big Society Fund is therefore open to all Towns and Parish Councils, charities, not for profit organisations or community groups based or providing a service in North Norfolk.

The aim of the fund is to support and help organisations to meet local needs. The fund has particularly benefitted smaller parishes that may be less likely to receive funding for services and facilities from other sources e.g. as a result of new housing. Helping to improve, enhance, sustain existing or provide new local community facilities and services remains a key need identified by communities.

Grants from the fund have also been used as a contribution to much larger projects that require significant funding. Grants offered by the Big Society Fund can be crucial in securing additional funding from organisations such as the Heritage Lottery or Sport England. These larger projects offer benefits to the local and wider community as well as to the local economy.

Whilst most projects take place in one geographical location in North Norfolk, grants have also been awarded to projects which take place in or benefit several parishes. The majority of grants are awarded for capital projects which make a visible difference to communities across North Norfolk through the provision of e.g. new play equipment, sports facilities or improvements to a village hall.

What is not always visible but is captured through regular communication with project leads and the End of Grant reports is the difference the project makes within a community. Grants have funded projects which have increased volunteering opportunities, reduced social isolation, increased opportunities for people of all ages to participate in sports and activities thereby improving their physical, mental and social wellbeing and projects which have created a sense of pride and cohesion within a community.

The Fund is managed and administered internally. This includes:

- Publicity and promotion
- Advising and supporting organisations throughout the application process
- Effective communication with Members at all stages of the grant process
- Preparing and presenting reports to the Big Society Fund Grant Panel
- Managing on going PR and media interest, supporting projects with publicity and promotion, arranging Member representation at opening events
- Monitoring applications awarded funding to ensure projects are completed in accordance with Fund Terms and Conditions
- Ensuring the submission of End of Grant Reports with supporting financial information to demonstrate the benefit of the project and to provide financial evidence that the grant has been used in accordance with the grant Terms and Conditions.

The internal management and administration of the fund enables the Council to:

- Proactively promote the Big Society Fund (BSF) as a Council initiative
- Significantly increase the Council's engagement with Town and Parish Councils, as well as voluntary and community groups, throughout the whole of the grant process from pre-application to project implementation and completion
- Provide officers with a greater understanding of the need for projects, the challenges encountered by applicants and offer appropriate advice and support
- Increase local Member's opportunities for engagement in community initiatives operating in their wards
- Maintain effective and regular contact with community organisations awarded a grant, ensuring their projects progress in accordance with grant Terms and Conditions
- Increase the Council's role in publicising community projects supported by the Fund – helping to raise the profile of the community organisation and the grant-funded project. This helps reinforce the Council's role as a community leader and is a highly effective way of promoting the grant scheme to attract appropriate future applications.

1.2 Overview of proposals submitted / approved 2018/19

The politically balanced Panel that considers the BSF grant applications is appointed annually by Full Council and is chaired by the Leader of the Council. In the last

financial year, the Panel met quarterly in June, September, December and March to consider applications to the Big Society Fund.

Forty five organisations submitted grant applications requesting funding totalling £424,530.33, 88% more than the allocated budget of £225,000.

Of the forty five applications received in the last financial year, two applications were not presented to the Panel as they were either incomplete or withdrawn by the applicant. Three applications were not awarded a grant. Four applications were deferred pending further information.

In total thirty six applications were approved and were awarded grants totalling £264,425.81. Two organisations awarded grants totalling £10,300 subsequently advised they were no longer able to deliver their projects. The organisations had not met their individual Terms and Conditions so the funding had not been released.

