Norfolk County Council
at your service

Health and Wellbeing Board
Minutes of the meeting held on Wednesday 4 February 2015 at 9.30am
in Edwards Room, County Hall, Norwich

Present:
Mr D Roper, Norfolk County Council – Chairman

Cllr Brenda Arthur	Norwich City Council
Harold Bodmer	Director of Community Services, NCC
Dr Jon Bryson	South Norfolk Clinical Commissioning Group
Tracey Cogan	NHS England, East Anglia Area Team
Pip Coker	Voluntary Sector Representative
T/ACC Nick Dean	Norfolk Constabulary
Richard Draper	Voluntary Sector Representative
Jenny McKibben	Norfolk's Deputy Police and Crime Commissioner
Joyce Hopwood	Voluntary Sector Representative
Dr Ian Mack	West Norfolk Clinical Commissioning Group
Lucy Macleod	Interim Director of Public Health
Dr Chris Price	Norwich Clinical Commissioning Group
John Stammers	Great Yarmouth & Waveney Clinical Commissioning Group
Alex Stewart	Healthwatch Norfolk
Mark Taylor	North Norfolk Clinical Commissioning Group
Dr Wendy Thomson	Managing Director, Norfolk County Council
Cllr Lynda Turner	Breckland District Council
Cllr Sue Whitaker	Chair, Adult Social Care Committee, NCC

1 Apologies

1.1 Apologies were received from Cllr James Joyce, Cllr Andrew proctor (substituted by Cllr Roger Foulger), Cllr Penny Linden, Cllr Yvonne Bendle, and Cllr Elizabeth Nockolds.

2 To agree the minutes

2.1 The minutes of the Health and Wellbeing Board (HWB) held on the 22nd October 2014 were agreed as a correct record and signed by the Chair.

3 Declarations of Interests.

3.1 Those members of the Clinical Commissioning groups who practiced dispensing (John Stammers and Anoop Dhesi) declared an 'other' interest in respect of Item 7.

4 To receive any items of urgent business

4.1 There were no items of urgent business.

5 Norfolk Joint Health and Wellbeing Strategy 2014-17 Implementation – workshop

5.1 The Norfolk Health and Wellbeing Board Strategic Plan was approved by the Board in May 2014 and a sub group of the Board had been tasked with steering the work forward. The report aimed to give Members an update on the progress and issues arising to date. The Board split into three groups, each identified by the Health and Wellbeing Boards'

priorities.

5.2 This item was taken as a workshop, and the notes from this workshop is attached at appendix A.

5.3 The Board **RESOLVED** to;

- Note the progress and work underway by partners and to feed this back to their respective officers in the organisations they represent to encourage participation.
- Comment on the immediate forward plans for each theme
- Consider how the larger challenges within the Strategy could be addressed.

6. Launch of the Norfolk Better Care Fund

6.1 The Norfolk Better Care Fund Plan was approved with conditions in October 2014. It was resubmitted with the additional requirement in December and the Board heard that the Plan was now approved. The presentation that the Board received is attached at appendix B.

6.2 Congratulations were given to all those concerned for their fortitude in seeing through the implementation of the Better Care Fund, as there had been hurdles to overcome throughout the process.

6.3 It will provide an opportunity to work together with communities in reducing admissions to hospital and the creation of a joint post of Director of Integrated Care (Norfolk County Council and Norfolk Community Health and Care NHS Trust) and would provide a good platform to work from.

6.4 The Board **RESOLVED** to;

- Note the resubmission of Norfolk's Better Care Fund plan to the national assurance programme and its subsequent approval.

7. Norfolk Pharmaceutical Needs Assessment (PNA) 2015

7.1 Health and Wellbeing Boards (HWBs) must publish a pharmaceutical needs assessment (PNA) by 1 April 2015. The PNA will be used by NHS England when making decisions

7.2 It was suggested by members of the Board that consideration be given to how the work around safeguarding might relate to this given the central role that pharmacies might have and it was confirmed that safeguarding requirements were included when services were commissioned from pharmacies. It was also suggested that the preventative agenda could be developed further with pharmacies as a community resource.

