

**Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 08 November 2023 at
in the Council Chamber, County Hall.**

Present:

Cllr Jo Rust
Anna Gill
Mark Little
Cllr David Beavan
Cllr Emma Flaxman-Taylor
Patrick Peal
Carolyn Fowler
ACC Nick Davison
Cllr Bill Borrett

Cllr Fran Whymark

Suzanne Meredith
Debbie Bartlett
Sara Tough (arrived 09:53)
Professor Nancy Fontaine
Caroline Donovan
Rt Hon Patricia Hewitt

Mark Burgis
Cllr Cate Oliver (arrived 09:51)
Jonathan Barber
Tracy Williams
Cllr Kim Carsok (arrived 10:01)
Alan Hopley

Representing:

Borough Council of King's Lynn & West Norfolk
Cambridgeshire Community Services NHS Trust
East of England Ambulance Trust
East Suffolk Council
Great Yarmouth Borough Council
Healthwatch Norfolk
Norfolk Community Health & Care NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Public Health and Wellbeing, Leader (nominee)
Norfolk County Council, Cabinet member for Children's Services and Education
Norfolk County Council, Director of Public Health
Norfolk County Council, Interim Executive Director Adult Social Services
Norfolk County Council, Executive Director Children's Services
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair)
NHS Norfolk and Waveney Integrated Care Board (Chief Executive)
Norwich City Council
Place Board Chair (Great Yarmouth)
Norfolk and Waveney Integrated Care Board NHS
South Norfolk District Council
Voluntary Sector Representative

Officers Present:

Stephanie Butcher	Policy Manager Health and Wellbeing Board
Rachael Grant	Policy Manager Public Health
Stephanie Guy	Advanced Public Health Officer
Maisie Coldman	Committee Officer

Speakers:

Diane Steiner	Deputy Director of Public Health, Norfolk County Council
Emma Willey	Associate Director of Mental Health, Adult Mental Health Strateg Commissioning team
Geoff Connell	Director of Digital Services, Norfolk County Council
Ian Riley	Director of Digital and Data, NHS Norfolk and Waveney Integrated Care Board
Andrew O'Connell	Senior LeDeR Nurse, Quality in Care Team Norfolk and Waveney Integrate Care board
Christopher Butwright	Assistant Director Prevention and Policy, Public Health, Norfolk County Council

Norfolk Health and Wellbeing Board (HWB)

1. Apologies

- 1.1 Apologies were received from Carly West Burnham, Cllr Alison Thomas, Cllr Penny Carpenter (substituted by Cllr Fran Whymark), Dan Mobbs, Joanne Segasby, Cllr Hopfensperger, Angela Steggles, Nick Hulme (substituted by Professor Nancy Fontaine), Tracey Bleakly (substituted by Mark Burgis), Stuart Lines (substituted by Suzanne Meredith), Lynda Thomas (substituted by Carolyn Fowler) and David Allen (substituted by Mark Little).

2. Chair's Opening Remarks

- 2.1 The Chair welcomed Caroline Donovan, CEO of Norfolk and Suffolk Foundation Trust and Cllr David Beavan from East Suffolk council to their first meeting since becoming members.

3. Minutes

- 3.1 The HWB minutes of the meeting held on 27 September 2023 were agreed as an accurate record and signed by the Chair.

4. Actions arising

- 4.1 None.

5. Declarations of Interests

- 5.1 None.

6. Public Questions

- 6.1 None.

7. Urgent Matters Arising

- 7.1 None.

8. Combating Drugs and Alcohol Partnerships Annual Report

- 8.1 The Combating Drugs and Alcohol Partnerships Annual Report was introduced to the HWB by Diane Steiner, Deputy Director of Public Health, Norfolk County Council who provided the board with an update of the progress on the Drug and Alcohol Strategy. The Norfolk Drugs and Alcohol Partnership (NDAP) was up and running, this strategic group was chaired by the Director of Public Health. The partnership's four priorities were noted in item 8, appendix 1. Additionally, an action plan, with support from the Office of Health Improvement and Disparities (OHID) was being developed to increase numbers in treatment and improve prison continuity of care.

- 8.2 Emma Wiley, Associate Director of Mental Health, Adult Mental Health Strategic Commissioning team spoke to the report. They highlighted that one of the priorities was Dual Diagnosis (DD) and the development of pathways that support engagement, treatment, and recovery for people experiencing both mental health and substance misuse issues. The HWB heard that discussions with service users had been happening and that there was agreement between stakeholders that action relating to this priority needed to occur to ensure that patients have a joined-up approach to treatment and recovery.

- 8.3 Further work on this was expected to take place at a workshop in January 2024.