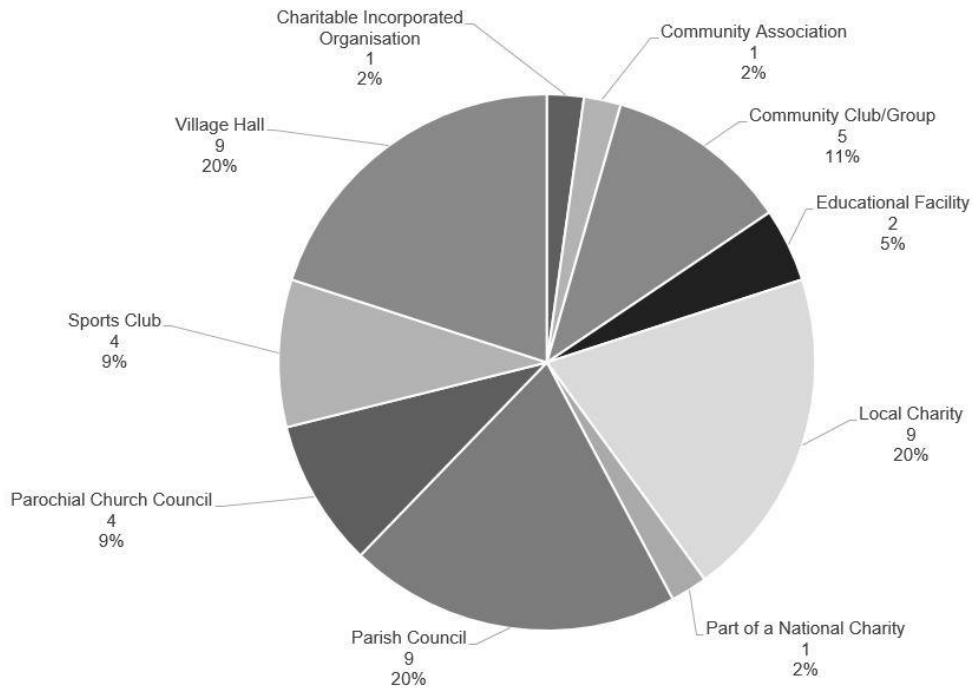
Proactive work has continued in the last year to encourage applications from parishes that have not previously applied for a BSF grant. As a result during 2018 / 19, ten organisations that had not previously received Big Society funding made successful grant applications. In total, ninety parishes in North Norfolk have received at least one BSF grant. This equates to 75% of parishes in North Norfolk.

Parishes awarded a Big Society Fund grant



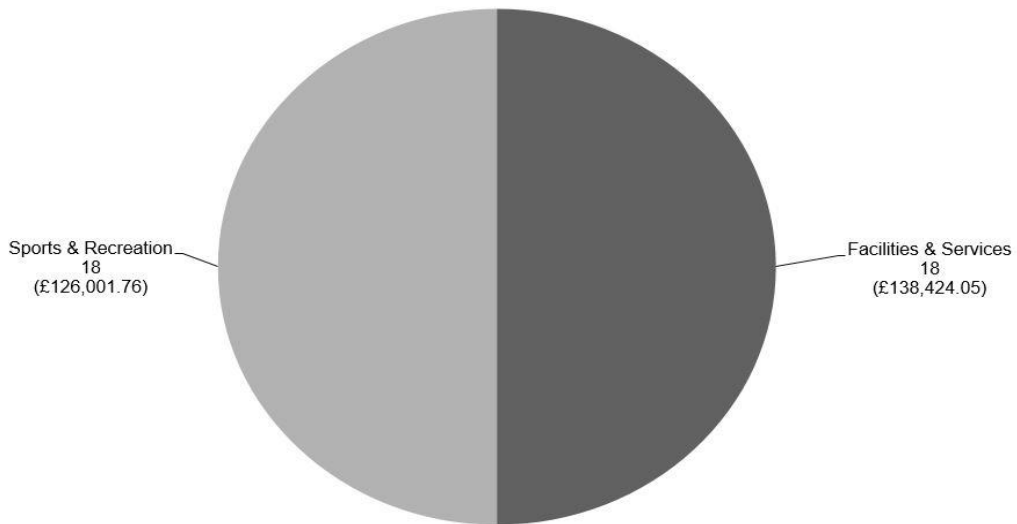
Two hundred and three projects have been completed and all the necessary monitoring information submitted. Ongoing monitoring and engagement continues with over forty projects that have been awarded a grant where work has not started yet or is in progress.

