Health & Wellbeing Board

with Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group Members

Date: **Wednesday 10 March 2021**
Time: **9.30am**
Venue: **Virtual Meeting**

Link for members of the public to view meeting.
Members and meeting attendees will be sent a separate link to join the meeting.

Representing	Membership	Substitute
Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council	Cllr Bill Borrett*	
Cabinet member for Childrens Services and Education, NCC	Cllr John Fisher*	
Leader of Norfolk County Council (nominee)	Cllr Stuart Dark*	
Adult Social Services, NCC	James Bullion	Debbie Bartlett
Borough Council of King's Lynn & West Norfolk	Cllr Elizabeth Nockolds	Cllr Sam Sandell
Breckland District Council	Cllr Alison Webb	Cllr Sam Chapman-Allen
Broadland District Council	Cllr Fran Whymark	Cllr Roger Foulger
Cambridgeshire Community Services NHS Trust	Rachel Hawkins	
Children's Services, Norfolk County Council	Sara Tough	Sarah Jones
Director of Public Health, NCC	Dr Louise Smith	
East Coast Community Healthcare CIC	Jonathan Williams	Tony Osmanski*
East Suffolk Council	Cllr Mary Rudd	Cllr Alison Cackett
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor	Cllr Donna Hammond
Healthwatch Norfolk	David Edwards	Alex Stewart
James Paget University Hospital NHS Trust	Anna Hills	Anna Davidson*
NHS Norfolk & Waveney CCG	Tracy Williams	
NHS Norfolk & Waveney CCG	Dr Anoop Dhesi*	
Norfolk Community Health & Care NHS Trust	Josie Spencer	Geraldine Broderick*
Norfolk Independent Care	Dr Sanjay Kaushal	
Norfolk Constabulary	ACC Nick Davison	Supt Chris Balmer
Norfolk & Norwich University Hospital NHS Trust	Sam Higginson	David White*
Norfolk & Suffolk NHS Foundation Trust	Prof Jonathan Warren	Pip Coker
North Norfolk District Council	Cllr Virginia Gay	Cllr Emma Spagnola
Norwich City Council	Cllr Beth Jones	Adam Clark
Police and Crime Commissioner	Lorne Green	Dr Gavin Thompson
Queen Elizabeth Hospital NHS Trust	Caroline Shaw	Prof Steve Barnett*
South Norfolk District Council	Cllr Yvonne Bendle	Cllr Florence Ellis
Norfolk and Waveney Health and Care Partnership (Chair)	Rt Hon Patricia Hewitt*	
Norfolk and Waveney Health and Care Partnership (Executive Lead) & NHS Norfolk & Waveney CCG	Melanie Craig*	
Voluntary Sector Representative	Jonathan Clemo	
Voluntary Sector Representative	Dan Mobbs	Hilary MacDonald
Voluntary Sector Representative	Alan Hopley	Daniel Childerhouse

Additional NWHCP Oversight Group members invited as guests:

East of England Ambulance Trust	Neville Hounsome
Suffolk Health and Wellbeing Board	Cllr Tony Goldson

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

For further details and general enquiries about this Agenda please contact the Committee Administrator:
Hollie Adams on 01603 223 029 or email: committees@norfolk.gov.uk

Health & Wellbeing Board

with Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group Members

Wednesday 10 March 2021
Agenda
Time: 9:30am

1.	Apologies	Clerk	
2.	Chairman's opening remarks	Chair	
3.	Minutes	Chair	(Page 3)
4.	Actions arising	Chair	
5.	Declarations of interests	Chair	
6.	Public Questions (How to submit a question) Deadline for questions: **9am, Monday 8 March 2021**	Chair	
7.	Health and Wellbeing Board Covid-19 update **(Presentation)**	Louise Smith / Melanie Craig / Lewis Spurgin	(Page 11)
8.	NHS Norfolk and Waveney CCG Annual Report	Melanie Craig	(Page 12)
9.	Developing Norfolk and Waveney's Integrated Care System **(Presentation)**	Patricia Hewitt / Melanie Craig	(Page 16)
10.	Joint Strategic Needs Assessment Work Plan for 2021/22	Louise Smith / Anne-Louise Ollett	(Page 22)
11.	Norfolk's Better Care Fund: Opportunities for the Future **(Presentation)**	James Bullion / Nick Clinch	(Page 30)

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

Persons attending the meeting are requested to keep their microphones on mute when not speaking.