The following points and comments were discussed:

- Members noted the importance of the work around, and inclusion of, dual diagnosis. The development of joint and integrated pathways was felt to be a positive step to begin improving the disconnection between mental health and substance misuse support and treatment.
- Data was being collected to enrich understanding of the issues, what support was already available, and what was needed. This information would be used to inform the development of services and pathways.
- Caroline Donovan (CEO of Norfolk and Suffolk Foundation Trust) asked what the current operating hours were for drug and alcohol support services. This information would be shared with the member once the information had been confirmed.
- Work was being completed on the alcohol pathways and once it had been reviewed and

refreshed, it would be fed back into the pathway.

- Rt Hon Patricia Hewitt highlighted that the work on substance misuse and abuse was an example of effective cross-government joined-up working that was facilitating integration across the ICS to tackle these issues.

The HWB **agreed** to:

- a) **Endorse** the workplan of NDAP and acknowledge the work of the Suffolk Combating Drugs Partnership in relation to the Waveney part of our ICS.
- b) **Encourage** partner organisations to ensure relevant staff take part in the NDAP joint training programme once this has been agreed. This will be staff that may be working with individuals or families that are experiencing substance misuse issues in the course of their day-to-day work.
- c) **Ensure** partner organisations participate in the Local Drug Information System (LDIS) by sharing intelligence relating to drugs in circulation with CGL and disseminating patient safety alerts relating to drugs within their organisations. For those organisations not already signed up, take advantage of distribution and training on the administration of Naloxone by CGL.
*Naloxone is a medicine which can reverse opiate overdose.
- d) **Support** their organisations to identify drug and alcohol users in their care and support them to engage with drug and alcohol treatment to reduce risk.
- e) **Endorse** their organisations and contracted providers finding ways to collect and share appropriate pseudonymised data on non-fatal overdoses and administrations of Naloxone in order to track the impact of opioids, alert the system to emerging trends and target potential supply lines.

Meeting concluded 09:54.

Norfolk and Waveney Integrated Care Partnership (ICP)

1. Minutes

- 1.1 The minutes of the Norfolk and Waveney Integrated Care Partnership (ICP) meeting held on 27 September 2023 were agreed as an accurate record and signed by the Chair.

2. Actions arising

- 2.1 None.

3. Declarations of Interest

- 3.1 None.

4. Public Questions

- 4.1 None.

5. Driving Integration Through Digital, Data and Technology

- 5.1 Debbie Bartlett, Executive Director of Adult Social Care, introduced the Driving Integration Through Digital, Data and Technology report. The report provided information on the digital roadmap for further integration and highlighted the opportunities available.
- 5.2 Geoff Connell, Director of Digital Services, Norfolk County Council, and Ian Riley, Director of Digital

and Data, NHS Norfolk and Waveney Integrated Care Board, presented the annexed presentation (Item 5, Appendix A). They highlighted that there were differences in digital maturity across the system and that work was being undertaken to bring the system to the same standard. The Strategic Roadmap of ICS level Digital Initiatives was outlined to the partnership and the projects that were due to be implemented over the next few years were explained. This included the Shared Care Record (SCR) where the beginning phases were now live and multiple partners had access to real-time information from across the system. The Population Health Management programme was explained and the benefits of drawing on data to aid new proactive models of care were highlighted. The work being completed in West Norfolk around Digital Inclusion had exceeded its initial goal of supporting 1000 residents. Additionally, there had been a pilot within Adult Social Care where AI was used to support proactive intervention by extracting information from case notes to identify people who may be at risk of a fall. Those identified as being at risk can then receive preventative action. Tests show that the model was correct up to 70% of the time.

5.2 The following points and comments were discussed:

- Alan Hopley (Voluntary Sector Representative) shared the difficulties encountered due to the lack of data sharing with the voluntary sector; highlighting that the service user often has to share their story twice, once to the voluntary sector and then again to statutory bodies. In response, the partnership heard that the work around Shared Care Records (SCR) was being completed in phases and that the next phase would include the voluntary sector having some level of access. The details of what this might look like need to be explored and co-designed with partners, in particular those voluntary organisations that have contracts with statutory bodies. Ian Riley, Director of Digital and Data, NHS Norfolk and Waveney Integrated Care Board, to link in with Alan Hopley to further this discussion.
- The Digital Inclusion Programme included tech skills and upskilling for staff, this was felt to be important in ensuring that staff felt confident navigating new technology and models of working. Training and learning were being implemented in a targeted way that sought to enrich staff knowledge in areas identified as having gaps. This learning would be shared with others.
- It was generally felt that the SCR would transform the way that the system works together and would be able to offer more directed and personalised intervention. There would be more confidence that people who require support are not falling through the gaps.
- The partnership heard of the work being carried out in Hunstanton and Kings Lynn. The Tech Skills for Life project supports the population with digital skills and inclusion. Some of this support would be helping the population to access the NHS app and attend virtual appointments. The trial had yielded positive results and it was felt that there was a business case to potentially expand this work across other areas of the county.
- The ICB carries out a programme of works to help local practices modernise their space and processes and to encourage uptake of the NHS app.
- Rt Hon Patricia Hewitt shared that up to 10,000 careers in Norfolk and Waveney were using a mobile and desktop software called Birdie to record care notes and wondered if there was an opportunity to learn from this software.
- Legislation has not caught up to the advancements of technology and thus, it was felt the additional steps and workarounds that have to be taken, needed to be acknowledged.
- Regarding the ambulance service, it was confirmed that each part of the East of England has a separate SCR system. Work was happening nationally to collect data from all the systems because currently, data was not able to be collected from each of the systems.
- There was an overarching framework for this work and an Integrated Care System (ICS) wide group. There was national guidance on what was required for health-related data sharing. This would be shared.

