

Health and Wellbeing Board
Minutes of the meeting held on 8th June 2022 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich

Present:

Cllr Bill Borrett
 James Bullion
 Cllr John Fisher (until 11.35am)
 Cllr Alison Webb
 Cllr Fran Whymark
 Dr Louise Smith
 Cllr Mary Rudd
 Rachel Hawkins
 Cllr Emma Flaxman-Taylor
 Patrick Peal
 Jonathan Barber
 Christine Futter
 ACC Nick Davison (until 11.19am)
 Tracy Williams
 Dr Anoop Dhesi
 Graham Nice
 Rt Hon Patricia Hewitt

Cllr Victoria Holliday
 Dr Gavin Thompson
 Cllr Alison Thomas
 Graham Ward
 Alan Hopley
 Dan Mobbs

Representing:

Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council
 Executive Director, Adult Social Services, Norfolk County Council
 Cabinet Member for Children's Services and Education, Norfolk County Council
 Breckland District Council
 Broadland District Council
 Director of Public Health, Norfolk County Council
 East Suffolk Council
 Cambridgeshire Community Services NHS Trust
 Great Yarmouth Borough Council
 Healthwatch Norfolk
 James Paget University Hospital NHS Trust
 Norfolk Care Association
 Norfolk Constabulary
 NHS Norfolk & Waveney CCG
 NHS Norfolk & Waveney CCG
 Norfolk Community Health & Care NHS Trust
 Norfolk & Waveney Health & Care Partnership (Chair) and NHS Norfolk & Waveney Integrated Care Board (Chair Designate)
 North Norfolk District Council
 Police and Crime Commissioner
 South Norfolk District Council
 Queen Elizabeth Hospital NHS Trust
 Voluntary Sector Representative
 Voluntary Sector Representative

Officers Present:

Debbie Bartlett	Director, Transformation and Strategy, Adult Social Services, Norfolk County Council
Rachael Grant	Policy Manager, Adult Social Services
Stephanie Guy	Advanced Public Health Officer
Jonathan Hall	Committee Officer

Speakers:

Liam Bannon (Item 11)	Policy, Research & Equalities Officer, Office of the Police and Crime Commissioner for Norfolk
Geoff Connell (ICP Item1)	Director of Information Management Technology & Chief Digital Officer, Norfolk County Council
Alison Gurney (ICP item x)	Programme Director, Public Health, Norfolk County Council
Paul Hemmingway (ICP item x)	Associate Director of Communications & Engagement, Norfolk & Waveney CCG
Amy Lees (ICP Item 1)	Social Care Systems Manager, Norfolk County Council
Diane Steiner (Item 10)	Deputy Director of Public Health, Norfolk County Council
Emily Woodhouse (Item 12)	Business Development Manager, Healthwatch Norfolk

1. Election of Chair

- 1.1 Jonathan Hall, Committee Officer, opened the meeting and invited nominations for the election of Chair of Health and Wellbeing Board (HWB). Cllr Bill Borrett was nominated by Cllr John Fisher and seconded by Dr Anoop Dhesi. There were no further nominations. All in agreement. Cllr Bill Borrett was elected as Chair for HWB for the ensuing year.

2. Election of Vice Chair

- 2.1 Cllr Borrett advised that the HWB has two Vice Chair positions, however the Norfolk and Waveney CCG had yet to nominate their representatives to the Board, so only one election would take place for the election of vice chair from the District Council representatives.
- 2.2 Cllr Alison Thomas was nominated by Cllr Fran Wymark and seconded by Cllr Alison Webb. There were no other nominations. All in agreement. Cllr Alison Thomas elected as Vice Chair for the ensuing year.

3. Apologies for absence and details of substitutions

- 3.1 Apologies were received from Cllr Sam Sandell, Tracey Bleakley, Ian Hutchinson, Emma Ratzer, Tom Spink and his substitute Sam Higginson, Cllr Beth Jones and her substitute Cllr Adam Giles, Cllr Virginia Gay (Cllr Victoria Holliday substituting), Matthew Winn (Rachel Hawkins substituting), Joanne Segasby (Jonathan Barber substituting), Geraldine Broderick and her substitute Stephan Collman (Graham Nice substituting) and Giles Orphen-Smellie (Dr Gavin Thompson substituting).
- 3.2 Also absent was Cllr Hemsall, Sue Cook, Cllr Hopfensperger, David Allen and Stuart Richardson.

4. Chair's Opening Remarks

- 4.1 The Chair welcomed those present and advised that the meeting would be held in three segments as Health and Wellbeing Board (HWB) matters, joint matters for both HWB and Shadow Integrated Care Partnership (ICP) and then finally Shadow ICP only.