Health and Wellbeing Board
with Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group Members
Minutes of the meeting held on 14 October 2020 at 09:30am
on Microsoft Teams (virtual meeting)

Present:	**Representing:**
Cllr Yvonne Bendle	South Norfolk District Council
Cllr Bill Borrett*	Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council (NCC)
Geraldine Broderick	Norfolk Community Health & Care NHS Trust
James Bullion	Adult Social Services, (NCC)
Adam Clark	Norwich City Council
Jonathan Clemo	Voluntary Sector Representative
Melanie Craig*	Norfolk and Waveney Health and Care Partnership (Executive Lead) & NHS Norfolk & Waveney CCG (Clinical Commissioning Group)
Anna Davidson	James Paget University Hospital NHS Trust
ACC Nick Davison	Norfolk Constabulary
Dr Anoop Dhesi*	NHS Norfolk & Waveney CCG
David Edwards	Healthwatch Norfolk
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr Virginia Gay	North Norfolk District Council
Rt Hon Patricia Hewitt*	Norfolk and Waveney Health and Care Partnership (Chair)
Alan Hopley	Voluntary Sector Representative
Dan Mobbs	Voluntary Sector Representative
Cllr Elizabeth Nockolds	Borough Council of King's Lynn & West Norfolk
Cllr Mary Rudd	East Suffolk Council
Caroline Shaw	Queen Elizabeth Hospital NHS Trust
Dr Louise Smith	Director of Public Health, NCC
Sara Tough	Children's Services, NCC
Jonathan Warren	Norfolk & Suffolk NHS Foundation Trust
Cllr Alison Webb	Breckland District Council
David White	Norfolk & Norwich University Hospital NHS Trust
Jonathan Williams	East Coast Community Healthcare CIC
Tracy Williams	NHS Norfolk & Waveney CCG
Cllr Fran Whymark	Broadland District Council

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

NWHCP Oversight Group Members present as guests:

Tony Goldson	Suffolk Health and Wellbeing Board

Officers Present:

Hollie Adams	Committee Officer, Norfolk County Council
Sit Al-Rujaibi	Norfolk, Waveney Health & Care Partnership
Debbie Bartlett	Director - Strategy & Transformation, Adult Social Services, Norfolk County Coucil
Paula Boyce	Strategic Director, Great Yarmouth Borough Council
Chris Butwright	Assistant Director Public Health Prevention & Policy, Norfolk County Council
Ross Collett	Associate Director Urgent & Emergency Care, Norfolk & Waveney CCG
Gary Heathcote	Director of Commissioning, Adult Social Services, Norfolk County Council

Justin Kemm	GP Fellow, Public Health team
Joan Maughan	Chair of the Norfolk Safeguarding Adults Board
Sarah Oldfield	Policy and Partnerships Officer, Broadland & South Norfolk Council
Chris Robson	Chair of the Norfolk Safeguarding Children Board
Jamie Sutterby	South Norfolk District Council
Penelope Toff	Public Health Consultant
Stephanie Tuvey	Advanced Public Health Officer (Health & Wellbeing Board)
Chris Williams	Special Projects Manager, Norfolk and Waveney CCG

1. Apologies

1.1 Apologies were received from Cllr John Fisher, Lorne Green, Neville Hounsome, Tony Osmanski (Jonathon Williams substituting). Anna Hills (Anna Davidson substituting), and Cllr Beth Jones (Adam Clark substituting).

1.2 Also absent were Cllr Stuart Dark, Sam Higginson, Dr Sanjay Kaushal, Josie Spencer and Matthew Winn.

2. Election of Chair

2.1 Cllr Bill Borrett was proposed by James Bullion and seconded by Patricia Hewitt.

2.2 Cllr Bill Borrett was **duly elected** as Chairman of the Health and Wellbeing Board for the ensuing Council year.

3. Election of Vice-Chairs

3.1.1 Cllr Yvonne Bendle was proposed by Cllr Elizabeth Nockolds and seconded by Cllr Fran Whymark.

3.1.2 Tracy Williams was proposed by Melanie Craig and seconded by Patricia Hewitt.

3.2.1 Cllr Yvonne Bendle was **duly elected** as Vice-Chair of the Health and Wellbeing Board for the ensuing Council year.

3.2.2 Tracy Williams was **duly elected** as Vice-Chair of the Health and Wellbeing Board for the ensuing Council year.

4. Chairman's Opening Remarks

4.1 The Chairman welcomed new substitute members to the Board and welcomed members of the Norfolk and Waveney Health and Care Partnership Oversight Group who had been invited to join the meeting again.

5. Minutes

5.1 The minutes of the meeting held on 8 July 2020 were agreed as an accurate record.

6. Actions arising from minutes of 8 July 2020

6.1 The following actions arising from the minutes of the meeting on the 8 July 2020 were noted:

- **Paragraph 7.2, bullet point 4; Covid-19 Communications plan:** a summary of the

communication plan for the Local Outbreak Control Plan had been circulated to the Board.