7.3 The issue of a quality assurance process was raised and it was confirmed that the new PNA was would be refreshed every three years.

7.4 It was noted that there was no mention of dementia and as it was a priority of the Board it should be included. It was confirmed that this was picked up through the Healthy Living Pharmacies work.

7.5 The Board **RESOLVED** to;

- Agree that the Director of Public Health will act as accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met.

- Note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 that will be used by NHS England in determine applications for the provision of pharmaceutical services and maintain the PNA so that it is kept up-to-date.
- Approve and publish the Pharmaceutical Needs Assessment 2015-2018 to ensure that the legal requirement to publish an up-to-date PNA by 1 April 2015 is met.

8. Children's Services Improvement and Performance Update

8.1 The report provided an update on Children's Services improvement and performance. The Board were presented with an update which provided details of the Social Care Performance Overview Dashboard as at December 2014.

8.2 It was reported that the Assistant Director team in Children's Services had been appointed to which was important in enabling a sustainable Children's Services for the future and meant that other posts could now be filled.

8.3 The Board noted that, in terms of general health indicators, the health of Norfolk's Looked After Children was generally good but that problems occurred when children were placed out of County. There were approximately 20% out of county. Children's Services was looking closely on a locality basis to better understand the issues and it was agreed that a report would be brought to the next H&WB meeting on the health of Looked after Children.

8.4 The Board **RESOLVED** to;

- Note the report

9. The Report into Rotherham – Implications for Norfolk (presentation)

9.1 The Board received a presentation (attached at appendix C) from T/ACC Nick Dean and Sheila Lock, Interim Executive Director Children's Services which outlined the strategic approach in Norfolk to tackling child sexual exploitation and some of the lessons learnt of the investigation into Rotherham.

9.2 It was reported that there had been an unprecedented rise in the numbers of people coming forward about child abuse across the country over the last 18 months and that agencies nationally and locally were working together to overcome the issues that had arisen. It was estimated that 5% of children would be affected by CSE (Child Sexual Exploitation) in their lifetime.

9.3 The Board sought assurance that agencies in Norfolk were clear about where they should be looking and how best to target efforts to identify areas of concern. It was considered important for all agencies across the Board to make sure they know about the approach in Norfolk, to support it and to be fully committed to it.

9.4 The Board **RESOLVED** to;

- Note the presentation

10. Forward Plan, Review and Development

10.1 The report set out the draft forward plan and enabled the Board to review and comment on its programme of work for the coming year. The report also outlined initial proposals for the Board to conduct a review of its current working arrangements, including

reflecting and testing itself on whether it is focused on the right things, working effectively, and adding value, and through this identifying areas for development.

10.2 In terms of the Forward Plan, it was suggested that it was important for the Board to be able to give more focus to mental health. It was also suggested that rather than updates the Board needed to be clear about how it was making a difference, for example, through an impact outcomes framework.

10.3 In terms of the H&WB review, disappointment was expressed that the formal external review was not until 2016 and that the proposed timetable was not challenging enough. It was, however, recognised that Health and Wellbeing Boards could potentially have a change of governance and role after the general election.

10.4 There was a preference for the Board to carry out its own 'active' internal review, sharing ideas and reviewing best practice, and Board members could get on with implementing the outcomes. There would inevitably be some unanswered questions arising from this work which could then be used for a peer review. It was suggested that external challenge could be engaged along the way to strengthen this first stage of the review.

10.5 It was agreed that the review timetable be revised so the Board could achieve as much as possible, as soon as possible.

10.6 The Board **RESOLVED** to;

- Note the report
- Agree the forward plan for the year ahead
- Decide how best to progress a review of the Health and Wellbeing Board

11. NHS England – verbal update

11.1 The Board received a short update from the representative of NHS England, which explained that there had been a restructure at area team level. It was hoped that by 1st April, all the positions in the new structure would be filled. There would be a more detailed update at the next meeting.

