Norfolk Health & Wellbeing Board

Date: **Thursday 28 April 2022**
Time: **09:30 - 12:30**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing	Membership	Substitute
Borough Council of King's Lynn & West Norfolk	Cllr Sam Sandell	Cllr Elizabeth Nockolds
Breckland District Council	Cllr Alison Webb	Cllr Sam Chapman-Allen
Broadland District Council	Cllr Fran Whymark	Cllr Roger Foulger
Cambridgeshire Community Services NHS Trust	Matthew Winn	
East Coast Community Healthcare CIC	Ian Hutchinson	Tony Osmanski
East of England Ambulance Trust	David Allen	Cllr Sam Chapman-Allen
East Suffolk Council	Cllr Mary Rudd	Cllr Alison Cackett
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor	Cllr Donna Hammond
Healthwatch Norfolk	Patrick Peal	Alex Stewart
James Paget University Hospital NHS Trust	Anna Hills	Anna Davidson
Norfolk Care Association	Dr Sanjay Kaushal	
Norfolk Community Health & Care NHS Trust	Geraldine Broderick	Stephen Collman
Norfolk Constabulary	ACC Nick Davison	Supt Chris Balmer
Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention	Cllr Bill Borrett	
Norfolk County Council, Cabinet member for Childrens Services and Education	Cllr John Fisher	
Norfolk County Council, Director of Public Health	Dr Louise Smith	
Norfolk County Council, Executive Director Adult Social Services	James Bullion	Debbie Bartlett
Norfolk County Council, Executive Director Children's Services	Sara Tough	Sarah Jones
Norfolk County Council, Leader (nominee)	Cllr Lana Hempsall	
Norfolk & Norwich University Hospital NHS Trust	David White	Sam Higginson
Norfolk & Suffolk NHS Foundation Trust	Stuart Richardson	
Norfolk & Waveney CCG (NHS)	Tracy Williams	
Norfolk & Waveney CCG (NHS)	Dr Anoop Dhesi	
Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair Designate)	Rt Hon Patricia Hewitt	
Norfolk and Waveney Integrated Care Board (Chief Executive Designate)	Tracey Bleakley	
North Norfolk District Council	Cllr Virginia Gay	Cllr Emma Spagnola
Norwich City Council	Cllr Beth Jones	
Police and Crime Commissioner	Giles Orpen-Smellie	Dr Gavin Thompson
Queen Elizabeth Hospital NHS Trust	Caroline Shaw	Prof Steve Barnett
South Norfolk District Council	Cllr Alison Thomas	Cllr Florence Ellis
Voluntary Sector Representative	Emma Ratzer	Pete Boczko
Voluntary Sector Representative	Dan Mobbs	Hilary MacDonald
Voluntary Sector Representative	Alan Hopley	Daniel Childerhouse

Additional members invited as guests:

Suffolk Health and Wellbeing Board	Cllr Beccy Hopensperger

For further details and general enquiries about this Agenda please contact the Committee Administrator:
Jonathan Hall on 01603 679437 or email: committees@norfolk.gov.uk

Shadow Integrated Care Partnership

Date: **Thursday 28 April 2022**
Time: **on rise of the Norfolk Health and Wellbeing Board**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing
Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Cambridgeshire Community Services NHS Trust
Chair of Voluntary Sector Assembly
East Coast Community Healthcare CIC
East of England Ambulance Trust
East Suffolk Council
Great Yarmouth Borough Council
Healthwatch
James Paget University Hospital NHS Trust
Norfolk Care Association
Norfolk Community Health & Care NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention
Norfolk County Council, Cabinet member for Childrens Services and Education
Norfolk County Council, Director of Public Health
Norfolk County Council, Executive Director Adult Social Services
Norfolk County Council, Executive Director Children's Services
Norfolk County Council, Leader (nominee)
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Norfolk & Waveney Integrated Care Board (Chair Designate)
Norfolk & Waveney Integrated Care Board (Chief Executive Designate)
North Norfolk District Council
Norwich City Council
Police and Crime Commissioner
Primary Care Representatives (1)
Primary Care Representatives (2)
Primary Care Representatives (3)
Primary Care Representatives (4)
Primary Care Representatives (5)
Queen Elizabeth Hospital NHS Trust
South Norfolk District Council
Suffolk County Council, Cabinet Member for Adult Care
Suffolk County Council, Executive Director of People Services
Voluntary Sector Representative (1)
Voluntary Sector Representative (2)

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Norfolk Health & Wellbeing Board and Shadow Integrated Care Partnership

Thursday 28 April 2022
Agenda
Time: 09:30 - 12:30

1.	Apologies	Clerk	
2.	Chair's opening remarks	Chair	
	Norfolk Health and Wellbeing Board		
3.	HWB Minutes	Chair	(Page 4)
4.	Actions arising	Chair	
5.	Declarations of interests	Chair	
6.	Public Questions (How to submit a question) Deadline for questions: **9am, Tuesday 26 April 2022**	Chair	
7.	Urgent arising matters	Chair	
8.	Amendments to HWB Terms of Reference (HWB)	James Bullion/ Debbie Bartlett	(Page 11)
9.	Clinical Commissioning Group Annual reports (HWB)	Tracey Bleakley /John Ingham	(Page 16)
	Norfolk Health and Wellbeing Board and Shadow Integrated Care Partnership		
10.	Flourishing in Norfolk CYP Partnership Strategy (HWB/ICP)	Sara Tough/ Tim Eyres/ Sarah Jones	(Page 19)
11.	Joint Health and Wellbeing Strategy update and next steps (HWB/ICP)	James Bullion/ Debbie Bartlett	(Page 75)
12.	Prevention Research, Feedback from BritainThinks (HWB/ICP)	James Bullion/ Debbie Bartlett/ Ellie Phillips	(Page 81)
	Shadow Integrated Care Partnership		
13.	Formation and Development of the Norfolk and Waveney Integrated Care Partnership (ICP)	James Bullion/ Debbie Bartlett	(Page 142)
14.	Developing our Integrated Care System Partnership (ICP)	Tracey Bleakley/ John Ingham	(Page 154)
15.	VCSE Assembly Update (ICP)	Emma Ratzer	(Page 157)
16.	Health & Social Care Integration White Paper (ICP)	James Bullion/ Debbie Bartlett	(Page 161)

Further information about the Health and Wellbeing Board can be found on our website at: About the Health and Wellbeing Board

Health and Wellbeing Board
with Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group Members
Minutes of the meeting held on 01 December 2021 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich

Present:	**Representing:**
Cllr Bill Borrett*	Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council
James Bullion	Executive Director, Adult Social Services, Norfolk County Council
Cllr John Fisher	Cabinet Member for Children's Services and Education, Norfolk County Council
Cllr Elizabeth Nockolds	Borough Council of King's Lynn & West Norfolk
Cllr Fran Whymark	Broadland District Council
Sara Tough	Executive Director of Children's Services, Norfolk County Council
Dr Louise Smith	Director of Public Health, Norfolk County Council
Ian Hutchison	East Coast Community Healthcare CIC
Terry Hicks	East of England Ambulance Trust
Cllr Mary Rudd	East Suffolk Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
David Trevanion	Healthwatch Norfolk
Cllr Lana Hempsall	Leader of Norfolk County Council (nominee)
Tracy Williams	NHS Norfolk & Waveney CCG
Oli Matthews	Norfolk & Suffolk NHS Foundation Trust
Dr Claire Fernandez	Queen Elizabeth Hospital NHS Trust
Cllr Florence Ellis	South Norfolk District Council
Dan Mobbs	Voluntary Sector Representative
Alan Hopley	Voluntary Sector Representative

* *Joint members of the NWHCP Oversight Group and Health and Wellbeing Board*

Officers Present:

Jonathan Hall	Committee Officer
Stephanie Guy	Advanced Public Health Officer (Health & Wellbeing Board)
Debbie Bartlett	Director of Strategy & Transformation, Adult Social Services

Speakers:

Matthew Butwright (item 9)	Assistant Director Prevention & Public Health, Norfolk County Council
Howard Martin (item 9)	Director of Population Health & Health Inequalities, Norfolk & Waveney CCG
Sharon Brooks (item 11)	Chief Officer, Carer's Voice
Bethany Small (item 12)	Commissioning Manager, Social Care & Health Partnerships Team, Norfolk & Waveney CCG
Nick Clinch (item 12)	Assistant Director Social Care & Health Partnerships Commissioning, Norfolk County Council
Chris Scott (item 13)	Assistant Director Community Commissioning, Norfolk County Council
Rachael Peacock (item 13)	Head of System Resilience, Norfolk & Waveney CCG

Also in attendance:

Cllr Michael Chenery of Horsbrugh	Norfolk County Council
Emma Ratzer	Chair, Norfolk & Waveney Voluntary Community and Social Enterprise sector

1. Apologies

1.1 Apologies were received from Melanie Craig, Rt Hon. Patricia Hewitt, Cllr Beth Jones, Cllr Virginia Gay, Giles Orpen Smellie and his substitute Dr Gavin Thompson, David White and his substitute Sam Higginson, Nick Davison and his substitute Chris Balmer, Cllr Alison Webb and her substitute Cllr Sam Chapman-Allen, John Webster and his substitute Geraldine Broderick, Matthew Winn and his substitute Rachel Hawkins, Patrick Peal and his substitute Alex Stewart (David Trevanion is substituting), Cllr Sam Sandell (Cllr Elizabeth Nockolds substituting), Caroline Shaw (Dr Claire Fernandez substituting), Cllr Alison Thomas (Cllr Florence Ellis substituting)

1.2 Also absent was Dr Sanjay Kaushal, Anna Hills, Dr Anoop Dhesi, Cllr Beccy Hopfensperger.

2. Chair's Opening Remarks

2.1 The Chair noted that there was a high number of apologies received and this was partly due to the NHS calling a meeting at short notice to discuss the impact of the Omicron Covid variant.

3. Minutes

3.1 The minutes of the meeting held on 29th September 2022 were agreed as a true and accurate record and were signed by the Chair.

4. Actions arising from minutes

4.1 Paragraph 9. page 5, E)
A proposal to invite the Chair of the Norfolk and Waveney VCSE: This was in the process on being arranged with support from voluntary sector partners. Emma Ratzer was attending today as a guest and was welcomed by the Chair.

Paragraph 9.2 page 5, F)
NNUH change in membership: The HWB membership and HWB webpages had been updated to reflect this change.

Paragraph 14.2 on page 9,
A request for future agenda item on Domestic Abuse: It has been proposed that an item on domestic abuse will come to a future board meeting early in 2022.

5. Declarations of Interest

5.1 None

6. Public Questions

6.1 No questions were received.

7. Urgent Arising Matters

7.1 None

8. Delivering our Joint Health & Wellbeing Strategy

8.1 The Health and Wellbeing Board received the report which was introduced by Debbie Bartlett, Director of Transformation and Strategy, Norfolk County Council Adult Social Services.

8.2 The interim report outlined the progress made in refreshing the strategy following the one to one interviews that had taken place recently with stakeholders and further information gained from the development of the Integrated Care System (ICS) and Health & Care strategy.

Worked had been commissioned from Britain Thinks and Healthwatch Norfolk who had engaged with the public to establish their perceptions of prevention and how this could lead into the issue of tackling health inequalities, both of which feature in the proposed

refreshed strategy.

8.3 The key interim findings of the BritainThinks report were as follows:

1. People drew a distinction between being healthy and feeling well. The latter tended to include a greater focus on metal health.

2. Mental Health was being seen increasingly as a priority in line with physical health.

3. Norfolk was thought generally a healthy place to live and work, with the abundance of open green spaces being important

4. Prevention was broadly understood as a concept although actions associated with prevention were often seen as interventions by healthcare professionals for physical health issues.

5. The reasons for requiring prevention measures was not fully understood and individuals had a tendency to leave minor issues until attention was required. Prevention was seen as a measure to reduce demand not promote health and wellbeing.

8.4 The Health and Wellbeing Board **agreed** to note the feedback so far from stakeholder interviews and research from BritainThinks, and **agreed** to the next steps, as set out in section 3 of the report which aim to ensure a strong effective relationship between the development of both the Joint Health and Wellbeing Strategy, and the Health and Care Strategy.

9. Health Inequalities Data in Norfolk (Part A)
System Progress & next Steps (Part B)

9.1 The Health and Wellbeing Board received the report which was introduced and a presentation undertaken (available on the Board's website page) by Chris Butwright, Assistant Director Prevention & Public Health, Norfolk County Council for Part A.

Part B was introduced by Tracy Williams from NHS Norfolk & Waveney CCG and a presentation (available on the Board's website page) was undertaken by Howard Martin Director of Population Health & Health Inequalities from Norfolk & Waveney CCG.

9.2 The following was discussed and noted:

- Whilst the data regarding inequalities was well known it was thought that it was important to acknowledge it so that efforts can be directed correctly to ensure the most effective impact can be made with the resources available.
- It was important to understand what services individuals needed rather than provide services which had historically been provided and assumed.
- The work would provide the backdrop to enable those difficult conversations to take place regarding discrimination and exclusion.
- Economic factors, such as poor housing or reduced employment opportunities were also a key driver for those suffering in the inequality group and work to link these factors together with more practical measures was required to fully tackle the issue.
- Understanding the barriers individuals faced was also important and how these could be overcome.
- The ICS once formed, would enable all parts of the system and local communities to work together to achieve better outcomes.
- The data collected was also useful to underline the reasons why the prevention agenda requires investment and resource and to help justify the spend required in those areas that make a difference.

- It was thought that schools could also be a useful conduit to help engage with those inequality groups who have been identified within the data.
- The vaccination programme could be built upon to establish greater links to help and support the inequality groups in levelling up.

9.3 The Health and Wellbeing Board **AGREED** to**:**

- Note the collaborative approach being recommended to help shape our future ways of working to tackle health inequalities, to endorse the approach and to provide comments on the ambitions and future opportunities we have in N&W ICS to further embed collective action.

10. Delivering our Integrated Care Partnership

10.1 The Health and Wellbeing Board received the report, which was introduced by James Bullion. The report was produced following the workshop that had taken place in October on how the relationship between the new ICS and ICP would be developed with the Board, subject to legislation being formally completed by April 2022.

Further guidance as to how the governance of the new arrangements would work are still to be received, however the agreed outcomes to note from the development workshop were:

1. Simplicity of the system.

2. Working at a 'place' based approach and supporting the principle of subsidiarity.

3. Working collaboratively within an integrated system and focus evidence on needs such as prevention.

Several requirements needed to be in place by April 2022 although consideration needed to be given to ensure matters are dealt with in the correct order to follow the establishment of the ICB and ICP. These matters were outlined in section five of the report.

It was noted that there was a high level of agreement between all stakeholders on the board and that this was largely due to the work that had been undertaken in the last few years by the Board developing relationships and partnerships between themselves.

10.2 The Health and Wellbeing Board **agreed** to:

- Note the summary of the workshop outcomes.
- The next steps to:
    - Develop the governance arrangements, taking account of the statutory and legislative framework for HWBs and ICPs, for a 'joint' ICP and HWB, with common membership and streamlined arrangements for holding meetings (January 2022).
    - Develop the process for appointing an ICP chair designate, taking account of national guidance on functions and ensuring there is a transparent and jointly supported decision-making process (February 2022).
    - Work through the HWB District Sub-Committee, to engage local partners in developing the approach to place-based health and wellbeing partnerships (January 2022).

11. All Age Carers'Strategy for Norfolk & Waveney 2022 – 25 Progress Report

11.1 The Health and Wellbeing Board received a report which was introduced by James Bullion. The report provided an overview of engagement activities used to support the development of an All Age Carers Strategy for Norfolk and Waveney. The work was being coordinated by Carers Voice Norfolk and Waveney and included a survey of carers. The survey has been co-produced with carers and comprises 20 questions covering topics such as access to services and impact of caring roles on health, education and employment.

Sharon Brooks the Chief Officer of Carer's Voice undertook a presentation (available on the Board's website page) which updated on the progress of the development of the strategy for carers.

11.2 The following was discussed and noted:

- The Suffolk Health and Wellbeing Board wasworking with the Board to ensure that the Waveney area does not have two strategies.
- There was a commitment to engage schools within the development of the strategy.
- It was important to identify what help is actually required by carers as that these actions can be incorporated within the strategy.
- The profile of carers had increased in recent times especially during the pandemic and a joined up approach by stakeholders was required to order to provide better help and support.
- A draft strategy for carers would come to the Board in the near future for discussion and consideration.
- The term 'carer' did not always resonate with individuals and that to help identify 'hidden' carers using phases such as "looking after someone" was more appropriate.
- The challenge was set to promote this work through all local authorities, voluntary sector, networks and local organisations to help identify carers so more of their needs can be identified and what help and support they require.
- Debbie Bartlett committed to work with the Council's Communications Team to help produce an item that could help members of the Board engage with other sectors, organisations and authorities.

11.3 The Health and Wellbeing Board **agreed** to:
Support the launch of the survey and development of an All Age Carers Strategy by:

- Promoting the survey to relevant stakeholders and networks.
- Endorsing co-production as part of strategy development.
- Providing insight to support additional lines of enquiry.
- Agree to receive the Carers Engagement Report and Strategic Recommendations for the Carers Strategy in 2022.

12. Norfolk Better Care Fund 2021/2022 Submission

12.1 The Health and Wellbeing Board received the report which was introduced by James Bullion. A presentation (available on the Board's website pages) was undertaken by Nick Clinch, Assistant Director Social Care & Health Partnerships Commissioning, Norfolk County Council and Bethany Small Commissioning Manager, Social Care & Health Partnerships Team, Norfolk & Waveney CCG.

12.2 The Board oversees the delivery and spend of the Better Care Fund and is required to jointly agree a plan for submission with Health and Social Care. The fund amounts to a spend of £116m and aims to join up health and care services so people can manage their health and wellbeing and live independently in their communities for as long as is possible.

12.3 The following was discussed and noted:

- The detail and transparency in the report was welcomed and a commitment was made by the Chair to see if details of providers of invested monies could be included in the future.
- An example of new grants for those severely ill with conditions such as Motor Neurone Disease provided by district authorities was testament as to how effective the fund could be.
- There was hope that later in the day the Minister of State for Care at the Department of Health and Social may announce more monies for grants to work alongside the Better Care Fund, perhaps more targeted toward issues such as housing or technology.

12.4 The Health and Wellbeing Board **agreed** to:

- Support the progress of the Better Care Fund (BCF) Review.
- Sign off the BCF submission for 2021/22, including the BCF Narrative Plan and the BCF Excel Template

13 Adult Social Care Winter Plan

13.1 The Health and Wellbeing Board received the report which was introduced by James Bullion who highlighted the extreme circumstances the system will face in the winter because of Covid, staff recruitment issues, delays in hospital discharge, backlog of elective surgery and primary care work as well as capacity issues in care homes.

A presentation (available on the Board's website page) was undertaken by Chris Scott Assistant Director Community Commissioning, Norfolk County Council and Rachael Peacock, Head of System Resilience, Norfolk & Waveney CCG.

13.2 The following points were discussed and noted:

- The winter period will only be survived if cooperation from all was received. Families will need to make a plan to care for those who are most vulnerable.
- Those individuals who were already receiving a care package were streamlined for elective surgery to maintain independent living as much as possible to avoid long term care being required.
- A programme of digital integration did take place with NHS colleagues.
- The highest level of operational concern (OPEL 4) had already happened this winter over a particular weekend. This was unprecedented for this level to have been reached so soon in a winter period.
- Everyone was encouraged to help the current situation by observing Covid social distancing rules and obtaining vaccinations when available.
- All health and social care staff had been working through the pandemic non stop and the demand for their services showed no sign of letting up. It was hoped that this would be borne in mind when patients and their families are engaging with staff during the busy winter period.

13.3 The Health and Wellbeing Board **agreed** to:

- Agree and endorse the Adult Social Care Winter Plan for 2021/2022.

Meeting Concluded at 11.51am

Bill Borrett, Chair,
Health and Wellbeing Board

Norfolk Health and Wellbeing Board

Item 8

Report title: Amendments to the Health and Wellbeing Board Terms of Reference

Date of meeting: 28 April 2022

Sponsor (HWB member): James Bullion, Executive Director Adult Social Services

Reason for the Report

Due to the legislative changes being brought about by the Health and Care Act 2021 there is a need to refresh the Health and Wellbeing Board (HWB) Terms of Reference to remove mention of Clinical Commissioning Groups and replace them with Integrated Care Boards from 1 July 2022.

Report summary

HWBs were introduced as statutory committees of all upper-tier local authorities under the Health and Social Care Act 2012. The Norfolk HWB subsequently came fully into effect on 1 April 2013 and subsequently has had Terms of Reference for its meetings. Changes are now required under the Health and Care Act to remove references to the Clinical Commissioning Groups which will cease to exist from 1 July 2022, subject to the passage of the Health and Care Bill through Parliament and will be replaced by the Integrated Care Boards.

Recommendations

The HWB is asked to:

a) Agree to the changes to the Health and Wellbeing Boards Terms of Reference required by the change in legislation.

1. Background

1.1 The Health and Care Bill was published and first introduced in the House of Commons on 6 July 2021, with the reforms set to come in to effect on 1 July 2022. NCC officers have been working internally and with partners to understand the legislation, guidance and identify any subsequent implications.

2. Content

2.1 As a result of the Health and Care Act 2021, the Clinical Commissioning Groups will cease to exist and will be replaced by the Integrated Care Boards which will result in a required change to the HWB Terms of Reference, these will then be taken as an amendment to Norfolk County Councils constitution. The revised Terms of Reference are attached at **Appendix A.**

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

Name	Tel	Email
Debbie Bartlett	01603 303390	debbie.bartlett@norfolk.gov.uk

Appendix A

Health and Wellbeing Board – Terms of Reference

Health and Wellbeing Board

1. Composition

Cabinet Member for Adults, Public Health/ and Prevention
Cabinet Member for Children's Services and Education
Leader of the Council or their nominee
Director of Public Health*
Head of Paid Service (or their nominee), Norfolk County Council
Executive Director of Children's Services*
Executive Director of Adult Social Services*
Chair of Healthwatch Norfolk*
Representatives agreed with the Integrated Care Board
Representatives agreed with all 7 District/City/Borough Councils
Area Director NHS England East Sub Region Team
Three representatives from the voluntary sector, as agreed through Norfolk Voluntary, Community and Social Enterprise System Leadership Group
Norfolk's Police and Crime Commissioner
Norfolk's Chief Constable
Cabinet Member for Community Health & Safety – Waveney District Council (or its successor authority)
East Coast Community Healthcare CIC
James Paget University Hospital NHS Trust
Norfolk Community Health & Care NHS Trust
Norfolk Care Association
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Queen Elizabeth Hospital NHS Trust
Cambridgeshire Community Services NHS Trust
East of England Ambulance Trust
* Denotes statutory Member

5.2 Terms of Reference

Aim

The Norfolk Health and Wellbeing Board will work to lead and advise on work to improve the health and wellbeing of the population of Norfolk by providing strategic system leadership of, and oversight for, the commissioning across the NHS, social care and public health.

Purpose is to:

1. Lead the development, with Norfolk County Council and the Integrated Care Board, of the Joint Strategic Needs Assessment (JSNA).

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

3. Lead the development, with Norfolk County Council and the Integrated Care Board, of the Joint Health and Wellbeing Strategy (JH&WBS).

4. Undertake the Norfolk Pharmaceutical Needs Assessment (PNA).

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

6. Lead and encourage a broad base of partners outside of formal health, public health and social care settings to tackle the wider determinants of health and wellbeing including, for example, housing.

7. Work as system leaders to drive the further integration of health and social care services, and other public services, and to ensure collaboration across the health and social care system, seeking assurance of the vision of the Norfolk and Waveney Integrated Care System.

8. Promote the sharing of good practice and learning across the Norfolk health and wellbeing system, through workshops, training sessions, HWB events, good practice awards, etc.

9. Seek assurance on whether the Integrated Care Systems commissioning plans take proper account of the JH&WBS, and provide a view to NHS England, as part of the annual performance assessment of Integrated Care Boards, on the Integrated Care Boards contribution to the delivery of the JH&WBS.

In addition to the above Terms of reference, the following provisions apply:

- Establishment of sub-committees and delegation – the Health and Wellbeing Board will have the power to establish sub-committees and to delegate functions to them.
- Voting restrictions – voting rights will be extended to all members of the Health and Wellbeing Board (not just elected Members).
- Political proportionality requirements – will not be a requirement for the Health and Wellbeing Board.
- Disqualification for membership – provision for disqualification for membership will apply to the Health and Wellbeing Board.
- Codes of Conduct and declarations of interest – the provisions in the Council's Constitution relating to Codes of Conduct and the disclosure of pecuniary interests will apply to all Members of the Health and Wellbeing Board.

Questions by the Public:

The public are entitled to ask questions at meetings of the Health and Wellbeing Board, in line with the following procedures:

1. How to ask a question

A question must be put in writing and in advance:

a) 2 working days' notice of the question is given in writing to the Assistant Director of Governance (Democratic and Regulatory Services); e.g. no later than 9:00am on the Monday preceding the Health and Wellbeing Board meeting on a Wednesday;

or,

b) If the question relates to urgent matters, and it has the consent of the chair to whom the question is to be put, and the content of the question is given to the Assistant Director of Governance (Democratic and Regulatory Services) by 4pm on the day before the meeting.

2. Who may ask a question and about what

A person resident in Norfolk, or who is a non-domestic ratepayer in Norfolk, or who pays Council Tax in Norfolk, may ask at a public meeting of the Health and Wellbeing Board through the Chair any question within the terms of reference of the Health and Wellbeing Board about a matter for which the Board has collective responsibility or particularly affects the Board. This does not include questions for individual Board members where responsibility for the matter sits with the individual organisation.

3. Rules about questions

a) Number of questions - At any public Health and Wellbeing Board meeting, the number of questions which can be asked will be limited to one question per person plus a supplementary. No more than one question plus a supplementary may be asked on behalf of any one organisation. No person shall be entitled to ask in total under this provision more than one question, and a supplementary, to the Health and Wellbeing Board in any six-month period.

b) Other restrictions - Questions are subject to a maximum word limit of 110 words. Questions that are more than 110 words will be disqualified. The total time for public questions will be limited to 15 minutes. Questions will be put in the order in which they are received.

c) Supplementary questions - One supplementary question may be asked without notice and should be brief (fewer than 75 words and take less than 20 seconds to put). It should relate directly to the original question or the reply. The Chair may reject any supplementary question they do not consider compliant with this requirement.

4. Response

The Chair shall exercise their discretion as to the response given to the question and any supplementary.

Not attending - If the person asking the question indicates they will not be attending the Board meeting, a written response will simply be sent to the questioner.

Attending - If the person asking the question has indicated they will attend, response to the questions will be made available at the start of the meeting and copies of the

questions and answers will be available to all in attendance. The responses to questions will not be read out at the meeting.

Supplementary question - The Chair may give an oral response to a supplementary question or may require another Member of the Board or officer in attendance to answer it. If an oral answer cannot be conveniently given, a written response will be sent to the questioner within seven working days of the meeting.

Written response - If the person who has given notice of the question is not present at the meeting or if any questions remain unanswered within the 15 minutes allowed for questions, a written response will be sent within seven working days of the meeting.

5. Rejection of a question

The Assistant Director of Governance (Democratic and Regulatory Services) may reject a question if it:

a) Is not about a matter for which the Board has collective responsibility or particularly affects the Board;

b) Is defamatory, frivolous or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision;

c) Requires the disclosure of confidential or exempt information, as defined in the Council's Access to Information Procedure Rules.

Item 9

Report title: NHS Norfolk and Waveney Clinical Commissioning Groups annual report

Date of meeting: 28 April 2022

Sponsor (HWB member): Tracey Bleakley, Chief Executive (designate), NHS Norfolk and Waveney Integrated Care Board.

Reason for the Report

NHS clinical commissioning groups (CCG's) must include a narrative in their annual reports about how they have contributed to the delivery of the priorities of their local Health and Wellbeing Boards (HWBs). Boards must also be consulted in the preparation of these narratives.

Report summary

NHS Norfolk and Waveney CCG has drafted the narrative set out in this paper for their 2021/22 annual report about how they have supported and contributed to the delivery of the priorities of the Norfolk and Suffolk Health and Wellbeing Boards (as set out in their respective Joint Health and Wellbeing Strategies).

Recommendations

The HWB is asked to:

a) Comment on the draft narrative and propose any amendments they would like made.

1. Background

1.1 Under the Health and Social Care Act 2012, clinical commissioning groups (CCGs) are required to consult health and wellbeing boards about the part of their annual report which sets out the CCG's contribution towards delivery of the Joint Health and Wellbeing Strategy. NHS Norfolk and Waveney CCG is sharing the below extract of their annual report with the Board for comment.

1.2 The final version of the CCG's annual report for 2021/22 is not due to be submitted to NHS England and Improvement until June 2022. The narrative remains draft and subject to minor changes up to that point, to fulfil the requirements of the CCG's Governing Body and NHS England and Improvement.

2. The draft narrative

2.1 Here is the draft narrative for NHS Norfolk and Waveney CCG's annual report:

Draft extract of NHS Norfolk and Waveney CCG 2021/22 annual report

Joint Health and Wellbeing Strategies

NHS Norfolk and Waveney CCG is an active member of both the Norfolk and Suffolk Health and Wellbeing Boards. The CCG has worked to support the four priorities in Norfolk's Joint Health and Wellbeing Strategy, as well as the cross-cutting themes and outcomes in Suffolk's strategy.

Norfolk priority: A single sustainable system
Suffolk theme: Health and care integration
Over the last year the COVID-19 pandemic has continued to accelerate our system working and to deepen cross-system relationships at every level. The CCG has played an active role in supporting and enabling system working throughout the pandemic, including by discharging its role to provide tactical coordination during incidents and by working with partners through the local resilience fora.

Our preparations for the transition from CCG to statutory ICS have also progressed our work towards creating a single sustainable system. We have made appointments to key system roles, including the chair designate and chief executive designate of our Integrated Care Board, and made significant progress with determining how our Integrated Care System will operate from 1 July 2022, pending the successful passage of the Health and Care Bill through Parliament.

Importantly, we have taken the decision as a system that the Norfolk and Waveney Integrated Care Partnership should be established with the same membership as the Norfolk Health and Wellbeing Board (including Waveney/Suffolk members) and that they should hold streamlined meeting arrangements.

Norfolk priority: Prioritising prevention
Suffolk theme: Embedding prevention
The CCG, working with partners from across the health and care system, has made good progress over the last year with using population health management techniques to offer early help and to prevent or reduce demand for specialist services.

Following the success of the award winning Covid Protect early in the pandemic, Protect Norfolk and Waveney (Protect NoW) has made strong progress and delivered a range of population health management projects over the past year. This is helping our system to provide more anticipatory and preventative care.

Our approach has evolved to include the establishment of a permanent, in-house Virtual Support Team, comprising clinical leads, a supervisor and call handlers who have been trained in motivational interviewing / health coaching techniques. We have a forward programme of work, including projects to support people in accessing cervical screening, flu vaccination, covid vaccination, talking therapies and the diabetes prevention programme, as well as risk stratification and care management to reduce urgent care contacts and hospital admissions.