5. Minutes

- 5.1 The minutes of the meeting held on 28th April 2022 were agreed as a true and accurate record, subject to an amendment that Cllr Mary Rudd had forwarded her apologies. The minutes were signed by the Chair.

6. Actions arising from minutes

- 6.1 None

7. Declarations of Interest

- 7.1 None

8. Public Questions

- 8.1 No questions were received.

9. Urgent Arising Matters

- 9.1 None

10. Director of Public Health Annual Report

- 10.1 The HWB received the annexed report (10) which was introduced by Dr Louise Smith, Director of Public Health, Norfolk County Council.
- 10.2 Dr Smith advised that although Covid was still prevalent, cases had dropped to around 1 in 70 and the current variant caused only mild symptoms in most people. The report provided a data-based summary of the two-year period of Covid and its effects. Diane

Steiner, Deputy Director of Public Health, undertook a presentation which can be [viewed on the committee's website pages](#).

10.3 The following points were discussed and noted:

- All stakeholders within Norfolk and Waveney health sector, had worked together during the pandemic to great effect. Death rates were lower than both the regional and national averages as well as vaccination and testing rates being one of the highest in the country.
- It was hoped the learnings and connections made by stakeholders during the pandemic can be built upon and provide a platform for the new Integrated Care Partnership (ICP), which will be officially created in July 2022.
- The Board thanked Dr Smith for her report and for her calm reassurance across media platforms during the pandemic, reducing much of the anxiety around Covid 19.
- The pandemic highlighted inequalities and it was agreed that moving forward this is an area the HWB needed to target, together with prevention.
- The impact the pandemic had on care sector staff and their families was acknowledged, and that the sector had coped well with new practices and procedures for infection control.
- Dr Anoop Dhesi, a member of the HWB since its inception in 2013, suggested the Board's existence had demonstrated how better local public health initiatives and outcomes had been achieved and the pandemic had brought this position to the fore.
- The report was acknowledged as a useful fact-based tool to take back to stakeholders, such as District Councils, to aid future strategies and action plans.

The Chair concluded, and thanked Dr Anoop Dhesi who was attending the Board for the last time as a representative of Norfolk and Waveney CCQ, before they moved in to the new Integrated Care System (ICS) in July.

10.4 The HWB **agreed to** endorse the Director of Public Health's Annual report.

11. Domestic Abuse, Early Intervention and Prevention

11.1 The HWB received the annexed report (11) which was introduced by Dr Gavin Thompson, Director of Policy, Commissioning and Communications, Office of the Police and Crime Commissioner for Norfolk. The report introduced and advised the HWB on the new Domestic Abuse Strategy for Norfolk, which is in the final phases of consultation and completion. The new strategy reflected the changing landscape in the county, including a growth in reported levels of abuse, new policy drivers and legislation coming into force, and learning from the impact of a concerted range of actions over the past five years.

A presentation was undertaken which can be [viewed on the Committee's website pages](#).

11.2 The following points were discussed and noted:

- It was acknowledged domestic abuse was an issue all stakeholders had to tackle and address together and the causes were multi faceted, with poor housing provided as an example which is outside of the Police and NHS control and budgets.
- The level of abuse in the 16 to 18 years old category was considered shocking and work was required around young adults, particularly male, around healthy relationships and behaviours. It was suggested that working with schools to engage at a very early stage was desirable and work around young people could be linked to the Children and Young People's Alliance initiative (Flourish), which was highlighted at the previous HWB meeting.
- Training, communication and partnership working were all considered to be key elements in helping to tackle the issue of domestic abuse.
- District authorities had all received a share of government funding of £1.8m to provide safer accommodation, with the strategy launched by the County Council in

December 2021. This funding transferred the need to vacate the family home from the victim onto the abuser. This avoids victims having to leave to find safer premises, which often meant a loss of connection with support networks and a change of schools for children.

- Primary care had a domestic abuse champion scheme working with district councils within the domestic abuse support network, which was working well.

11.3 The HWB **agreed to:**

- a) endorse and support the Domestic Abuse Strategy.
- b) identify specific areas where improved or new collaborations between the Board and Norfolk County Community Safety Partnership, can contribute to the delivery of the strategy and the outcomes.