11.2 CCG assurance meetings had been arranged which would follow similar to previous years. NHS England were also working alongside CCG colleagues to provide operational and resilience plans.

11.3 Work had been carried out with the CCG to alleviate the situation arising from the Watton Surgery. Lessons had been learnt and new models of care practice implemented.

12. Healthwatch Norfolk minutes of the meetings held on 22 September and 17 November 2014

12.1 The Board received and **NOTED** the minutes of the meetings of Healthwatch Norfolk which took place on 22nd September 2014 and 17th November 2014.

13. Norfolk Health and Overview Scrutiny Committee minutes of meetings held 16 October and 27 November 2014

13.1 The Board received and **NOTED** the minutes of the meetings of the Norfolk Health and Overview Scrutiny Committee meetings which took place on 27 November 2014 and 15 January 2015.

The next meeting would take place on **Wednesday 29 April 2015** at 9.30am. The venue would be confirmed.

The meeting closed at 1.30pm

Chairman

Joint Health and Wellbeing Board meeting 4th February 2015 – Workshop

Dementia Priority – Making Norfolk a better place for people with dementia and their carers

Present: Joyce Hopwood (Dementia Champion), Brenda Arthur (Norwich City Council), Sue Whitaker (Adult Social Care Committee), Harold Bodmer (Adult Social Services), Anoop Dhesi (North Norfolk CCG), Ian Mack (West Norfolk CCG), William Armstrong (Healthwatch Norfolk), David Wright (James Paget Hospital), Nicola Gregory (Public Health, Dementia Priority Coordinator)

Major changes and challenges for the Board

- The Board is too big to be effective as a decision making body. Other HWB's across the country are smaller. The Board is instead a place to 'unblock' problems.
- A locality board exists in Norwich, a small strategic group which has achieved a lot. A representative from here could sit on the Board.
- Effective sub groups could link into the Board.
- Looking at other HWB's across the country could be helpful, with a view to a peer review taking place.
- One problem is that HWBs were designed with unitary councils in mind.
- A concern is that the Board becomes irrelevant to CCGs.

Challenges and progress around the Dementia Priority

- Norwich City Council are keen to make Norwich more dementia friendly (e.g. dementia adaptation grants, HandyVan Service) and work with local businesses and services regarding advice and support around this area, but beyond dementia friendly training it's a challenge how to proceed.
- There have been improvements regarding dementia awareness but there needs to be earlier involvement from the public sector around dementia friendly communities work.
- More private sector involvement in dementia work is needed. Local businesses are however involved in the Safer Places Scheme.
- There is the argument that there is a reluctance to diagnose dementia as services are not available to people following diagnosis, but a diagnosis can also enable an individual to access services and empower them to make certain decisions, such as POA.
- West Norfolk CCG have developed a SPECAL approach towards dementia.
- The voluntary sector plays a large part in providing resources but this is dwindling. The West Norfolk Alliance brings together the public sector and aims to focus on this gap in resources.
- The quality of home care and standard of dementia training needs to be focussed on.
- Norfolk could pay more attention to best practice outside of the county. Healthwatch could undertake a piece of work around this. ***Action - Bill Armstrong to liaise with Sue Whitaker.*** There are also examples abroad, for instance Scandinavia, of forward thinking pieces or work around older people maintaining their independence.

- Work around healthier lifestyles and prevention runs alongside dementia (as well as the other two priority areas). The Public Health department could be utilised more.