In addition to our population health management work, the CCG continues to commission preventative services and work with partners on the prevention agenda.

Norfolk priority: Tackling inequalities in communities
Suffolk theme: Addressing inequalities
The COVID-19 pandemic has highlighted some of the health and wider inequalities that persist in our society. As a system we are committed to working together to address these inequalities, with the CCG's Director of Population Health Management and Health Inequalities, leading work on equalities and diversity for the system.

The COVID-19 and flu vaccination programme has been a priority over the past year. The Norfolk and Waveney Vaccine Inequalities Oversight Group has used data-led insight to inform the design and delivery of local vaccine provision. Our approach has included targeted

interventions for our most vulnerable and underserved populations who experience multiple overlapping risk factors and poor health.

The CCG's Integration and Partnerships teams have continued work to embed a shared understanding of the challenges facing our most vulnerable communities, in collaboration with their local partners, and to highlight local intervention opportunities. This collaborative approach is underpinned by data and local intelligence, and is supported by Public Health teams in both Norfolk and Suffolk.

Our collective work as a system is helping us to deliver the measures in the NHS Long Term Plan, the five priority actions to address inequalities that were identified as part of the health service's response to the pandemic and our work to deliver Core20PLUS5. Going forward, this work will be led by the new Norfolk and Waveney Health Inequalities Oversight Group, which importantly will include work around mental health, as well as physical health.

Norfolk priority: Integrating ways of working
Suffolk theme: Stronger and resilient communities

The CCG has continued to work hard with partners to develop integrated ways of working at neighbourhood, place and system levels, supporting both vertical and horizontal integration of services, as well as to create stronger and more resilient communities. For example:

- At neighbourhood level, the CCG has continued to support the development of our 17 Primary Care Networks (PCNs) and integrating our workforce. The PCNs have come into their own during the pandemic, improving people's care and helping general practice, as well as other health and care services, to remain resilient.
- At place level, the CCG has worked with partners to agree our system's approach to place-based working and working with communities at a more local level, including around addressing the wider determinants of health.
- At system level, the CCG has been supportive of our three acute hospital trusts and the arrangements they are putting in place to work together as a group of hospitals to enable transformation and collaboration.

Throughout the pandemic we have strengthened partnership working with district councils and the voluntary, community and social enterprise sector, with numerous examples of how we've collaborated to support local people.

Officer Contact

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

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Item 10

Report title: Flourishing in Norfolk, Childrens and Young Peoples Partnership Strategy

Date of meeting: 28 April 2022

Sponsor (HWB/ICP member): Sara Tough, Executive Director of Children's Services

Reason for the Report

This is an opportunity for the Health and Wellbeing Board (HWB) to formally adopt the shared ambition of Norfolk's Children and Young People Strategic Alliance that Norfolk is a place where all children and young people can flourish, and to endorse the progress made through the Strategic Alliance to develop a children and young people's partnership strategy 'Flourishing in Norfolk', in line with the HWBs strategic priorities.

Report summary

This report outlines the development of the Children and Young People Strategic Alliance as the strategic partnership governance arrangements for the children and young people system in the county and how the work of the Strategic Alliance feeds into and supports the priorities of Norfolk's HWB to prioritise prevention, tackle inequality in communities, and develop integrated ways of working.

It details how Flourish has been developed as an outcomes framework, co-produced with children and young people and as a partnership. It outlines the progress of the Strategic Alliance in using this framework to develop the Children and Young People Partnership Strategy and Plan for 2021-25: Flourishing in Norfolk.

Recommendations

The HWB/ICP is asked to:

a) Formally commit to adopt the Children and Young People Strategic Alliance's shared ambition that Norfolk is a place where all children and young people can flourish.
b) Endorse the progress made through the Children and Young People Strategic Alliance to develop a children and young people's partnership strategy: Flourishing in Norfolk.

1. Background

1.1 Historically, a Children and Young People Strategic Partnership has operated in the county for a number of years and fed into the work of Norfolk's HWB. This strategic partnership operated alongside a Children's Alliance Board which was established initially to focus on children and young people's mental health. These two bodies have been amalgamated into a new Children and Young People Strategic Alliance, which is operating alongside the Norfolk Safeguarding Children Partnership.

1.2 Whilst there is much to be proud of about the strength of our partnership working in Norfolk, we know there are continued and emerging challenges which drive the need for all organisations working with children, young people, and families to come together to find solutions.

1.3 There are also legislative duties, policies and priorities which drive both our overall approach and day to day work. These include the Children Act 2004 which requires Norfolk

County Council to make arrangements to promote co-operation between the authority, each of the authority's relevant partners, and other people and organisations working with Norfolk's children and young people, and 'Working Together to Safeguard Children' (2018) which requires local agencies to have in place effective ways of identifying emerging problems and potential unmet needs for children and their families.

1.4 Our shared responsibilities to adopt a collaborative approach towards children and young people are also reflected in the 'Working Together to Improve Health and Social Care for All' white paper published in February 2021, which sets out legislative proposals for a Health and Care Bill. This aims to build on the incredible collaboration seen through the pandemic and shape a system that is better able to serve people in a fast-changing world.

2. The Children and Young People Strategic Alliance and Flourishing in Norfolk

2.1 The Children and Young People Strategic Alliance was established and held its first meeting in May 2021 to enable collaborative working across the children and young people's system, with membership including senior representatives from Children's Services and Adult Services; Health including the Norfolk and Waveney Clinical Commissioning Group (CCG), Public Health, key community health providers and hospitals; Education including schools and post-16 provision; Criminal Justice sector including Norfolk Constabulary, Office of Police & Crime Commissioner, Probation Service and prisons; Children's and Adult's Safeguarding Partnerships; Community sector including district councils, housing providers, VCSE sector and the Department for Work and Pensions (DWP); and service user groups.

2.2 The core functions of the Children and Young People Strategic Alliance are to:

- Fulfil a leadership role for enabling collaborative working across the children and young people's system.
- Develop and agree strategic priorities and ensure delivery of a Children and Young People Partnership Plan.
- Monitor system performance in relation to securing impact and outcomes.
- Develop and agree strategic commissioning and transformation priorities and processes to ensure best use of resources.
- Ensure and promote co-production with service users and stakeholders.
- Advocate on behalf of children and young people within wider partnerships and boards.

2.3 The Children and Young People Strategic Alliance feeds into and supports the Health and Wellbeing Board's priorities to prioritise prevention, tackle inequality in communities, and develop integrated ways of working.

2.4 These priorities, and the HWBs values, as detailed in the Joint Health and Wellbeing Strategy, are reflected in the Strategic Alliance's partnership strategy Flourishing in Norfolk and the shared ambition for all children and young people in Norfolk to flourish, to have a safe and supportive home, high aspirations, better educational outcomes, and access to well-paid jobs.

2.5 The Strategic Alliance will have key links to the emerging Integrated Care System arrangements, with a role to advocate on behalf of children and young people within these wider partnerships and boards.

2.6 The HWB/ICP is being asked to adopt the shared ambition of the Children and Young People Strategic Alliance: that Norfolk is a place where all children and young people can flourish.

2.7 The Strategic Alliance is holding an event on 11 May 2022 to launch Flourish as our shared ambition with key partners across Norfolk.

2.8 Flourish has also been developed and co-produced by the Strategic Alliance as an outcomes framework where each letter reflects an aspect of children and young people's lives that they have told us is important to them (as shown in Figure 1 below): their family and friends, access to learning, opportunities to lead a good life, being understood, building resilience, respect for their individuality, feeling safe and being healthy.

Figure 1. Flourish represents what is important to children and young people.

2.9 As a framework it enables a partnership focus on:

- Flourish impact statements – the long-term sustainable change we want to secure for children and young people, through working together as a system.
- Flourish outcomes - the differences we want to make for children and young people, which if achieved, will lead to the impacts being secured.

- Flourish determinants - the things that we need to focus on and secure if we want to achieve the outcomes (and thereby the impacts), often determined by research, professional knowledge, and evidence.
- Flourish measures - a set of 'proxy' measures which help evidence whether the outcomes (and thereby the impacts) are being achieved and enable us to know we are making a positive difference.

2.10 The shared commitment to embed Flourish as an outcome framework:

- Enables us to agree and use a common language to define our aims and the outcomes we want to achieve.
- Helps everyone think about their contribution, as part of a wider set of services and agencies, to enable children and young people to flourish.
- Informs how we best use our collective resources to achieve the impact we need to see for children, young people, and families.
- Helps us understand the impact of our services and work together – so that we know what difference we are making and what else we need to do.

2.11 The Strategic Alliance has used the flourish outcomes framework to develop the Children and Young People Partnership Strategy and Plan for 2021-25: Flourishing in Norfolk.

2.12 Flourishing in Norfolk is the Children and Young People Strategic Alliance's partnership strategy for 2021 – 2025. The strategy document sets out the role and purpose of the Children and Young People Strategic Alliance. It provides a picture of Norfolk as a county, our children and young people, and what children, young people and families have told us about their lives and what they want to see. It explains what 'Flourishing in Norfolk' means and how well Norfolk's children and young people are currently flourishing.

2.13 Flourishing in Norfolk sets out the Children and Young People Strategic Alliance's current priorities which include:

- Strengthening our shared focus and approach on Prevention and Early Help.
- Working together to support children and young people's Mental Health and Emotional Wellbeing.
- Improving support for children and young people with Special Educational Needs and Disabilities (SEND).
- Addressing gaps in Learning following the pandemic.

2.14 The Flourishing in Norfolk Strategy 2021-25 can be found in **Appendix A.**

Officer Contact

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

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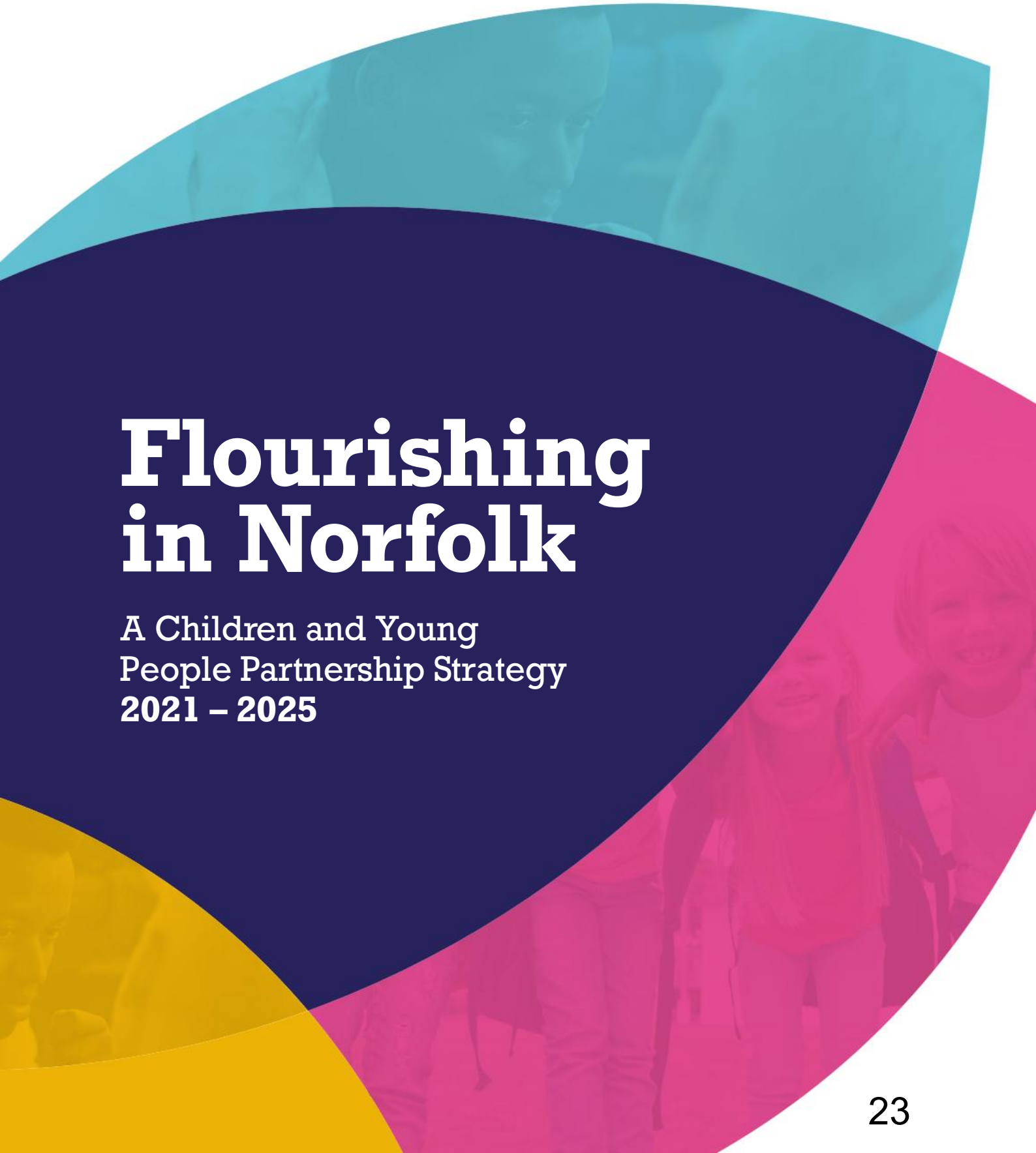
flourish

Flourishing in Norfolk

A Children and Young People Partnership Strategy
2021 – 2025



Contents

flourish

Foreword and introduction

I am excited to be able to introduce our four-year partnership strategy for children and young people in Norfolk.

This strategy marks the formal beginning of our collective journey to make Norfolk the very best place to grow up – a county where every child can flourish.

And it comes at a critical time.

The pandemic has affected children's education, opportunities and emotional wellbeing, causing real uncertainty for the future. In addition, services for children and young people face significant pressures, with growing demand, greater complexity and increased financial constraints.

It is only by working together that we can help to ensure that this generation does not become defined by the pandemic and that Norfolk's children can **flourish**.

The Children and Young People's Strategic Alliance was established in April 2021, reflecting our shared commitment to Norfolk's children and young people and bringing us formally together as one system.

Young people have told us that what is most important to them is their **family and friends**, access to **learning**, **opportunities** to lead a good life, being **understood**, building **resilience**, respect for their **individuality**, feeling **safe** and being **healthy**. The first letters of these words spell out **flourish** and have inspired our partnership vision and this strategy.

Whether it is in enabling children and young people to live safely at home, to thrive in education or be valued members of their communities, we are committed to prioritising the voices, needs and ambitions of children and young people so they can live their happiest, most rewarding lives and meet their potential.

We have a strong track record of working in partnership, evidenced more than ever by our response to the pandemic, which saw a huge number of organisations come together to support our communities at a time of great need. We must now galvanise that energy and commitment as we begin to rebuild

As a partnership, we have identified four key priorities – prevention and early help; mental health and emotional well-being; special educational needs and disabilities (SEND) and addressing gaps in learning. This builds on the work already happening before the pandemic as well as responding to needs that have emerged over the last 18 months.

We are united in delivering in these areas and will share expertise and resources, identify and develop opportunities together and jointly problem-solve. Using our collective skills, knowledge and resources we can achieve more for our children and families, understand needs better and prevent children being moved around the system and between agencies.

We know that there is tremendous work happening every day across our services and communities, changing children's lives for the better. The passion, care and dedication of the children's workforce is our strongest asset and will help us to deliver on our strategic ambitions.

This strategy details what needs to happen next and what success looks like for our children and young people. By working together, as a county and a system, I am confident that we can achieve our ambition and help every child to **flourish**.

Sara Tough
Executive Director of Children's Services,
Norfolk County Council

Chair of the Children and Young People Strategic Alliance

The Children and Young People Strategic Alliance

Alongside the key persistent and emerging challenges which drive the need for all organisations working with children, young people and families to come together to find solutions, there are legislative duties, government policies and strategic priorities which drive both our overall approach and day to day work. This includes the Children Act 2004 which requires Norfolk County Council to make arrangements to promote co-operation between the authority, each of the authority's relevant partners, and other people and organisations working with Norfolk's children and young people, and Working Together to Safeguard Children (2018) which requires local agencies to have in place effective ways of identifying emerging problems and potential unmet needs for children and their families.

Our shared responsibilities are also reflected in the new 'Working Together to Improve Health and Social Care for All' policy paper, which sets out legislative proposals for a Health and Care Bill which aims to build on the incredible collaborations seen through COVID and shape a system that is better able to serve people in a fast-changing world.

In April 2021, the Children and Young People's Strategic Partnership Board and the Children's Alliance Board (which had a primary focus on mental health, supporting system-wide transformation) amalgamated into the Children and Young People Strategic Alliance.

The Strategic Alliance (CYPSA) brings together senior representatives from the following sectors* to collaborate and respond to the needs of children, young people and families, via regular meetings and the delivery of a shared Children and Young People Partnership Strategy built on the FLOURISH outcomes framework.

- Social Care
- Health – including Public Health, CCG, key providers and hospitals
- Education – including schools and post-16 provision
- Criminal Justice – including police, OPCC, probation and prisons
- Safeguarding partnerships – Adults and Children
- Communities – including districts, housing providers, VCSE sector and DWP
- Service User representation

The purpose of the group is to provide system leadership so that all children and young people in Norfolk can flourish.

The benefits of an Alliance approach

By coming together in a collaborative way to respond to key issues and opportunities across the children and young people's system, the Strategic Alliance seeks to be so much more than 'a sum of its parts', through realising the following benefits:

1. Obtaining a wider view of problems, challenges and opportunities informed by children, young people, families and partner agencies' experiences and insight, and using this to prioritise areas for action and monitor progress
2. Collaborating around problem-solving through bringing together a wide range of knowledge and expertise
3. Agreeing key decisions and providing a 'critical friend' function across partner agencies and organisations
4. Sharing resources to provide joined-up solutions which improve outcomes and provide best value for money for Norfolk's children, young people, families and their communities
5. Using a common language across the system to improve understanding and collaboration, including our shared ambition that children and young people in Norfolk can FLOURISH
6. Disseminating information, opportunities and best practice across the children and young people's system to ensure we are working collaboratively at every level

Core functions of the Children and Young People Strategic Alliance

- To fulfil a leadership role for enabling collaborative working across the children and young people's system.
- To develop and agree strategic priorities and ensure delivery of a Children and Young People Partnership Plan.
- To monitor system performance in relation to securing impact and outcomes.
- To develop and agree strategic commissioning and transformation priorities and processes to ensure best use of resources.
- To ensure and promote co-production with service users and stakeholders.
- To advocate on behalf of children and young people within wider partnerships and boards.

In addition to delivering its core functions, CYPSA has a Commissioning Executive (Part B) function. The responsibilities of the Commissioning Executive include:

- To act as the Executive Group overseeing any Section 75 Agreements and other arrangements for pooling and sharing resources.
- To identify and oversee the development of collaborative commissioning opportunities.

- To take or oversee joint commissioning/contractual action in order to promote improvement of existing services, including consideration of alternative providers.
- To make recommendations on the further development, or conduct, of any procurement within the market for children and young people's services in Norfolk.
- To oversee the development of the Alliance Contract and agreements (commissioner only aspects).

Reporting to the Norfolk Health and Wellbeing Board, CYPSA will be supported to deliver its purpose and functions by four specialist, targeted subgroups working on the four key priorities of:

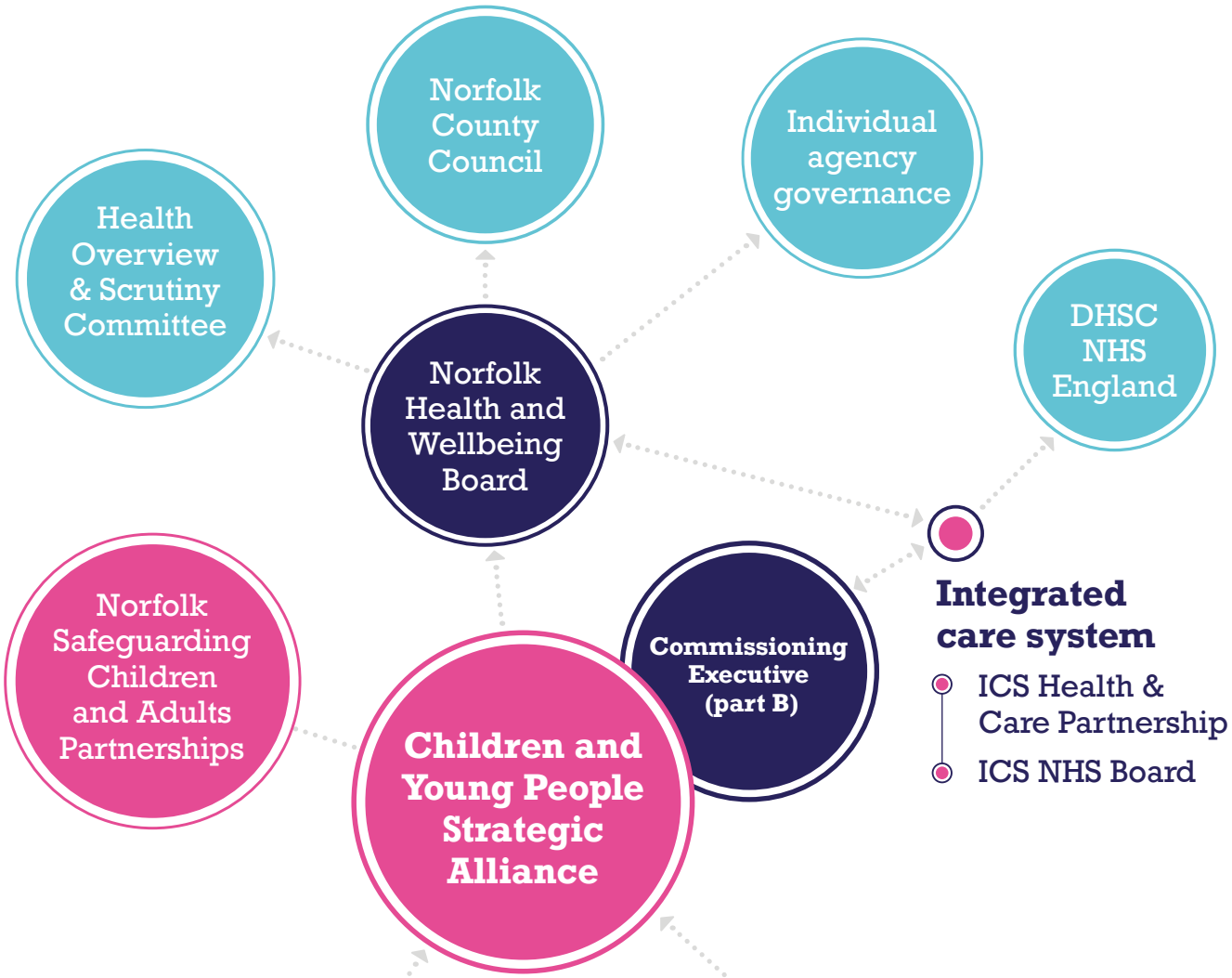
- Prevention and early help
- Mental health and emotional wellbeing
- Special Educational Needs and Disabilities (SEND)
- Addressing gaps in learning following the pandemic

Other groups will be established as required to tackle emerging priorities.

CYPSA will also have three enabling groups, shared with the Norfolk Safeguarding Children Partnership (NSCP). These will provide vital support in specific areas to enable both boards to carry out their functions:

- Data and System Performance Group
- Workforce Development Group
- Stakeholder Engagement and Insight Group

Children and Young people Strategic Alliance Governance



CYPSA Subgroups

- Norfolk Area SEND Multi-Agency Steering Group
- Early Prevention Board
- CYP Mental Health Alliance Executive Management Group
- Norfolk Learning Board
- Children's Integrated Commissioning Group (CHICG)
- Priority-based Task & Finish Groups

CYPSA Enablers

- Stakeholder Engagement & Insight Group
- Data & System Performance Group
- Workforce Development Group

Norfolk – our county

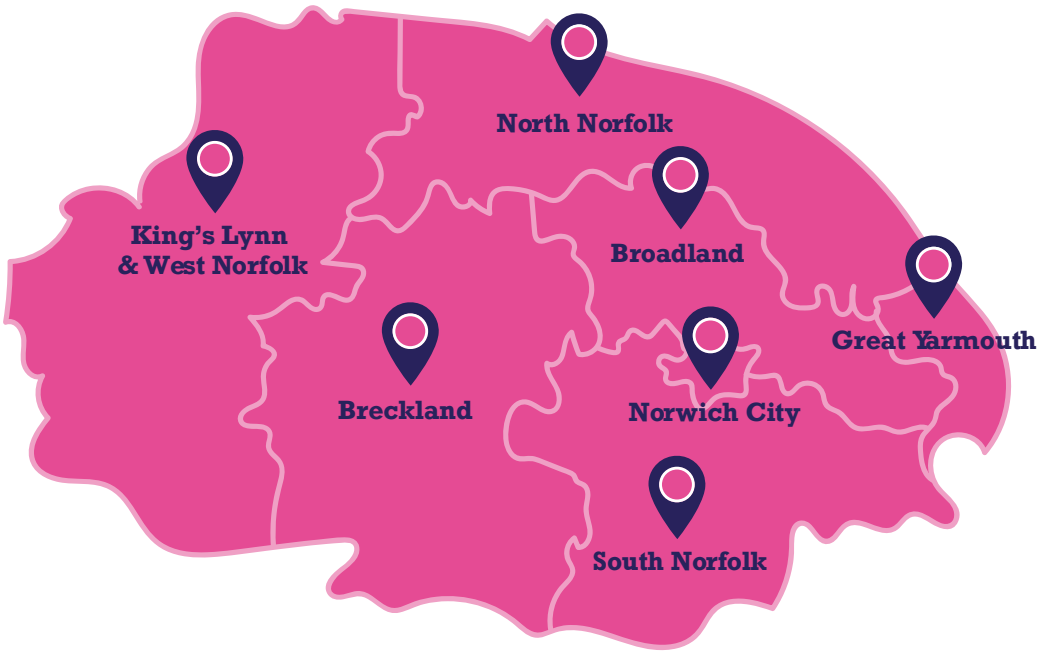
Norfolk is the ninth largest local authority area in England, with a population of just over 914,000 people. Just over a quarter of the population is aged 0-24 (around 243,000).

Norfolk's families live in one of seven districts: Breckland, Broadland, Great Yarmouth, King's Lynn and West Norfolk, North Norfolk, Norwich and South Norfolk. Norfolk has a balance of urban, coastal and rural districts with Norwich the most urban and North Norfolk the most rural.

Although Norfolk has a wide range of opportunities available and many children, young people, and families access these with few problems, deprivation and poverty does influence the health and wellbeing of our population. Currently more than **140,000** people in Norfolk live in areas categorised as the most deprived **20%** in England. These are mainly located in the urban areas of Norwich, Great Yarmouth and King's Lynn, but also some rural areas, coastal villages and market towns, where rural life can make accessing services and opportunities more difficult. The life expectancy gap between the most deprived areas of Norfolk and the least deprived areas is **7.4 years** for men and **4.4 years** for women.

The pandemic has also greatly affected Norfolk, as it has the whole of the UK and indeed the world. For everyone, access to opportunities and normal avenues of support and fulfilment has been disrupted and many people's lives have changed significantly, with additional challenges being particularly felt by our more vulnerable residents.

One of the challenges of helping Norfolk's children, young people to flourish is that their needs are very different, so the way we meet them also needs to be varied, flexible and built around our children and young people as individuals.



A picture of our children and young people

If Norfolk had just 100 children and young people

- **51** would be boys
- **49** would be girls
- **83** would be white/British
- **7** would be from ethnic minorities
- **9** would have English as a second language
- **14** would have mothers who smoked while there were pregnant
- **3** would have low birth weight
- **86** would have reached all developmental milestones at age 2 and **72** would have reach a good level of development at age 5
- **49** would be physically active (over 60 mins per day)
- **20** would be classed as obese in Year 6
- **17** would have dental decay at age 5
- **4** would start smoking before they are 18
- **1** would be open to Family Support
- **2** would have a social worker
- **1** would be in care or have a Child Protection Plan
- **18** would be living in poverty
- **13** would have free school meals
- **6** secondary school students would be a Young Carer
- **16** would have a Special Educational Need or Disability (SEND)
- **95** would be learning in 'Good' or 'Outstanding' rated Early Years settings and **83** in 'Good' or 'Outstanding' rated schools
- **9** students would be persistently absent from Primary education
- **16** would be persistently absent from Secondary education
- **63** would achieve the expected standard in GCSE English and Maths
- **78** would stay in education, apprenticeships or employment for at least 6 months after leaving school, but **4** would not be in Education, Employment or Training at 16
- Most young adults would be in Education, Employment or Training, but **6** 18-24 year olds would be claiming unemployment assistance

What children, young people and families have told us about their lives during the last two years

Parent carers (those who provide support to their children, including grown up children who could not manage without their help)

- **Half** want support to have a break from their caring role
- Over a **third** would like someone to talk to
- Only a **third** feel they have good support from family, friends and community
- Nearly **half** don't feel able to cope
- Over **three quarters** said their own mental health is negatively affected
- Only a **third** of families know where to go for support

Young people on mental health concerns

- The stigma around mental health means people are hesitant to get help
- Exams being cancelled and changed causing stress
- Variable support through schools and colleges
- Worried about health, including catching and passing on Covid
- Not knowing who to go to for help and support
- Depression caused by social isolation and anxiety about re-integration
- Fear of the unknown - what's going to happen next

Young people on opportunities

- Worried about struggling to find jobs
- Concerned about being the 'covid cohort' – being seen as less qualified or experienced than others
- Worried how missing out on large chunks of education might affect our future.
- Worried about grades
- If you have a disability or additional needs you're often not included
- Uncertain about the future

This section will be updated regularly through ongoing work with children, young people and families.

Flourishing in Norfolk – what does it mean?

Produced with children, young people and families, FLOURISH is our shared ambition for Norfolk's children and young people.

We have captured areas of children and young people's lives that are important to them and their families and against these we have agreed a framework which sets out:

Impacts - The key long term, sustainable change we want to secure for all children and young people in Norfolk.

Outcomes - The difference we want to make which, if secured, will lead to the impacts being achieved.

Guiding principles

- Child and young person focused
- Positively framed – based on aspirations rather than just needs
- Places importance on how children, young people and families feel about their lives
- Inclusive of all children and young people in Norfolk
- Recognises our shared responsibility for children, young people and families
- Co-produced with young people
- Represents the interests and focus of all Children and Young People Strategic Alliance members

We will be working with our partners to embed FLOURISH as an ambition that underpins all our work, but FLOURISH isn't just an ambition for social care, education, health and other professionals working directly with children, young people and families. Our businesses, communities and every person living or working in our county has a role to play in helping Norfolk's children and young people to Flourish.