12. **Prevention Research, Feedback from Healthwatch Norfolk**

- 12.1 The HWB received the annexed report (12), which was introduced by Patrick Peal, CEO Healthwatch Norfolk. The Chair congratulated Mr. Peal, on behalf of the committee, for being awarded a CBE in the recent honours list.
- 12.2 Healthwatch Norfolk (HWN) was commissioned by Norfolk County Council, on behalf of the HWB, to explore prevention activity in line with the refresh of the Joint Health & Wellbeing Strategy for 2018-22. The report gave an insight into the experiences of Norfolk and Waveney residents in relation to prevention activity and also highlights some of the prevention activity and best practice that had been taking place.
- 12.3 Emily Woodhouse, Business Development Manager, HWN, gave a presentation which can be [viewed at the committee's website pages](#).

The following points were discussed and noted:

- The definition of prevention as presented was thought to be simple, clear and concise and should be agreed upon by all stakeholders as part of the strategy.
- Prevention is often pushed to the backburner when more immediate, urgent actions are required and, as a result, resource is not always allocated to prevention activities.
- Prevention needs to be evaluated correctly so, when funding is allocated, it can be seen as being essential and add value for money as apposed to something desirable to do.
- It is hoped, within the new ICS, prevention will have more focus at system level.
- It was acknowledged, within primary care, the system had competing priorities – appointments and urgent care, continuing care for long term conditions, and lastly prevention. With pressures on the system, it was sometimes difficult to progress onto the prevention agenda.
- In Norfolk, IT platforms had played an important part in linking and focusing work and should be considered a success.
- The NHS had a proportional universalism approach (i.e. targeted monies where the best effects can be achieved, and this should be generally aimed at the lowest 20% of areas where the highest deprivation is seen).
- During the pandemic individuals lost their 'people networks' due to restrictions and, as a result, placed more pressure on primary care. These networks should be seen as having an important role to play in prevention.
- It was suggested, within the new ICB, the levers to encourage a focus on prevention should be established and the HWB should address this issue as part of the strategy.

12.4 The HWB **agreed to**:

- a) endorse the findings of the report.
- b) create an action plan for incorporating findings into the Strategy refresh.

The Chair closed the Health and Wellbeing Board meeting at 11.09am.

The meeting moved on to Integrated Care Partnership (ICP) matters only and the Chair Designate reminded members that the meeting was being held in shadow form and any decisions or recommendations would require formal ratification at the first inaugural meeting of the ICP in July 2022.

13. Tell Your Story Once: Norfolk & Waveney Shared Care Record (ICP 1)

- 13.1 The ICP received the annexed report (13) which was introduced by James Bullion, Executive Director of Adult Social Services, Norfolk County Council.

The NHS has mandated that every ICS across the country should develop and implement a full digital shared care record, so health and care professionals have a shared view of health and care information about an individual. In Norfolk & Waveney, the digital shared care record will be provided by Intersystems and take in information from partner organisations' line-of-business systems. Ten health and care partners in Norfolk & Waveney have signed a partnership agreement which made an active commitment to collaborative working, shared costs (apportioned appropriately), and sharing of information from their line-of-business systems into the digital shared care record. Work is due to start on this project imminently with a view to implementing the shared care record in Norfolk & Waveney in the latter half of 2022.

Geoff Connell, Director of Information Management Technology and Chief Digital Officer, and Amy Lees, Social Care Systems Manager, Norfolk County Council, gave a presentation which can be [viewed on the Committee's website pages](#).

- 13.2 The following was discussed and noted:

- It was thought effective training and communications was required on the subject, as when the programme is rolled out the sector does not want a high number of individuals to opt-out of the scheme.
- District councils and voluntary organisations were not included within the first phase of the project but, given the important roles they play in the sector, especially highlighted during the pandemic, it was suggested their inclusion was high priority moving forward. It was recommended third parties, such as East Anglian Air Ambulance, were also included with the scheme as well as out of area providers, such as the burns unit in Chelmsford.
- The system has one central IT system where data is pooled and individual organisations can download from, ensuring the most up to date information.
- Waveney had been included within the scheme administrated by Suffolk County Council, which began in 2019.
- By 2024, the systems will be linked across all ICS' in the country to provide an out of area service.

13.3

The ICP **agreed to**:

- a) Commit to taking this to their own organisational Boards, embedding this within their own organisations and actively championing the benefits of the integrated approach to information.

ICP 2 Norfolk & Waveney People and Communities Approach

- 14.1 The ICP received the annexed (14) report which was introduced by Rt Hon Patricia Hewitt, Chair Designate, Norfolk and Waveney ICB and Chair, Norfolk and Waveney Health and Care Partnership.
- 14.2 ICS' are new partnerships between organisations which meet health and care needs across an area. These partnerships will help to coordinate services and to plan in a way that improves the health of people and communities and reduces inequalities between different groups. The purpose of the Norfolk and Waveney People and Communities approach is to outline the strategic approach being undertaken in Norfolk and Waveney ICS to working with people and communities, to enable the Partnership to achieve the ambition laid out in national guidance.