Practical steps to be taken

- It would be helpful if a few key areas were identified that each locality could focus on. Suggested areas were:

    - Healthy lifestyle messages linked to prevention, this links in with the focus of the Care Act.
    - 'Switching on' local support networks around diagnosis.
    - Local information available to all at the right time is crucial, social housing tenants were highlighted as an important group.
    - De-medicalisation of dementia.
    - The dementia pathway in each area needs to be clearly identified.
    - Look at doing something more creative with Continuing Care funding, there is a good case for pooled budgets.
    - Greater involvement from private businesses. ***Action - Brenda Arthur will take this proposal to the next Business Improvement meeting.***

Notes from Joint Health & Wellbeing Board workshop 04.02.15

Preventing / Reducing Obesity Priority

Table: Dan Roper (NCC), Lucy MacLeod (Public Health), Pip Coker (Voluntary Sector), Tracey Cogan (NHS England), Martyn Swann (South Norfolk Council), John Stammers (Gt Yarmouth CCG), Caroline Money (NCC) and Lara Williamson (PH). Alex Stewart (Healthwatch).

Discussion topics in bold

Mental Health & Obesity, the challenges of:

1. medication & weight gain
2. unwillingness to take up healthy activities (barriers if activities not tailored)
3. sector perception of localities seeming unwilling to commission enough tailored/targeted activities

Examples of good practice: Voluntary sector provision of mountain walking programme for clients with mental health issues – this was a positive intervention. Green Care projects have been effective.

Suggested actions

Ensuring range of tailored physical activities programmes available.

HWB to recommend to Housing providers to include 'health-added value' into all commissioning.

Confidence building - to overcome barriers around engaging in activity on offer & increase community resilience

Examples of good practice: South Norfolk Council Early Help scheme. Ensuring use of Making Every Contact Count at all points of contact.

Suggested actions

Increase/support/promote Community or Family Connectors/ Buddy schemes; MECC training: target areas of need identified in JSNA data.

Collaborations needed to strengthen positive effects of actions

Examples of good practice: South Norfolk Council working with CABs on pathways. Public Health linking Physical Activity with other strands of Healthy Weight programmes

Suggested actions

HWB to strengthen working collaboratively in any area to respond to local needs – greater integration of services, as committed to in cross cutting theme.

Businesses could be appealed to for support with activities, for example to provide equipment or sponsorship for activities

Suggested action: HWB and partners to link into business networks

Primary Prevention: Need attention on this – ie tackling causes of preconditions (upstream) such as obesogenic environment, need to 'manage upwards'

Concern at availability of foodstuffs (high in Sugar, Salt & Saturated Fats) & fast food outlets near schools/ within hospitals/ advertising permits.

Suggested action

HWB to lobby for change - reflecting groundswell of concern on need for regulation of food. Working with services/ food industries/ businesses to improve health options in food procurement; Economic Development Unit to work with producers; use of planning laws.

Workforce health & wellbeing

Examples of good practice: Fit4Work projects. Employers leading by example – incentive: healthier workforce

Suggested action: HWB Strategy promoted to employers to incorporate in their planning for workforce

Offender Health

Examples of good practice: Health initiatives such as Garden Organic schemes in prisons

Discussion of need for the companies running probation services to take Holistic approach

Other points raised:

HWB work with LEP on how they can contribute to the inequalities agenda

Podiatry & Biomechanics – how orthotics can help overcome certain barriers to engaging in physical activities, and the need for this information to be promoted.

Summary

Copies of an extract from the HWB Strategy citing the ten reducing obesity intentions, and the executive summary of the Tackling Obesity HNA for Norfolk, were circulated to all at the table to add clarity to current practical actions planned. There was useful discussion on the challenges and progress around the reducing obesity priority with contributions including suggestions for practical actions that do fit within and add insight to strands of the identified recommendations and intentions.

Health and Wellbeing Board

Workshop

Preschool Priority

4th February 2015

Definitions for Social and Emotional Wellbeing presented to the group.