Type of Organisation Applying to the Big Society Fund 2018-2019



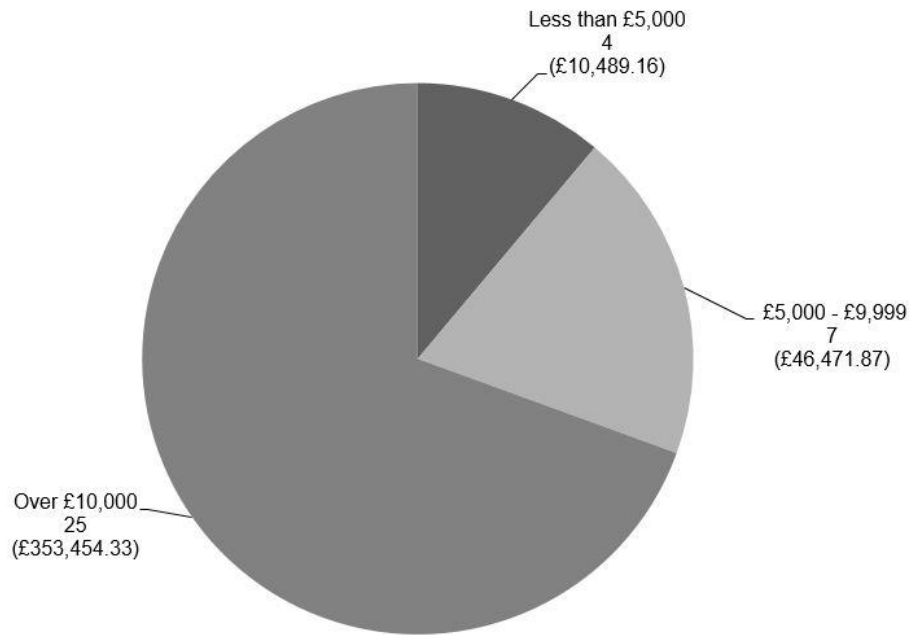
In the last year village hall committees, local charities and parish councils submitted over 50% of grant applications.

Number of Successful Applications (by Theme) Supported by The Big Society Fund 2018-2019

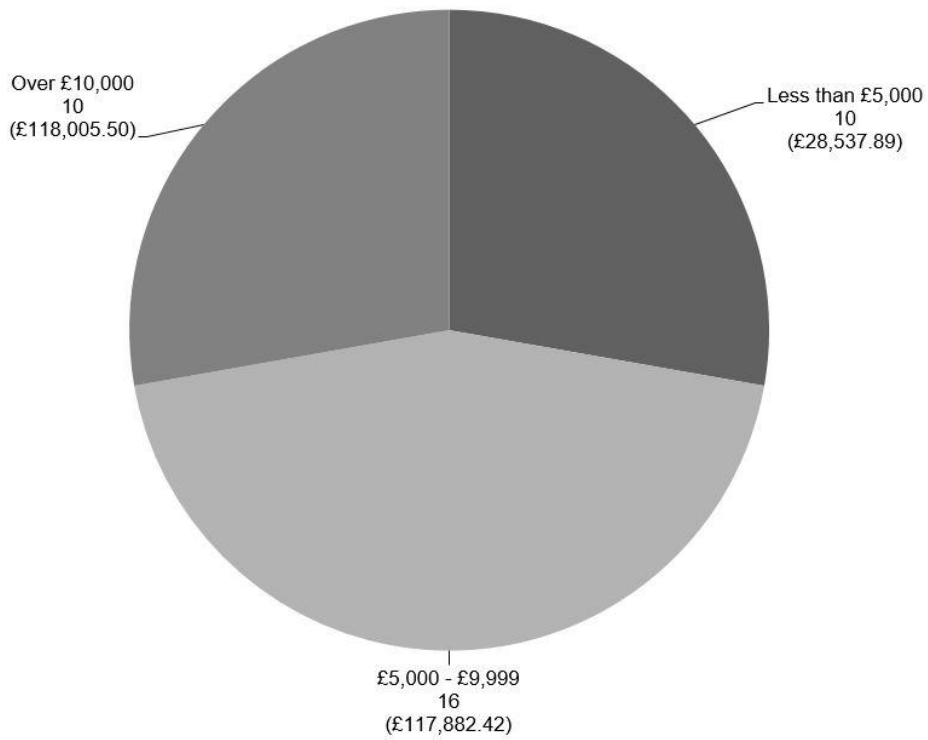


The current eligibility criteria for funding means that the vast majority of applications continue to be for capital projects aimed at improving village halls and other community buildings, provision of play equipment or sport and recreational facilities.

Number of Successful Applications by Amount Requested 2018-19



Number of Successful Applications by Amount Awarded 2018-2019



The amount of grant awarded is often less than the grant requested. There are several reasons for this, a grant may be requested for elements of a project that are

outside the scope of the Fund. The amount of grant the applicant requires may change due to other external funding or grants being secured or the Panel may decide to only fund part of a project such as specific items of play equipment.