- The Chair of the ICP suggested that this item come to all future meetings as a standing item so that the partnership can be aware of the developments and dialogue on the SCR can begin ahead of integration.

5.3 The ICP **agreed** to:

- a) The principle that all System Leaders commit to the idea of data sharing.
- b) Support the use of new joined up systems such as the Shared Care Record System and the Data Hub, as they become available in partnership organisations, to deliver the maximum value from these enabling technologies.
- c) Direct the ICS Digital leadership to report back to the board in 2024/25 with a progress update on the ICS Digital Roadmap delivery.
- d) Direct the ICS Digital leadership to return to the ICP board with more detailed analysis of the benefits expected and / or achieved from individual projects on the roadmap as required.

6. Taking action to address Health Inequalities in Norfolk and Waveney

6.1 Mark Burgis, Executive Director Patient and Communities and Senior Responsible Officer for Health Inequalities, Norfolk and Waveney ICB, introduced the report that sets out the ambition to develop a Strategic Framework for Action that outlines steps to address health inequalities. It was highlighted that the development of a Strategic Framework for Action would be building on existing work that was happening and was not looking to start from scratch. It was felt that the system had a good understanding of health inequalities but was less sure about what the system was doing to address them. The partnership received the annexed presentation (item 6, Appendix A) which outlined the four themes that engagement would focus on and also the strategy design principles.

6.2 The following points and comments were discussed:

- The partnership supported the work that was being carried out and highlighted that it needed to be sustained and focused.
- It was questioned how the current resources could be better utilised and orientated towards addressing health inequalities and that a dedicated work stream to explore this could be beneficial.
- Caroline Donovan (CEO of Norfolk and Suffolk Foundation Trust) noted the gap in life expectancy for people with mental health illnesses and people with learning disabilities and asked if the strategy would look to address this. In response, it was confirmed that this was core to the strategy and that engagement with all partners across the community was important to highlight gaps. There is knowledge of the areas and specific groups of the population where focus work needs to be applied.
- Anna Gill (Cambridgeshire Community Services NHS Trust) raised the point that a long-term strategy would need to accommodate emerging plus groups and challenges.
- The Executive Director for Children Services wondered whether the work being done to tackle inequalities could work alongside the existing frameworks as part of Flourish.
- The Chair summarised the conversation, highlighting that a lot of the answers were known and that the struggle was how the system could turn pilots' initiatives into sustained projects

6.3 The ICP **agreed** to:

- a) **Endorse** the proposed design principles for developing the Strategic Framework for Action.
- b) **Support** the programme of 'Health Inequalities Conversations' with stakeholders.

- c) **Agree** to receive and consider a draft of the Strategic Framework for Action in March 2024, with a view to endorsing the framework and agreeing to support its implementation.

7. Mental Health: Public Health outcomes in the Integrated Care System

7.1 Suzanne Meredith, Deputy Director of Public Health, Norfolk County Council, introduced the report and presented the annexed presentation (item 7, Appendix A) to the partnership that provided a summary of Mental Health and Wellbeing outcomes.