We want Norfolk to be a county where every child can flourish:

family and friends

Children and young people are safe, connected and supported through positive relationships and networks

learning

Children and young people are achieving their full potential and developing skills which prepare them for life

opportunity

Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents

understood

Children and young people feel listened to, understood and part of decision-making processes

resilience

Children and young people have the confidence and skills to make their own decisions and take on life's challenges

individual

Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness

safe and secure

Children and young people are supported to understand risk and make safe decisions by the actions that adults and children and young people themselves take to keep them safe and secure

healthy

Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives

FLOURISH Outcomes

family and friends

- As many children and young people (CYP) as possible are able to live safely with family
- Where CYP are not able to live with their family, they have the support they need to build a stable foundation of positive relationships
- CYP have positive childhood experiences in their homes, schools and communities
- CYP have the support they need from their parents and carers
- CYP have positive role models and trusted adults in their lives
- CYP have the skills and opportunities to develop positive friendships and relationships which support them throughout their lives

learning

- CYP establish a great early years foundation for learning and see the benefit in becoming lifelong learners
- CYP enjoy learning and developing skills and feel positive about what they can achieve
- CYP have good engagement with learning in and out of school, including attendance and extra-curricular opportunities
- CYP make the best possible progress in learning and education
- CYP are supported by families, professionals and communities at all stages of their development
- YP are equipped with the skills and confidence to live as independently as possible

opportunity

- CYP have improved equity of opportunity through the removal of barriers including improved economic, geographical and digital inclusion
- CYP have a wide range of education, employment, training, social and community activities available to them
- All CYP, at every age and regardless of disability or additional needs, have access to opportunities that suit their needs and ambitions
- CYP have the emotional, personal and practical support they need to make the most of the opportunities available

understood

- CYP are active, respected and included members of their communities as individuals and collectively
- All CYP voices are influential in all decisions made about their lives
- CYP feel adults respect their views and opinions and promote CYP influence
- CYP know their rights, how to make their views known and are confident to speak up
- CYP are confident that all strategies and services for CYP have their needs and ambitions at their heart
- CYP are confident that their voice will make a difference and can see the impact they are making

resilience

- CYP can understand and make good decisions and are empowered to do so
- CYP know what independence entails and are able to transition in the best way for them
- CYP are supported to try new things, have a variety of experiences and be curious and aspirational
- CYP understand life can be complicated and know asking for help is OK
- CYP can recognise when they need help and have choice and control over the support they receive
- CYP have a range of options for support and advice

individual

- CYP are understood and valued as individuals and in their social groups
- CYP understand and value each other
- CYP and others on their behalf are able to tackle prejudice and discrimination
- CYP have safe spaces to explore, develop and become confident in their identity as they grow
- CYP's self-expression is prioritised, promoted and respected
- CYP have a range of opportunities to influence the wider world

Safe and secure

- CYP are free from exploitation, abuse and neglect
- Fewer CYP enter/re-enter the criminal justice system
- CYP are safe and secure in all settings, including where they live
- CYP feel that families, professionals and communities understand and carry out their role in keeping them safe
- CYP trust the people and systems that are there to help keep them safe, know where to go for help and feel confident and able to do so
- CYP know what to do to keep each other safe
- CYP are supported to understand and take appropriate risks

healthy

- CYP have the best achievable physical, mental and sexual health
- CYP know how to get healthy and keep healthy and are confident in their own self care
- CYP have choice in how they access health services, including the best possible virtual health experience
- CYP are supported at the earliest possible stage, reducing crises
- CYP know when and where to go for help with physical and mental health and have confidence and trust to do so

How well are Norfolk's children and young people currently flourishing?

Norfolk is a great place to grow up, with the majority of children having happy, healthy childhoods and flourishing.

Most children and young people receive the support they need from their families, communities and universal services, but everyone needs help sometimes, and some children, young people and families need more help due to the challenges they face.

Family life

Within Norfolk, most children and young people are able to live safely within loving and supportive families. Reducing the number of children who need to be in care and looked after outside of their family setting has been a priority for Norfolk, and has reduced since 2018. It is now below the national average rate and that of Norfolk's statistically similar councils. Historically, a higher-than-average proportion of children in care, around one in six, are adopted each year. Although this fell to around one in seven in 2019, by 2021 Norfolk was again ahead of regional, statistical neighbour and national percentages in this area.

For those children who are in care, arrangements and settings tend to be relatively stable. More children than average have placements that last more than two years, and for those approaching their 18th birthday (when they would cease to be 'looked after') a higher-than-average proportion go on to stay with their foster carers. More can be done, however, to support the emotional and behavioural health of children in care, and the percentage of children in care who return home to live with their parents or those with parental responsibilities is also reducing and is lower than in similar areas.

Re-referrals to family support and social work services are decreasing, reflecting an approach of family-led solutions planning and the building of positive support networks to improve families' resilience. It has been seen, however, that more family assessments are leading to ongoing involvement of social care support. In addition, in 2020-21 nearly 300 young people aged 16-24 had a homelessness duty accepted to them due to their family being unwilling or unable to accommodate them, which reflects a higher level of family breakdown than we would like to see.

International research has identified that adverse childhood experiences (ACEs) including physical, emotional and sexual abuse, neglect and household dysfunction, domestic abuse and substance misuse can have a significant impact on physical, mental and behavioural health as children grow. We know that ACEs have a cumulative effect – the more adverse experiences in childhood,

the more severe the effects can be. It is estimated that 9% of adults will have experienced 4 or more ACEs in their childhood. In Norfolk, this would equate to approximately 15,000 children and young people.

We also know that parents who experienced adversity as a child are far more likely to have children who experience high numbers of ACEs too, and that building resilience and having a trusted adult to talk to are crucial mitigation factors in a child's ability to flourish despite the challenges they have faced. Early help has an important role to play in preventing and overcoming the effect of ACEs, alongside working in a trauma-informed way across the children and young people's system.

It is likely that the Covid-19 pandemic has had a significant impact on the relationship children have with their family and friends. Whilst detailed comparative information is not available across all areas, we know that issues around domestic abuse, isolation and mental health have worsened during the pandemic. We know from local data that there have been 'spikes' in the number of domestic abuse cases recorded by the police where someone under-18 was present. The proportion of contacts about children relating to family support issues also roughly doubled between 2020 and 2021. A more formal review of the impact of the pandemic on family life will be possible when more recent benchmarking data is available, but this area is already a key feature of future planning.

Even before the pandemic hit and created greater pressure on families struggling to cope, we were concerned about children who were invisible to agencies while being neglected. Clearly, the impact of the pandemic limited professional eyes on some children at the same time as financial and social pressures have made it harder for some families to cope. The combined effect has been to make it more likely that some children will be neglected and less likely that they will be identified at an early stage.

This adds even more strength to the argument for continued cross-agency support as the most effective way of responding to neglect and preventing children coming in and out of care, especially in relation to our approach to prevention and early help.

Learning and Opportunities

Norfolk's very young children don't always benefit from the same learning opportunities as in other areas. The percentage of two-year-old children benefiting from funded early education has been significantly lower than in other similar counties for a number of years, and in 2021 was the lowest rate in Norfolk's statistically similar 'family group' of councils. The pandemic also seems to have had a significant impact on this, with the rate of disadvantaged two-year olds in funded early education falling from nearly 70% in 2019 to just under 60% in 2021. Our local data tells us, however, that there has been a significant recent improvement in this area.

By the time children in Norfolk are three and four years old, 90% are benefiting from some kind of free early education, which is close to the pre-pandemic figure and much closer to the 'family group' average. Overall learning outcomes at this stage show a more positive picture too, remaining above comparable authority areas.

As children in Norfolk move into school, and through the 'key stages', the attainment picture is mixed. Data is only available up to 2019, as national assessment and testing in primary schools were cancelled in 2020 and 2021. At age five, more children achieved a good level of development in the Early Years Foundation Stage compared to national averages, but attainment at the end of primary school in reading, writing and mathematics lags behind national levels. Gaps between disadvantaged and other pupils remain significant – in line with those seen nationally.

Average progress in secondary schools is slightly better than national averages, particularly in mathematics. Attainment on GCSE examinations, and the percentage of young people remaining in education post-16 are all around national averages. As is the case nationally the gap between disadvantaged and other pupils widens as children get older.

Over 90% of 16 and 17-year-olds participate in learning (this includes full-time education and apprenticeships) with an additional 2.6% progressing directly into employment without training. This is different from the national profile where more 16 and 17-year-olds participate in learning than in Norfolk and less progress into employment without training. This pattern of more young people in Norfolk going into work without training is confirmed in the percentage of 19-year-olds having achieved level three qualifications, which at 51.4% is below the national average of 57.4%. The Norfolk Apprenticeship Strategy is designed to address this and even with the challenges of the pandemic we continue to have a higher percentage of 16 and 17-year-olds in apprenticeships than for England.

We know more work is needed to support children and young people as they progress through their learning, to address wider issues that impact on their education and learning, building on the help and support currently being provided. Having listened to families and young people who have special educational needs, they have told us that they need choice to ensure that they have the opportunities to fulfil their individual hopes and potential. For some, this is the choice of local inclusive education within the early years setting, school or college close to home. For others this is the choice to access specialist provision.

There is a good range of wider opportunities available for children and young people in Norfolk, but how easily these can be accessed is affected by a number of factors.

The availability of learning, employment, support and social opportunities varies markedly between different geographical areas. Most provision is centred in Norfolk's city and towns, with more limited opportunities in Norfolk's rural areas which also have limited transport systems, making engaging with and feeling included in opportunities more difficult for children and young people living there.

A number of children in Norfolk live in families experiencing financial challenges, which affects their ability to engage with available opportunities. Nearly 19% of children in Norfolk live in low-income families as defined by national measures, significantly above the average for statistically similar councils of around 16%.

Over 94% of households in Norfolk are in areas where superfast broadband coverage (>30Mbps) is available, which, although slightly below the national figure, represents good and improving coverage. More vulnerable families do still experience digital exclusion however, with pockets of poor coverage, access to equipment and affordability remaining issues to be addressed to ensure connectivity for all in an increasingly online world.

Vulnerable young people and those at risk of becoming NEET (not in education, employment or training) receive additional help to support their transition into post-16 learning, but in 2021 the number of 16-18 year olds in Norfolk who are NEET or not known remains stubbornly above regional and only just in line with national averages. Within this group of young people who are NEET, there is also a comparatively high proportion of young people from socio-economically deprived backgrounds (particularly in the urban areas of Norwich, Kings Lynn and Great Yarmouth) those with special educational need and disabilities (SEND) and young people in, or who were formerly in, local authority care. The number of young adults aged 18-24 claiming unemployment assistance is, however, lower than local and national averages and is decreasing.

Health and Wellbeing

Overall health outcomes for children and young people in Norfolk are similar to those for England. There are, however, differences in health outcomes based on where children live and in some groups of children such as children with SEND and children in care. For example, children with SEND are more likely to display lower levels of emotional wellbeing and report self-harm.

Further work is required to promote healthier lifestyles with the focus on reducing the number of women who smoke during pregnancy and providing weight management support to children and their families to reduce obesity.

Recent research suggests that one in six children and young people are thought to have an emerging or diagnosable mental health need, a figure that has unfortunately risen from one in nine in 2017, perhaps in part due to the impact of the pandemic. Conversely, this figure suggests that five out of six children and young people nationally have a good level of mental wellbeing, and this is something we need to both maintain and build upon.

Across Norfolk, children and young people accessing therapeutic support for their mental health needs has been steadily increasing year on year, with 50% more children and young people accessing our local services this year compared to two years ago.

Safety and Security

We are seeing the overall risk of exploitation for children and young people supported by children's social care services reducing. There has been a reduction of the number of high-risk cases since February 2021 following the introduction of two new services to support young people at risk of exploitation and serious youth violence. Medium and standard risk cases have reduced by a smaller margin, however, given the focus on ensuring identification of extra familial risk, a more gradual reduction is to be expected.

Reoffending rates continue to track above the regional and national rates, however, the fluctuations seen through 2016 and 2017 have been flattened out

to mirror the national trend. The number of children on a statutory order has reduced significantly since the implementation of the Challenge for Change (C4C) project.

The long-term trends show an overall reduction of first-time entrants into the criminal justice system, roughly mirroring what is happening nationally. 2020 data is not yet available to be able to monitor and respond to the trend and impact of COVID, however, in 2019/20, 368 C4C referrals were received compared to 272 in 2020/21.

Demand for social care remained lower at the height of the pandemic compared to previous years, as seen across the country. A significant effort was mobilised to address this concern, including publicity campaigns to drive up awareness and an extension of the Children's Advice and Duty Service (CADS) offer, which contributed significantly to referrals returning to normal levels.

The anticipated 'surge' in demand following return of schools in September 2020 manifested as a significant increase in referral to the Family Support Service during the autumn of 2020 and additional resources were deployed to this area to respond, helping to keep children safe and secure. This appears to be a pattern seen regionally, reflecting the increased strain on families and the disruption to the usual networks and system of early help which creates resilience for families. There has not been a corresponding surge in demand at social work or child protection level.

We know some of our adolescent young people are at a greater risk of child exploitation, both sexual and criminal, and that these risks have not abated despite our greatly enhanced understanding and response over recent years. We are currently seeing, as a result of rivalries between groups that come together for both criminal and allegiance/belonging purposes, significant increases in youth-on-youth violence, manifesting itself in tit-for-tat retributive violence involving weapons.

A number of Serious Case Reviews and a national Safeguarding Practice Review have highlighted the risks to very young children, especially from non-accidental injuries. This has been picked up as a priority for the Norfolk Safeguarding Children Partnership (NSCP) so that we can continue to build on the work that has gone before and address issues earlier as part of protecting babies.

The voice of children, young people and families

How children, young people and families feel about their lives and the support they receive is an important measure of how well Norfolk's children and young people are flourishing, and how well we, as the Strategic Alliance, are helping to meet their needs and aspirations.

There are a growing number of ways children and young people can make their voices heard and have influence over decisions affecting their lives. Active young people's groups across the county, including special interest groups such as Young Carers, the Norfolk In Care Council, the Mental Health Participation Group and a soon to be established reference group for BAME young people are giving young people a direct route to speak to and influence decision-makers. Other groups including the county-wide Youth Advisory Boards empower young people to campaign on issues that matter to them and directly influence how money is spent for children and young people.

Parents of children who might struggle to have their voices heard due to additional needs also have powerful advocates for them through a range of parent/carer groups, in particular Norfolk's Parent Carer Forum (Family Voice Norfolk) who are members of the Strategic Alliance alongside other parent/carer groups such as SENsational Families, SEN Network and ASD Helping Hands.

Strategic Alliance member organisations also have a commitment to directly engage with, involve and co-produce with children, young people and families and do so through a variety of methods. Stakeholders' involvement in co-producing key pieces of work (e.g. the FLOURISH outcomes framework), priorities and strategies is increasing across the system and the value and benefit of their involvement is recognised more than ever.

There is, however, more work still to be done in this area. Children, young people, and families tell us that decisions about them are sometimes still being made without them, and opportunities for them to directly have their voices heard are not always effectively and engagingly promoted. They also tell us that we aren't always using their views as well as we could, or that we are asking the same questions again and again, and that we need to be better at telling them the difference their views and suggestions have made.

Young people have also told us that it is important every young person, not just members of active groups, has a chance to have influence on issues that are important to them, and this is an area of focus for the Strategic Alliance going forward. The partnership also has a key role in empowering children and young people to influence the wider world, by facilitating opportunities for them to take action, and encouraging the growing reality that young people are more informed, aware and interested in wider social issues than ever before.

What children, young people and families have told us they want

Information and access

- Clear explanation about services and how they fit together
- Up to date information that's easy to find and relevant for us
- Early support that is open to anyone to access
- Transparency about waiting times and support for me while I wait
- Clear referral and access routes
- Clarity about what help is available, where and for who

Quality and inclusivity

- Services and activities that are accessible, inclusive, welcoming and non-judgemental
- People who listen to, encourage and believe in you
- Treat us as experts about our own lives
- Chances to contribute and help others
- Chances to contribute and help others
- Better understanding of my needs
- Use a range of ways, including social media, to engage with us
- Get to know me as an individual and involve me in decision making

Help and support

- Opportunities to talk about what's bothering us
- Safe spaces where young people can be themselves
- Support to help us get back into learning
- Help during important transitions, like moving to high school and turning 18
- More help and support and to receive it much earlier/sooner
- Teach us about risks like County Lines so we don't just see it in the media
- Support to help address my anxieties
- Consistent support – not just at certain times

Our FLOURISH Priorities

flourish

Over the coming years, Children and Young People Strategic Alliance partners will be focusing on four specific areas of work we have identified as particularly important, based on what children, young people and families and the information we have about them has told us.

1. Strengthening our shared focus and approach on **Prevention** and **Early Help**
2. Working together to support children and young people's **Mental Health** and **Emotional Wellbeing**
3. Improving support for children and young people with **Special Educational Needs and Disabilities (SEND)**
4. Addressing gaps in **Learning** following the pandemic

Each of these areas is supported by a specific, expert subgroup of the Children and Young People Strategic Alliance, who will lead activities and report against progress.

Prevention and Early Help

Why this is a priority

Prevention and early help maximise life chances for children, improves outcomes for families and prevents more complex problems emerging and we know that the need for early help may occur at any point in a child or young person's life, requiring us to intervene early and as soon as possible in order to tackle problems emerging for children, young people and families, or with groups most at risk of developing problems.

We believe that in taking action to prevent the likelihood of adverse outcomes and in supporting families at the earliest opportunity as needs emerge is an essential part of helping children FLOURISH. Given that a range of universal and targeted services play an important role, the development and delivery of an effective early help and prevention offer is not the responsibility of a single agency.

As a partnership we have a duty to take action to reduce the likelihood of adverse outcomes in children, young people's and families' lives. Working Together to Safeguard Children (2018) requires local agencies to have in place effective ways of identifying emerging problems and potential unmet needs for children and their families. It also requires local agencies to work together to put processes in place for the effective assessment of needs of individual children who may benefit from early help services. Section 10 of the Children Act 2004, requires us to evaluate the quality and effectiveness of our early help processes and services, including identifying and responding to any gaps, to inform and improve future planning and service delivery in order to improve outcomes for children, young people and families. The NHS Long Term Plan (2019) has a strong focus on prevention in supporting people to adopt improved healthy behaviours and reduce the risks of early ill health. For children, young people and families, this will include areas such as breast feeding, infant feeding and healthy eating, emotional wellbeing and smoking cessation.

We know that a proportion of children face additional challenges and barriers at different points in their lives, whether related to their own additional needs or linked to their parents' needs. We want strong, resilient families, and supporting children, young people and families at the earliest opportunity is therefore an essential part of helping children to flourish.

Our focus is on working with children and young people and families to design an approach that works for them, so that all families, have the information, advice and guidance they need and can access the help, when they need it, no matter who they ask. We need to enable families to identify and make use of the strengths within their existing networks, build resilience and know when and how to ask for help. This requires practitioners across agencies and organisations to be able to work as one system with shared ways of working,

so that prevention and early help support is joined up, clearly communicated, simple to understand and easy to access.

This will require a step change in our approach so that we can bring together the collective capacity of families, communities, and professionals in the interests of children and young people and their emotional wellbeing, educational, health, social and family needs. If we can get it right, it will create the platform for all children to flourish.

What needs to happen:

- Improve opportunities for children, young people and families to access information, guidance and self-help through reliable digital information, marketing, and promotion.
- Work with our partners to develop further a whole system response to prevention and early help, joining up pathways to ensure that children, young people and families receive advice, guidance and support at the earliest opportunity.
- Develop a young person's participation programme to secure insights about what support children and young people need now and into the future to support their well-being.
- Share and analyse information across the partnership that assists to collaboratively respond to identified inequalities and emerging vulnerability of individuals and communities.
- Alongside the voluntary and community sector, develop vibrant communities that take responsibility for the aspirations, opportunities and achievements of their children and young people.
- Support the development of facilities to ensure a range of positive activities for children, young people and families.
- Assist children and young people through family networking and community-based approaches to develop networks of support that prevent need escalating.
- Maximise opportunities for learning and achievement within families, supporting social mobility and economic well-being.
- Further develop and strengthen the early help services being provided, including parenting support and childcare, to reach a wider range of children with SEND, including ensuring that children and young people with SEND can access universal provision.
- Develop the range of community based short breaks available for families with disabled children, ensuring parents/carers have choice and flexibility in how their needs can be met from inclusive universal services through to community-based provision.
- Facilitate opportunities for the workforce to identify and respond to the holistic needs of children, young people and families earlier, using shared a language and a more joined-up approach to assessment.

- Improve access to evidence-based practice interventions, including parenting skills, that support children, young people, and families earlier and prevent the need for more specialist services, and help build resilience and promote self-help.
- Develop and improve multi-agency working and coordination of services for children with SEND and their families by promoting early support and help when needs are first identified.
- Improve confidence, skills and practice across the children and young people's workforce around SEND and mental health that ensures earlier identification and responses to inclusion and emotional well-being.

What success will look like for children, young people, and families

- Children and young people's needs are collectively understood, action is taken to proactively address identified inequalities and needs will be identified earlier to enable the right help to be put in place before problems escalate.
- Parents and carers will have the support, advice and information to be able to build the skills they need to best support their children.
- Children, young people, families and professionals will be able to understand their needs through the use of common language and approaches to assessment.
- The proportion of children and young people attending school with 90% attendance or more will increase
- The number of parents and carers in continuous employment will increase
- The number of outcomes achieved through the Supporting Families programme will increase
- The number of early help assessments undertaken by the partnership will increase
- The proportion of families receiving early help prior to entering specialist/ statutory services will increase
- The number of families making progress against the goals in their early help plan will increase
- The uptake and delivery of family networking within early help practice where families develop their own solutions to presenting issues will increase
- There will be a reduced risk of homelessness for families
- There will be a reduced risk of financial exclusion for families due to unmanageable debt or ability to meet basic family needs
- The number of fixed term and permanent exclusions will reduce

What success will mean for agencies working with children, young people, and families

- Professionals working with children, young people and families will be more confident in providing direct help and accessing additional, joined up support.
- The demand for EHCPs where children and young people's needs can be met through early help and inclusive provision will reduce
- The demand on Children's Social Care (including Family Support & Social Work Teams) will reduce
- The demand for crisis mental health interventions will reduce, with children and young people's physical, mental and emotional wellbeing being supported earlier.
- Unnecessary re-referrals will reduce, with needs being met at the earliest opportunity.
- Planning and decision-making will be based on evidence about what is important to children, young people and families
- An increased proportion of funding will be spent on early help support
- Prevention and early help will have a clear partnership focus and governance.

Mental Health and Emotional Wellbeing

Why this is a priority

Children and young people's emotional wellbeing and mental health has never been so high on the public agenda and is a key priority within the NHS Long Term Plan. Historically underfunded, the NHS has made a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.

At any one time a child may be on the spectrum of being emotionally and mentally healthy or very unwell, and many children move along the spectrum at different times during their childhood. Covid has had a significant impact on the emotional wellbeing and mental health needs of children and young people, which were already inclining prior to Covid, and therefore this increased focus and resource has come at a critical time. In 2004, one in 10 5-16 year olds were estimated to have a probable mental health disorder, by 2017 this had increased to one in nine and by 2020 was estimated at one in six. Mental health is inextricably linked with wider societal determinants and the major socio-economic risk factors for mental health have been profoundly impacted by the pandemic.

Children and young people tell us some of the drivers for poor mental health are:

- family income and feelings about their family's socioeconomic circumstances
- social dimensions of life – worries about appearance, being bullied, family relationships and academic achievement
- poor parental physical and mental health
- abuse and neglect
- feeling unsafe in their neighbourhoods

What needs to happen

Ensure all children and young people 0-25 years with an emotional or mental health need have easy access to appropriate and effective support at the earliest opportunity with the aim of preventing mental ill health

- Develop an integrated single point of advice, guidance & access for all emotional wellbeing and mental health referrals that will be able to offer low level support and guided self-help, as well as improve quality of referrals to enable effective triage and allocation to appropriate pathways for support

- Continue to develop our children and young people's mental health participation and social recovery model to ensure the voice of children, young people and families is at the centre of all improvement and transformation work.
- Continue to build on and develop digital offers of support (e.g. Kooth, Just One Number) for children, young people and their families so they can access support more easily outside of traditional therapeutic settings
- Coordinate an integrated approach across local authority, health and the VCSE sector to support education settings around whole school approaches to emotional wellbeing, mental health and resilience and embed Mental Health Support Teams (MHSTs) across Norfolk and Waveney
- Develop an approach to 'parental support', including peer support models and whole family approaches with the wider system

Develop a comprehensive model of demand and capacity across the system to ensure we are able to optimise processes to ensure children and young people are seen at the earliest opportunity by a service, as well as have the capacity and appropriately trained workforce to provide specialist therapeutic support in line with demand.

- Continue to support services to reduce their waiting lists for accessing therapeutic support
- Develop system wide workforce development strategy and a local centre of excellence for children and young people's mental health training, learning and knowledge that all system partners can access. Embed innovation and research as core components within the centre of excellence to inform transformation
- Complete skills mapping survey of alliance provider workforce and identify training needs, with a particular focus on ensuring staff are equipped to meet the needs of children and young people with additional complex needs e.g. suspected or confirmed neurodevelopmental disorders.

Ensure all children and young people have access to 24/7 crisis support including 111 crisis line, assessment and brief intervention, Intensive support in the community and alternatives to admission.

- Ensure that where provision is expected to be utilised by children, young people and adults, that the provision is age-appropriate, and the teams are equipped and confident to meet the needs of younger cohorts
- Expand the offer to ensure all children and young people with a presenting mental health need are offered an assessment, brief intervention and where appropriate intensive support in the community, including an inclusive offer for children and young people with eating disorders and suspected or confirmed neurodiversity.

- Work with Children's Services and other system partners to develop a day unit as an immediate to short term solution for more complex children and young people presenting in crisis who need more intensive support or step down from an inpatient unit, in a community setting with wrap around care and treatment from a multi-agency team.
- Develop a decision unit and home treatment team for children and young people where a day unit is not clinically appropriate or not accessible for families
- Develop a service offer to ensure children and young people who are at risk of presenting in crisis can access risk support to help them feel safe and supported.

Ensure all children and young people with a suspected eating disorder are assessed and in NICE compliant treatment within one week for urgent cases and four weeks for routine cases

- Develop an all age eating disorder strategy which delivers a transformed service offer across Norfolk & Waveney based on need and choice
- Develop a system wide training programme to meet the needs of Specialist Eating Disorder Teams, Acute Hospitals, Community Services and Primary Care to help them effectively and safely manage and support children and young people presenting with an eating disorder
- Work with voluntary organisations to proactively support lower risk children and young people in the community and to support parent / carers with training and peer support/ respite to families

What success will look like for children, young people, and families

- The number of children and young people accessing support for their emotional wellbeing and mental health across the system will increase
- Children and young people will have improved experiences of therapeutic treatment and exit services having met their goals
- The number of children and young people with a low-level need identified in schools and referred to Mental Health Support Teams or universal resilience provision will increase
- Children, young people and families can access crisis support 24 hours a day, seven days a week.
- Children and young people who require more intensive support will be able to access treatment through Day Units and Home Treatment Teams, improving the experiences and outcomes of these individuals
- All children and young people with an eating disorder will be in treatment within one week for urgent presentations and four weeks for routine, ensuring their needs are met at the earliest opportunity

- Children, young people and their families will have easy access information, advice and guidance to support them with their emotional wellbeing
- The number of children and young people presenting in crisis with an eating disorder requiring medical stabilisation will reduce
- Children and young people who require medical stabilisation on acute paediatric wards are discharged when medically safe and are able to access therapeutic support for their eating disorder in the most appropriate environment to meet their needs
- Children and young people, families and professionals feel better supported by the mental health system

What success will mean for agencies working with children, young people, and families

- Centre of Excellence for training and sharing good practice will be available to ensure all professionals working with children and young people are equipped to meet their emotional wellbeing needs, as well as understanding when it is necessary to refer to more specialist support
- Numbers of therapeutic roles to support children and young people mental health across a variety of statutory and VCSE providers will increase
- Unnecessary referrals to specialist services will reduce
- Children, young people, families and professionals will be able to understand children and young people's wellbeing needs through the use of common language and joint approaches to assessment and intervention.

Special Educational Needs and Disability (SEND)

Why this is a priority

Norfolk is working towards four key priorities for children and young people with SEND, articulated through the Norfolk Area SEND Strategy.

The need for an over-arching, ongoing, Area SEND Strategy is due to the need to ensure that the identification of need and the support, services and provision that follow is systematically co-ordinated across the county and across the education, health and care systems. We know from our own data, from our deepening working relationship with parent/carer groups and from comparison with other areas and through inspection that we need to improve SEND in many ways. However, we also have many examples of good and outstanding provision in Norfolk, and we need to celebrate these and learn from their successes.

We know that:

- Of the **123,233** students in primary and secondary education in Norfolk:
  - **13.1%** (16,138) have Special Educational Needs (SEN) support
  - **3.8%** (4,668) have an Education, Health and Care Plan (EHCP)
- The number of young people aged 0-25 with EHCPs in Norfolk has increased by around **21%** (from 6,689 to c8,500) between 2020 and our current estimate, similar to the national increase.
- Norfolk's young people were less likely to have new EHCPs issued within 20 weeks in 2020 (**20.1%** compared to 60.4% nationally) although local data shows this has increased to 54% in 2021
- Compared to national figures, in 2020 (our most recent data) Norfolk's young people with ECHPs or SEN Support:
  - are less likely to be in mainstream education settings (**35.4%** compared to 43% nationally)
  - are more likely to be awaiting provision (**0.9%** v. 0.4%)
  - are more likely to be educated at home (**1.3%** v 0.8%)
  - are less likely to be in a special school (**31.1%** v. 41%)
  - are more likely to be in alternative provision (**2.5%** v. 0.9%)

To ensure effective assessment for special educational needs and disability (SEND) there must be co-ordination of assessment and reviews and the related specialist provision across the county council's children and adult services, the CCG and education and health providers covering an age range of 0-25. This creates a complex system and operates within a statutory framework which places Children's Services in the lead agency role and with related responsibilities for the other agencies and providers. In response to rising

need, increased budget pressures and the outcome of recent Ofsted/CQC inspection there are currently three major programmes of SEND transformation which, taken together, combine in our SEND Strategic Improvement and Early Effectiveness planning, these major programmes are:

- Area SEND Strategy
- SEND & Alternative Provision (AP) Transformation Programme
- Ofsted/CQC Written Statement of Action

What needs to happen

We need to ensure that all our improvement work for SEND is focussed on the priorities within our Area SEND Strategy.