1.3 Application process and procedures

Last year with the agreement of the Chairman of the Big Society Fund, minor amendments were made to the Prospectus to reduce applications being submitted for projects whose overall aims meet the criteria of the BSF but where the grant would be used for a purpose which is not supported by the fund e.g. staff salaries, core revenue costs, routine maintenance.

A review of the application process and documentation was also undertaken to ensure it is appropriate and equitable for all potential applicants, including smaller organisations and parishes. Help and support with the application process is available and offered to all potential applicants to the Fund.

Potential and successful applicants are advised of other external funding grants that may be available, either as match funding or if it is a more appropriate source of funding.

At each BSF panel a monitoring report on the progress of all BSF projects and information from the End of Grant reports submitted by completed projects is considered. Comments received identify that overall it is considered that the BSF grant process is straightforward and the support available throughout the process is valued by organisations.

1.4 Summary

The Big Society Fund is widely promoted across North Norfolk through a variety of media and continues to achieve its aim of helping build strong communities in North Norfolk.

Feedback from Members who attend project opening events, as well as the End of Grant reports submitted when a project has been completed, clearly demonstrate the value and benefit of the BSF and the difference it is making to local communities.

The importance of the BSF is highlighted by many organisations who continue to report that access to grant funding has reduced both locally and nationally. As an example the Norfolk Community Foundation currently manages fifty two grants, of these ten are currently open for applications but only three grants cover North Norfolk. Therefore the BSF which offers grants of up to £15,000 continues to be the most significant year round generic fund available within North Norfolk.

2. Financial Implications and Risks

Funding to implement the recommendation set out in this report is already accounted for in the Budget for 2019/20.

3. Sustainability

The Big Society Fund was previously financed from a percentage of the second homes council tax returned by Norfolk County Council. From 1st April 2019 this money will no longer be returned. There are second home council tax reserves

totalling approximately £1,000,000 which could be used to finance the Fund for several years however there will be other demands on the reserves.

It is proposed that in consultation with the Chair of the Big Society Fund, some changes to the fund are considered. This will still enable it to achieve its primary aim but would ensure the BSF responds to changes in funding, demand and need.

Changes could include:

- Reviewing the funding criteria to redress the imbalance between capital and revenue projects
- Reducing the maximum grant available, currently £15,000.
- Requiring organisations to provide match funding of at 10% of the project grant requested.
- Considering the total grant funding previously awarded to a Parish as opposed to grants awarded to organisations in the Parish.
- Restricting the number of applications that can be made by an organisation, currently an organisation can apply for a different project each financial year.
- Reducing the amount of funding allocated to the Fund from 2020/2021

It is recognised that the implementation of any changes to the BSF are unlikely to reduce the amount of applications received.

4. Equality and Diversity

There are no equality or diversity implications.

5. Section 17 Crime and Disorder considerations

There are no crime and disorder implications

LEISURE AND LOCALITY SERVICES - UPDATE APRIL 2019

Introduction

Leisure and Locality Services is a public facing service that provides facilities, activities and events for the community and tourism market including sports and leisure, countryside, markets, beaches, foreshore, beach huts and chalets, pier management and car parks.

'Health and Wellbeing' is a key priority in the Corporate Plan (2015 – 19) which aims for: "A district with vibrant communities and where healthy lifestyles are available to all". The Council has had to be especially innovative in order to achieve its objectives, particularly in the face of ever increasing budgetary pressures on the Council and its partner organisations. Support for leisure and locality facilities and activities is not only beneficial to the health and wellbeing of the resident population but can help reduce the pressures on other services, and can even help support the visitor economy and attract inward investment.

Sports and Leisure Facilities

The Council's owns or manages six sports and leisure facilities. Three leisure facilities (Fakenham, Splash and Victory) are now operated by our new leisure contractor SLM (trading under the 'Everyone Active' brand), under a new 10-year contract from 1 April 2019. This contract now includes the operation of the three dual-use sports centres based at Cromer, North Walsham and Stalham schools/academies, formerly managed by the Council's in-house team (who have transferred to Everyone Active). The contractor will not only manage and operate the facilities but deliver activities in the community, alongside the Council's sports development team. These activities will aim to improve health and fitness amongst less active people or those who are harder to reach.

Sports & Leisure Participation

Over the past 12 months, the sports and leisure facilities have performed well, with an overall throughput of 546,609 people for the year 2018/19. This equates to 4,701 less than last year (a drop of just 1%).