- **Paragraph 7.2, bullet point 4; Covid-19 Communication plan for Visitors to Norfolk:** The tourism information leaflet and a toolkit produced for tourists and businesses aimed at helping Norfolk visitors keep themselves and others safe had been circulated to the Board.
- **Paragraph 8b.6, bullet point 8; Socially distanced activities for Young People:** information had been circulated to the Board detailing current Norfolk County Council resources and services available for families during Summer 2020 and partner agencies working with families.
- **Paragraph 8b.6, bullet point 17, Themes discussed for future HWB work programme:** A draft forward work programme had been developed from the themes discussed at the meeting of the 8 July 2020. This draft work programme has been discussed at the HWB Chair and Vice-Chairs meeting on 30 September.

7. Declarations of Interests

7.1 Patricia Hewitt declared a non-pecuniary interest as an advisor to the UK Board of Trade, which was an unpaid post.

8. Public Questions

8.1 No public questions were received.

9. Health and Wellbeing Board Governance Update

9.1 The Health and Wellbeing Board received the report asking them to ratify an amendment to its membership to extend a standing invitation to a representative of the East of England Ambulance Trust recommended by the Chair and Vice-Chairs of the HWB.

9.2 The Health and Wellbeing Board **AGREED**

a) to **RATIFY** the decision of the HWB Chair and Vice-Chair Group to extend a standing invitation to a representative of the East of England Ambulance Trust to attend HWB meetings.

b) At its next review, that Norfolk County Council be **ASKED** to consider amending its constitution to enable the East of England Ambulance Trust to become a formal member of the HWB.

10. Covid-19 Health Impacts

10.1.1 The Health and Wellbeing Board received the report providing an update on Norfolk's approach to the pandemic.

10.1.2 The Health and Wellbeing Board heard a presentation by a Public Health Consultant (see appendix A):

- Norwich was in the "red zone" of cases per 100,000 population due to recent increases in cases of Covid-19; all other areas of Norfolk were in the "amber zone"
- A steady rate of testing had been maintained across Norfolk throughout the pandemic
- The priority for testing moving forward would be NHS and social care staff
- There was a higher proportion of younger and female cases detected through pillar two in Norfolk at the time of reporting, possibly representing health and care staff who tended to be mostly female and of the younger population

10.2 The following points were discussed and noted:

- Vice-Chair Cllr Bendle commended the good collaborative work carried out over the past months
- The high proportion of older people in some areas of Norfolk was noted as well as the vulnerability of young people to effects of the pandemic.

10.3 The Health and Wellbeing Board **ACCEPTED** the presentation on Covid-19 health impacts on Norfolk.

11. People's experience of the Covid-19 pandemic

11.1.1 The Health and Wellbeing Board received the report collating and summarising the various pieces of research and engagement that had been conducted and the findings of this work which had been shared widely to inform operational decision-making, shape the development of our phase three response to the pandemic and guide our partnership's longer-term strategic planning.

11.1.2 The Board heard a presentation by the Special Projects Manager, Norfolk and Waveney CCG (see appendix B):

- Throughout the pandemic, partners had been working to gather increased feedback from the population of Norfolk; Britain Thinks had been commissioned to supplement this with qualitative data.
- Some of the surveys had been carried out in April 2020, during lockdown, whereas the Britain Thinks work had been carried out in July, therefore people's opinions may have changed during this time.
- While most people found telephone and online appointments positive, some people had negative experiences of this approach.

11.2 The following points were discussed and noted

- It was confirmed that the Healthwatch survey was open to all residents across Norfolk and Waveney; the Special Projects Manager, Norfolk and Waveney CCG, **agreed** to look into the IP address data to see if Waveney residents had taken part in the survey.
- Vice-Chair Tracy Williams asked how changes to reach people in different ways would be operationalised; the Special Projects Manager, Norfolk and Waveney CCG, replied that technology had been used to inform phase 3 decisions and it would be important to ensure people's experiences of care and services informed long term decisions.
- It was queried how people who did not have access to digital technology would be reached. The Special Projects Manager, Norfolk and Waveney CCG, replied that a draft report on digital access to care had been shared with Norfolk and Suffolk Healthwatch who had both noted the need to ensure arrangements were in place for those who could not access care using digital means.
- It was noted that some people in care settings would have received limited social contact for up to a year by the end of the second wave of the pandemic. It would be important to commit to continuing with engagement with service users after this time. The lived experience of service users was noted as particularly beneficial.
- It was noted that allowing more people to access digital services enabled access for more service users and freed up telephone access for those without digital access
- The higher rate of cases of Covid-19 in young people was noted and suggested that the mental health needs of young people should be considered. The Director of Public Health confirmed that the highest infection rates were being seen in people in their twenties at that time, however there was work to be done to encourage compliance with this age group, noting the recent outbreak of cases at UEA (University of East Anglia).

- The Chairman commended the report, which he felt was very valuable and he was not aware of other systems undertaking similar work.
- David White left the meeting at 10.28; Cllr Virginia Gay joined the meeting at 10.28

11.3 The Health and Wellbeing Board:

a) **ACCEPTED** the report, People's experience of health and care services during the COVID-19 pandemic.