Working together with children and young people with SEND

- Children, young people, and their parents/carers feel confident about sharing their experiences and that these will be used to shape improvements
- Children and young people are supported to have an active role in decision making
- Communication about services is clear and understood by children and young people and their parents/carers and those working with them
- Children, young people and their parents/carers and professionals work in co-production to develop ways to share information
- Timely and meaningful assessments are used to plan the support needed to enable children and young people to progress

Improving what is in place for families and professionals to support children and young people with SEND

- All those working with or volunteering to support children and young people have the right skills and training for their roles
- Education, health and social care services for children and young people are shaped by a strong commitment to co-production
- All services regularly review how they collect, share, and use data
- Those who plan services are using resources effectively
- Children, young people and their parents/carers are part of conversations about SEND support, know what to expect and are included in decision making
- Children, young people and their parents/carers have access to information to be able to make choices when making placement decisions

Communicating the SEND services and support available in Norfolk

- Services produce and develop their information in co-production with children, young people and their parents/carers
- Services ensure that information is easy to use and understand, helpful and up to date
- Children, young people, parents/carers and professionals work together to continuously review and improve the SEND Local Offer website.
- A wide range of communication methods is used to make sure that information is available to everyone who needs it

Preparing young people for adult life

- Children and young people are supported to take an active role in their community, including employment and living an independent adult life
- Children and young people are supported to understand and look after their health and wellbeing
- Education, health and social care services will work together with children, young people and parents/ carers to understand and meet the needs of children and young people
- Services are shaped by a clear understanding of the needs of children and young people and by reviewing the impact of services on their lives
- All children, young people and their parents/carers will know where to go for help and support with transition and preparing for adult life

What success will look like for children, young people, and families

- Children and young people are supported locally
- Children and young people are ready for education, training and/or employment

- Children and young people feel confident to aim high and have ownership of their future
- Three new specialist schools are opened and existing special schools have more places
- More than a hundred new places are created in our specialist resource bases
- Information is co-produced, accurate and reliable
- EHCPs are always high quality and within the required timescale

What success will mean for agencies working with children, young people, and families

- Everyone is committed to working together
- Services gather feedback and explain what they will do to improve
- Services respond to the changing needs of children and young people with SEND
- Settings confidently identify needs at an early stage
- Settings have the resources to meet needs
- Settings have an inclusive culture, supporting children and young people and their needs
- Improved quality and sufficiency of placements for looked after children with disabilities

Addressing Gaps in Learning

Why this is a priority

Face to face learning for children and young people, in a good school, is paramount to their achievement. Researchers from the London School of Economics and Political Science (LSE) and the University of Exeter found that pupils in England and Northern Ireland lost 61 of the usual 190 days of schooling on average between March 2020 and April 2021 (Covid: Pupils have lost a third of learning time). Whilst some flourished, based at home, with a diet of on line learning, some have not. This has caused learning delay and in younger children affected their language and social and emotional development.

National evidence supports the view that there could be a significant impact on individuals who have lost time in school. For example, a year in school can increase earnings in later life by as much as 8%. Losing a significant amount of time in school could therefore impact on adult economic prospects.

The gap for children who are disadvantaged and those who are not was already greater than we would want, both nationally and in Norfolk. It is estimated that this could be worse as a result of the time out of school.

For some children and young people, we know that there has been an impact on their mental health and wellbeing and their confidence to re-integrate into large, busy schools. For a small number of children this has led to behavioural challenges, and in a minority, sporadic attendance. Some primary settings are reporting an increased occurrence of incidents of self-harm and disordered eating and concerns regarding 'age/stage' inappropriate behaviour.

Many children, whose parents had opted for elective home education following the pandemic have now returned to school. However, in some cases they continue to be home educated.

Schools are experienced in catch up, so will be able to assess learning loss quickly and plan recovery programmes. They are expected to manage the impact of the pandemic – sensitively in terms of children's mental health and wellbeing, to manage the current impact on their staffing and children with a significant rise in cases in young people, deliver recovery programmes as well as return to normal in terms of a robust, rigorous and comprehensive school curriculum.

For the very youngest children we know there has been a significant disruption to their language acquisition and confidence. Learning through play with others is fundamental to language learning. Access to a programme of learning to

read, with regular access to age-appropriate reading material will have further compounded language development for some children. There is more time to catch these children up and schools will adjust their curriculum appropriately. However, a wider response across all partners, agencies and communities could enhance this further and close the gap more rapidly.

What needs to happen

Utilise the newly formed Norfolk Learning Board to address the key systemic priorities – initially to support recovery, and longer term to lead the system collaboratively

- Bring together the education sector leaders, from settings, schools and colleges, to work collaboratively, pooling expertise and resources, draw in co-operation and support from key partners and stakeholders to focus on systemic challenges, to champion and lead county-wide priorities for recovery initially and future learning development
- In Year 1 - establish two key workstreams. 1) Transition at all key stages of learning to deliver co-ordinated approaches and strategies to promote better transition across early years, primary secondary and post 16, and 2) Inclusion - integrating priorities around wellbeing, mental health, SEND, curriculum support and language development, and align with wider Prevention and early help model

Through the Education Training and Strategy Group (multi-agency partners) ensure alignment to NLB, Norwich Opportunity Area, secure commitment to enhance post 16 pathways, promote key national and local opportunities and programmes, ensure robust communication and equality of opportunity

- Create/develop and deliver online transition and IAG support activities including face to face, automated and Live chat IAG solutions
- Develop and deliver targeted support activities during Y11 and Y12 at groups of young people identified as being most at risk of not being in education, employment or training (NEET)
- Schools, colleges, and other post 16 providers will identify and refer young people in need of support and who meet the criteria to the Social Recovery programme

Identify wellbeing need in schools and provide a contextualised response that is outcome focused, meets need early where possible and provides training, support and curriculum activity

- Enhance the DfE wellbeing project, target specific education providers to enhanced support
- Provide universal and targeted relationships, sex and health education (RSHE) support to schools that ensure an effective curriculum is delivered to equip pupils with the knowledge, values and skills to promote their health and wellbeing, including supporting their peers as appropriate

- Create a thematic toolkit of resources, guidance and continuing professional development (CPD) opportunities to help schools and settings identify and effectively respond to established and emerging mental health and wellbeing related challenges

Work with schools and early years providers to support the identification gaps in learning, utilise appropriate assessment strategies and build a curriculum that addresses these gaps

- Focus on targeting maintained schools at risk of poor/ less robust curriculum progression /provision, and therefore adverse Ofsted inspection
- Establish a blended approach to curriculum CPD, and work with sector to develop and broker training and support – e.g. headteacher associations, Teaching Schools, Research School NLB, Norwich Opportunity Area etc.
- Support schools with promoting resourcing and teaching reading through targeted CPD

Improve language acquisition and social and emotional development for young children who have missed out on experiences to socialise and develop language

- Support community groups to develop and improve stay and play sessions for families with children 0-2
- Support more disadvantaged families to take up funded Early Years provision for 2-year-olds
- build on the expertise and expand the network of trained communications champions (Norwich Opportunity Area) to create a sustainable network of communication experts working across schools and early years providers.

What success will look like for children, young people, and families

- Gaps in outcomes for disadvantaged learners are narrowing and are smaller than those reported nationally
- Academic achievement in Norfolk schools returns to at least pre-pandemic standards, following re-introduction of testing and examinations

- A smaller proportion of young people in Norfolk are reported as NEET or with an unknown destination aged 16 and 17 compared to 2021 measures
- Outcome indicators related to language acquisition and reading are improving (EY Foundation Stage Profile, phonics screening check, reading attainment at KS1 and 2 in primary schools)
- Permanent exclusions remain lower than in previous years (pre pandemic), and continue to decline
- A higher proportion of disadvantaged two-year-olds benefit from high quality early education

What success will mean for agencies working with children, young people, and families

- Ofsted Outcomes for quality of education and personal development are better or at least in line with national benchmarks, LA maintained schools do not receive an adverse inspection judgement
- Education leaders enjoy better wellbeing and are more effective due to better joined up working to meet the challenges they face

Working together to deliver 'what works'

Alongside working together to achieve our four identified priorities, our Strategic Alliance partners each have strategies and plans which they have developed in order to deliver our wider responsibilities and ambitions for children, young people and families – what they want and need in order that they can flourish.

This strategy aims to complement and add value to these individual plans through identifying how we can work better together to help every child and young person to flourish, rather than duplicate anything that is well covered elsewhere.

There are significant areas where our partners' strategic priorities align. These common areas help us identify where working together makes most sense and will lead to the best results.

Common themes emerging across Strategic Alliance member organisations' strategies and plans include commitments to:

- Collaborate with and put children, young people and families' views and wishes at the heart of all decisions which affect their lives
- Provide help and support at the earliest possible stage, to prevent problems escalating
- Ensure there is sufficient, good quality provision which offers choice and flexibility
- Protect and care for vulnerable children, young people and families
- Improve social mobility, confidence, achievements and life chances for children, young people and families
- Provide smooth pathways into and through services, with fewer gaps and duplications
- Work holistically with children, young people and families on all areas impacting on their ability to thrive
- Provide children, young people and families with opportunities to become more resilient and to help themselves
- Improve accessibility and reduce inequalities and barriers to independence
- Work more efficiently and effectively and embrace innovation
- Collaborate and share resources
- Develop the skills of the children and young people's workforce

Building on these commitments, we have identified a range of areas that we need to focus on and secure through working together if we want to both deliver against the specific priorities identified in this plan and to enable children, young people and families to Flourish.

Several of the determinants will be actioned across FLOURISH and the four key priorities, because we know they are important areas of focus for all our work. Others are more specific to individual FLOURISH impacts.

Through the work of the Strategic Alliance across the children and young people's system, we will encourage, support and champion the focus on delivering these determinants so that all children and young people in Norfolk can Flourish.

FLOURISH Determinants

Universal determinants – applicable across all FLOURISH impacts

- Effective early identification and intervention
- Skilled and understanding workforce
- Choice and control
- Effective, accessible information, advice and guidance
- Aligned, easy pathways
- Targeted support
- Integrated system working
- Accessible, engaging opportunities
- Sufficient, effective support networks

Tailored Determinants

particular to individual FLOURISH impacts

family and friends

- Effective, accessible universal preventative services
- Risk and safety mitigation and management
- Edge of care support
- Safe, stable places to live
- Healthy peer relationships
- Trusted, safe relationships with adults

learning

- Effective, sufficient, high quality learning provision
- Access to life-long learning and skills development
- Inclusive and preventative practices
- Peer support
- Good home learning environments
- Engagement with learning

opportunity

- Understanding of inequalities and barriers
- Removal of barriers
- Availability of pathways

understood

- System commitment to participation
- Embedded co-production
- Empowerment of children and young people
- Engaging promotion
- Children, Young People and Family-led planning
- Feedback and encouragement
- Advocacy of children and young people's views

resilience

- Basic needs are met
- Effective transition planning
- Risk coaching and mitigation

individual

- Respectful relationships
- Promotion of understanding and acceptance
- Pro-active challenge from individual to system level
- Safe environments
- Peer support
- Inclusive, person-centred service design and delivery

safe and secure

- Safe environments
- Effective perpetrator deterrent and prosecution
- Preventative interventions
- Effective safety promotion
- Understanding of risk
- Community and peer understanding and support
- Effective, timely information sharing and communication
- Trusted relationships with adults and agencies

healthy

- Prioritisation of prevention and wellbeing
- Holistic approaches to clinical and social needs
- Healthy environments
- Understanding risk and impact of choices on healthy lifestyles
- Healthy behaviours

How we will know we are succeeding

Developing an outcome monitoring framework for FLOURISH

In setting out our strategy, we are able to call on a wide range of data and information from across our Strategic Alliance partnership as we think about children and young people's FLOURISH outcomes, the factors that affect them, and the impact of the support we provide to improve them.

This information, however, frequently relates to specific elements of children and young people's journey, or particular services, and we don't currently systematically bring this together to get an overall sense of individuals' experiences and outcomes, or a sense of the total impact of the Strategic Alliance's work.

Our aim is for our strategy, and the ongoing monitoring of its delivery, to be informed by an increasingly data and evidence-led narrative that enables the Strategic Alliance to identify issues and trends in how our children and young people are Flourishing and answers the "so what?" questions about whether we are making a difference.

Our approach will be based on an objective analysis of a range of data from across the children and young people system, using the skills and knowledge of analysts and professionals within partners' organisations, and collated into a set of key documents and products.

To support this, we will develop a systematic whole-partnership monitoring framework alongside the FLOURISH outcomes, to enable the Strategic Alliance to track progress against each outcome, and as a whole, using data and evidence. This will be supported by dedicated analytical and technical capacity within the data system & performance enabling subgroup.

The shape and nature of this framework will be set by the Strategic Alliance, but in line with good practice it is likely to include:

- A concise set of the most important outcome and progress measures for each FLOURISH impact area.
- An over-arching dashboard that brings all of these together into a single view, along with the ability to 'drill down' into more detail.
- Clear ownership of the monitoring of each of the FLOURISH impact areas, taking into account data sharing responsibilities and where the expertise lies to provide accurate, up to date context and further information.
- An agreed set of principles that describe how and when issues are highlighted or escalated to the Strategic Alliance and how data is collected, presented and reported.

- An annual cycle that includes:

  - A formal, published progress report and needs assessment, covering all FLOURISH impact areas.

  - a review of our priority measures, and any targets set against those, to ensure they are telling us the right information about the right people at the right time.

To inform the development of effective monitoring around the FLOURISH outcomes and impacts, we recognise we need to further develop our intelligence gathering, specifically around how children, young people and families feel about their lives. This work will be led by the Strategic Alliance's Stakeholder Engagement and Insight subgroup and will ensure the wishes and feelings of children, young people and their families are at the heart of the Strategic Alliance's measures of success and, therefore, the Alliance's decision making.

Partners


flourish

Item 11

Report title: Joint Health and Wellbeing Strategy update, next steps.

Date of meeting: 28 April 2022

Sponsor (HWB/ICP Member): James Bullion, Executive Director for Adult Social Services

Reason for the Report

The Health and Wellbeing Board (HWB) has a statutory duty to produce a Joint Health and Wellbeing Strategy (JHWBS). In the previous meeting (December 2021) HWB members agreed to, and commissioned, a body of work comprising various workstreams to better understand the impact of the strategy and gain insight into people's understating of, and attitudes to, prevention. This report aims to update members of progress particularly in the light of new guidance about Integrated Care Strategies and proposes next steps.

Report summary

The Health and Wellbeing Board has previously agreed an approach to refreshing the Health and Wellbeing Strategy, and members received an update about this at the last meeting. Since then, more details of the development of the Integrated Care System (ICS) have been published. This includes guidance specifically for Integrated Care Boards (ICB) and Integrated Care Partnerships (ICP), about the development of an Integrated Care Strategy which is intended to address the health and wellbeing needs of the community.

There is a clear cross-over between an Integrated Care Strategy and a Health and Wellbeing Strategy, and an opportunity to harness the collective leadership of the ICS around shared high-level health and wellbeing priorities. The Health and Care Bill is clear that areas do not have to prepare a new strategy if existing JHWBS are considered sufficient by NHS, local authority and community partners.

The current JHWBS covers Norfolk only, whereas the ICP includes Waveney. As such, an Integrated Care Strategy would need to ensure positive engagement and representation from partners and communities in this area.

This report summarises key discussion points from an ICP workshop (representatives from Norfolk and Suffolk were in attendance), held 23 February 2022, which was an initial exploration of the issues and opportunities, looking at the evidence gathered so far by the commissioned workstreams of the HWB. It recommends presenting a proposal to the inaugural ICP meeting, outlining initial priorities and plans for the Integrated Care Strategy.

Recommendations

The HWB/ICP is asked to:

a) Support bringing together the Norfolk and Waveney Integrated Care Strategy with the Norfolk and Suffolk JHWBS, to include the Waveney population.
b) Agree to receive a proposal at the inaugural ICP meeting, outlining initial priorities and plans for the Integrated Care Strategy. This proposal is to be developed collaboratively with partners.

1. Background - Developing an evidence base to guide the refresh

1.1 At the last meeting of the HWB, members agreed to support a process of reviewing and refreshing the JHWBS so it can continue to drive improvement and refocus our vision in a different landscape to when it was originally launched.

1.2 Aspects of this work are completed – including 1-2-1 interviews with HWB members in late-2021 – while some work is still underway to support this process. BritainThinks and Healthwatch Norfolk were commissioned to undertake research and engagement to help understand the impact of the strategy and gain insight into people's understanding of, and attitudes to, prevention.

1.3 This suite of work will support the scoping stages of the development of the Integrated Care Strategy and develop our approach moving forward. The commissioned work included participants from both Norfolk and Waveney.

1.4 **BritainThinks**

1.4.1 The primary objective of the research led by BritainThinks was to 'Understand the public's starting point on prevention: how they understand it; how important it is to them; the extent to which they engage with prevention interventions and recognise them as such'.

1.4.2 Secondary objectives were to: 'Support the development of a definition of prevention for the strategy that is meaningful to people' and 'Generate real-world case studies showing where prevention has had an impact on participants' quality of life'. To achieve the above, BritainThinks undertook a series of focus groups and interviews with people across Norfolk and Waveney.

1.4.3 This commissioned stream of work is now complete and colleagues from NCC will update members on findings and conclusions from BritainThinks during the meeting. Please see the subsequent presentation and paper for further information.

1.5 **Healthwatch Norfolk**

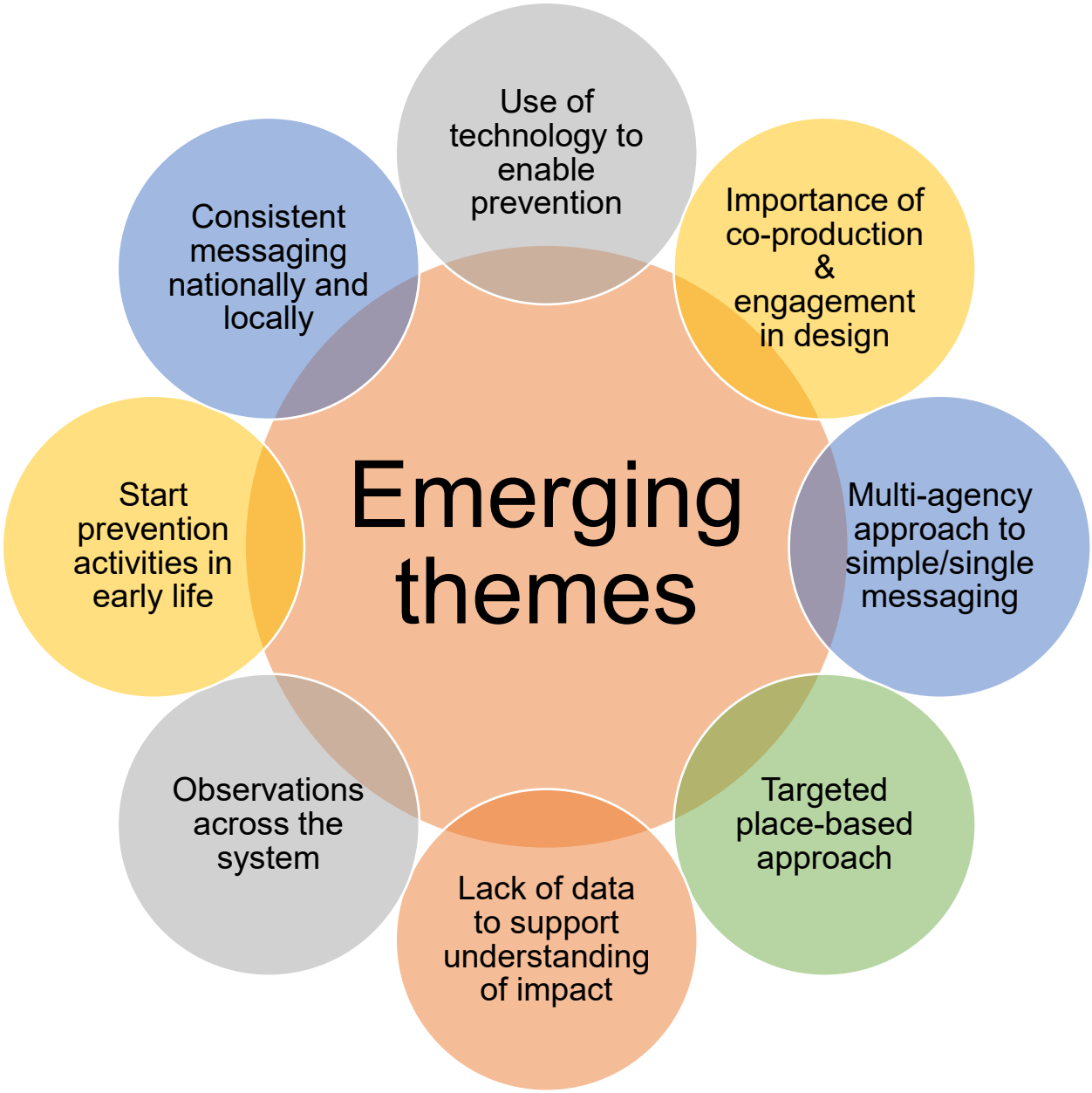
1.5.1 We commissioned Healthwatch Norfolk to complete a programme of work between October 2021 and April 2022. The overall aim of the project is to inform and support the development of the strategy in relation to the prevention priority. This comprised of desk-based research looking into best practice examples and neighbouring councils' prevention initiatives.

1.5.2 Considering the new guidance on the Integrated Care Strategy, focus groups with service users in both Norfolk and Waveney were completed, alongside and a wider survey to test the themes which have arisen from the former.

1.5.3 Completed activity:

- Three focus groups to explore prevention (the first with working-age adults, the second with older people, and the third with young adults).
- Telephone interviews with two young families.
- Engagement with over 60 individuals from local partner organisations to better understand work taking place in Norfolk and Waveney. Findings of this are yet to be reported.

1.5.4 Figure 1, demonstrates the emerging themes from Healthwatch Norfolk's activity:



1.5.5 Ongoing activity:

- A public survey, which closed on 28 March 2022, to test themes arising from the focus groups and gain a wider understanding of how the public have experienced prevention work to date.
- One-to-one interviews will be carried out with selected survey participants.
- Engagement with three county areas considered 'nearest neighbours' to view good practice around prevention.
- Develop case studies to illustrate key finds.

The final report will be delivered by 26 April 2022 and presented at the next HWB/shadow ICP meeting.

1.6 **ICP development session**

1.6.1 On 23 February 2022, a development session was held to discuss the formation of the Norfolk and Waveney ICP and to establish its membership and guiding principles. This was a very successful event and attended by nearly 70 councillors, council officers, health colleagues and VCSE representatives.

1.6.2 Subject to the passage of the Health and Care Bill through Parliament, the Norfolk and Waveney ICP will be in place from 1 July 2022. In developing the ICP, we were seeking to build understanding and consensus on the role, membership, and ways of working of the partnership.

1.6.3 The core objective of the session was to provide strategic challenge and insight to ensure the ICP is well placed at its formation to be a system leader within the new ICS. A key element of this was to formalise an approach to developing the new Integrated Care Strategy, which is required under the Health and Care Act, and how this relates to the JHWBS for both Norfolk and Suffolk. The following issues were considered:

1.6.4 **Combining HWB strategies and Integrated Care Strategy**

There was support for bringing together the Norfolk and Waveney Integrated Care Strategy with the Norfolk and Suffolk JHWBS, to include the Waveney population. The key benefits of this were seen to be:

- Reducing duplication and consolidating strategies.
- Norfolk and Suffolk's respective Health and Wellbeing Strategies are already well embedded and adopted and provide a strong strategic framework.
- Integrated Care Strategy introduces specific shared priorities which collectively the ICP will be held to account for.
- Emerging place and neighbourhood structures supported by population-based evidence through a comprehensive public health offer.

Alongside the benefits, it was recognised there were some issues which would need to be thought through and addressed – these included:

- Accountability and governance – with the requirement for two separate Joint Health and Wellbeing Strategies (Norfolk and Suffolk) and a single Norfolk and Waveney Integrated Care Strategy.
- Ensuring the appropriate balance between whole system priorities, and local priorities.
- The difficulties of data-sharing between Norfolk and Suffolk and aligning priorities.
- Covid recovery and the reactive nature of planning.

1.6.5 **Identifying the priorities for collective ICP action**

1.6.6 The establishment of the ICP offers the opportunity to prioritise those issues which cut across the whole system and can only be achieved through collaboration.

The guidance is clear, '…*that ICPs will play a crucial role within the system to bring together partners and look beyond traditional organisational boundaries to address population health, health inequalities and the wider determinants of health, by giving the space to look at complex, long-term issues that require integrated approaches to succeed.'*

And, '***Statutory guidance on the integrated care strategy should set out the challenges and opportunities*** *which are likely to be* ***best overseen by ICPs****, as opposed to the other parts of systems (places, local authorities and ICBs).'*

1.6.7 The Norfolk and Suffolk JHWBS are a good starting point to identify the overarching themes which have been adopted and supported, and provide a strong strategic foundation (see below).

Norfolk Health and Wellbeing Board strategic priorities	Suffolk Health and Wellbeing Board strategic priorities
A single sustainable system – working together, leading the change and using our resources in the most effective way. **Prioritising prevention** – supporting people to be healthy, independent and resilient throughout life. **Tackling inequalities in communities** – providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime. **Integrating ways of working** – collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them.	**Prioritising prevention** – embedding prevention into all pathways across health and care including Integrated Neighbourhood Teams (INTs). **Reducing health inequalities** – equity of service provision to meet population needs. **Promoting resilient communities** – through promotion of self-care early intervention and digital technology where appropriate. **Working well together** – taking collective action on health and wellbeing across a range of organisations.

1.6.8 Understanding how we can support people to live healthier lives as a system is vital. This should include proactive intervention, rather than the historic reactivity. This may mean the system reallocates resources in a different way to target the prevention agenda (rather than where the need is most urgent at that particular time). During the pandemic, different models of delivery with a common intervention have been proven to be a powerful driver for working differently. If this is used for prevention and targeting, this could have a big impact on people, but, there would need to be consensus on what the model would look like.

1.6.9 The workshop discussion asked attendees to build on the overarching themes, to identify some of the priorities where collective and collaborative efforts are critical to outcomes. These included:

1. Mental health and loneliness.
2. Life chances – children and young people, people with learning disabilities and autism.
3. Covid recovery, including waiting list reduction, preventing emergency attendances, and supporting primary care.
4. Workforce planning across the system.
5. Maximising technology.
6. Support for informal carers.

1.6.10 The guidance advises that the people and communities of the system need to be included in development and delivery of the strategy. Attendees suggested local engagement and information can plug data gaps and make data meaningful in the practical setting. The diversity of VCSE will also be a key asset in collecting, and advocating for, the views of local community groups. And there is an opportunity to harness outcomes relating to the development of the VCSE Assembly.

1.6.11 During the workshop it was noted, the pandemic showed us that behaviour change is possible. It's not simply about putting information and education in the public domain, as a system we need to connect with a range of people interacting with different services (i.e. housing staff helping people make a change around smoking, sign posting and starting conversations at an earlier point). Creating the conditions so people can make changes and bringing together agencies during the life course is key.

2. Next steps

2.1 The guidance proposes the below next steps and timeframe for developing the Integrated Care Strategy:

2.2 **Guidance indicative dates and activity timeframe:**

- **April – June 2022:** DHSC to engage with systems to inform the guidance on the integrated care strategy.
- **July 2022:** ICP formally established by local authorities and ICBs (subject to parliamentary passage). DHSC to publish guidance on the integrated care strategy.
- **December 2022:** Each ICP to publish an interim integrated care strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare to be published before April 2023.
- **June 2023:** DHSC refreshes integrated care strategy guidance (if needed).

2.3 The Department of Health and Social Care will include recommendations regarding engagement in the guidance, due July 2022.

2.4 Based on the above evidence gathering, and workstreams nearing completion, we recommend that the next steps are to work up a proposal which outlines the initial priorities and plans for the ICS. This can then be considered by the inaugural meeting of the ICP in July. This will need to take account of existing workstreams and acknowledge work being undertaken, or planned, across the system and, ensure the process is wide and engages partners across Norfolk and Waveney.

Officer Contact
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Item 12

Report title: Prevention Research, Feedback from BritainThinks.

Date of meeting: 28 April 2022

Sponsor (HWB/ICP member): James Bullion, Executive Director Adult Social Services

Reason for the Report

There is a statutory requirement for all Health and Wellbeing Boards (HWB) to produce a local, Joint Health and Wellbeing Strategy (JHWBS). The existing Joint Health and Wellbeing Strategy covers the years 2018-22 and now needs to be refreshed. The Board identified prevention as a key priority for the revised Strategy and this report details progress on the prevention workstream.

Report summary

BritainThinks were commissioned by Norfolk County Council, on behalf of the Health and Wellbeing Board (HWB), to explore what the public in Norfolk and Waveney think about prevention and how this may have developed during the pandemic. Importantly, how they understand it, how important it is to them, and the extent to which they engage with prevention interventions and recognise them as such. Secondary aims of the research were to develop a meaningful definition of prevention and generate case-studies to show the impact of prevention to people's lives. This will have a big impact on how we'll support the communities to recover. This report and the short film summarise their findings.

Recommendations

The HWB/ICP is asked to:

a) Discuss the report and endorse the findings.
b) Revise the HWB's definition of 'prevention'.
c) Create an action plan for incorporating findings into the Strategy refresh.
d) Review terminology in existing communication materials.

1. Background

1.1 At the last meeting on 1 December 2021, Members reviewed progress on the Strategy refresh. Updates about the Joint Strategic Needs Assessment, 121 interviews with Members, and the community engagement work undertaken by BritainThinks and Healthwatch Norfolk were provided.

2. Content

2.1 As part of covid recovery preparation, between September and December 2021, BritainThinks undertook a series of online interviews, focus groups and in-depth case studies with people living in Norfolk and Waveney. The aim of the research was to understand how people think about prevention. Information about the methodology and sample (including how people less digitally-enabled were involved) is included in the report.

2.2 The key findings were:

- For the public, there is a subtle but important distinction between healthy and being well.

- Primary responsibility for health and wellbeing is seen to fall to individuals. Covid-19 has heightened this sense of personal responsibility for participants, thinking about both physical and mental health.
- Despite agreement that the Council and partners have some role to play in supporting residents to be healthy and well, there is a lack of understanding of what this role looks like in practice.
- Although the language of prevention is not spontaneously used by residents, the concept itself is well understood.
- Beyond healthcare, there is a lack of awareness of what services might be available to help residents in Norfolk and Waveney stay well.

2.3 A secondary aim of the research was to develop a meaningful definition of 'prevention'. Participants considered the positive and negative aspects of various definitions and recommended particular words and phrases for the Health and Wellbeing Board to include in their communications. The fourteen case studies show the impact of preventative activities on peoples' lives.

2.4 The BritainThinks findings were used by Healthwatch Norfolk to shape their related research into service user attitudes towards prevention and a best practice review. Healthwatch Norfolk are currently carrying out fieldwork and a report will be brought to the Health and Wellbeing Board in June 2022.