Sports Development

The 'Sports Clubs and Hubs' project was a three year (extended to four) Sport England funded project which won the 'Activity in the Community' category at the Norfolk Sports Awards in November 2017. The project delivered to over 2,500 people, for whom access to leisure facilities is more difficult, with a throughput of over 26,000 over the four years.

The project has now finished (September 2018) but the initiative has evolved to deliver a more generic and inclusive sports development function for the Council. The team will lead the emerging sports development strategy and action plan that dovetails into the new leisure contract with SLM. The team has delivered a total of 9,848 visits over the past year.

Sporting Centre of Excellence

The Sporting Centre of Excellence programme (which includes hockey, netball, cricket and running) is now nearing the end of its third year with an additional 70 young people entering the programme this year, making up over 100 participants in total.

All of the participants have improved significantly, and some of the runners have represented Norfolk at regional events with a few at a national standard. We will look to provide some workshops during the summer break that provide further skills for the participants, including 'strength and conditioning', 'nutrition' and 'sports psychology'.

Sheringham Leisure Centre Build

Work on the new Splash facility continues to progress well with the new skatepark construction completed on 1 March. The groundworks for the main construction have been in progress since January of this year, and the facility is aiming to be open by December 2020. The project will provide a first class modern leisure centre for the district, with additional facilities including the learner pool, larger fitness gym, spinning studio and dance studios.

The business case proved that the facility was financially feasible in providing a facility that met both the local need in terms of population growth and demographics with a facility mix that generates sufficient participation and revenue in order to reduce the Council's current subsidy. All of which will deliver a significant increase in participation, rising from the most recent 155,000 annual total to an estimated 280,000 visits (in a 'mature year').

Community Sports Hub Plans

Plans for the Community Sports Hub project at Cromer are continuing to progress with much work being undertaken to make the project a reality. Following the disappointing decision by the LTA not to fund this project due to a change in their strategy, the Council agreed to fund the gap in finances (following the support of Full Council in February).

This project has resulted from the Council working collaboratively with Cromer Academy and Cromer Lawn Tennis and Squash Association to provide a facility that all three organisations can benefit from, as well as the many other clubs and activities currently operating from the site and the wider community. The new facility will be operated by Everyone Active and will play an important role in improving access to high quality fitness studios and a social space as well as the indoor tennis courts, which will help further increase the amount of people accessing sport and physical activity. It is hoped that this facility will open in early 2020.

Parkrun

Sheringham parkrun continues to be one of the finest examples of sustainable sports activity delivered by the community for the community. The Council has set this project up in partnership with Sheringham Park (National Trust), Active Norfolk, North Norfolk Beach Runners and Parkrun UK.

It's inclusive approach and operating model is second to none, and the results speak for themselves. Since 2012 there has been 2,528 registered runners averaging 138.4 runners each week. There have been 331 events, with 8,344 individual runners from 767 clubs taking part in 45,794 runs covering 228,970km.

Locality

Locality working focuses on involving local people, organisations and partners in shaping and delivering local services. The council is committed to working more closely with communities

and partners to deliver high quality, efficient and effective public services through new and enhanced ways of working which contribute to improving the quality of life and wellbeing of North Norfolk residents.

Beaches

The Council has received confirmation from the Environment Agency that the water quality tests carried out during the summer 2018 were all first class, and all six of our Blue Flag beaches (Sheringham, West Runton, East Runton, Cromer, Mundesley and Sea Palling) have retained the 'Excellent' classification. This means that we have been able to apply for the Blue Flags at each of those locations, in readiness for the 2019 season. The award of Blue Flags will be made in mid-May. We also work in partnership with the Holkham Estate and have applied for a 'Seaside Award' for the beach at Wells-next-the-Sea.

There was an increase in visitors to our beaches during 2018 compared to the previous year. A total of 285,750 people used Wells, Sheringham, West Runton, East Runton, Cromer, Mundesley and Sea Palling beaches during the 2018 summer season, an increase of 25,205 visitors compared to 2017.