12. System Resilience Planning 2020/21

12.1.1 The Health and Wellbeing Board received the report highlighting the work in progress for planning for winter 2020/21, alongside the main challenges, learning and themes which are being addressed.

12.1.2 The Board heard a presentation by the Director of Commissioning, Adult Social Services and Associate Director Urgent & Emergency Care, Norfolk & Waveney CCG (see appendix C):

- The winter plan would not be a static document but would be informed by changing data.
- The plan would support the Norfolk Care Market and Norfolk County Council workforce, included the new discharge requirements and would support developing the discharge to assess process and ensuring flu processes were in place and robust
- Areas with high levels of dementia needed more support and this would be taken into account moving into the winter period, 2020-21.
- Supporting the provider market was key, and good feedback had been received from them about support received during the pandemic.
- Officers were looking into how Cawston Lodge, which had been opened previously as a step down provider, could be re-opened to support people with acute needs, as well as how more step down support could be provided to help people move back into their own homes.
- The NHS 111 model was being looked at based on past experience of increase in demand seen in emergency departments in winter; therefore a 111 first model was being looked into, with national messages being put out to encourage non-emergency patients to contact 111 or primary care first in order to be directed to the correct point of care.
- The aging well programme was being expanded into the 111 model so that there would be a 2-hour response route to help keep people safe at home, to prevent them going to an acute setting when not required.

12.2 The following points were discussed and noted:

- Melanie Craig, chief officer of NHS Norfolk and Waveney CCG, thanked all staff in the care sector and NHS for their hard work, thanked the voluntary sector and District Councils and recognised the good partnership working during the pandemic.
- It was pointed out as important to ensure that cancer and other elective surgeries were not affected by the second wave of the Covid-19 pandemic and winter pressures. The chief officer of NHS Norfolk and Waveney CCG explained that at the start of pandemic less people came forward to GPs and A&E, but numbers had now increased. There was however a slower progress of patients coming through departments due to restrictions in place because of Covid-19.
- Caroline Shaw, chief executive of the Queen Elizabeth Hospital, added that there were now 354 patients waiting over 52 weeks compared to none before the pandemic and the waiting list had grown by 2000 patients; work was ongoing to reduce the waiting list. The number of patients with Covid-19 at hospitals in Norfolk had doubled in the past week which had reduced the number of beds available to

treat patients with other conditions, therefore delivery would need close scrutiny and the support of the independent sector.

- Vice-Chair Yvonne Bendle discussed the work of district direct; she was concerned over the insecurity of future funding for this. The chief officer of NHS Norfolk and Waveney CCG replied that the CCG had needed to make difficult decisions around funding which was stretched due to the effects of Covid-19.
- Vice-Chair Cllr Bendle discussed that some people eligible for free flu jabs under the new eligibility cohort were having difficulty accessing their jab. The chief officer of NHS Norfolk and Waveney CCG clarified that the government were prioritising free flu jabs for vulnerable groups and over 65s first. Supplies of flu jabs for the additional cohorts would be released later, and people eligible for these would be contacted to attend a vaccination at their GP clinic.
- ACC Nick Davison left the meeting at 11am. Dr Louise Smith left the meeting at 11.01am.
- the capacity to provide the care needed for early discharges particularly for people living in rural areas was queried. The CCG was looking for additional community capacity for people living in both rural and city areas. For example, the additional community capacity identified in the first wave of the pandemic was being considered, and the capacity cell was exploring what further options were available.
- It was noted the important role that community groups had played in helping people access groceries and prescriptions during lockdown and the pandemic; the Director of Commissioning, Adult Social Services, recognised the importance of voluntary sector support and acknowledged the support they had provided during the first wave of the pandemic. He was keen to work with the voluntary sector to see how this could be enhanced.
- It was queried how the voluntary sector could add to winter planning moving forward; the Director of Commissioning, Adult Social Care, was happy to discuss this further with voluntary sector representatives; the plan would be taken to the Norfolk Care Association meeting later in the week in order to strengthen the input from the voluntary sector before submission of the Department of Health and Social Care.
- The Director of Commissioning, Adult Social Services, **agreed** to respond to Cllr Nockolds about effectiveness of the integrated equipment service and on feedback received about the service. She also **agreed** to come back to Cllr Nockolds on who was responsible for arranging access to PPE for District Council staff.
- Vice-Chair Cllr Bendle suggested using social media to promote the advice around when people should go for their flu jabs, as described above.

12.3 The Health and Wellbeing Board **READ** and **COMMENTED** on the emerging winter planning arrangements in the report and Appendix 1 of the report.