Officer Contact

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

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IN TRAN communication for all

If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Norfolk County Council

Britainthinks

Insight & Strategy

Prevention Research

Full Research Report

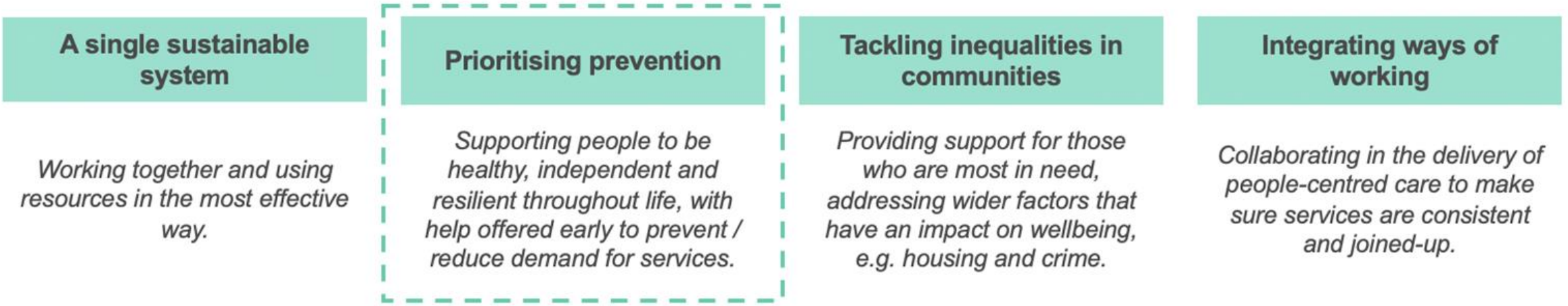
15th December 2021

Contents

1 Background and methodology

Background and context

- The Health and Wellbeing Board (HWB) works to lead health and wellbeing improvement for the people of Norfolk. In 2018, its strategy set the direction for the local health and social care system, and the HWB is now beginning the process of reviewing the strategy for 2022.
- As part of this, research was commissioned to explore the ‘Prioritising prevention’ priority of the HWB strategy more deeply.



Research objectives

1. **Understand the public's starting point on prevention**: How they understand it; how important it is to them; the extent to which they engage with prevention interventions and recognise them as such

Primary objective

2. **Support the development of a definition of prevention** for the strategy that is meaningful to people

3. **Generate real-world case studies** showing where prevention has had an impact on participants' quality of life. These will be used to help bring the strategy to life

Secondary objectives

Methodology

PHASE 1	PHASE 2	PHASE 3	PHASE 4
EXTENDED SET-UP	**INITIAL FIELDWORK: Understanding prevention**	**FOLLOW-UP FIELDWORK: Case study generation**	**ANALYSIS & REPORTING**
Immersion Rooting the project team in the Joint Health and Wellbeing Strategy and its priorities	**Extended focus groups** Lasting 2 hours and conducted over Zoom **In depth interviews with people who are not digitally enabled** Lasting 40 mins and conducted by phone	**Case study interviews** A number of participants complete a follow-up interview to probe on their responses and build case studies	**Final deliverables** PowerPoint report, including pen portraits
September	*October-November*	*November-December*	*December*

Recruitment sample: Initial fieldwork

	Groups 1 & 2: Teens	Groups 3 & 4: Single / pre-family	Groups 5 – 8: Children living at home		Groups 9 & 10: Empty nester
Online focus Groups	· Men / ABC1 / 16-17	· Men / C2DE / 18-34	· Men / C2DE / 18-34	· Women / C2DE / 35-44	· Women / C2DE / 55+
	· Women / C2DE / 16-17	· Women / ABC1 / 18 - 34	· Women / ABC1 / 18-34	· Men / ABC1 / 35-54	· Men / ABC1 / 55+
Depth interviews		· 4 x with those not digitally enabled			

Within our sample, we also recruited:

- Min. 5 in each group who are 'light' users of health and social care services, with max. 1 'moderate' service user per group
- A quota of ethnic minority participants to be reflective of the Norfolk CC population
- Those with long-term health conditions, physical and learning disabilities and mental health conditions
- A wide geographical spread, including participants from each of the district councils (including Lowestoft and South Waveney)

Recruitment sample: Follow-up fieldwork

Teens	Single/pre-family	Children living at home	Empty Nester
Jack*, 16-18, South Norfolk	Gina*, 19-30, North Norfolk	Kristin*, 31-40, Norwich	Scott*, 55-64, North Norfolk
Amy*, 16-18, Lowestoft and South Waveney	Catrin*, 19-30, Norwich	Louise*, 31-40, South Norfolk	Lisa*, 55-64, West Norfolk
Zach*, 16-18, West Norfolk		Don*, 31-40, South Norfolk	Paul*, 65+, South Norfolk
		Matt*, 41-54, North Norfolk	Pat*, 65+, Norwich
		Katy*, 41-54, North Norfolk	

**All names have been anonymised*

2 Key findings

Key findings

1. **For the public, there is a subtle but important distinction between healthy and being well**. Being 'healthy' is associated primarily with physical health; being 'well' is thought to have more holistic connotations, including mental health.

2. **Primary responsibility for health and wellbeing is seen to fall to individuals**, with personal responsibility heightened by the pandemic for most.

3. **Despite agreement that the Council has some role to play in supporting residents to be healthy and well, there is a lack of understanding of what this role looks like in practice.**

4. **Although the language of prevention is not spontaneously used by residents, the concept itself is well understood.**

5. **Beyond healthcare, there is a lack of awareness of what services might be available to help residents in Norfolk stay well.** This drives a sense that the onus is on the public to identify what support is in place and acts as a barrier to engagement.

To create as meaningful a definition of prevention as possible, the HWB Strategy needs to:

Broaden understanding of prevention

- Prevention feels most resonant when it successfully **speaks to wellbeing as well as staying healthy**.
- **Communicating the breadth of issues it can cover – including explicit reference to both mental and physical health** can help achieve this resonance.
- **References to community activities and engagement** also helps to broaden understanding and convey some of the benefits (e.g., inclusion in community life).

Use specific examples to bring it to life

- Prevention can feel quite abstract, so using **tangible, specific examples** can help make it feel more meaningful.
- To ensure relevance, these examples need to capture **a range of experiences, issues and elements** of prevention (i.e., not just focus on a specific audience or refer to a specific health condition).

Focus on the benefits to residents, not services

- Framing in terms of **helping people lead healthier lives** resonates more strongly than a focus on **reducing demand on services**.
- Any definition also needs to consider that **short-term benefits are more resonant than those in the longer-term**:
  - Which can feel too remote to be motivating.
  - And can encounter some scepticism about the extent to which prevention can help people into old age.

As noted above, there is a sense that the **onus is on residents to find relevant services**, with a significant minority in our sample **struggling to identify any support**, resources or services available locally. **Utilising the information channels through which others report learning about interventions**(GP surgeries, local newspapers/magazines, noticeboards in the community) could help raise awareness and increase salience of preventative interventions.

3 Current health and wellbeing behaviours

- Understanding ‘health’ and ‘wellbeing’
- Responsibility for health and wellbeing
- Perception of Norfolk and current services

Participants drew a clear distinction between what it means to be ‘healthy’, and what it means to be ‘well’

Being ‘healthy’ is typically interpreted as…

Eating well

Exercising regularly

Not smoking

Drinking alcohol in moderation

Whereas being ‘well’ is typically interpreted as…

What mood you’re in e.g., when you wake up

Whether you’re tired or stressed

Whether you feel life is going well / less well

Some participants spontaneously found it easier to describe times when they felt ***unhealthy*** or ***unwell.***

Being ‘healthy’ is interpreted relatively narrowly and is most commonly associated with physical health and exercise

- Spontaneously, participants across demographics consistently cite eating well (i.e. eating fruit and vegetables) and exercising regularly as the two key pillars of ‘being healthy’.
  - Many participants felt that these ideas came to mind after having ‘been told to’ repeatedly, for example by healthcare professionals or by teachers at school, and that these messages are deeply ingrained.
- When prompted, participants are able to consider what it means to be healthy on a wider scale, and raise a number of further considerations:

More frequently mentioned ← Reducing **stress** — Having quality **sleep** — Not **smoking** — Not **drinking** excessively — Getting **Vitamin D** and being outdoors → *Less frequently mentioned*

While participants acknowledge that several of these areas can have positive impacts on someone’s mental health, the concept of being healthy instinctively focuses far more on health of the **body** rather than the mind.

‘Being well’ is interpreted in a more holistic sense and incorporates wider considerations that are less under individuals’ control

- Participants unanimously agree that ‘being well’ speaks to a more day-to-day and wide ranging evaluation of someone’s physical and mental health.
- Mental health plays a larger role when thinking about being ‘well’, and extends far beyond individuals with diagnosed mental health conditions, and includes individuals’ moods, environments and situations on a varying basis.
    - For example, participants frequently point that that someone could be physically and mentally ‘healthy’, but be going through a difficult time, e.g. financially or as part of a relationship, and therefore might not be considered to be ‘well’.
- In addition to taking steps to be ‘healthy’, being ‘well’ takes into account a number of additional factors which are often seen as being less under an individual’s control:

Having **work-life balance**

Short-term illnesses like a cold or the flu

Having healthy relationships with family & friends

Being free of **financial worry**

“Being ‘well’ makes me think of mental health more. Like being healthy is eating your fruits and veggies...but actually being well in yourself...for example, do you wake up everyday feeling okay in yourself? Or are you kind of filled with negative thoughts a lot?”

Single/pre-family, women, ABC1

“If people are mentally unwell, that could be anything from speaking to a therapist to having to have a coffee [that could help].”

Younger parents, women, ABC1

Health and wellbeing priorities and perspectives are heavily nuanced across different life-stages

Teens	Pre-family	Parents	Empty nesters
• **Mental health** is felt to be the key challenge for this audience. • Those in rural areas also identify **challenges accessing sexual health support**. • In contrast to these issues, the important of eating well and exercise is thought to be well understood and is therefore much less of a priority.	• This audience most struggle to find the **motivation** to prioritise their health and wellbeing. • **Mental health** is also a priority for this group who describe using coping mechanisms to address their needs, e.g. focusing on their interests, meeting up with friends, practicing self-care.	• Parents most struggle to find the **time** to attend to their own health and wellbeing, instead putting more time and energy into keeping their children healthy. • For children, strategies primarily focus on **diet** and **exercise**, though many parents feel they are also battling against tendencies towards **screens** and **junk food**.	• Many empty nesters feel **their health and wellness baseline is different** to others, and are not convinced this is always taken into account. • They find it difficult to follow diets and fitness routines, often due to suffering from long-term physical or mental conditions. • As a result, they find it harder to pin down exactly what it is to be healthy.
"They could probably prevent more youth mental health issues - we maybe get one lesson on it a term, which isn't really enough." Teens, women, C2DE	*"I find it easier to spot triggers in my friends and to help them than to step back and help myself!"* Single/pre-family, women, ABC1	*"There are things like Parkruns every Saturday morning. I can't do it because of the kids but that's free to do."* Younger parents, women, ABC1	*"I've just gotten used to being how I am I suppose so I don't know if I could be better than I am..."* Empty nesters, women, C2DE

Similarly, gender can have a significant impact on the extent to which people feel healthy and well

Men

- Men across the sample take a '**practical**' and '**straightforward**' approach to being healthy, often focussing primarily on diet and being active.
- Many men in the sample are also engaging in discussions around **mental health** with greater regularity and purpose. These participants have a growing awareness and understanding of mental health issues, and feel a sense of duty to look out for other men in their lives to recognise when they may need support.

"I like to think that I'm good at spotting when a friend or an acquaintance [is low], and asking 'are you doing good?'"

Teens, men, ABC1

Women

- Women focus more on **balancing** their mental and physical health needs, with many feeling it is likely they will face additional barriers to achieving this balance throughout their lives.
- Women who are also parents felt an added **layer of responsibility and pressure** for taking care of their household. This makes it significantly harder to prioritise their own health and wellbeing, with several mothers describing a sense of **guilt** when they do try and take time out for themselves.

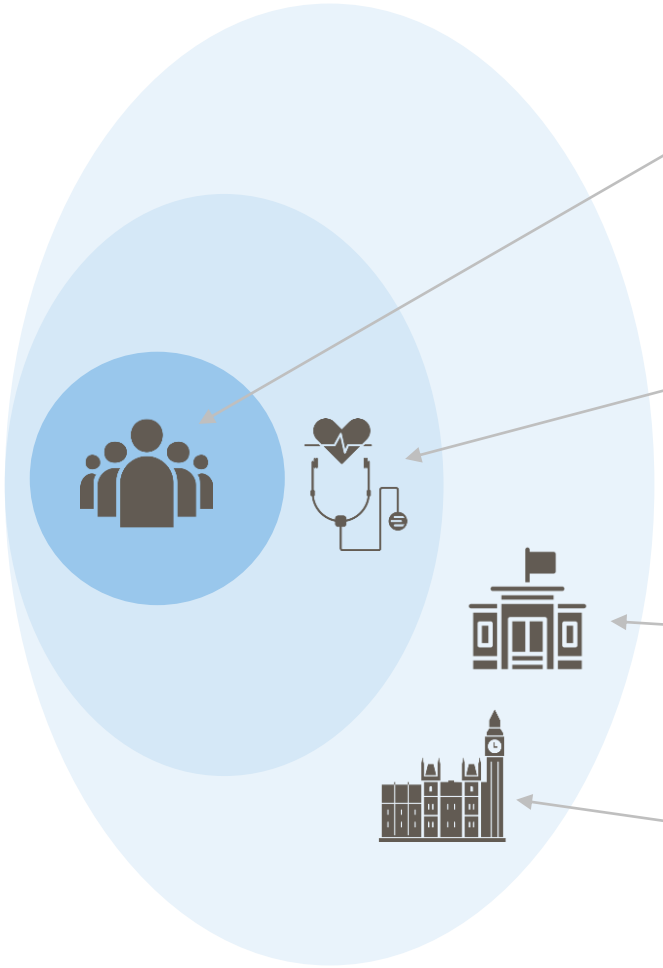
"I feel like my exercise is taking my kids to their exercise!"

Younger parents, women, ABC1

3 Current health and wellbeing behaviours

- Understanding ‘health’ and ‘wellbeing’
- Responsibility for health and wellbeing
- Perception of Norfolk and current services

Participants unanimously agree that individuals are most responsible for taking care of their own health and wellbeing



Individuals feel a strong sense of **personal responsibility** for taking care of their own health and wellbeing, and feel some responsibility for caring for immediate family members.

- This applies even when individuals know their own behaviour 'slips' (e.g., knowing that fast food isn't healthy but choosing to buy it anyway, or not exercising as much as they feel they ought to).

In addition to doing what they can to care for themselves, participants with physical and mental health conditions believe that **primary and secondary health services** have responsibility for helping them to stay as healthy as possible.

- Similarly, younger participants mentioned relying on specialist services for support around issues such as sexual health.

Participants did not feel it was the **council's** responsibility to be overly prescriptive about residents' health and lifestyle choices, but did feel they have a responsibility to ensure local services are available and accessible when residents need them.

Some also saw a role for the **UK Government** in creating policy that promotes health and wellbeing (e.g., imposing a sugar tax, encouraging active travel), as well as ensuring the NHS is able to function.

Covid-19 has heightened this sense of personal responsibility for participants, thinking about both physical and mental health

From our wider research including for Norfolk and Waveney Health and Care Partnership (NWHCP)*, we know that during the pandemic, keeping 'healthy' and 'well' became a more **top of mind priority** for the public.

While this focus has been predominantly on physical health, participants across all ages and gender emphasise the **increased importance of taking care of their mental health**:

Wider research and polling data has shown for some years now that the **stigma around poor mental health has started to be broken down.** There is widespread agreement that **this process has been accelerated by the pandemic.**

Interestingly, mental health appears to be one area where participants' understanding of the need to access support ***before*** reaching crisis point is clearer than it is for their physical health.

Across all life stages, men were just as likely as women to talk openly about their own mental health and that of their family and friends.

*Report can be accessed at www.norfolkandwaveneypartnership.org.uk/test/publications/previous-engagement-work/116-health-and-care-services-evolving-in-response-to-covid-19-research-report-by-britain-thinks/file.html

3 Current health and wellbeing behaviours

- Understanding ‘health’ and ‘wellbeing’
- Responsibility for health and wellbeing
- Perceptions of Norfolk and current services

The geography of Norfolk offers a range of opportunities to feel and be healthy

- Participants across Norfolk feel both proud and lucky to live in the county, and believe it offers a higher quality of life compared to other counties in the region.
- Norfolk is generally seen as ‘healthy’ place to live, with its natural geography allowing for fresh, clean air and low levels of pollution.
- Participants living in more rural areas of the county have a particular sense of pride in their communities, with many describing an increased sense of togetherness following the pandemic.

“I feel really lucky to live somewhere like this. There's so much countryside around… the air quality is really good.”

Older parents, women, C2DE

“If you’re walking past someone, they’ll say hello even if they don’t know you.”

Teens, men, ABC1

However, health services across the county are seen to be struggling to meet the needs of residents

- Many participants report difficulties securing appointments with GPs and other healthcare professionals (e.g. dentists) across the county, and assume this to be the result of lack of available funds or action from local government.
    - Some participants spontaneously acknowledge this has likely been exacerbated by the pressures of Covid-19.
- Some participants are able to point towards the impact cuts have had on local services, with services that have been lost from communities (e.g. Sure Start) often being more front-of-mind compared to those that are currently available.

When thinking about health and wellbeing of the community, the **local council is seen to be quite far-removed** from the lives of residents. For example, there is little understanding that local support services within the health and wellbeing space could be **funded or supported by local councils**, creating perceptions that support services in the county are **almost entirely community-led**.

"We used to have youth clubs before the pandemic but none of them have opened... I think that's a real shame, because I think it's desperately needed."

Teens, women, C2DE

"The Sure Start… was a preventative measure for mental health, being able to talk to other mums and know I wasn't the only one who thought that about something."

Younger parents, women, ABC1

Mental health services are identified as being particularly difficult to access in the county

- Participants believe that mental health issues are more prevalent than they have ever been, at both a national and local level, and particularly amongst younger generations.
- Some participants believe that the prevalence of mental health issues is particularly high in Norfolk, though this often stems from knowing people who have been diagnosed with mental health issues, rather than having something more specific to base this on.
- Many participants had either a sense or prior experience that it is difficult for Norfolk residents to access support for mental health. This is perceived to be caused by a lack of funding into mental health support as well as a lack of prioritisation of such issues by local health services.

Participants across all life stages show explicit concern for **younger generations** who are perceived to be struggling most acutely with mental health issues, even more so following Covid-19. While **depression and anxiety** are the most front-of-mind issues within this, some participants – including those from younger generations themselves – also worry about the prevalence of **loneliness and isolation**. There was a perception that services offering support for loneliness and isolation are targeted at much older people, meaning that younger people see these services as not 'for them'.

"I don't think any of us are blind to the statistics, that our demographic has the largest suicide rates."

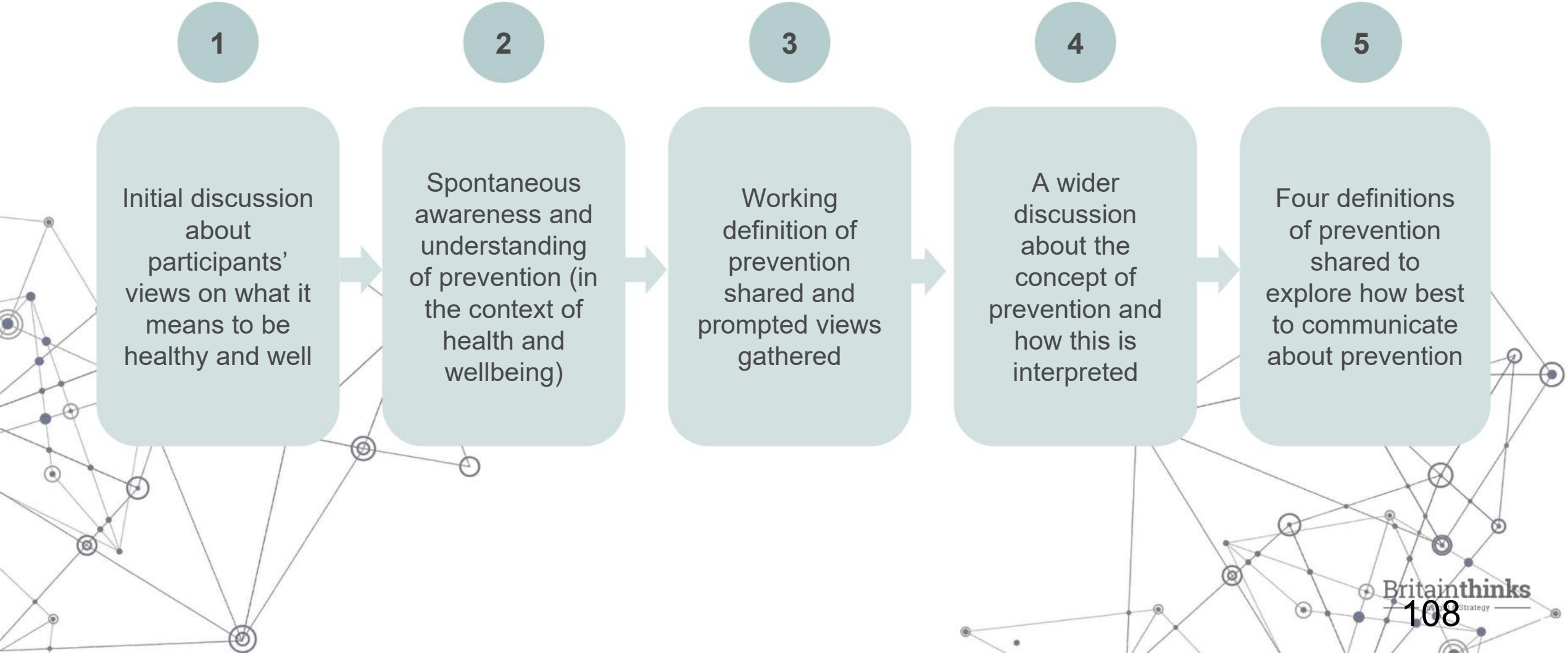
Younger parents, men, C2DE

"I had a one-to-one session with my GP and it felt rushed, it didn't feel like they were giving me the time of day. They just wanted to give me tablets… I didn't feel like it was me in control of it. If you went private, someone would see you tonight and charge you, but I don't think the funding is there for that publicly."

Single/pre-family, men, C2DE

4 Views on prevention

After initial discussions about health and wellbeing behaviours, we gathered spontaneous, and then prompted, views on prevention



Whilst prevention itself is a well understood concept, it isn't a term that participants use when thinking about their own health/wellbeing

'Prevention' as a concept is broadly understood…

It is spontaneously associated with **maintaining good practices** (e.g., around eating healthily, taking exercise, not smoking) **to prevent future problems arising**, with many referring to the idea that "prevention is better than cure".

"It's not a term we hear banded about but I understand it to be making good choices at an earlier age so they become habits."

Empty nesters, men, ABC1

…But few associated the term with their own approach to looking after their own health and wellbeing

- Front-of-mind associations of prevention tend to centre on things participants can control more closely themselves, like **stopping smoking** and **reducing alcohol or sugar intake**.
- A handful of participants feel that 'prevention' currently has **higher salience with the public** due to the narrative around Covid vaccinations.
- However, **it isn't a term that participants would use themselves** when thinking about their health and wellbeing.

"You hear about it a lot in relation to smoking - trying to stop people from starting, to prevent health issues."

Teens, women, C2DE

"I think it's become rife with Covid preventative measures, I associate it with jabs and things like that."

Younger parents, women, ABC1

When prompted, participants respond positively to a definition which gives a more holistic understanding of prevention

The following definition was shown to all participants to introduce the idea of prevention:

One definition of 'prevention' is a focus on supporting people to live as healthily as possible, both mentally and physically, to reduce the use of health services, including primary care, emergency services and hospitals, to prevent or reduce the escalation of health issues and to support people to remain as independent as possible.

- When initially reflecting on this definition, participants tend to think about prevention as **direct, clinical interventions** by a GP or other medical professional, e.g. screening, smear tests, tests for diabetes.
- However, many also highlight positively that this is a broad definition **aligns with health and wellbeing in a wider sense** (e.g., supporting people to live healthily).
- Although some found it hard to envisage what a preventative approach might look like in the context of mental health or emotional wellbeing, there was support for a **focus on both mental and physical health**.

"It could be anything from dietary advice to telling people to stop smoking."

Empty nesters, men, ABC1

"Mental health isn't as simple either, you can't just have a scan or test - it's a more drawn-out process."

Younger parents, men, C2DE

Participants were then asked to reflect on the forms of support or services related to health and wellbeing that existed in their local area, or that they had accessed.

Beyond health services, knowledge of what is available to encourage health and wellbeing is low

- Spontaneously, participants are **most likely to mention services associated with promoting physical health.**
  - This included clubs focused on diet and nutrition, e.g., Slimming World, Weight Watchers, as well as exercise classes.
  - Services to help people stop smoking and sexual health clinics / STI testing in schools were also mentioned.
- There was some awareness of local services designed to support **mental health or broader wellness**.
  - Including support groups (e.g., 'Men's shed' clubs, groups to target social isolation / loneliness).
  - And a small number had accessed Norfolk Wellbeing or other more 'formal' forms of support.
- Whilst participants in our sample are currently aware of, or are accessing some services, **a significant minority struggle to identify any support**, resources or services available locally.

"There's the man sheds, when blokes go in and fix things together with support workers there and things like that, but you've got to advertise it!"

Younger parents, men, C2DE

"There's things like Slimming World and Weight Watchers, but other than that, I'm not really sure."

Older parents, women, C2DE

There is a sense that the onus is on the public to find out about and access services

- All feel there is a **lack of information** about preventative services available which creates a sense that it is **individuals' responsibility** to find out about relevant services.
- Those who *are* aware of local services tended to have heard about them through a range of means:

More frequently mentioned

- Word of mouth

- GP surgeries (although acknowledge that given less frequent GP visits during the pandemic this is happening less regularly)

- Social media groups (largely Facebook)

- Local notice boards (outside churches, in community centres, in the Post Office etc)

Less frequently mentioned

- Local magazines/newspapers

"If you're looking into services and how you're going to achieve better for your local populace, I think you really need to start promoting whatever you're doing."

Younger parents, men, C2DE

"To be honest, I feel like I only see this type of stuff when I'm sat in the GP surgery or in the dentist. But how often have we all been there in the last couple of years?"

Empty nesters, women, C2DE

As well as low levels of awareness of what exists, participants also cite motivational and practical barriers to accessing services

More significant barrier

Less significant barrier

Barriers related to capability

Limited awareness of local services available

Awareness that services have been suspended and not been replaced

Barriers related to opportunity

Cost was cited as a (perceived) barrier

Lacking access to (public) transport

Not having time to access services

Feeling they have insufficient support to access services

Barriers related to motivation

Lacking motivation to access services (e.g., not seeing the benefits)

Issues not feeling like a priority for them / their family at the current moment

Where participants had accessed services, these are largely felt to have made a tangible difference to health and wellbeing

Case study: Norfolk Wellbeing

- Experiences of accessing **Norfolk Wellbeing** were largely positive: the advice given feels accessible and beneficial, with some courses particularly praised (notably those dealing with anxiety, depression and financial concerns).
- However, there is a belief that the service may be limited in its overall capability, particularly in terms of providing follow-ups to check that tools given during sessions are working in the longer term.

Case study: The Shoebox Community Hub

- A small number of participants had engaged with **The Shoebox Community Hub** in Norwich which offers different activities throughout the week as well as volunteering opportunities for local residents.
- The Hub allows these participants to feel more integrated in their community, and is felt to offer significant mental health benefits.
- Participants worry about the longer-term sustainability of the Hub, and feel the local Council could play a larger role in financially supporting organisations like this.

Whilst participants acknowledge that accessing these services does have a positive impact on their health and wellbeing, they often expressed this in terms of **short-term benefits** (e.g., seeing other people, learning new things or it being part of a regular routine) **rather than longer term benefits**.

However, this support is rarely identified as prevention – and those engaging with preventative interventions do not recognise them as such.

5 Communicating about prevention

To understand how best to define and communicate about prevention, participants were shown four definitions and asked to share their views on what works well / less well about each.

More resonant → *Less resonant*

Norfolk Health and Wellbeing Board

A shared commitment to supporting people to be healthy, independent and resilient throughout life. Offering help early to prevent and reduce demand for specialist services.

This includes:

- Creating healthy environments for children and young people to thrive in resilient, safe families.
- Delivering appropriate early help services before crises occur.
- Helping people to look after themselves and make healthier lifestyle changes.

Local Government Association

A shared and demonstrable commitment to a preventative approach, which focuses on promoting good health and wellbeing for all citizens.

Primary prevention: Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

Secondary prevention: Systematically detecting the early stages of disease and intervening before full symptoms develop – for example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.

Tertiary prevention: Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

Department of Health and Social Care

Prevention may sometimes be seen as a broad approach that covers more than just the delay or avoidance of poor health and a reduction in the use of health care services in older age.

Prevention in this wider sense includes not only the prevention or delay of ill health or disability consequent upon ageing but also the promotion and improvement of quality of life of older people, their independence and inclusion in social and community life as well as the creation of healthy and supportive environments.

Centre for Policy on Ageing

The term ‘prevention’ or ‘preventative’ measures can cover many different types of support, services, facilities or other resources.

There is no single definition for what constitutes preventative activity and this can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual interventions aimed at improving skills or functioning for one person or a particular group or lessening the impact of caring on a carer’s health and wellbeing.

Definition 1 - Norfolk Health and Wellbeing Board (Joint Health and Wellbeing Strategy, 2018-2022)

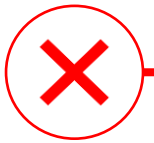
"A shared commitment to supporting people to be healthy, independent and resilient throughout life. Offering help early to prevent and reduce demand for specialist services.

This includes:

- Creating healthy environments for children and young people to thrive in resilient, safe families.
- Delivering appropriate early help services before crises occur.
- Helping people to look after themselves and make healthier lifestyle changes."

- Offering help early to enable individuals to be independent is a strong message which resonates with a majority of participants.

- Whilst many like the idea of a commitment to supporting people, others are unclear on what a 'commitment' would look like in practice, or are sceptical that they see this delivered.
- Framing prevention in terms of reducing demand for services is less resonant than focusing on prevention as a way of helping people to look after themselves. Participants understand the need for the former, but it can come across as asking the public to stay healthy so that the life is easier for both the council and the NHS. At worst, it may stop people asking for help because they don't want to put pressure on services.
- Understanding of what 'resilient' means here is mixed. Some interpret this to mean families 'that can manage on their own' i.e., won't need to seek support, which seemed at odds with participants' understanding of prevention.



- 'Crises' are thought to be quite dramatic, and therefore quite far removed from current understanding of prevention / seeking early help.

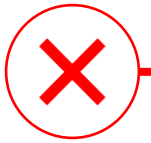
Definition 2 - Department of Health and Social Care (updated 2021)

"The term 'prevention' or 'preventative' measures can cover many different types of support, services, facilities or other resources.

There is no single definition for what constitutes preventative activity and this can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual interventions aimed at improving skills or functioning for one person or a particular group or lessening the impact of caring on a carer's health and wellbeing."

- Participants acknowledge that preventative measures are both wide-ranging and particular to individual circumstances.

- Whilst participants acknowledge that the variety within prevention makes it harder to pin down one definition, on balance this does not feel like a helpful – or confidence inducing – way to begin an attempt to define an issue.



- This paragraph is unanimously felt to be long-winded, and more akin to 'political speak'. This adds to an impression of this definition being unclear (and for some it also rings a little hollow).

Definition 3 - Local Government Association (2021)

A shared and demonstrable commitment to a preventative approach, which focuses on promoting good health and wellbeing for all citizens.

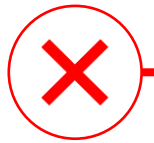
Primary prevention: Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

Secondary prevention: Systematically detecting the early stages of disease and intervening before full symptoms develop – for example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.