“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with family, communities and the wider environment”

(Better Mental Health Outcomes for Children and Young People)

Or

- Emotional wellbeing – this includes being happy and confident (~~and not anxious or depressed)~~
- Psychological wellbeing – this includes the ability to be autonomous, problem solve, manage emotions, experience empathy, be resilient and attentive
- Social wellbeing – has good relationships with others (~~and does not have behavioural problems, that is, they are not disruptive, violent or a bully)~~

(NICE 2014)

Comments:

- Language is important – the definition has to be easily understood by all.
- The simpler the better
- It should be accepted in a broader sense, not just from the health perspective i.e. effects of poor housing, poverty, attainment
- The second definition is too health and outcomes focussed
- Achievement, values and self-esteem were also felt to be important
- That this should be seen more as an ‘ambition’ than a ‘definition’
- Preference very much for the first one

The final version of the ambition for the social and emotional wellbeing of 0-5s

“A positive state of mind and body, feeling safe, resilient and able to cope, with a sense of connection with family, communities and the wider environment”.

This lead to a brief discussion on readiness for school.

Comments:

- It was recognised that there has been some debate regarding this issue. Nurture and play both important.

- At the moment this is measured by the Early Years Foundation Stage Profile and Personal, social and emotional is part of this.
- There has been recommendations around formalising a definition for Norfolk.

The preschool priority intentions handed out.

Comments:

- It is important to emphasise the cross cutting goals of tackling inequalities, prevention and integration.
- Better referral pathways are required to improve integration
- It was felt that intention 3 (below) is driven by health and should have a broader approach.

Develop arrangements for integrated commissioning of universal and targeted services for children aged under 5. This includes services offered by general practice, maternity, health visiting, school nursing and all early years providers. The aim is to ensure:

- vulnerable children at risk of developing (or who are already showing signs of) social and emotional and behavioural problems are identified as early as possible by universal children and family services
- targeted, evidence-based and structured interventions are available to help vulnerable children and their families – these should be monitored against outcomes
- children and families with multiple needs have access to specialist services, including child safeguarding and mental health services.

- There followed a discussion around the reshaping of the Children's Strategic Partnership. This could influence other agencies. Currently no one involved in the Children's Partnership is looking at children's health.
- Communities should be encouraged and enabled and develop a strategic approach.
- There should be a focus on the needs of service users
- Parent education seen as key
- Are universal services delivering what is expected by commissioners, providers and service users? What does this look like?
- Attachment training is seen as evidence based and provides outcomes that have a long term impact on outcomes for young people.
- Concern was raised regarding tackling inequalities, is enough targeted work being done?
- Useful to go back to the JSNA to ensure focus is correct.
- What are the actions and what is the impact? This must translate into something meaningful. Are there broader outcomes, not just health?
- It was felt strongly that co-commissioning would be the obvious way to move forward.
- It was felt that implementation of the Health and Wellbeing Board Strategy could be a perfect opportunity to start working in different ways.
- This must be about action and not just discussion and reporting.

- This is about the Health & Wellbeing Board holding members and providers to account.
- There is a need to ensure that what service users are experiencing is informing commissioners and providers.
- There is a need to address disparity of provision both geographically and with regard access to specialist services.

Actions

- Action plans to be drawn up for the Strategy intentions.
- Develop a questionnaire for focus groups/parents forums to engage with providers and service users.
- Involvement of Health and Wellbeing Board early years coordinator and the Board Champion in the Children's Strategic Partnership.
- Revisit JSNA to ensure correct focus.
- Include information regarding reducing inequalities into action plans.
- Research attachment training for a consistent Norfolk wide approach and other appropriate multiagency workforce development.

APPENDIX B

Norfolk's Better Care Fund: the vision

Norfolk Health and Wellbeing Board

February 2015

Norfolk County Council/Norfolk's CCGs

BCF Requirements

- A pooled budget between NCC and the CCGs under Health and Wellbeing Board
- Minimum £65 million pooled for Norfolk
- Performance measures:

  Avoidable hospital admissions

  – Residential admissions

  – Delayed transfers of care

  – Effective reablement

  Local priority:

  – Dementia assessments
- Requires national assurance

Norfolk's Better Care Fund vision: an enabler to integrated care

- People will be able to access effective and co-ordinated care which is delivered at home or in their local community
- Services will be shaped around the individual
- People will be supported to manage their own care and wellbeing
- Primary care we be the heart of care co-ordination
- Planning should start at a local level

Key projects across Norfolk:

- Integrated and co-ordinated teams around GP practices
- Risk stratification to identify individuals at risk
- Self-care and self-management
- Re-ablement and rehabilitation
- Assistive technology and falls prevention
- Dementia services and mental health
- Services at end of life
- Carers support

What difference will this make?