12.4 Caroline Shaw left the meeting at 11.21

13. Health & Care Partnership for Norfolk &Waveney – Becoming an Integrated Care System (ICS)

13.1.1 The Health and Wellbeing Board received the report providing an update on progress being made and next steps towards development of an integrated care system for Norfolk and Waveney.

13.1.2 The Board heard a presentation by Patricia Hewitt, Chair of Norfolk and Waveney Health and Care Partnership and Melanie Craig, the chief officer of NHS Norfolk and Waveney CCG (see appendix D):

- During the pandemic, partnership and integrated working had been strengthened across the Norfolk and Waveney health and care system.
- The ICS would be a partnership, building on the partnership working developed over

the past few years across the system.

- The HWB strategies would remain a primary priority; the Health and Wellbeing Board would hold the ICS to account for delivering its contributions towards the goals.
- It would be important to develop and move on from the existing structures as the NHS and NHS England would be looking to the ICS system to be held accountable as well as the accountability to the Health and Wellbeing Boards.
- The three acute trusts were working together on how their clinical services were delivered.
- The membership of the partnership board was proposed in the presentation to have 18 members and there would also be an engagement forum with larger representation from organisations in Norfolk and Waveney.

13.2 The following points were discussed and noted:

- David Edwards asked for Healthwatch to be involved in the partnership board; Patricia Hewitt said she would consider his request.
- The Executive Director of Adult Social Services noted it would be important to agree on boundaries of place locally. This was supported by the Chairman and Cllr Tony Goldson, who felt that the definition of 'place' was going to be very important.
- The Chairman confirmed that Norfolk County Council Cabinet was committed to the ICS process.
- Vice-Chair Cllr Bendle noted that since inception of the primary care networks joint working had improved, and hoped that the ICS would also support this.
- It was noted as important not to linger over process or boundary but to agree on what worked best for providers and partners.
- It was confirmed that involvement of Councillors including District Councillors was important and the District Council Sub Committee would be used as a forum to discuss Councillor involvement on the ICS.
- It was queried whether the Norfolk and Suffolk ICS plans would be joined up to provide consistency of care for people in Waveney; the chief officer of NHS Norfolk and Waveney CCG confirmed that officers had been working with the ICS in Lowestoft and South Waveney at Primary Care Network level and at all levels with GP practices and District Councils to develop services for communities with different needs. Therefore, people of Waveney would be fully supported through the ICS.

13.3 The Health and Wellbeing Board **AGREED** the Health and Wellbeing Board's continued support of the development of the ICS for Norfolk and Waveney

14. Adult Safeguarding Annual Report

14.1.1 The Health and Wellbeing Board received the report discussing the Norfolk Safeguarding Adults Board Annual Report and setting out some of the activity and impact the pandemic had had on safeguarding.

14.1.2 The Board heard an introduction to the report by the Chair of the Norfolk Safeguarding Adults Board:

- It was important that partners structured work so the system did not lose the "eyes and ears" on the ground in relation to safeguarding.
- Thanks were noted to District Councils and Adult Social Services for financial support which had enabled Norfolk Safeguarding Adults Board to increase their capacity and to the Safeguarding Adult Review Group, the Business Group and Safeguarding Adult Partnership for their work.
- One safeguarding adult review was published in 2019 of 2 people from the same care home whose cases were not related. Good progress was being made on recommendations which came out of this review and significant lessons had been

learned and informed improvements in service.

- Work had been carried out with partners on delivery of awareness training and additional events had been provided giving information and skills on dealing with specific circumstances. Workshops had been held with experts on specific knowledge areas.
- Learning from lived experiences was also used for staff development.
- Work with people in adult social care who did not want to engage was overly represented in people who were self-neglecting and hoarding. The NSAB was involved in a national piece of work being carried out to look further into this.
- The data dashboard was being developed to ensure it contained meaningful data which could be scrutinised to impact on work.
- Safeguarding messages were sent out to the shielding group, developed with a strong lead from Children's Services. The "see something, hear something, say something" banner had been adopted so there was a universal message across Adult Social Care and Children's Services.
- Abuse of older people was an area being worked on at that time.
- Communication had been set up with Parish and Town Councils to distribute safeguarding messages; information was also available on the NSAB website.

14.2 The Health and Wellbeing Board **ENDORSED** the annual report

14.3. Jonathon Williams and Joan Maughan left the meeting at 12.15. ACC Nick Davison re-joined the meeting at 12.15.

15. Children's Safeguarding Annual Report

15.1.1 The Health and Wellbeing Board received the report setting out the Children's Services Annual Report, which highlighted children's safeguarding across 2019/20 and a summary of the safeguarding system's response to Covid-19 and its plans for recovery

15.1.2 The Chair of Norfolk Safeguarding Children's Board gave a brief introduction to the report:

- There was excellent commitment to scrutiny and improving services for children and young people in Norfolk
- The Chair had attended 3 youth advisory board meetings and noted the importance of these for gathering the child voice
- Concerns around neglect and exploitation continued to be worked on and work was needed to improve use of data

15.2 The Health and Wellbeing Board **ENDORSED** the annual report

The Meeting Closed at 12:24

Bill Borrett, Chair,
Health and Wellbeing Board

Report title:	**Health and Wellbeing Board Covid-19 Update**
Date of meeting:	**10 March 2021**
Sponsor (HWB member):	**Dr Louise Smith, Director of Public Health Melanie Craig, Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership**

Reason for the presentation

To share an update on the current situation of Covid-19 and the health impacts upon our local population.