Tertiary prevention: Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

- Participants feel the use of headings is helpful in helping to structure and navigate the text.

- Whilst the principle of using examples to bring the definition to life is supported, these examples are thought to suggest clinical, rather than holistic prevention (e.g. helping people to eat healthily), with the consequence of narrowing the overall understanding of prevention.
- Some worry that very specific examples might exclude those for whom they don't feel relevant.



- The first clause is felt to be too dense, while some pick out 'tertiary' as an example of inaccessible language.
- Emphasis on 'disease', 'illness' and 'life expectancy' not only feels too strong, but is at odds to the rest of the conversation surrounding prevention.

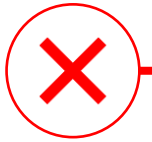
Definition 4 - Centre for Policy on Ageing (2014)

Prevention may sometimes be seen as a broad approach that covers more than just the delay or avoidance of poor health and a reduction in the use of health care services in older age.

Prevention in this wider sense includes not only the prevention or delay of ill health or disability consequent upon ageing but also the promotion and improvement of quality of life of older people, their independence and inclusion in social and community life as well as the creation of healthy and supportive environments.

- Much of the language in this aligns prevention with health and wellbeing in a broader sense, which is felt to be positive and intuitive (e.g. 'independence and inclusion in social and community life' and 'healthy and supportive environments').

- The focus on ill health and older people risks alienating younger audiences who feel this definition of prevention doesn't apply to them. For many, an important aim of prevention is embedding healthy habits early on, so that people avoid issues later in life, and that is thought to be missing here.
- There is also a view from some that it is impossible to 'avoid poor health' in old age.



- The second paragraph feels long (and is one sentence) and what are felt to be some of the key points (i.e., that align prevention with health and wellbeing in a broader sense) come very late on.

Feedback on these definitions highlighted a number of considerations for communicating about prevention in terms of both positioning and language.

To create as meaningful a definition of prevention as possible, participants highlighted the need to:

Broaden understanding of prevention

- Prevention feels most resonant when it successfully **speaks to wellbeing as well as staying healthy**.
- **Communicating the breadth of issues it can cover – including explicit reference to both mental and physical health** can help achieve this resonance.
- **References to community activities and engagement** also helps to broaden understanding and convey some of the benefits (e.g., inclusion in community life).

"I preferred this one because it was more community-focused, and it's more holistic than the last one."

Younger parents, women, ABC1

Use specific examples to bring it to life

- Prevention can feel quite abstract, so using **tangible, specific examples** can help make it feel more meaningful.
- To ensure relevance, these examples need to capture **a range of experiences, issues and elements** of prevention (i.e., not just focus on a specific audience or refer to a specific health condition).

"I like that it gives examples, the others didn't. It makes it easier to understand, it gives a clearer idea about what prevention should be."

Teens, women, C2DE

Focus on the benefits to residents, not services

- Framing in terms of **helping people lead healthier lives** resonates more strongly than a focus on **reducing demand on services**.
- Any definition also needs to consider that **short-term benefits are more resonant than those in the longer-term**:
  - Which can feel too remote to be motivating.
  - And can encounter some scepticism about the extent to which prevention can help people into old age.

"It screams more cost-saving than actually wanting to help people… The focus should be less on people using health services, but on people using health services in the right way."

Single/pre-family, men, C2DE

Participants were also able to identify language to 'use' and 'lose' when communicating about prevention:

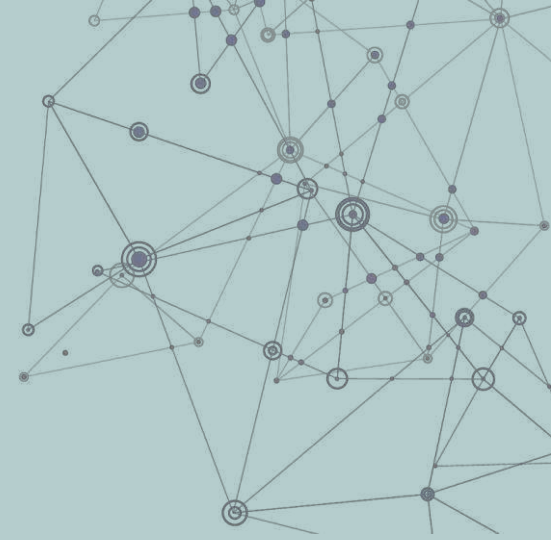
Language to use

- Language that emphasises **support**, particularly support to be healthy and independent (e.g. 'helping people look after themselves')
- Rooting prevention in the community by referencing the **environments that enable people to be healthy and well** (both physical and social)
- Language that **highlights the role of the individual** to align with feelings of personal responsibility
- Language that positions prevention as **seeking early help**

Language to lose

- Language which sounds too serious and **at odds with the idea of seeking early help** (e.g. 'crises').
- 'Corporate' language or jargon can ring a little hollow (e.g., 'a shared and demonstrable commitment')
- Overuse of **clinical-sounding** or **more complex terms**
- Language which **overstates what prevention can achieve** (e.g., stop someone getting ill) which can make it feel less credible.

Across all definitions presented, participants highlighted the importance of keeping language and sentence structure simple to ensure any definition is accessible and easily digestible.



6 Appendix: Case studies

Jack*	16-18	Teens, men, ABC1	South Norfolk

Jack lives with his parents and younger brother in South Norfolk, about a 20-minute walk from his nearest town centre.

In the week, Jack likes to play sports after school with his friends in the local park, and at the weekends he referees football matches for his local club. He also enjoys cooking, and feels it has a positive effect on his mental health by allowing him to be 'in his own bubble', while also allowing him to feel good by providing food for his family.

Jack believes that his local town has a lot of facilities which promote wellbeing, including cinemas, gyms, shops, parks, and also likes how the rurality of his area allows him to walk and cycle to most places. This can however mean that when the weather is bad, he is less inclined to go outside and is more reliant on his parents to drive him to out-of-school activities.

Jack has a positive outlook on his own health and wellbeing, reflecting that he has rarely needed to use local services or support groups. To maintain his sense of wellbeing, Jack puts a strong emphasis on both the need to stay active - whether this is in the form of physical exercise, hobbies or school work - and on spending time with friends and family. These contribute to being able to take his mind off any problems he may be facing, and thus to keep on top of his own mental health, as well as that of others.

Going forward, Jack feels there is room to improve online services. Currently, fears about not knowing which websites are trustworthy and giving away personal information mean that he is less likely to engage with these services, and he thinks more could be done to develop a level of trust with healthcare professionals online. This is particularly important for those like Jack who feels he can't always discretely go to the GP in person because of his dependence on his parents for transport.

Experiences of 'prevention'

Football refereeing

- Jack has started refereeing at t his younger brother's local football club. He feels this is not only something fun, but also a great way of keeping active outside school, and together these have a positive impact to Jack's mental health.

Cooking

- Jack loves cooking for his family. He feels this keeps him occupied and is good for his health and wellbeing, by both reducing stress and having healthy food as its product.

Looking out for others

- Jack noticed an increased need to look out for his parents' health and wellbeing during the pandemic, when things were noticeably more stressful for the family: *"stress is a very major factor in having bad mental health. It gets all over you and is really hard to get rid of, so it's really important to have someone to help you be able to get rid of it."*

Amy*	16-18	Teens, women, C2DE	Lowestoft and SW

Amy lives near the Suffolk-Norfolk border with her parents, and enjoys hobbies related to her studies, such as reading and watching documentaries.

Amy describes her area as quiet and 'in the middle of nowhere', with neighbouring towns generally too far to walk to. This means she perceives her local area as 'healthy' in that it has unlimited access to fresh air and open space, but less so from a social point of view, where Amy has at times felt isolated from her friends, especially during the pandemic.

Amy attends college in Great Yarmouth, and takes a 50-minute bus to get there each morning. The bus routes are not felt to be very accessible, with Amy needing to take multiple buses to get to Lowestoft or Norwich. This makes it more even difficult for Amy to meet up with friends outside of school due to the costs and time taken.

For Amy, the main factor in being well is finding a balance between work and college, socialising and alone time. Not being able to find this balance causes stress to build up and contributes to a sense of poor health and wellbeing. Amy found it particularly difficult to find this balance over lockdown, since she was not able to have the natural socialising that comes from school and in-person activities, and as a result felt less well compared to usual.

Amy's main engagement with her local area is with the Rangers group, and feels that groups like this are popular for her and others in her age group because it encourages them to spend time outdoors.

Looking forward, Amy feels that improving accessibility for community gyms would encourage more young people to make use of them, with cost and location currently being the main barriers to this.

Experiences of 'prevention'

Rangers

- Amy goes to Rangers, continuing on from Scouts which she started at an early age. She enjoys this as a chance to make the most of the surrounding countryside, as well as mixing with a separate group of friends from school. It keeps Amy active and busy, contributing to a strong sense of both physical and mental health.

Online resources

- Amy uses the NHS website as her main source of information about health and wellbeing, considering it to be straight to the point, with useful information and a suitable layout. This is preferred to other parts of the internet, which are not considered so rational or authoritative: *"Google just tells you you're dying."*

Zach*	16-18	Teens, men, ABC1	West Norfolk

Zach lives in West Norfolk with his parents who both work from home. His hobbies include gaming and programming, which he does primarily to relax and socialise but is also useful for school projects.

Zach goes to college in Kings Lynn, and had mixed attendance pre-Covid due to an ongoing health condition. This causes pain to flare up, which means that when Zach goes to college he does so by taxi, but he is equally used to being emailed work to do from home - he even described Zoom lessons during the pandemic as a step up from his prior schooling arrangements.

In part due to his condition, Zach sees 'health' and 'wellbeing' as two separate things. Some days he can wake up not feeling 'healthy', for example because he is in pain, but nonetheless he can feel 'well' and able to get on with life. Being with friends often gives Zach a chance to shut off from the physical pain he is in, although he feels that having to repeatedly explain his answer to the question 'how are you feeling?' can sometimes do more harm than good.

Zach feels like his nearest town doesn't have a large number of services, but it does have everything you need, unless it's specialist. This includes a town hall which puts on activities, support groups and plays, as well as the library which hosts reading groups. While there is a lot going on for physical health, Zach feels like young people are often made to feel alienated from some of the activities related to emotional wellbeing because there is a much greater focus on services for the elderly.

Going forward, Zach would like to see more of a partnership between schools and the council to physically take pupils to see and experience what H&W groups are on offer, e.g., by having a school trip one afternoon, rather than just telling them about it.

Experiences of 'prevention'

Mental health services

- Zach used mental health services at the Queen Elizabeth Hospital because his condition required him to have injections and he has a chronic fear of needles. He feels bad that he 'skipped the queue' by being referred directly from his GP, but said that the services were otherwise very good.

Gaming

- Through gaming, Zach feels he can try to keep on top of his friends' mental health. For example, he can see when a friend hasn't logged on for a long time, and might to check in on them accordingly.

Issues with accessibility

- His nearest town has a leisure centre and swimming pool, but since the pool is not heated it makes Zach's condition more painful. As a result, he hasn't been for a long time: *"It feels like none of the physical activities that went on really matched up with my condition, but I recognise that that's really hard to do."*

Gina*	19-30	Pre-family, women, ABC1	North Norfolk

Gina is a university student, and lives with her friend in North Norfolk. In addition to her studies, Gina works at a salon where she has been on-and-off for the last six years.

Gina enjoys living in her area because it is neither too rural nor too urban; she feels there is a close sense of community, without it being too cramped and without her knowing every person on the street.

Her town is also felt to have a good range of services that promote health and wellbeing, for example having a number of gyms in accessible locations. Gina feels that exercise has both physical and mental benefits, and enjoys going to spinning classes with her friends, as well as taking walks in the surrounding area.

For Gina, other important elements to staying healthy include cooking and healthy eating, though she is also wary of being overly focussed on this. She believes it is often necessary to cut herself some slack and find a balance, for example allowing to herself to have a takeaway now and then, for the sake of good mental health.

In terms of support, Gina feels that the main barrier for young adults is cost, along with a lack of groups and services that run outside of working hours. She feels activities are often run on a very small-scale, and if that if they were opened up to more people it might might them more cost-effective, and therefore affordable.

Gina thinks that awareness of local community groups spreads predominately through word of mouth, but believes that giving people the option to opt in to receive information by post would be an effective way to get more people talking about it.

Experiences of 'prevention'

The Skills Network

- Gina is currently completing a Level 2 Mental Health course with the Skills Network. This includes an overview of conditions such as OCD, bipolar, depression and anxiety, and also treatments for these. Gina found out about this through doing previous courses with the Skills Network, and feels it is a suitable level to complement her academic workload, as well as also being a relevant subject area for her degree.

Spinning

- Spinning classes are a way of keeping fit which Gina and her friends enjoy. Gina says a large part of getting there is through motivation from her friends. They know that once they've been, they always feel both physically fitter and happier.

Concerns about cost

- Gina keeps in touch with local activities in her town through a Facebook page, but is often put off attending certain groups because of the cost. Zumba classes were a notable example, being £9 per hour in town, compared to only £3 or £4 for if she were to go at university.

Catrin*	19-30	Pre-family, women, ABC1	Norwich

Having lived in Norfolk all her life, Catrin has recently moved into a flat in Norwich city centre where she currently lives alone. She works as an account manager in a role that is almost entirely home-based, so has to be extremely proactive when it comes to looking after her mental and physical health and wellbeing.

She loves living in Norwich, finding that there is always something happening in terms of socialising, entertainment and culture, and sees it as a healthy place to live due to the ease of accessing gyms and healthcare appointments. However, during her recent yearly check-up she was made aware that exposure to higher levels of pollution has made her asthma slightly worse.

Catrin sees a clear link between her physical and mental health. She was diagnosed with anxiety in her teens, and has found ever since that moving and being active makes her feel better. This has become an increasingly prominent focus since accepting a job that is largely home-based and moving to a flat by herself, and she looks therefore looks to take a walk each morning alongside other forms of exercise throughout the week.

Catrin recognises that social isolation could become a pressing concern for her in the future. As a self-proclaimed extrovert, she feels that being alone all day can rob her of a social release, and she is currently having to be proactive in terms of engaging with classes that have a social element and FaceTiming friends to maintain her mental wellbeing.

Despite this concern, Catrin doesn't feel the need to actively seek support via local services, and would be more likely to change her working or living situation first. She is focussed on looking after her own wellbeing, and believes most support – aside from her GP – is aimed at people who are older than her.

Experiences of 'prevention'

Going to the gym

- Catrin strongly believes that regularly attending the gym is paramount to being mentally and physically well. This kind of physical activity helps her manage her anxiety, and going to the gym after a stressful day at work allows her to properly process her thoughts and 'switch off'.

Dance classes

- Since moving to Norwich, Catrin has been looking for an activity that provides a physical release whilst also being social. She has recently taken-up dance classes which she is really enjoying, and which has enabled her to meet new people locally.

Adjusting her diet

- Having recently found out that she has Coeliac disease, Catrin has been struggling to find ways to adjust her diet. She spends a lot of her spare time searching for recipes, often with little joy, and wishes there was a service that could better support with advice on diet and nutrition.

Kristin*	31-40	Younger parents, women, ABC1	Norwich

Kristin works for a small company which provides training for electricians and engineers. She lives with her husband and five-year old son.

Until last year, Kristin worked in housing. Whilst she had enjoyed the work, when the pandemic hit Kristin found she was not only working lots of overtime but also taking the emotional strain from work home with her. This became too much, on top of looking after her child, as well as her husband who until recently worked regular night shifts.

Significantly cutting the hours and stress of her work has made a huge, positive difference to Kristin's work-life balance, her ability to spend time with her family, and consequently her mental wellbeing.

In terms of health, fresh air is a key focus for Kristin. She gave up smoking just before having her son. She enjoys taking her son on regular trips out to the park and ensures that their house is always well-ventilated.

Kristin considers funding to be the principal barrier to engagement with community groups. She is familiar with lots of publicly funded groups that are no longer available and/or have had their funding removed, such as seated exercise groups, 'Knit n' natter' groups for elderly residents, and Sure Start for new mothers.

While she is aware that funding for services is lacking nationwide, Kristin believes that local councils can be cost-effective by targeting specific demographics within the local area - e.g., youth, elderly, mums, dads - and tailoring activities and timings to their needs.

Experiences of 'prevention'

While Kristin *was not currently engaging with any preventative services, she was able to identify several examples of where she feels prevention can make a real difference:*

Cancer screenings

- Kristin's friend was screened for various types of cancer and offered a hysterectomy on the basis that there was a very high likelihood of developing cervical cancer. This is an obvious case of 'prevention' for Kristin, whereby acting now reduces the risk of something more serious (as well as large amounts of time and emotional strain) happening further down the line.

Community groups

- Kristin felt strongly that local services are forms of prevention for both physical and mental health, for example: new mums being able to meet fellow new mums at a Sure Start group, reducing chances of post-natal depression; groups providing elderly people with a chance for exercise as well as combatting loneliness; 'Men Shed' or similar, preventing depression in adult men / dads.

Louise*	31-40	Younger parents, women, ABC1	South Norfolk

Louise works in a primary school and lives in rural South Norfolk with her partner and three children. Louise loves her more rural lifestyle, and feels it provides different opportunities for her children compared to them growing up in the city.

Louise has suffered for a number of years with depression and anxiety. Louise feels hopeful about her future having had more positive experiences recently, including meeting a new partner and moving into a larger home with her family and dogs.

Following the birth of her second child, Louise's previous relationship began to break down. Her ex-partner was unsupportive, and Louise was left raising two children with very little time for herself. Louise describes a slow decline in her sense of self during this time, something which was worsened by financial difficulties. Eventually, Louise's mental health deteriorated to such an extent that she was given an emergency referral on the basis she was suicidal.

Louise feels strongly that mums in general do not speak enough about the difficulties of raising children in addition to running a household, and was surprised during the main phase of research that other mothers only seemed to speak up about their struggles following admission by someone else in the group.

Louise's recovery has been slow and gradual, and started with her doing something for herself each day. Now she is in a healthier relationship, she feels she has been able to prioritise herself to a greater extent, and now attends yoga each Monday evening.

Experiences of 'prevention'

Support from her GP

- Louise speaks very positively about her experience with her local doctor once she started engaging with support when she was depressed. She felt her GP validated what she was experiencing, which helped her to know she was not going through it alone.

Norfolk Wellbeing

- At Louise's lowest point, she was given an emergency referral from her doctor to Norfolk Wellbeing on the basis she was suicidal. She received a letter offering group therapy with others struggling with similar issues, but felt this was unsuitable for her at the time. The other alternative was CBT which she opted for, but there was no follow-up on this. Louise now feels that if she had been able to access the CBT at the time, she may not still be on regular medication for depression and anxiety.

Point 1 Counselling (for 0-18 year olds)

- Following a physically abusive incident between her ex-partner and her daughter, Louise referred her daughter for counselling with Point 1. Louise has been notified that her daughter had been added to the waiting list, but is yet to receive support.

Don*	31-40	Younger parents, men, C2DE	South Norfolk

Don has three children aged between 9 and 11, and lives in a rural village in South Norfolk. Don is a groundworker and his wife is a cleaner, meaning they are both out of the house often throughout the week, working together to meet the demands of parenthood.

Don has lived in South Norfolk all his life, having moved between a small number of villages over the years. He enjoys being outdoors very much, and feels other residents could do more to take advantage of the local surroundings.

Don has a keen interest in physical and mental health, and has a higher awareness than most of the benefits of early intervention. Having suffered from depression in early adulthood, Don's outlook on life has changed significantly following therapy. He is now an advocate for his children and those around him in developing healthy relationships with both people, oneself, and technology.

Don is particularly concerned about the mental health of future generations and tries to limit their use of technology, hoping to instil an understanding that there are other ways to occupy their time. He ensures the family gets outside at weekends, and is passionate about teaching his children the importance of feeling comfortable being alone, something he feels will be an increasingly important in the future.

Don believes that people often get stuck in a rut, and that in this case, it is up to the individual to make positive changes. However, going forward and where this is combined with additional factors such as lower incomes, Don feels the council has an important role to play in supporting these residents, e.g. with discounted memberships to gyms.

Experiences of 'prevention'

Going to the gym

- Don feels strongly about the link between being physically active and the positive impacts this has on his mental wellbeing. He attends the gym most evenings after dinner to allow himself some alone time where he reflects on the day's events whilst also working on his overall fitness.

Mountain biking

- Each weekend, Don takes his mountain bike to a local trail where he meets with other mountain bikers. While this is an opportunity to be physically active and outdoors, he predominantly feels mountain biking is a way for him to be social and interact with others.

Cognitive Behavioural Therapy

- In his early 20s, Don struggled with his mental health. Eventually, he self-referred and accessed mental health support (which he was initially reluctant to do out of fear of not being taken seriously). Don feels mental health support could be improved by having a resident mental health nurse in larger GP surgeries so support can be accessed more informally.

Matt*	41-54	Older parents, men, ABC1	North Norfolk

Matt lives in North Norfolk, where he moved 20 years ago after leaving the army. He lives on his own, but is close to his children who live nearby.

He feels he is very lucky to live where he does – he is in easy reach of the coast and is surrounded by green spaces. He makes the most of this by looking up new walks on an app he's recently downloaded, and through his main hobby – going out with his metal detector.

However, Matt feels that his local town doesn't offer many opportunities to be healthy and active beyond this (for example, he wishes that there were healthier options to eat out and not just takeaways) and has concerns about pressures on local health services, particularly with lots of new houses being built locally.

Matt feels his time in the army has taught himself to look after himself, particularly in terms of keeping fit and active. He currently works for a ready-mix concrete company, and enjoys still having a role that requires physical effort.

Matt struggled with his mental health following the breakdown of his marriage, and was referred to Norfolk Wellbeing via his GP. Beyond this, he feels he has limited awareness of support available locally, particularly for emotional wellbeing – with a sense that the support that does exist is aimed at older people (e.g., Meals on Wheels).

As he has got older, Matt feels he's become much more conscious of his physical health, particularly having had an active career. He feels that, if he were to be in similar physical and mental shape in five years' time, he would be happy and believes that he is taking steps (for example, resuming his gym membership) to work towards this goal.

Experiences of 'prevention'

Norfolk Wellbeing

- Matt struggled with his mental health when his marriage broke down and felt very isolated. He went to his GP for an initial assessment and was referred to Norfolk Wellbeing for a six-week course after a short wait. He was able to access 1-to1, in-person support which he found very valuable, although felt it ended quite abruptly and that he would have benefitted from follow-up care or someone to check in after the course finished.

Going to the gym

- Matt used to go the gym regularly in the past, and describes feeling at his most healthy and well post-workout. He has a gym membership although hasn't been much recently. However, he is planning to start going again, and is encouraging his son to come with him as he feels it will benefit his son's mental health.

Metal Detecting

- Matt's main hobby is metal detecting, which he describes as 'physical exercise and mental therapy': he feels it offers him the chance to get outside, be physically active and spend time with other people with similar interests.

Katy*	41-54	Older parents, women, C2DE	North Norfolk

Katy lives with her partner in rural North Norfolk near the coast. Her teenage daughter has recently moved to boarding school after finding the Covid-19 lockdown and online schooling very isolating.

As a freelance photographer and filmmaker, and with her partner often working away, Katy has found herself slowly adapting in recent months to a new lifestyle without her daughter at home where she has far more time and agency over her routine.

Katy describes this as liberating, and has started to reprioritise her own health and wellbeing after years of deprioritising her own needs in lieu of her daughters'.

She is increasingly making use of the local environment which she feels incredibly lucky to be surrounded by. Katy feels privileged to live where she does, and feels her location is very quiet and secluded. After recently exploring some of the local seaside towns, Katy describes feeling shocked at the levels of poverty in the county, which feels far-removed from where she lives.

While Katy finds that the greenery around her has already had a positive impact on her mental wellbeing. She is keen to use the flexibility of her new schedule to lose weight and boost her self esteem, and hopes in to be walking through the hills in future with her camera in tow.

Experiences of 'prevention'

Community magazine

- Katy is the organiser of the local community magazine which covers 8 parishes in her local area. While at the moment there is little space for advertising of local support groups, Katy feels that with support from the local council, community magazines could be valuable opportunities to increase awareness of local groups that are available, particularly for those in more rural areas. Katy feels it is currently very difficult to know what support is out there, and feels that the number of support groups around her have diminished over the years due to funding cuts.

Bereavement support

- Katy found it incredibly difficult to find support after going through a traumatic bereavement. She ended up accessing support through a Methodist Church in her local area which she felt was poor quality. As a result she feels far more needs to be done to provide similar forms of support earlier on for Norfolk residents.

Alcoholics Anonymous

- A number of years ago, Katy ran her local AA group after supporting her partner with his alcoholism, however ended the sessions after residents stopped attending. She found the experience of setting up the group to be very self-led and independent, with little involvement from other local services. Katy now wonders about restarting this group, and worries that post-Covid there are more people across the county who struggle with addiction who may currently lack support.

Scott*	55-64	Empty nesters, men, ABC1	North Norfolk

Scott has lived in North Norfolk nearly all his life. He lives on his own, although is only about a 10 minute walk away from his mother, who he sees every day. He feels his local town has changed very little in the last fifty years, and being surrounded by the common, woods and beaches means he has easy access to nature.

He currently works part-time as a lab technician, and when he isn't working he spends time looking after his collection of tropical fish, and also likes to get out and walk his mother's dog every day.

Scott feels that living on his own makes it harder to stay both healthy and well – he feels he often lacks motivation to get outside, see people and be active, and to cook for himself, which makes it easier to rely on ready meals and takeaways.

Scott has anxiety and depression and he is acutely aware of his mental health. A few years ago, he had a sever anxiety attack and was taken to hospital. Following this, he was referred to local mental health services which he has been accessing fairly regularly since. This support has been beneficial, but can often feel quite inconsistent and sporadic, which adds to a sense that local services are stretched and hard to access, particularly in rural areas.

He feels he is becoming increasingly conscious of his physical health too – he was recently diagnosed with arthritis in his shoulder and he's aware he's starting to slow down a little, although still tries to keep as active as he can.

Scott likes to keep up to date with what's going on locally through newspapers and social media groups. Through this he's come across a number of groups available locally aimed at fitness and exercise, as well as the 'Man Shed' which he's considering joining.

Experiences of 'prevention'

'Man Shed'

- Scott found out about a men-only discussion group in his town at the start of last year, but it closed down during lockdown. Now it's re-started, he is interested in joining, although isn't sure about who else attends and whether it's the right support for him – but feels he should give it a try.

Change Grow Live

- In the past Scott has struggled with alcohol abuse, related to his depression. He accessed support from 'Change Grow Live' which he found useful, but wanted something more than just 'talking about things' (although isn't sure exactly what that support could look like).

Local museum

- Scott has recently become a volunteer at one his local museums, which he feels is a good way to meet people and help get him out of the house.

Lisa*	55-64	Empty nesters, women, C2DE	West Norfolk

Lisa has been based in Norfolk for the last 20 years, and she now lives in a small village on the outskirts of the town with her husband. Lisa works as a sales assistant in a local supermarket, whilst her husband does odd jobs around the village now he is retired, meaning they are both out of the house throughout the week.

Lisa loves her local town and surrounding area, feeling that it has a lot in terms of local amenities such as shops, cafes and leisure facilities (e.g. a local pool). However, she is concerned that it is growing too quickly, which is having a knock-on effect on the availability of public transport and access to medical appointments.

Her biggest health concern relates to weight, which is something she feels is increasingly difficult to lose or even maintain with age. She exercises almost every day by taking her dogs on walks in the local area or further afield, but does not necessarily feel this is enough. Ideally, she would like there to be more widely accessible support available to help her make healthier choices, as those currently on offer tend to be too expensive for her.

Whilst Lisa does feel that exercise and mental wellbeing go hand-in-hand, her experience of looking after her own mental health has been very difficult and she is particularly concerned about how the younger generation will cope in the future. She has taken a low-dose of anti-depressants to help her deal with stress and anxiety for several years, but has recently been seeking alternative remedies and is now using passion flower and B12 tablets on the advice of her friends.

Lisa sees attempting to stay fit and healthy as primarily up to the individual, but feels more should be done by GPs to support those who find this difficult due to factors such as lower income or mental/physical barriers.

Experiences of 'prevention'

Slimming World

- Lisa feels that maintaining a consistently good diet is one of the biggest challenges to staying healthy, and appreciates the structure she receives from groups such as Slimming World and Weight Watchers. However, she believes they can be quite intense, and the cost is proving to be increasingly prohibitive.

Yoga

- In recent months, Lisa has begun to take part in yoga classes through an instructor she found on Facebook. She feels it is a good opportunity to be physically active, practice mindfulness and socialise, but it feels expensive and that she is likely to stop going as a result.

Swimming

- Aside from walking the dogs, Lisa also tries to use her local pool frequently. She sees it as a cheaper and more flexible form of exercise, however is concerned that it is always under risk of closing due to Covid-19 and does not offer the same social elements as other forms of preventative support.

Paul*	65+	Empty nesters, men, ABC1	South Norfolk

Paul lives in South Norfolk with his wife and two dogs, keeping their caravan on the coast, near Cromer, which they try to visit as much as they can. Paul plans to retire in the next couple of years and spend the majority of the year in Cromer by the coast.

Paul currently works for Royal Mail. He works 5am-2pm, which he says can be tough as it doesn't leave much time for him to do other things once he has come home and walked the dogs, as he is tired by the evening.

Paul has arthritis, which predominately affects his shoulders and back, but more recently has begun to affected his knees and elbows too. He has had multiple operations on his back, and has been taking medication for a long time. Despite this, Paul feels well in himself, and his mind is often taken off the pain as well as the stress of work when he is with friends, in his greenhouse or walking the dogs.

Walking plays a big role in Paul's sense of health and wellbeing, with him defining 'healthy' as "being able to get out and about." Having had a dog that died a few years ago, Paul says that he and his partner could feel the negative impact that this had on their daily routine. With his two new dogs, Paul goes on walks that are at least 3 miles long, which he says keeps his weight down as well as his spirits up.

Paul is aware of numerous activities that take place in the village hall, and in particular notes the number of older people who can play sports such as badminton, which he thinks you would not get in a more urban area. He has also seen information about support groups in Norfolk and Waveney online (after actively looking for it) and feels that should he want to attend, for example, a group for people with arthritis, he would be more than able to do so.

Experiences of 'prevention'

Indoor bowls

- Paul was a keen indoor bowler, having played for Norfolk before the worsening arthritis in his shoulders forced him to stop. The walking involved, as well as the social interaction, kept Paul feeling fit and healthy, and he hopes to play again should the condition of his shoulders improve in the future.

Physiotherapy

- The main form of support Paul has accessed in the past is physiotherapy for his arthritis, which he accesses through his GP who then refers him to the pain management department. Paul finds the process to be straightforward, and says that it has definitely helped improve his physical health.

Gardening

- Paul loves spending any free time he has at the weekend in his greenhouse. He doesn't think about anything else when he is in there, which enables him to feel totally at ease with himself, and to disconnect from both physical pain from his arthritis and any stress from his work.

Pat*	65+	Empty nesters, women, C2DE	Norwich

Pat is a retired widow and lives in a flat on the outskirts of Norwich, near the University of East Anglia.