7.2 The following points and comments were discussed:

- ACC Nick Davison asked if the evidence of the mental health outcomes in Norfolk and Waveney was being shared and highlighted to the politicians who decide the budget. In response, the partnership heard that this was a challenge to the system and that a key reason for the public health reports was to make the system aware of the challenges. It was not the direct responsibility of the system to decide the budget. The member for the Borough Council of Kings Lynn and West Norfolk added that the Health and Wellbeing partnerships have no wider influence on how resources are used within mental health services and that they are only able to facilitate projects for specific demographics.
- The mental health challenges, and their scale, that careers face was raised and the need to support these individuals was highlighted.
- It was confirmed that there was a similar exploration to the slide on Autism on learning disabilities and that was published on the Joint Strategic Needs Assessment. The data on mental health outcomes for people with learning disabilities was not held by Public Health and this could be accessed through the trust and ICB.
- Suicide rates are monitored, and a group has been established to understand and work towards addressing the rates.
- Rt Hon Patricia Hewitt highlighted that deaths recorded as suicides were a small subset of deaths that are related to mental health and questioned if the data on suicides could be potentially misleading.
- It was raised that the way that numbers are spoken about was important and that using percentages to translate numbers may not be the most effective way of sharing information. It was suggested that using numbers when communicating rather than percentages could be more effective in ensuring that the information was interpreted accurately.
- Cllr Kim Carsok (South Norfolk District Council) asked if there was / could be data that indicated whether prevention projects were working.
- Debbie Bartlett (Interim Executive Director of Adult Social Services) raised the value that could be added through having a conversation about what it would look like to prioritise mental health prevention.
- One of the priorities for the system was Children and Young People. The Executive Director for Children Services shared that there were a significant amount of Children and Young People who were experiencing challenges, diagnosable or not. There had been a significant increase in SEN assessments, between 2020 and the present day this had increased by 136% with Social and Emotional mental health being a rising category. They shared that collaborative work was being carried out across the system and that funding had been received from the ICB to invest in support for Children and Young People.

Cllr David Beavan left the meeting at 11:34

7.3 The ICP **agreed** to:

Note the data and information relating to Mental Health for people living in Norfolk and Waveney for use in their strategic and operational planning and note there is additional information contained within the Norfolk Joint Strategic Needs Assessment (JSNA).

8. LeDeR Annual Report 2022/2023

- 8.1 Mark Burgis, Executive Director Patient and Communities and Senior Responsible Officer for Health Inequalities, Norfolk and Waveney ICB, introduced the LeDeR annual report (item 8, appendix A). Andrew O'Connell, Senior LeDeR Nurse, Quality in Care Team Norfolk and Waveney Integrated Care Board, provided the partnership with an overview of the report, the reasons for it, and key highlights.

Caroline Donovan left the meeting at 11:40

- 8.2 The following points and comments were discussed:

- The need for a service to support the long term and palliative care of adults with learning disabilities was acknowledged. The services provided through EACH to support children and young people with learning disabilities were referenced to suggest the type of support that adults also required. The workforce issues to support this was mentioned.
- Carolyn Fowler (Norfolk Community Health & Care NHS Trust) highlighted that there was a limited workforce that was suitably trained to support and provide specific treatment for people with learning disabilities. They shared that there was no course to upskill staff knowledge. In response, the committee heard that there was a plan to improve workforce planning to improve skill and confidence.

- 8.3 The ICP **agreed to:**

- **Approve** the recommendations from the LeDeR annual report and system learning.

9. Public Health Strategic Plan

- 9.1 Suzanne Meredith, Deputy Director of Public Health, Norfolk County Council, introduced the report on the Public Health Strategic Plan.

- 9.2 Chris Butwright, Assistant Director Prevention and Policy, Public Health, Norfolk County Council provided the partnership with the annexed presentation (item 9, appendix A) that offered an overview of the plan, its vision, mission and ambition. The intention was to focus on prevention, particularly in the context of children & young people, adults, and older people.

Professor Nancy Fontaine left the meeting at 12:01

- 9.3 The following points and comments were discussed:

- The Chair highlighted that public health should provide the foundation for the creation of tools to manage challenges across different areas of Norfolk and Waveney. It was important the population was influenced to help themselves, and also the people that they care about.

- 9.4 The ICP **agreed to:**

- a) **Endorse** the Public Health Strategic Plan.
- b) **Promote** the Public Health Strategic Plan within organisations and consider what resources can be provided to support prevention interventions.

10. Department for Education Families First for Children Pathfinder Update

- 10.1 Sara Tough, Executive Director of Children Services, Norfolk County Council, provided the partnership

with an update on the Education Families First for Children pathfinder work as part of the children's reform agenda. Norfolk was hoping to be successful in bidding to be a Pathfinder area and would be taking the lead on two regional Pathfinders.

10.2 The following points and comments were discussed:

- The Chair noted that this was an exciting opportunity if the bid was successful. He also took the opportunity to congratulate Sara Tough who was recently presented with an honorary doctorate from the University of East Anglia and City College Norwich.
- It was confirmed that the East Region has made two submissions, fostering, recruitment, and retention and regional care co-operatives, and Norfolk would be the lead authority if the bid was successful.
- The work of the children service's team, and leadership, was praised.

10.3 The ICP **agreed** to:

Endorse the submission by NCC on behalf of the local Safeguarding Partners to become a FFC Pathfinder area.

Meeting concluded at 12:11.

**Bill Borrett, Chairman,
Health and Wellbeing Board**



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