Presentation summary

On 30 January 2020, the Director-General of the World Health Organization (WHO) declared the outbreak of COVID-19 to be a Public Health Emergency of International Concern. We now near the one-year anniversary of the UK population being instructed to stay at home, to save lives and protect the NHS (March 2020). The emerging picture of the health impact of the pandemic has continued to grow and the UK's vaccination programme is a world first mass immunisation campaign to protect against the virus.

The Health and Wellbeing Board has a key role in overseeing the activity across the wider system in relation to the ongoing pandemic. A presentation delivered to the Health and Wellbeing Board will provide an opportunity to update members on the health impacts of Covid-19 and progress of our local vaccination programme. This will include an overview of the total Covid-19 cases and current trends, a breakdown of all individual district councils and key vulnerable groups affected as well as place settings, and geography level data on Norfolk's current position compared to the rest of the UK.

Recommendations:

The HWB is asked to:

a) Receive a presentation on Covid-19 Health impacts on Norfolk.
b) Receive a verbal update on the local vaccination programme.

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Chris Butwright	01603 638339	Christopher.butwright@norfolk.gov.uk

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.

Report title:	**NHS Norfolk and Waveney CCG annual report**
Date of meeting:	**10 March 2021**
Sponsor (HWB member):	**Melanie Craig, Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership**

Reason for the Report

NHS clinical commissioning groups must include a narrative in their annual reports about how they have contributed to the delivery of their local health and wellbeing board's priorities. 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 2020/21 annual report about how they have supported and contributed to the delivery of Norfolk Health and Wellbeing Board's priorities (as set out in the Joint Health and Wellbeing Strategy).

Recommendations

The Health and Wellbeing Board is asked to:

a) Indicate any recommended changes and agree the narrative.

in good health
The Norfolk and Waveney Health and Care Partnership

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 Final versions of CCG annual reports for 2020/21 are not due to be submitted to NHS England and Improvement until June 2021. These narratives remain 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 2020/21 annual report

Joint Health and Wellbeing Strategy

NHS Norfolk and Waveney CCG is an active member of the Norfolk Health and Wellbeing Board. The Joint Health and Wellbeing Strategy has four key priorities which the CCG has worked to support:

Priority: A single sustainable system – working together, leading the change and using our resources in the most effective way.
The formation of NHS Norfolk and Waveney CCG on 1 April 2020 has been a positive step towards creating a single sustainable system. The structure of the CCG was designed to support system working and the development of our integrated care system. Having one CCG for our health and care system is in line with the NHS Long Term Plan and our designation in 2020 as an integrated care system is evidence of the progress we have made towards creating a single sustainable system. This year the COVID-19 pandemic has significantly accelerated our system working and deepened 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.
Priority: Prioritising prevention – supporting people to be healthy, independent and resilient throughout life. We'll offer help early to prevent and reduce demand for specialist services.
The CCG, working with partners from across the health and care system, has made good progress with using population health management techniques to offer early help and to prevent or reduce demand for specialist services. At the start of the pandemic the CCG and colleagues from across the system set-up Covid Protect, a pioneering initiative to support and protect people most at risk from COVID-19. Over the course of the project 7,000 alerts were sent directly to GPs, our virtual clinical teams and meds teams, who helped patients with getting medication and addressing any health issues. The project also helped identify 5,000 people who needed help with non-medical and social needs, for example people who were at risk of running out of food soon. The project had a big impact, with an evaluation suggesting that the 23,000 people who engaged in the project had better health outcomes, such as fewer admissions to hospital. Following the success of Covid Protect, we established Protect Norfolk and Waveney (Protect NoW) to take forward all of our population health management projects. This is a really important step in our journey towards providing more anticipatory and preventative care. Here are some examples of other projects that have been or are being run by Protect NoW: • Working with the Norfolk Vulnerability Hub, during the second and third national lockdowns the team called 3,000 Clinically Extremely Vulnerable people who are over 70, in the highest (top 30%) deprivation areas, or who are digitally disadvantaged to check in on them and see if they required any social support. • We have written to over 7,000 people who have had COVID-19 to ask them if they could complete a standardised questionnaire about Long Covid to help inform the development of services for this condition.