Pier Management

It has been a successful first year of the new contract for Openwide Coastal operating Cromer Pier. Openwide have provided an improved service, at a reduced cost to the Council. One of the major key performance indicators under the present contract is profit targets, which ultimately ensures a reduced subsidy for the Council. Openwide are ahead of target and are now working to achieve an even greater reduced subsidy for the second year of the contract. Visits to the theatre were up by 5% during 2018 with 66,644 visitors compared to 63,503 in 2017. Visitors to the Summer Show were 4.5% down compared to the previous year, although the very hot summer weather (particularly long into the evenings) may have been a factor. The 2018 Christmas Show was a massive success with 6.2% more tickets sold compared to 2017; an all-time record. Concert sales and hires also remain very buoyant and both the Folk on the Pier and the Cromer & Sheringham Operatic and Dramatic Society performances were sold out in 2018.

Countryside

The Countryside service manages 14 different woodland sites of various sizes across the district. These provide a wonderful environment for visitor to enjoy the North Norfolk countryside. Over the past year, it is estimated that we have seen over 40,000 visitors to these sites.

The Council currently holds two Green Flag awards - at Holt Country Park and Pretty Corner Woods in Sheringham. The Countryside team continue to plan and deliver 30 events each year. This past year has seen a marked increase in visitors at these events with both the last Xmas and February events being sold out.

The Countryside team has been working in partnership with an organisation called 'The Felbeck Trust' and together we have accessed £24,000 in order to undertake improvements at Sadler's Wood in North Walsham with a view to gaining a Green Flag award at that site this year.

Markets

Both Cromer and Sheringham markets continue to maintain a vibrant market offer that includes an average of 35 stalls at Sheringham and 12 stalls in Cromer. This year we have experienced a slight decrease in income (approximately 10%) due to a modest fall in traders, which is in line with the national trends in markets. Therefore, the markets team are embarking on a period of increasing publicity and advertising to appeal to a wider audience in an effort to attract a new flock of traders into this well-established industry.

Beach Huts and Chalets

The Council's Beach Huts and Chalets are becoming increasingly popular. The income has increased as follows:

	2018	2019
Weekly Lets	£31,463	£45,146
Annual Lets	£111,690	£139,505

Following the review of Beach Huts and Chalets (through a task & finish O&S group) improvements have been made and an online booking service has been set up for the weekly lets. The Council has implemented new 5-year leases for the beach huts and chalets and corresponding fees which should over the next few years see a further rise in income. Innovative marketing techniques are hoped to be introduced to further increase lets throughout the seasons.

Car Parks

The Council has 30 pay and display car parks across the District. This year the Council has introduced an option of cashless payment, whereby members of the public can pay for their parking online via an app on their mobile phone. This is proving to be popular and is improving the efficiency and quality of the service, especially during busy periods of the year. The current statistics show that there is very little change in car park figures for the past year compared to 2017, however in the coastal towns we know that there have been increases ranging from 10% – 20%. It is suggested that a review of car parks is undertaken by a task and finish group later this year.

OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2018/2019
Annual Work Programme

Date/ Responsibility	Item	Lead Officer/Member	Objective & Desired Outcome	Cycle
April				
Scrutiny	Mental Health Briefing	Sonia Shuter	To brief Members on the performance of mental health services across the district	6 months
Scrutiny	Leisure and Locality Services – Annual Update	Karl Read Cllr Hillary Cox	To provide an update on the leisure services provided by the Council	Annual
Cabinet report	North Norfolk Big Society Fund - Annual Report	Sarah Bütikofer Sonia Shuter	To provide an annual update to the Committee on the work of the BSF	Annual

TBC				
Scrutiny	Meadow House Itteringham - Review	Emma Duncan John Rest	To review the performance of the investment and consider the Council's future commercialisation strategy	Requested by Committee
Scrutiny	Anglian Water Briefing	Matt Stembrowicz Simon Hester	To invite a representative of Anglian Water to provide a briefing charge increases and network improvements	Requested by Committee
Scrutiny	Recycling Rapid Review	Nigel Lloyd Steve Hems Scott Martin	To carry-out a high level review into the recycling services of NNDC	TBC
Scrutiny	Waste Update	Nigel Lloyd Scott Martin	To provide an update on the current waste contract/service	Cyclical - Six monthly
Scrutiny	Market Towns Initiative – process review	Matt Stembrowicz Emma Denny David McGrath	To review the process of the MTI fund	TBC
Scrutiny	Housing Rapid Review	Karen Ward Officer TBC	To carry-out a high level review of NNDC's housing services	TBC
Scrutiny	Digital Transformation Update	Sarah Bütikofer Sean Kelly	To provide an update on the progress of the digital transformation strategy	Cyclical - Six monthly

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