Having lived closer to town before, where she feels crime and poverty were more visible, she enjoys the peace and quiet of her current area and the opportunities it offers her to be in nature. She frequently visits Eaton Park, has a meadow nearby with a donkey sanctuary, and has the coast nearby too.

Pat has a very positive outlook on life, and feels her mental and physical wellbeing is in good shape compared to other people she knows around her age.

She feels she has always been fit and active, walking several miles each day in her local area and swims in the sea in the summer.

Each week, she attends a number of different groups such as knitting and craft, aquafit, and free courses where she learns about new topics at the WEA.

Although Pat agrees that attending these groups offers her support in a range of different ways, she feels that calling them support groups has more formal connotations and wouldn't describe them in this way herself. She attends the groups because she enjoys chatting with other people, keeping her brain and body active, and learning new things.

In 5 years' time, Pat hopes to be physically fitter, but hopes to be just as happy as she is now, given all that she feels she does to stay healthy and well.

Experiences of 'prevention'

The Shoebox Hub

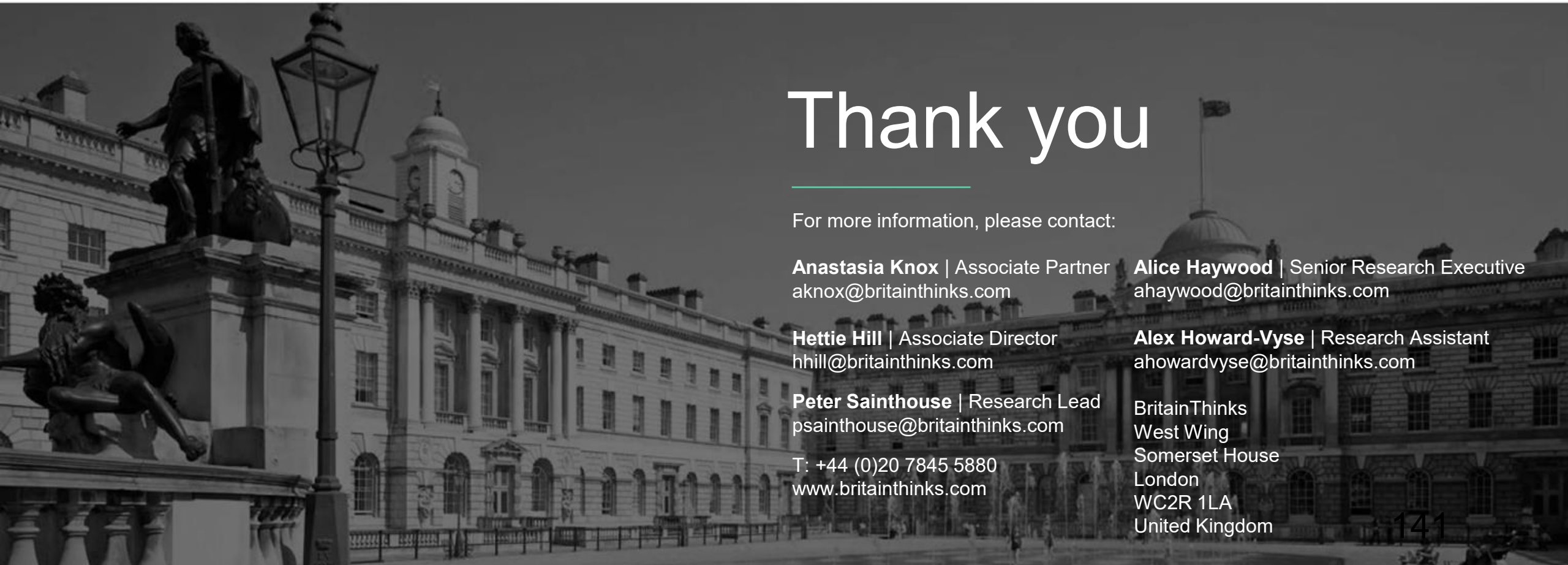
- Prior to the Covid-19 pandemic, The Shoebox Hub was called KindaKafe. Pat started spending more time there and became aware of the different support groups that are hosted there, including Knit'n'Natter, which she regularly attends.

Aquafit

- As Pat grew older, she wanted to find more gentle ways to stay active. Pat finds the weekly Aquafit sessions at the local leisure centre lots of fun, and always feels uplifted afterwards as well knowing she is keeping fit.

Workers' Educational Association

- Pat was told about the WEA through a friend several decades ago. She now attends free courses where she learns about new topics, for example the history of musicals or the Enlightenment period of British history.
- Attending these sessions once a week helps to keep Pat's mind active, and offers another opportunity for her to socialise with others.



Thank you

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Item 13

Report title: Formation and Development of the Norfolk and Waveney Integrated Care Partnership

Date of meeting: 28 April 2022

Sponsor (ICP Member): James Bullion, Executive Director for Adult Social Services

Reason for the Report

The purpose of this paper is to provide context on the Norfolk and Waveney Integrated Care Partnership (ICP) and its strategic role ahead of its formation on 1 July 2022 subject to the passage of the Health and Care Bill.

Report summary

Subject to the passage of the Health and Care Bill through Parliament, the Norfolk and Waveney ICP is due to be in place formally from 1 July 2022. In readiness for this we are holding Shadow Form meetings of the ICP to seek to build an agreed understanding and consensus on the role, membership, and ways of working of the partnership.

Work has been taking place to provide strategic challenge and insight to ensure the ICP is well placed at its formation to be a system leader within the new Integrated Care System (ICS). Key elements of this are to agree integral items such as Chair, Membership, Terms of Reference and formalise an approach to developing the new Integrated Care Strategy, which is required under the Health and Care Act, and how this relates to the Joint Health and Wellbeing Strategies of both Norfolk and Suffolk to encompass Waveney.

Recommendations

The ICP is asked to note the progress so far and agree the recommendations made at the ICP Development session on 23 February 2022 in preparation for their ratification after 1 July 2022. These are:

a) The proposed Terms of Reference, which includes membership.
b) The purpose, functions, and guiding principles.
c) Secretariat and the development of a Forward Plan for the ICP.
d) Coordinate place-based plans across Norfolk and Waveney in order to further progress the delivery of the integrated care strategy and the existing functions of the Health and Wellbeing Board.
e) Appointment of Chair.

1. Background

1.1 The Health and Care Bill (2021) sets out a requirement for each ICS to establish an Integrated Care Partnership (ICP), and for this partnership to prepare an integrated care strategy, unless they consider the existing joint local health and wellbeing strategy is sufficient, which the Integrated Care Board (ICB) will have to have regard for when developing their plans.

1.2 Go to Gov.uk to find the Integrated care partnership engagement guidance, it states that:- "*ICPs will be influential, driving forces within ICSs, fostering partnerships, and using their leverage to ensure ICBs and local authorities have regard to the integrated care strategy. The roles of the ICP and the ICB are distinct and complementary in supporting the objectives of the ICS. The ICB is an organisation designed to align the planning and*

operation of NHS care and is accountable for NHS expenditure. The ICP is where the ICB, local authority, and wider community come together. It is a forum for wider system partners to agree shared objectives, work on joint challenges, and support places and organisations that comprise the system in the interests of communities. To create the dynamic relationship and collaborative leaderships between ICBs and ICPs that will be critical to the success of ICSs as a whole, and already exists in some areas, we expect:

- *ICBs and local authorities will establish the ICP and be statutory members, in partnership with wider system stakeholders*
- *ICSs will ensure the constitution and governance of the ICB and ICP is aligned, and agreed by local government and other partners responsible for delivering the priorities of the ICP's integrated care strategy – for example,*
- *ICBs, local government and other stakeholders – will also be members of the ICP and therefore able to hold each other to account*
- *ICBs and local authorities will have regard for the ICP's integrated care strategy when developing their plans and priorities and should consider how assurance can be provided to the ICP on delivery.*
- *ICBs, local authorities and other partners should share intelligence with the ICP in a timely manner to ensure the evolving needs of the local health service are widely understood and opportunities for at scale collaboration are maximised."*

1.3 The Norfolk and Waveney ICP will, therefore, have a critical role to play in the ICS, facilitating joint action to put Prevention at the forefront and heart of what we do, to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

1.4 DHSC, NHSE/I and the LGA have jointly developed the expectations for ICPs set out below. These are intended to help maximise the value that ICPs that can give back to local communities and provide a strong foundation to build understanding and consensus on the strategic role, membership, and ways of working of the Partnership.
The 5 expectations taken from Guidance are:

- ICPs are a core part of ICSs, driving their direction and priorities.
- ICPs will be rooted in the needs of people, communities, and places.
- ICPs create a space to develop and oversee population health strategies to improve. health outcomes and experiences.
- ICPs will support integrated approaches and subsidiarity.
- ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

1.5 **<u>Integrated Care Partnership in Norfolk and Waveney</u>**
The legislation has been framed in a deliberately permissive way allowing flexibility in developing arrangements which work best in local areas.

1.6 On 23 February 2022, a development session was held to discuss the formation of the Norfolk and Waveney Integrated Care Partnership (ICP) and to establish its membership and guiding principles. This was a very successful event and attended by nearly 70 councillors, council officers, health colleagues and VCSE representatives.

1.7 At the ICP workshop held in November 2021 and at the subsequent ICP Development Day on 23 February 2022, it was also agreed that we should support the principle of simplicity in our system governance arrangements and avoid duplication in the health and wellbeing system as a whole. It was recommended that the focus should be on using and building on existing structures and processes, including the Norfolk Health and Wellbeing Board (HWB) but also recognising the expanded geography of the Integrated Care System to include Waveney.

1.8 The Norfolk and Waveney Integrated Care System is in a relatively unusual position of being largely coterminous with the Norfolk HWB, which since May 2018 has also included formal representation from the Waveney area, leaving the system in a good position and starting point for the formal establishment and membership of the ICP.

2. Establishing the Norfolk and Waveney ICP

2.1 Proposed purpose and functions

The Health and Care Bill sets out a primary role for Integrated Care Partnerships in developing an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable. This will enable the system to put Prevention at the forefront of what we do.

In supporting this primary purpose, the guidance published by DHSC, NHSE/I and the LGA proposes the following functions for the Partnership to:

- Drive priorities from an assessment of needs and assets at place and based on JSNAs.
- Align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes.
- Facilitate joint action to improve health and care services, influence the wider determinants of health, focus on reducing inequalities and preventing ill health, and address the consequences of the pandemic for communities.
- Support place-based and neighbourhood level engagement and promote the mobilisation of resources and assets in the community.
- Ensure the system is connected to the needs of every community it includes.

Working to this remit it is proposed that a role for the partnership will be to coordinate place-based plans across Norfolk and Waveney in order to further progress the delivery of the integrated care strategy and the existing requirements required for the Health and Wellbeing Board and its Strategy for Norfolk and linking into the Suffolk HWB strategy.

The secretariat function of the ICP will be carried out by Norfolk County Council and it is proposed that a yearly Forward Plan be developed and kept for the ICP.

2.2 Guiding expectations and principles

The ICP will play a key role in nurturing the culture and behaviours of the system. At the Development session on 23 February 2022 the partnership recommended a set of guiding principles to support this and, which complements and builds on:

- The principles for ICPs, go to the Integrated Care Systems: design Framework to see the principles that ICPs are encouraged to consider in their development.
- The outputs of the ICP Development session held in November 2021. To see these outputs please go to the HWB papers for 01 December 2021 meeting, item 10 - page 31.

The recommended guiding principles for Norfolk and Waveney ICP are as follows:

1. Partnership of equals - to find consensus and make decisions including working though difficult issues where appropriate.
2. Collective model of accountability, where partners hold each other mutually accountable for shared and individual organisational contributions to objectives

3. Improving outcomes for people, including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities and tackling the underlying social determinants that drive poor health.
4. Collaboration and integration – a culture of broad collaborations and integration at every level of the system to improve outcomes and reduce duplication and inefficiency.
5. Co-production and inclusivity – create a learning system which makes decisions based on evidence and insight.

2.3 Membership of the ICP

The existing Norfolk Health and Wellbeing Board is well established has been functioning very well across a range of partners that will also be involved in the ICP.

At the ICP Development Day on 23 February 2022 it was recommended to build on these existing arrangements and that the Norfolk and Waveney ICP and the existing Norfolk HWB will have a common membership. For the ICP there will be the addition of colleagues from Suffolk, as the geography of the ICS includes Waveney whereas the Norfolk HWB does not.

It was also recommended that there will be streamlined arrangements for holding meetings concurrently with the Norfolk HWB. The recommended membership is attached to the Terms of Reference at **Appendix A.**

2.4 Terms of Reference

It has been recommended that the Partnership will meet on the same day as the Norfolk HWB and the meetings will run concurrently, initially with the same frequency. The Partnership will meet in public with minutes and papers available online. A draft Terms of Reference is included as **Appendix A**.

2.5 Appointing an ICP Chair Designate

Each ICP must appoint a chair, taking account of national guidance on functions and ensuring there is a transparent and jointly supported decision-making process. At the ICP Development Day on 23 February 2022 Rt Hon. Patricia Hewett nominated Cllr Bill Borrett to be the Chair Designate of the ICP which was seconded by David White, Chairman of the Norfolk and Norwich University Hospital. Cllr Bill Borrett is currently the Chair of the Norfolk Health and Wellbeing Board (HWB) so will also act as Chair Designate of the ICP while it is still in shadow form until his formal appointment to Chair can be made after 1July 2022.

3. Timescales and Next Steps

1.1 Formal governance structures and logistical processes are currently being developed across the Norfolk and Waveney Integrated Care system in readiness for the 1 July 2022 commencement. Any recommendations made during the ICP Shadow form in the preparation of process for the ICP will be ratified at the first formal Norfolk and Waveney ICP meeting on 28 July 2022.

Officer Contact

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

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Norfolk and Waveney Integrated Care Partnership (ICP)

Terms of Reference and Procedure Rules

1. Context and Role of the Integrated Care Partnership

The role of the Integrated Care Partnership (ICP) in Norfolk and Waveney is to promote the close collaboration of the health and care system, building on the existing Norfolk Health and Wellbeing Board and other partnerships with the expanded geography that includes Waveney, to ensure better health and care outcomes for all our residents.

It provides a forum for stakeholders to come together as equal partners to discuss and resolve crosscutting issues. The ICP is a statutory committee of both the Integrated Care Board and Norfolk and Suffolk County Council's under the Health and Care Act 2021, it plays a central role in the planning and improvement of health and care in Norfolk and Waveney and will support place-based partnerships**.**

It drives and enhances integrated approaches and collaborative behaviours at every level and promotes an ethos of working in partnership with people and communities, and between organisations to address challenges that the health and care system cannot address alone.

Together, the ICP will generate an Integrated Care Strategy to improve health and care outcomes and experiences for our residents, for which all partners will be accountable.

2. Principles

The Norfolk and Waveney ICP will operate under these guiding principles:

1. Partnership of equals – to find consensus and make decisions including working though difficult issues, where appropriate.
2. Collective model of accountability – partners hold each other mutually accountable for shared and individual organisational contributions to objectives.
3. Improving outcomes for communities – including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities, and tackling the underlying social determinants.
4. Collaboration and integration – a culture of broad collaborations and integration at every level of the system to improve outcomes and reduce duplication and inefficiency.
5. Co-production and inclusivity – create a learning system which makes decisions based on evidence and insight.

3. Membership

The Membership of the ICP mirrors the existing Norfolk Health and Wellbeing Board, with additional membership to consider Waveney and place partnerships. Whilst it is important for the ICP to engage with a wide range of stakeholders and understand the differing viewpoints across the system and communities, membership will be kept to a productive level.

The membership for the Norfolk and Waveney ICP is attached at appendix A.

4. Appointment of Chair

The Chair of the ICP will be selected from among the members of the ICP and meet the person specification agreed by the Integrated Care Board.

The Chair will be appointed at the first meeting of the ICP and annually at a meeting of the ICP thereafter.

The ICP will appoint two Vice Chairs drawn from its membership. These will also be appointed at the first meeting of the ICP and annually thereafter.

5. Duties and Responsibilities

The ICP is a core part of the Norfolk and Waveney Integrated Care System, driving their direction and priorities.

The ICP will be rooted in the needs of people, communities, and places.

The ICP will help to develop and oversee population health strategies to improve health outcomes and experiences.

The ICP will support integrated approaches and subsidiarity.

The ICP will take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

The ICP will develop an Integrated Care Strategy which the ICB, Norfolk and Suffolk County Council's will be required by law to have regard to when making decisions, commissioning, and delivering services.

The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required. These include, but are not limited to, helping people live more independent, healthier lives for longer, taking a holistic view of people's interactions with services across the system and the different pathways within it, addressing inequalities in health and wellbeing outcomes; experiences and access to health services; improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending; improving the life chances and health outcomes of babies, children and young people, and improving people's overall wellbeing and preventing ill-health.

The ICP will provide a forum for agreeing collective objectives, enable place-based partnerships and delivery to thrive alongside opportunities for connected scaled activity to address population health challenges.

The ICP will set the strategic directions and workplans for organisational, financial, clinical, and informational integration, as well as other types.

6. Authority, Accountability, Reporting and Voting Arrangements

The ICP is tasked with developing a strategy to address the Health, Social Care and Public Health needs of their system, and of being a forum to support partnership working. The ICB and Local Authorities will have regard to ICP Strategies when making decisions. The ICP has no executive powers, other than those specifically delegated in these terms of reference. Individual members will be able to act with the level of authority and the powers granted to them by way of their constituent bodies' policies and make decisions on that basis. The ICP is able to discuss and agree recommendations for approval by the constituent members' statutory bodies. Its role is primarily one of oversight and collective co-ordination.

The aim will be for decisions of the ICP to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support, or otherwise, for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions.

Meetings of the ICP will be open to the public unless the matter falls within one of the categories of information, outline in Appendix B. In this instance the ICP may determine public participation will be withdrawn for that item.

Meetings will be live streamed and recorded, to be made available to the public afterwards.

Minutes of the meeting will be taken and approved at the next meeting of the ICP.

Final minutes will be made available on the websites of the ICB, Norfolk and Suffolk County Councils.

7. Attendance

Members are expected to attend 75% of meetings held each year. It is expected that members will prioritise these meetings.

Where it is not possible for a member to attend, they may nominate a named deputy to attend meetings in their absence and must notify the Secretariat, at norfolkandwaveneyicp@norfolk.gov.uk who that person will be.

Members and those presenting must attend meetings in person.

The quorum, as described at section 8, must be adhered to for all meetings including urgent meetings.

Attendance will be recorded within the minutes of each meeting and monitored annually.

8. Quorum

A quorum will be reached when at least the Chair and four members from different partnership organisations are present.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations for decision by the constituent member bodies may be taken.

In the unlikely event that a member has been disqualified from participating in the discussion of an item on the agenda, for example by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

Nominated deputies attending a meeting on behalf of a member may count towards the quorum.

9. Notice and Frequency of Meeting

Generally, meetings will be held four times a year but more frequently if required for specific matters.

As a matter of routine, an annual schedule of meetings will be prepared and distributed to all members. In other specific instances, or in cases where the date or time of a meeting needs to be changed, notice shall be sent electronically to members at least five working days before the meeting. Exceptions to this would be in the case of emergencies or the need to conduct urgent business.

An agenda and any supporting papers specifying the business proposed to be transacted shall be delivered to each member and made available to the public five working days before the meeting, potential exception being in the case of emergencies or the need to conduct urgent business. Supporting papers, shall accompany the agenda.

Secretariat support to the ICP will be provided by Norfolk County Council.

10. Public Questions

The public are entitled to ask questions at meetings of the ICP and questions should be put in writing and sent by email at least two working days before the meeting. If the question relates to urgent matters, and it has the consent of the Chair to whom the question is to be put, this should be sent by 4pm on the day before the meeting.

Questions should be sent to the Chair, at norfolkandwaveneyicp@norfolk.gov.uk and will be answered as appropriate, either at the meeting or in writing.

The Chair on behalf of the ICP may reject a question if it:

a) is not about a matter for which the ICP has collective responsibility or particularly affects the ICP; or

b) is defamatory, frivolous, or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision.

Who may ask a question and about what

A person resident in Norfolk and Waveney, or who is a non-domestic ratepayer in Norfolk and Waveney, or who pays Council Tax in Norfolk and Waveney, may ask at a public meeting of the ICP through the Chair any question within the terms of reference of the ICP about a matter for which the ICP has collective responsibility or particularly affects the ICP. This does not include questions for individual ICP members where responsibility for the matter sits with the individual organisation.

Rules about questions:

Number of questions – At any public ICP meeting, the number of questions which can be asked will be limited to one question per person plus a supplementary. No more than one question plus a supplementary may be asked on behalf of any one organisation. No person shall be entitled to ask in total under this provision more than one question, and a supplementary, to the ICP in any six-month period.

Other restrictions – Questions are subject to a maximum word limit of 110 words. Questions that are in excess of 110 words will be disqualified. The total time for public questions will be limited to 15 minutes. Questions will be put in the order in which they are received.

Supplementary questions – One supplementary question may be asked without notice and should be brief (fewer than 75 words and take less than 20 seconds to put). It should relate directly to the original question or the reply. The Chair may reject any supplementary question s/he does not consider compliant with this requirement.

Rules about Responses:

The Chair shall exercise his/her discretion as to the response given to the question and any supplementary.

Not attending – If the person asking the question indicates they will not be attending the ICP meeting, a written response will be sent to the questioner.

Attending – If the person asking the question has indicated they will attend, response to the questions will be made available at the start of the meeting and copies of the questions and answers will be available to all in attendance. The responses to questions will not be read out at the meeting.

Supplementary questions – The Chair may give an oral response to a supplementary question or may require another Member of the ICP or Officer in attendance to answer it. If an oral answer cannot be conveniently given, a written response will be sent to the questioner within seven working days of the meeting.

Written response – If the person who has given notice of the question is not present at the meeting, or if any questions remain unanswered within the 15 minutes allowed for questions, a written response will be sent within seven working days of the meeting.

Rejection of a question

A question may be rejected if it:

a) is not about a matter for which the ICP has collective responsibility or particularly affects the ICP; or
b) is defamatory, frivolous, or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision; or
c) requires the disclosure of confidential or exempt information, as defined in the Access to Information Procedure Rules.

11. Managing Conflicts of Interest

A conflict of interest may be defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.

The ICP specifically recognises and acknowledges that its members have legal responsibilities to the organisations which they represent and that this may give rise to conflicts of interest being present. However, discussions at the meetings are to be focussed on the needs of the Norfolk and Waveney population and health and care. Therefore, members will not be excluded from engaging in discussions that will benefit the system as a whole.

Members of the ICP shall adopt the following approach for managing any actual or potential material conflicts of interest:

- To operate in line with their organisational governance framework for managing conflicts of interest/probity and decision making.
- For the Chair to take overall responsibility for managing conflicts of interest within meetings as they arise.
- To work in line with the ICS system objectives, principles, and behaviours.
- Members are to ensure they advise of instances where the register of members interest for the Norfolk and Waveney system requires updating in relation to any interests that they have.

In advance of every ICP meeting consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This action will be led by the Chair with support from their governance advisor.

At the beginning of each meeting of the ICP, members and attendees will be required to declare any interests that relate specifically to a particular item under consideration. If the existence of an interest becomes apparent during a meeting, this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

Elected members will be bound by their own codes of conduct and provisions for declaration of interests.

12. Working groups

To assist with performing its role and responsibilities, the ICP is authorised to establish working groups and to determine the membership, role, and remit for each working group. Any working group established by the ICP will report directly to it.

13. Other Boards

As the system is still developing, we will need to add in how the relationships with the ICB, Norfolk and Suffolk HWBs, Place Boards and Health and Wellbeing Partnerships will operate with the ICP.

14. Review

The ICP will review these terms of reference at least annually or more regularly considering policy changes in respect of the ICS.

Appendix A

Membership of the Integrated Care Partnership

1. Borough Council of King's Lynn & West Norfolk
2. Breckland District Council
3. Broadland District Council
4. Cambridgeshire Community Services NHS Trust
5. Chair of the Voluntary Sector Assembly
6. East Coast Community Healthcare CIC
7. East of England Ambulance Trust
8. East Suffolk Council
9. Great Yarmouth Borough Council
10. Healthwatch
11. James Paget University Hospital NHS Trust
12. Norfolk Care Association
13. Norfolk Community Health & Care NHS Trust
14. Norfolk Constabulary
15. Norfolk County Council,
    Cabinet member for Adult Social Care, Public Health and Prevention
16. Norfolk County Council,
    Cabinet member for Childrens Services and Education
17. Norfolk County Council, Director of Public Health
18. Norfolk County Council, Executive Director Adult Social Services
19. Norfolk County Council, Executive Director Children's Services
20. Norfolk County Council, Leader (nominee)
21. Norfolk & Norwich University Hospital NHS Trust
22. Norfolk & Suffolk NHS Foundation Trust
23. Norfolk & Waveney ICB, Chair
24. Norfolk & Waveney ICB, Chief Executive Officer
25. North Norfolk District Council
26. Norwich City Council
27. Police and Crime Commissioner
28. Primary Care representatives (1)
29. Primary Care representatives (2)
30. Primary Care representatives (3)
31. Primary Care representatives (4)
32. Primary Care representatives (5)
33. Queen Elizabeth Hospital NHS Trust
34. South Norfolk District Council
35. Suffolk County Council, Cabinet Member for Adult Care
36. Suffolk County Council, Executive Director of People Services
37. Voluntary sector representatives (1)
38. Voluntary sector representatives (2)

Appendix B

Categories of Information

Information relating to any individual.

Information which is likely to reveal the identity of an individual.

Information relating to financial or business affairs of any particular person (including the authority holding that information).

Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising.

Information relating to any action taken or to be taken in connection with the prevention, investigation, or prosecution of crime.

Item 14

Report title: Developing Norfolk and Waveney's Integrated Care System

Date of meeting: 28 April 2022

Sponsor (ICP member): Tracey Bleakley, Chief Executive (designate), NHS Norfolk and Waveney Integrated Care Board

Reason for the Report

To update the Board on progress with developing Norfolk and Waveney's Integrated Care System (ICS) since the last report in September 2021.

Report summary

This report provides an update on the development of our ICS, including progress with the Health and Care Bill, our Integrated Care Board and our Integrated Care Partnership.

Recommendations

The ICP is asked to:

a) Support the continued development of the Norfolk and Waveney Integrated Care System.

1. Background

1.1 The Board has received regular reports about the development of the Norfolk and Waveney Integrated Care System (ICS), including at their meeting in September 2021. The Board plays a vital role in the planning, coordination and governance of our health and care system, so it is important that as our ICS is developed the Board is closely involved.

2. Progress with the Health and Care Bill and national guidance

2.1 Since the last meeting of the Board, the Health and Care Bill has continued its passage through Parliament. To view the Health and Care Bill in detail visit the UK Parliament, Parliamentary Bills website. The Bill gives effect to the policies set out in the NHS Long Term Plan and the Government's White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' (February 2021) visit Gov.uk to access the governments white paper. As such, the contents of the Bill are largely what we expected and are broadly very welcome. NHS England and Improvement has continued to publish additional guidance on the creation of Integrated Care Systems and we are making sure that we align to these. Generally, the guidance is permissive, which is positive. Go to NHS.uk to read the ICS guidance.

2.2 The Government has also published its health and social care integration white paper in February 2022, go to Gov.uk to see this white paper in detail. Colleagues from across the system have been reviewing it to ensure our plans align with the content and steer. The paper mostly reinforces existing policy and follows the same direction of travel set out in previous papers and policy documents to better integrate services. Helpfully, it won't require further primary legislation over and above the Health and Care Bill.

3. Our Integrated Care Board (ICB)

3.1 When the Health and Care Bill passed its second reading in July 2021, we started the practical preparations needed to create our statutory ICS given the degree of confidence that Parliament will legislate. This included the recruitment processes for the ICB designate chair and chief executive appointments. Since the last meeting of the Health and Wellbeing Board, the Rt Hon Patricia Hewitt has been appointed as Chair designate and Tracey Bleakley as Chief Executive designate.

3.2 Recruitment for the three non-executive members posts is also complete. Hein Van Den Wildenberg has been appointed as Chair designate of the Finance Committee, Cathy Armor as Chair designate of the Remuneration, People and Culture Committee, and David Holt as Chair designate of the Audit and Risk Assurance Committee.

3.3 Recruitment for the statutory nursing, medical and finance director roles is in progress, with Steven Course having been appointed Director of Finance-designate. We are working on processes to nominate and select the partner members, including the drafting of job descriptions. Further regulations are expected on 7 May with regard to the NHS trust members in particular.

3.4 The membership of the Board of NHS Norfolk and Waveney Integrated Care Board is set out in the diagram below. Following Parliamentary debates on the Bill, the Government has agreed that elected local councillors will be entitled to sit on ICB Boards. In order to ensure close collaboration and alignment between the ICB and the Integrated Care Partnership (ICP), we have agreed that the Chair of the ICP should be a member of the ICB Board.

Principles of the Board of the ICB:

- The Board will be the senior decision-making group for NHS Norfolk and Waveney ICB, providing strategic leadership.
- All members of the Board will make decisions as a single group and will have collective and corporate accountability for delivery of the functions and duties of the ICB and the performance of the organisation.
- Members of the Board will not be there as a representative of their sector.
- All Members of the Board will be appointed following a process of nomination and selection. Each member will also have to pass a “Fit and Proper Person Test”.

3.5 Work is underway to the develop the committee structure for the new organisation. While it's important that the committee and board structure supports the effective and efficient discharge of the organisation's functions and duties, it is also important to remember that good governance isn't just about structure. More informal processes and good communication between system partners are equally valuable.

4. Our Integrated Care Partnership (ICP)

4.1 We have agreed the Norfolk and Waveney Integrated Care Partnership should be established with the same membership as the Norfolk Health and Wellbeing Board (including Waveney/Suffolk members) and they should hold streamlined meeting arrangements. We are working on the process to formally establish the ICP within both County Councils and the ICB governance.

4.2 A workshop was held in February where it was agreed that:

- Norfolk Health and Wellbeing Board Chair, Cllr Bill Borrett, will Chair the ICP whilst we develop the arrangements over the next few months and until we formally appoint someone to the role. National expectations for ICP chair appointments are that it should be a fair and transparent process meeting normal expectations of appointing public positions; it needs to be agreed by the ICB and relevant upper tier councils.
- There was recognition that the aims of the existing Norfolk and Suffolk Health and Wellbeing Strategies provide a strong framework under which the new Norfolk and Waveney Integrated Care Strategy would be developed. There was consensus that this would minimise duplication and provide high level direction for place-based initiatives.
- Over the next few months, we will develop a forward programme for the year for the ICP and continue working collaboratively to develop our partnership.

5. The transition programme

5.1 Each system has been asked to complete a 'readiness to operate statement' to show their progress towards establishing their ICS. The CCG's Executive Management Team is overseeing the transition from the CCG to the ICB. We have established a Transition Oversight Group, made-up of non-executives, to look at the wider transition. Meetings of the group have been helpful in supporting us to examine key aspects of our transition, including risks. Overall, we are on-track with the transition to the new arrangements from 1 July 2022.