- We have identified and are contacting over 40,000 people in Norfolk and Waveney who are eligible for a referral to the National Diabetes Prevention Programme.
- We are working with Primary Care Networks to identify and contact women who have previously missed a cervical cancer screening test.

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

Priority: 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.

The COVID-19 pandemic has highlighted some of the health and wider inequalities that persist in our society. The CCG's chief officer has been appointed as the organisation's lead for equality and diversity and the CCG has also appointed a clinical lead for the Governing Body. They are working with the chief executive of the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, who is the system's lead for equalities and diversity, to respond to the eight priority actions that the health service has set nationally to address inequalities in NHS provision and outcomes.

The CCG has secured funding from the Health Equality Partnerships Programme set-up by NHS England and Improvement, which is an initiative that aims to strengthen local partnerships and systems leadership capability. Our first priority is to use the funding to work with partners, including the voluntary, community and social enterprise sector, to address vaccine hesitancy and reduce inequalities in vaccine uptake.

The CCG's heads of integration and partnership are leading 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 intel, and is supported by Public Health colleagues in both Norfolk and Suffolk. The next steps will be to use Public Health expertise to enable partners to utilise a health inequalities toolkit framework as advocated by Public Health England, and to embed a whole-systems approach to tackle health inequalities and prevention.

As outlined above, the CCG, working with partners, is using population health management techniques to identify and address health inequalities. There are also some good examples of collaboration at place-level of effective local partnerships and data sharing. For example, the sharing of the assisted bin registers held by local councils with GP practices to help prevent A&E attendances and hospital admissions, liaising with councils to contact people who are recently housed or in temporary accommodation to encourage them to register with local practices, and working with partners to identify homeless people so we can offer them flu vaccinations.

Priority: 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.

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. For example:

- At neighbourhood level, the CCG has continued to support the development of our 17 Primary Care Networks (PCNs), with general practice coming together with

community services, mental health colleagues, social care and the voluntary sector to provide more joined-up care. 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 during this challenging time.

- At system level, the CCG has been supportive of everything that our three acute hospital trusts have been doing to work more closely together, for example creating a single clinical service for urology across Norfolk and Waveney, and putting in place arrangements for working together as a group of hospitals to enable further 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 people's health, wellbeing and care.

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Report title:	**Developing Norfolk and Waveney's Integrated Care System**
Date of meeting:	**10 March 2021**
Sponsor (HWB member):	**Patricia Hewitt, Independent Chair, Norfolk and Waveney Health and Care Partnership** **Melanie Craig, Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership**

Reason for the Report

To update the Board on the development of the Norfolk and Waveney Integrated Care System.

Report summary

In December 2020, NHS England and Improvement confirmed that the Norfolk and Waveney Health and Care Partnership will become an integrated care system (ICS). This is the culmination of many years of effort to build partnership working across the NHS, local authorities, the third sector and patient groups. This report provides an update on the development of our ICS, including arrangements for our interim ICS Partnership Board and how we work together at a more local level, as well as an outline of the Government's white paper 'Working together to improve health and social care for all'.

Recommendations

The HWB is asked to:

a) Recognise the progress made by our partnership as we become an integrated care system.
b) Support the proposed engagement process to develop our partnership working at a more local level.

in good health
The Norfolk and Waveney Health and Care Partnership

1. Norfolk and Waveney confirmed as an Integrated Care System

1.1 In December 2020, NHS England and Improvement (NHSE/I) confirmed that the Norfolk and Waveney Health and Care Partnership will become an ICS. This is recognition that over the past few years we have worked together with increasing collaboration and that we have a clear vision and set of common goals for improving the health, wellbeing and care of people living locally.

1.2 This has been evidenced in particular in our response to COVID-19, which has significantly accelerated our system working and deepened cross-system relationships at every level. Importantly, we have developed the right relationships between the different parts of our health and care system, which are vital to us achieving our ambitions.

2. White paper: 'Working together to improve health and social care for all'

2.1 Last November, NHSE/I Improvement invited views on strengthened proposals to put ICS on a statutory footing. Nationally, thousands of responses were received, which included every part of the health and care system as well as the public.

2.2 The responses to the November 2020 paper have directly informed NHS England and NHS Improvement's recommendations to Government and Parliament, which are detailed in this paper: 'Legislating for Integrated Care Systems: five recommendations to Government and Parliament'. The paper sets the five recommendations NHSE/I are making, alongside principles to guide how the Government progresses this work, these are:

1. The Government should set out at the earliest opportunity how it intends to progress the NHS's own proposals for legislative change.

2. ICS's should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place based arrangements.

3. ICS's should be underpinned by an NHS ICS statutory body and a wider statutory health and care partnership. Explicit provision should also be made for requirements about transparency.

4. There should be maximum local flexibility as to how an ICS health and care partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well.