The vision is to improve the collective ability to listen to what people are saying across Norfolk and Waveney about what matters to them. This can be achieved by going out to the communities and by building on existing community engagement assets among the ICS partners, including the VCSE sector.

Paul Hemmingway, Associate Director of Communications & Engagement, Norfolk & Waveney CCQ, undertook a presentation which can be [viewed on the committee's website pages](#).

- 14.3 The following was discussed and noted:
- The report was considered to be a radical change of direction, to be more community led. This change would require strong leadership and continued engagement into the future.
 - It was agreed the individual's voice needs to be heard, especially those individuals who find often their issues are left unresolved.
 - The work was considered to be laying the foundations for an exciting collaboration and different types of team work to support communities more widely. The approach would mean the system would learn from individuals in a different way. It was acknowledged individuals were the experts when it comes to user experiences.
 - The expectation was that learning from patient experience would help NHS budgets in the long term to provide a holistic care approach with the sector learning and working together.

14.4 The ICP agreed to:

- a) agree the approach outlined to engaging with people and communities across Norfolk and Waveney.
- b) support the ambitions set out in the People and Communities approach.

15. Health & Wellbeing Partnerships Progress (ICP 3)

- 15.1 The ICP received the annexed report (15) which was introduced by Dr Louise Smith, Director of Public Health, Norfolk County Council.
- 15.2 The report updated the Shadow ICP on the latest developments in the establishment of the Local Health and Wellbeing Partnerships and provided an overview of activity and progress to date in establishing the Health and Wellbeing Partnerships, as part of Norfolk and Waveney's Integrated Care System.
- 15.3 Alison Gurney, Programme Director, Public Health, Norfolk County Council, presented the report and advised there was a strong commitment to the partnerships with the focus on District Councils. The CCG had placed a strong involvement in primary care and the wider health system. Public Health were committed to providing funding to support the partnership. Five key points had been established for the partnerships to deliver:
1. Using a population health and care perspective when considering how to address the wider determinants of health, improve prevention of avoidable illness, reduce inequalities, and align NHS and local government services and commissioning.
 2. Creating a local health and wellbeing profile that identifies long term trends, and plans how to address the root causes of health inequalities.
 3. Shape the local delivery of the Integrated Care Strategy for that partnership area.
 4. Development of an Integrated Care Strategy when considering how the Partnerships can shape and deliver that at a Place level.
 5. Partners are identifying resource within their own organisations to drive the Partnerships, including strategic priorities around the Better Care Fund, the Covid Recovery Fund and how our teams work in the Partnerships.

Workshops and meetings have taken place with partners with data being used as an evidence-based platform to guide conversations within the meetings and help support agreement. The targeting of deprivation and health inequalities impacted by covid was considered a priority.

Alison Gurney concluded by advising the partnership:

- must build on lessons learned from partners working together over the pandemic.
- acknowledge the importance of community engagement which must be ongoing and underpins the work of prevention.
- have patience whilst matters change and consider it may take time to get things right.

- 15.4 The following points were discussed and noted:
- The first meeting of the Health and Wellbeing Partnerships had been a very positive experience, and all had spoken with one voice. It was acknowledged no partner wished to work in a silo and collaborative working experienced during the pandemic was a platform to build on.
 - There was great expectation of the Partnerships moving forward and there was a delicate balance to be achieved with how 'Place Boards' will work within the wider ICS.
 - Data priorities from NHS colleagues were different to those which focused District Council colleagues. The networking achieved will be a strong benefit for the sector and ICP moving forward.

15.5 The Shadow ICP **agreed to:**

- Commit representatives from their organisations to attending the Health and Wellbeing Partnership meetings.
- Commit to bringing relevant projects and areas of joint work to the Health and Wellbeing Partnership meetings.
- Support the Health and Wellbeing Partnerships to produce local priorities and delivery plans.
- Commit to evolving and developing the partnerships to achieve shared vision, objectives, and joint accountability at each place.
- Endorse the proposed framework and associated activities for measuring success of the Health and Wellbeing Partnerships.
- Agree to receive an annual report on achievements of the Health and Wellbeing Partnerships from the HWB District Council sub-committee.

Meeting Concluded at 12.18pm

**Bill Borrett, Chair,
Health and Wellbeing
Board and Shadow
Integrated Care
Partnership**