- Services which feel integrated to use
- Avoiding unnecessary escalation of need and crisis admissions
- More preventative and targeted approaches; less duplication
- Better use of the Norfolk health and care £
- Addressing the HWBB priority for integration
- The beginning of a much wider programme?

Where are we now?

- The Norfolk Better Care Fund plan has now been formally approved
- The pooled fund starts from April 2015
- Local governance and delivery plans are in place
- Delivery underway on priority areas
- HWBB oversight will continue.

Child Sexual Exploitation

‘It isn’t hidden – you just haven’t looked for it.’

Definition of Child Sexual Exploitation:

*'Sexual exploitation of children and young people under 18 involves **exploitative situations**, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.*

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

In all cases, ***those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice*** *resulting from their social/economic and/or emotional vulnerability.'*

Key Vulnerabilities?

- Chaotic or dysfunctional household
- History of abuse
- Recent bereavement or loss
- Attending school with young people who are sexually exploited
- Learning disabilities
- Queries over their own sexual orientation
- Friends with young people who are sexually exploited
- Homelessness
- Lacking friends from the same age group
- Living in residential care / hostel accommodation
- Low self-esteem or self-confidence
- Young carer
- Gang association or neighbourhood

Signs for Concern?

Missing from home or care
Physical injuries
Drug or alcohol misuse
Involvement in offending
Repeated **sexually-transmitted infections, pregnancy and terminations**
Absence from school
Evidence of sexual bullying
Vulnerability through the internet / social networking sites
Estranged from their family
Receipt of gifts from unknown sources
Recruiting others into exploitative situations
Poor mental health
Self-harm
Thoughts of or attempts at suicide

Norfolk's Approach

- Key priority for NSCB
  - Dedicated sub group
  - Multi agency focus and support
- Multi Agency strategy
- Dedicated CSE team within the Multi Agency Safeguarding Hub (MASH)
  - Children's Services
  - Police
  - The Magdalen Group – The ROSE Project
- Referral process
- Intervention options document

Norfolk's Approach

- Training and Awareness Raising
  - Conference held 7th November
  - Chelsea's Choice
  - Media and Communications Work Streams
    - Parents/ carers and professionals
    - Children and young people
    - Victims
  - Involvement of young people

Seven Principles:

- The child's best interests must be the top priority
- Participation of children and young people
- Enduring relationships and support
- **Comprehensive problem-profiling**
- Effective information-sharing within and between agencies
- Supervision, support and training of staff
- **Evaluation and review**

Norfolk's Strategic Response:

- High level Strategy mtgs. with senior partners
  - Involving children and young people in the county response to CSE
  - Providing Leadership and Working in Partnership
  - Training and awareness raising
  - Identification and understanding of risk through problem / geographic profiling
  - Engagement, intervention and supporting victims
  - Disrupting and Prosecuting offenders

The Current Picture?

- Total live CSE Cases – 163 (includes all referrals therefore children at risk and those already being exploited)
- Current High Risk – 17 HIGH
- Total CSE Referrals in last Financial Year (Since April 2014 – to date) – 494
- Total Online CSE in last Financial Year (Since April 2014 – to date) – 103 – (20.9%) – of these 21 both contact and online

Rotherham?

- High level meeting coordinated by CC and DCS
- HMIC – Child Protection
- NSCB oversight –PIQAG Audit
- Barnados' Audit
- Children's Services Internal Audit
- Peer Review- College of Policing

The Next Twelve Months:

- Refresh Multi Agency Strategy
- Revisit ToR for CSE sub group
- Revisit structure of CSE sub group (op vs strategic)
- Communications strategy
- Training and awareness raising
- Geographic profiling
- Re- evaluation