5.2 **Milestones and next steps**

- **April 2022**: Royal assent expected for the Health and Care Bill.
- **May 2022** Regulations with regard to the Bill expected.
- **June 2022:** System Development Plan and Readiness to Operate Statement finalised.
- **July 2022:** ICB established and CCG dissolved. ICP established following first ICB meeting.

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Item 15

Report title: Progress report on the Norfolk and Waveney VCSE Assembly

Date of meeting: 28 April 2022

Sponsor
(ICP member): Emma Ratzer, Chair, Norfolk and Waveney VCSE Assembly

Reason for the Report
To provide the ICP with an update on the progress being made to support the Norfolk and Waveney (N&W) Voluntary Community and Social Enterprise (VCSE) Assembly model.

Report summary
There is an implicit prerequisite for our N&W VCSE partners to be fully embedded within Integrated Care System (ICS) arrangements, to ensure achievement of the four overarching ICS aims. Each ICS aim clearly benefits from the VCSE sector's experience and knowledge; from their ability to reach communities within our places and neighbourhoods; through the unique data and insight they hold; via the services offered; and the ability of the VCSE sector to mobilise cost-effective solutions to addressing health and wellbeing priorities.

As a reminder, the four aims are:

1. Improve outcomes in population health and healthcare,
2. Tackle inequalities in outcomes, experience and access,
3. Enhance productivity and value for money,
4. Help the NHS support broader social and economic development.

In 2021, the N&W VCSE Assembly was formally established, with the following overarching functions:

- To provide a VCSE engagement forum across N&W, with a focus on health inequalities and prevention, with connection at neighbourhood, place and system levels.
- To provide a mechanism to support collaborative design of services and the capability to respond to emerging needs.
- To increase influence and participation of VCSE organisations and groups in the design and delivery of health and care services within the ICS.

The Assembly Chair was appointed in May 2021 and is working with partners to progress the model and engagement mechanisms. The Assembly has continued to create opportunities for engagement of all VCSE colleagues to codesign and coproduce our model for the Assembly, recognising and including existing thematic VCSE forums, such as Children and Young People, Older People and Mental Health. With support of the VCSE Assembly Steering group, five VCSE Place Networks aligned to our Place Boards and Place Health and Wellbeing Partnerships are now being established. By July 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector. For further information on the national guidance and how supported our adopted approach is go to ICS Guidance on VCSE Partnering 2021, our N&W model is highted as best practice on page 10.

Recommendations
The ICP is asked to:
In line with national ICS guidance, support the ambitions of the N&W VCSE Assembly model and ensure connectivity of the VCSE Place Networks into the emerging N&W place-based

arrangements. There will be 5 VCSE Place Network leads, in funded roles and in post by end of June who will be well placed to represent VCSE voice in our place-based arrangements.

1. Background

1.1 The interim Integrated Care System Partnership Board received a progress report regarding the VCSE Assembly model and Place Networks in January 2022.

2. The Norfolk & Waveney VCSE Assembly

2.1 The VCSE Assembly will provide multiple benefits, including strengthening our partnership working with the sector, championing sector sustainability and furthering our mutual ICS priorities around prevention and addressing health inequalities. The Assembly will also ensure an increased influence and participation for VCSE organisations with health and social care in the design and delivery of health and wellbeing services across the ICS.

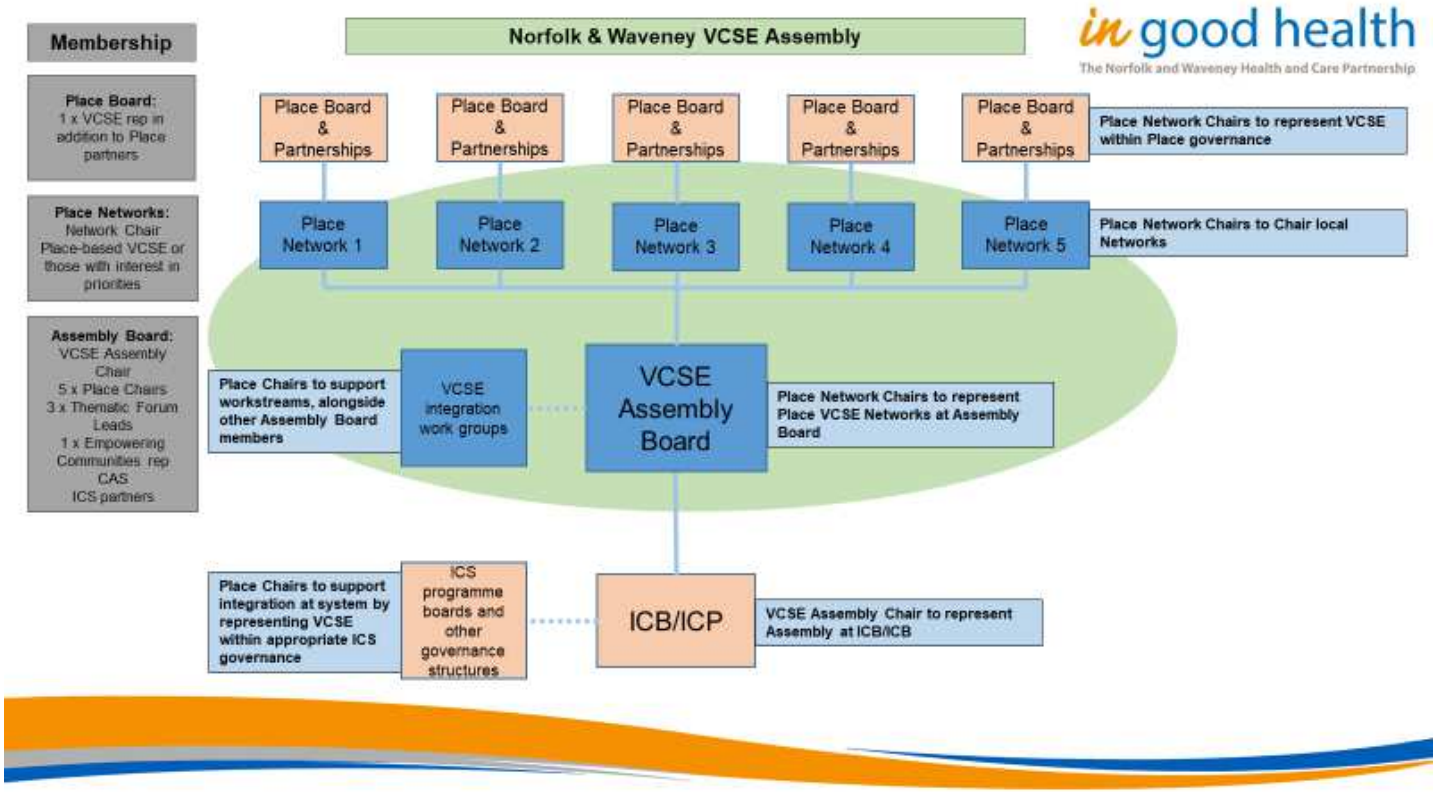
2.2 In developing the VCSE Assembly we have intended to work in a way that demonstrates the value of partnership working; through co-design we seek to ensure that different perspectives are heard, and the rich vibrancy and a diversity of VCSE voices are brought to the table. We are mindful that one-size does not fit all, and we have sought to find different ways of engaging and enabling VCSE partners and stakeholders to contribute. We have designed an approach that seeks consensus reaching, recognising that the VCSE does not speak with a single voice and that this needs to be driven by a partnership approach with all ICS colleagues.

2.3 Our model for the Norfolk and Waveney VCSE Assembly continues to develop with the shared benefits becoming clearer as we progress through our work plans. We recognise the Assembly structures will need to be developed at system, place and neighbourhood level, to align with the emerging ICS structures. Whilst most VCSE organisations operate at place level, attention must be given to neighbourhood level engagement and how small and micro-community groups can be engaged in developing healthy communities.

2.4 The Chair's vision for the Assembly is to foster strategic imagination built upon the core values of Ambition, Connection and Integrity. **The Assembly has three 'ambition' statements:**

- **Balance of representation:** No VCSE partner should be defined by the size of turnover, number of staff employed or by organisational objectives. All VCSE organisations are different and diverse and that is where the collective strength lies. Relationships need to be built amongst VCSE partners, developing trust in each other and presenting a united front. Ultimately, we all want to transform services and support for our beneficiaries. The Assembly is for everyone.
- **Model better behaviours**: We need to build relationships across the Norfolk and Waveney landscape whether you are a commissioner, funder, provider or volunteer. The Assembly needs to be a nurturing space where we harvest ideas and give everyone involved an opportunity to show their passion. The Assembly should provide an opportunity for positive collaboration, where we can develop relationships that are based on trust, transparency, reciprocity, and honesty.
- **Genuine voice and influence**: The Assembly should be a place where real transformation can take place and where, most importantly, we in the VCSE can actually see that change. The Assembly has the potential to influence real change for our communities and organisations should be supported to involve communities in co-design and their genuine voice and influence needs to be seen, it needs honestly capturing and openly communicating.

2.5 With support of the VCSE Assembly Steering group and following sector feedback, VCSE Networks aligned to our place boards and partnerships are now being developed. Working with the existing Steering Group members and gaining comment from a variety of local VCSE organisations, the Assembly has codesigned our proposed Norfolk and Waveney model to link to place, set out in the diagram below;



2.6 The VCSE place networks will provide the following functions:

- **Inclusive and representative VCSE connection at a place level** for the ICS, eg for the VCSE assembly and system VCSE led activity, and act as a conduit into Place governance and decision making.
- **Co-production** - Support ways to identify gaps in local service provision and enable wider community partners to come together to make decision around the design and delivery of community-based services solutions.
- **Consistent evaluation** - Support a shared understanding amongst VCSE partners of the importance of evidencing impact and will work with ICS colleagues and VCSE infrastructure organisation around this key agenda. (NB we must understand what works).
- **Championing local priorities** – Have an explicit focus on local health priorities and the impact of the wider determinants of health. Actively coalesce partners around a shared agenda and link into the Place Board and Partnerships transformation work programmes.
- **Collaborative and Sustainable Resourcing** – Act as a cohesive network to respond to emerging funding and collaborative opportunities and to be engaged with N&W VCSE commissioning approaches, with early involvement of any commissioning intentions.
- **Sharing of data and insight** – to increase awareness amongst place partners of the community needs and potential gaps in services.

2.7 We anticipate VCSE place networks will:

- Strengthen our collaborative multi-agency & VCSE relationships and our collective ambitions to reduce inequalities and improve health and wellbeing at each Place.

- Benefit Primary Care Network (neighbourhood) development by enhancing our connection with local communities and strengthening specific initiatives, such as vaccine inequalities, community engagement, social prescribing delivery and contractual requirements in Primary Care.
- Provide an opportunity for wider connection with the ICS via the VCSE Assembly and Place level governance and support strategic connection with partners to support priorities to be realised.

2.8 Desired outcomes for this approach in our ICS:

- At a place level, our ICS will have has successfully embedded robust and collaborative partnering, between health, social care, local government and wider statutory partners and the VCSE sector.
- Our local partnership arrangements will underpin the achievement of our collective goals and priorities and enables the N&W ICS to harness the expertise, insight and innovation of the VCSE sector.
- The VCSE sector in N&W is vibrant, sustainable and resilient, and is seen and treated as an equal partner, fully integrated into our governance arrangements at system, place and neighbourhood levels.

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Item 16

Report title: Norfolk and Waveney Integrated Care System response to 'Health and social care integration: Joining up care for people, places and populations'

Date of meeting: 28 April 2022

Sponsor (HWB/ICP Member): James Bullion, Executive Director Adult Social Services

Reason for the Report

The purpose of this paper is to provide an update on social care reforms and, more specifically, the white paper - Health and social care integration: joining up care for people, places and populations which was published on 9 February 2022. Go to Gov.uk to find the white paper in detail. This included a consultation (which closed on 7 April 2022), which the Integrated Care System responded to collaboratively.

Report summary

The health and social care integration white paper sets out plans to bring together the NHS and local government to jointly deliver integrated health and social care across England. Aiming to lead to improved job satisfaction for staff and help systems prioritise prevention, early intervention, and population health.

Importantly, the paper recognises that a more integrated approach will not address all challenges facing the integrated system, but it could improve job satisfaction for staff and help systems prioritise prevention, early intervention and population health and care.

This paper aims to update members on the content of the white paper and provide them with an oversight of the ICS response to the broad consultation questions (this can be found in appendix A).

Recommendations

The HWB/ICP is asked to:

a) Discuss and consider the implications of the white paper in the context of Norfolk and Waveney, and note the ICS response to the open consultation.

1. Background

1.1 The Health and Care Bill was first introduced in the House of Commons on 6 July 2021, with the reforms set to come into effect on 1 July 2022. Collectively, the Integrated Care System (ICS) has been working internally and with partners to understand the guidance, identify implications and develop policy positions. Transitioning to a statutory ICS in Norfolk and Waveney will enable deepened partnership arrangements between Norfolk County Council (NCC), Suffolk County Council (SCC) and health partners through integrated commissioning, joint and aligned delivery of services in new configurations, joint leadership roles and strategic leadership of shared programmes.

1.2 This white paper joins a long list of background papers and policy reports aiming to improve the health and wellbeing of people across England.

a) **November 2020:** Next steps to building strong an effective ICS's

Go to NHS.uk to find the Next steps to building strong and effective integrated care systems across England - Guiding principles for the future of ICSs in England

b) **February 2021:** Integration and innovation, working together to improve health and care for all. Go to Gov.uk to find the policy paper - Integration and innovation: working together to improve health and social care for all.

c) **June 2021:** ICS Design Framework
Go to NHS.uk to find The ICS Design Framework which sets the expectations on how partners in an integrated care system (ICS) can work collectively.

d) **7 September 2021:** Build back Better: Our Plan for health and social care
Go to Gov.uk to find the policy paper - Build Back Better: Our Plan for Health and Social Care.

e) **1 December 2021:** People at the Heart of Care.
Go to Gov.uk to access the policy paper - People at the Heart of Care.

f) **4 March 2022**: Consultation: Operational guidance to implement a lifetime cap on care Go to Gov.uk to see the consultation on Operational guidance to implement a lifetime cap on care costs.

2. Integrated services

2.1 The focus of integration within the white paper takes place at “place level” (geographic area that is defined locally, but often covers around 250-500,000 people, for example at borough or county level).

2.2 Children’s social care does not fall within the scope of the paper, but places are encouraged to “consider the integration between and within children and adult health and care services wherever possible”.

2.3 A key facet of working toward greater integration will be the prioritisation of prevention. This will build health resilience amongst the population and ensure the health and care sectors are well placed to meet the challenges of our changing demographic.

3. Shared outcomes

3.1 A new shared outcomes framework will help support the achievement of greater integration and will enable a “decisive shift to a model focused on population health”.

3.2 Shared outcomes will be decided at the place level and will need to be designed by partners across the system and with the communities.

3.3 At a national level, the Government will set out a small and focused set of national priorities, which all places will be expected to deliver alongside their own local priorities.

3.4 ICSs provide support and challenge to each local area as to the assessment of need and local outcome selection and plans to meet both national and local outcomes. Plans should be in place for implementation from April 2023.

3.5 Local arrangements, and the ICSs they are within, should take the lead on identifying issues and barriers to delivery. The Care Quality Commission (CQC) will consider outcomes agreed at place level as part of its assessment of ICSs.

4. Leadership and accountability

4.1 The Health and Social Care Leadership Review report will be published in early 2022 and will be followed by a delivery plan with timetables to implement recommendations.

4.2 The Government expects all local areas to put in place-based arrangements to bring together NHS and local authority leadership. Local leaders, amongst other things, should:

- Bring partners together around a common agenda.
- Be responsible for delivering outcomes.
- Listen to the voices of people who draw on services when designing those services.
- Support and enable leadership in the development and delivery of services.

5. Governance model

5.1 By Spring 2023, all places within an ICS should adopt either a governance model (see figure 1), or an equivalent model which achieves the same aims. In this arrangement, a 'Place Board' brings together partner organisations to pool resources, make decisions and plan jointly – with a single person accountable for the delivery of shared outcomes and plans, working with local partners. The single person will be agreed by the relevant local authority or authorities and ICB. In this system the council and ICB would delegate their functions and budgets to the board.

5.2 Integration of decision-making would be achieved through formal governance arrangements (likely to include definition of membership; responsibility for outcome-setting; responsibility for delivery of functions or programmes delegated; financial arrangements including pooling; and dispute resolution and decision-making).

5.3 The Place Board lead would be agreed by the ICB and the local authority (or authorities) for the place.

6. Finance

6.1 The white paper refers to both “pooling” and “aligning” of resources. Pooling agreements will be subject to both NHS and local authority leadership, but the Government expects the overall level of pooling to increase in the years ahead.

6.2 Later this year, the Government will set out the policy framework for the Better Care Fund from 2023, including how the programme will support implementation of the new approach to integration at place level. There will also be a review the legislation covering pooled budgets (section 75a of the 2006 Act) and revised guidance published.

7. Digital and data

7.1 Records of health and care delivery will undergo digitisation and standards for adult social care, co-designed with the sector, will be established to enable providers to share information, beginning by December 2022. The Government will develop a roadmap for standards development (April 2022), which will be underpinned by a new end to end process for development.

7.2 Every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and are connected to a shared care record by 2024. And digital investment plans should be finalised by June 2022, which include the steps being taken locally to support digital inclusion.

8. Carers and workforce

8.1 Local leaders will need to think about what workforce integration looks like in their area, the conditions that are needed, the practical steps required, and who needs to be involved in shaping this. The Government plans to review regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across sectors.

8.2 Working closely with NHSE and system leaders across the comprehensive health and care system to support the development of ICSs “people operating model” and to support places develop a ‘one workforce’ approach.

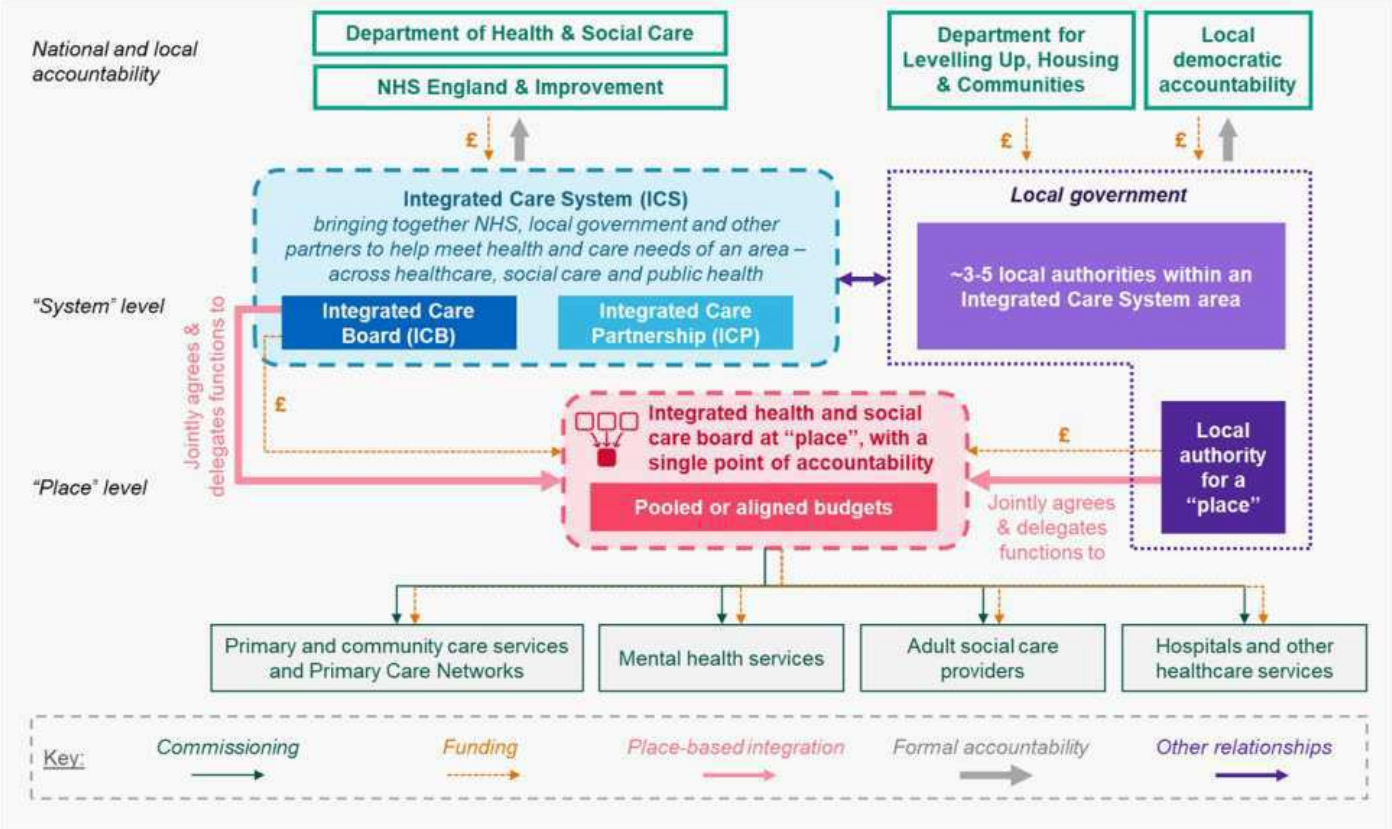
8.3 Work will be carried out with national and local partners to identify ways to improve initial training and learning for staff in roles at the interface between health and social care. There should be a move towards a more collective approach to promoting careers in health and social care. Viewing the sectors as an integrated system with equal value.

9. Summary

9.1 The white paper outlines steps to make permanent the innovations that Covid-19 has accelerate, and will help the NHS and local government in the immediate work of recovery from the pandemic by making joint planning and delivery of services easier.

9.2 As an ICS we will continue to engage with the Governments focus on national outcomes and with place partners to identify and agree local outcome priorities, with reference to the broad framework.

Figure 1: Simplified example of potential governance arrangements



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IN TRAN communication for all

If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix A

Norfolk and Waveney Integrated Care System response to 'Health and social care integration: joining up care for people, places and populations'

1. Introduction

1.1. As the Norfolk and Waveney Integrated Care System, we welcome the paper and the Government's ambitions to join-up people's care. Integrated care is a journey and not a destination; the paper builds well on previous policy documents to better integrate services, as well as our experience from the pandemic, and if implemented, it will support ICSs to deliver their core purpose. Helpfully, there's no suggestion of further primary legislation over and above the Health and Care Bill.

1.2. We welcome the focus on people and communities as integral stakeholders. True engagement of our communities will be vital to improving people's health and care outcomes, and to the wider COVID-19 recovery.

1.3. Importantly, the paper recognises that a more integrated approach will not address all challenges facing systems, but it could improve job satisfaction for staff and help systems prioritise prevention, early intervention and population health and care.

1.4. We welcome the proposals to strengthen the levers of integration – leadership and accountability, financial frameworks, digital technology and data sharing, and workforce planning and development – which will require long-term commitment from Government, local government, the voluntary, community and social enterprise sector, and NHS leaders at every level.

1.5. It is disappointing that children's social care is outside the scope of the paper, given the importance of early years development, health and wellbeing to wider population health. More specifically, children with special educational needs and disability, or care leavers who remain under the care of children's services until the age of 25. These cohorts may require support from adult social care while they're transitioning into adulthood. It seems counter-intuitive to propose reforms for the integration of health and care without the inclusion and engagement of those who may provide or use children's services. Therefore, as a system, we will work closely with our colleagues in children's services to ensure our aims, processes and outcomes are aligned. We eagerly await the findings of the Independent Review of Children's Social Care to ensure Norfolk and Waveney are supporting the needs, experiences and outcomes of children in our community's.

1.6. This collaborative response to the broad consultation questions aims to provide views on the key issues which may support, or impede, progress towards implementation.

2. Shared outcomes

2.1. We welcome the focus on shared outcomes and the inclusion of a consultative approach to developing and agreeing these. By encouraging partners to work with local people to design and contribute to the detail, this work will be grounded in area-specific insight. This aspect of shared outcome design is of huge importance, so we hope this will come to fruition and we will work collaboratively, as a system with partners and populations, to achieve this.

2.2. The paper agrees to engage with stakeholders to set out a shared outcomes framework, which will outline national priorities and how to approach the development of local shared

outcomes, by spring 2023. We welcome the framework allowing place and system leaders to identify and drive forward priorities.

2.3. Implementation of shared outcomes is intended to begin in April 2023. This timeframe is short and, as a system, leaves minimal time to align our local priorities with those set out nationally to then implement. We are ambitious and will work hard to achieve this over the next year, but we agree with the NHS Confederation[1] that a reassessment of the timelines by the Government could aide this process and ensure we are working towards a set of shared, clear and well considered outcomes that meet both national and local priorities.

2.4. Norfolk and Waveney has a strong public health focus, with the reduction of inequalities, prevention of poor health and promotion of healthy lifestyles running throughout our various workstreams. The premise of the paper to bring together public health and NHS services will help to support proactive population health. We welcome the recognition of strong collaborations already happening between Directors of Public Health in local government and the NHS, as highlighted in developing governance and planning arrangements.

2.5. We will strive to accelerate health and social care integration to respond to new demands and remove barriers to equal lives, tackling the issues which contribute to widening health inequalities. ICSs can develop common agendas that focus not just on integrated treatment services and secondary prevention through the NHS, but also drive improvements in the underlying health and wellbeing of people and communities which councils champion.

2.6. We agree with the Local Government Association[2] in support of a focus on outcomes rather than outputs, with progress towards long-term outcomes measured by population and community experiences and outcomes rather than organisational processes.

3. Leadership, accountability and finance

3.1. We are invested in working with place-based leaders, this includes ensuring the flexibility to utilise pooled or aligned resources for local priorities, including via further strengthening our Better Care Fund. However, the challenging financial environment could limit the ability to contribute to pooled or aligned budgets. As such, we agree with the Local Government Association[3] which advises the Department of Health and Social Care should work closely with local government in the review of existing legal powers, including Section 75.

3.2. The Norfolk Health and Wellbeing Board is an established and productive partnership of 33 members representing the NHS, voluntary and community sector, constabulary, care providers, and county and district councils. As the paper suggests, we will continue to make use of the existing structures and processes of the Health and Wellbeing Board to maintain a shared sense of purpose and clarity of accountability. And we are actively exploring how we could build on the statutory requirements to develop the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy to form a shared outcome plan for our system.

3.3. To enable local developments, we would welcome increased clarity on locally delegated responsibilities for Public Health to inform local authority accountabilities and service requirements, including ongoing commissioning arrangements.

3.4. Our views on the single accountable person

[1] https://www.nhsconfed.org/publications/integration-white-paper-what-you-need-know
[2] LGA response to "Health and social care integration: joining up care for people, places and populations" | Local Government Association
[3] Ibid

3.5. We are broadly supportive of the proposal to have a single person accountable for the delivery of a shared plan and outcomes for each place. It is important that systems are given the flexibility to agree their arrangements based on what is most appropriate locally.

3.6. Careful thought and consideration will however need to be given to this, at place level, on exactly how this would work in practice, particularly how the role will sit alongside the duties and responsibilities of the ICB chief executive and accountable officers of local authorities. We will need to ensure that it is clear how the accountable individuals for each are to be held to account, including by the public, and how they will exert influence over health and care budgets and commissioning.

3.7. We are mindful that for systems such as Norfolk and Waveney, which covers just one upper-tier authority (Norfolk) and part of another (the Waveney part of Suffolk), that our places will be smaller than upper-tier local authority areas and this will bring different complexities. It is perhaps easier to envisage how the vision set out in the white paper may work in larger systems which cover multiple upper-tier local authorities, and where each place is coterminous with one council. For example, in these areas to adapt the model of adult social care and integrated health and social care commissioning and delivery at place level would only require each council to make one set of changes to their services.

3.8. We welcome the white paper's repeated recognition that local partners are the best people to understand and respond to local needs and we will ensure that our place partnerships, as well as the system as a whole, are supported to do that.

3.9. In addition, while we would resist national prescription, some basic expectations of how provider collaboratives and place-based partnerships should interact and how overlapping accountabilities between the two can be managed would also be helpful.

4. The health and care workforce and carers

4.1. The health and care workforce is fundamental to integration and a longer-term focus on workforce planning is vital. This should be integrated across the system as a shared and meaningful priority. The NHS Confederation[4] highlights the positive steps Health Education England are taking to support this work, and we agree with them that there are other opportunities which should be considered to establish a national system for workforce planning.

4.2. While we welcome the inclusion and focus on increased training and development, the paper does not address disparity of pay, progression, or training between health and social care staff – all of which have a huge impact on recruitment and retention. A comprehensive, long-term workforce plan for adult social care, developed with system leaders and providers to ensure it takes account of the implications for the wider health and care sector, is needed and would be a positive way forward.

4.3. We support the proposal for regulatory change to ensure more flexible movement of workforce around the system, and the skills passport could be an effective way to achieve this. However, proper investment is needed to guarantee this is system- and place-wide, with consultation with employers, providers and employees to provide the proper links between the knowledge and skills framework and recruitment processes.

5. Digital and data

[4] https://www.nhsconfed.org/publications/integration-white-paper-what-you-need-know

5.1 We agree that joining up data and information is a central aspect of integration, and we will work collaboratively across our system to achieve this. However, it must be acknowledged that health and care organisations across the country, including partners in Norfolk and Waveney, will have different starting points and may require additional time and/or resources to reach the minimum level of digital maturity proposed. NHS Confederation[5] suggests a framework for all organisations working together should be made available to meet the minimum standards.

5.2 The digitisation of social care records will enable better sharing of information across the system and enable people to take control of their health and care records. Although, digital exclusion and unwarranted variation in access to digital tools should be acknowledged. In rural areas, such as ours, access to the internet is reduced, so the wider Government plans to level-up and increase access to broadband will be key across our system.

5.3 We agree with the Local Government Association[6] that the digital skills and competencies of the health and social care workforce need to be strengthened with a comprehensive digital learning offer. This will be essential to enable the roll out of digital technology and in meeting the needs of communities.

5.4 We will continue to utilise population-level data to inform digital development plans and the collation of health data. The local authority and public health colleagues will be integral to this, with our Joint Strategic Needs Assessments acting as a foundation to build on.

5.5 The biggest risk for digital transformation remains funding. In Norfolk and Waveney, we are seeing improvements in the way in which our boards are prioritising funding for digital programmes, and being awarded funding from the national Digital Aspirant fund has allowed us to continue our improvement. It is vital that ICSs have access to consistent, realistic and timely funding for digital transformation.

Signed on behalf of the Norfolk and Waveney Integrated Care System by:

Rt Hon. Patricia Hewitt Independent Chair designate, NHS Norfolk and Waveney Integrated Care Board

Tracey Bleakley, Chief Executive designate, NHS Norfolk and Waveney Integrated Care Board

Cllr Bill Borrett, Chair designate of the Integrated Care Partnership and Chair of the Health and Wellbeing Board

James Bullion, Executive Director of Adult Social Services, Norfolk County Council

Sue Cook, Executive Director People Services, Suffolk County Council

[5] Ibid
[6] LGA response to "Health and social care integration: joining up care for people, places and populations" | Local Government Association