5. Provisions should enable the transfer of primary medical, dental, ophthalmology and pharmaceutical services by NHS England to the NHS ICS body. Provision should also enable the transfer or delegation by NHS England of appropriate specialised and public health services we currently commission. And at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICS's in relation to any of these existing direct commissioning functions.

2.3 Based on NHSE/I's legislative proposals, the Department of Health and Social Care has set out new proposals to streamline and update the legal framework for health and care in its white paper: 'Integration and Innovation: working together to improve health and social care for all'.

2.4 Key elements of the paper include:

Working together to integrate care

2.5 At the heart of the changes being taken forward by the NHS and its partners, and at the heart of the legislative proposals, is the goal of joined up care for everyone in England. Instead of working independently every part of the NHS, public health and social care system should continue to seek out ways to connect, communicate and collaborate so that the health and care needs of people are met.

2.6 There are two forms of integration which will be underpinned by the legislation: integration within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle; and greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

2.7 The NHS and local authorities will be given a duty to collaborate with each other. Measures will also be brought forward to make statutory integrated care systems (ICS's). These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body. The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring

together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.

2.8 The white paper also recognises that integrating care enables greater ambition on tackling health inequalities and the wider determinants of health – issues which no one part of the system can address alone. The ICS will also have to work closely with local Health and Wellbeing Boards (HWB) as they have the experience as 'place-based' planners, and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa).

Reducing bureaucracy

2.9 The intention is to reform the existing legislation to support the workforce by creating the flexibility NHS organisations need – to remove the barriers that prevent them from working together and to enable them to arrange services and provide joined up care in the interests of service users. Enabling the NHS and local authorities to arrange healthcare services to meet current and future challenges by ensuring that public and taxpayer value – and joined up care – are first and foremost.

2.10 This will require changes to both competition law as it was applied to the NHS in the Health and Social Care Act 2012 and the system of procurement applied to the NHS by that legislation. These changes will enable the NHS and local authorities to avoid needless bureaucracy in arranging healthcare services while retaining core duties to ensure quality and value.

Improving accountability and enhancing public confidence

2.11 The paper also outlines several measures to improve accountability in the system in a way that will empower organisations and give the public the confidence that they are receiving the best care from their health and care system, every time they interact with it. The de facto development in recent years of a strongly supportive national NHS body in the form of a merged NHS England and NHS Improvement will be placed on a statutory footing and will be designated as NHS England.

2.12 This will be complemented by enhanced powers of direction for the Government over the newly merged body which will support collaboration, information sharing and aligned responsibility and accountability. An improved level of accountability will also be introduced within social care, with a new assurance framework allowing greater oversight of local authority delivery of care, and improved data collection allowing us to better understand capacity and risk in the social care system.

Additional measures

2.13 The white paper also adds:

- The Department for Health and Social Care recognises the significant pressures faced by the social care sector and remains committed to bringing forward proposals this year.
- Our experience of the pandemic underlines the importance of a population health approach: preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience. The Government will publish in due course an update on proposals for the future design of the public health system.

- The Government will also be bringing forward legislation to bring the Mental Health Act up to date, as set out in a separate white paper in January 2021: 'Reforming the Mental Health Act'.

Timescales and next steps

2.14 The reforms build on the NHS's Long Term Plan proposals and a bill will be laid in Parliament when parliamentary time allows to carry the proposals into law. Subject to parliamentary business, the intention is that the legislative proposals for health and care reform outlined in the paper will begin to be implemented in 2022.

2.15 Systems are already moving in this direction. In Norfolk and Waveney we have already merged our five CCGs, and the management structure for the new CCG was designed with system working in mind, helping us to be as prepared as we can be for any change in legislation.

3. Working at a more local level than Norfolk and Waveney

3.1 As previously reported, there are three levels at which partnership working takes place in an integrated care system – neighbourhood, place and system:

Neighbourhood	• Defined by GP practices and their registered lists • Strengthen primary care • Promote prevention and self-care • Be responsive to the characteristics and needs of their local populations – e.g. addressing the needs of a more deprived population than the rest of the footprint • Care for their populations through multidisciplinary community teams, including VCSE
Place	• Integrate primary care, acute care, community/mental health and social care services together as well as VCSE • Greater district council involvement at this level particularly housing, leisure and community developments • Potential for provider-led partnerships
System / Norfolk and Waveney	• System strategy and planning for the future • Develop accountability arrangements across the system including VCSE assembly. • Set and implement strategic change and transformation at scale (e.g. workforce planning, digital, information governance) • Manage performance and finances

3.2 It is important to emphasise that the three elements of an ICS are not a hierarchy. We are building our ICS on the principle of distributed leadership - leadership at every level and that of subsidiarity. The experience of working together during the COVID-19 pandemic has been very helpful in this respect; people have worked together in teams to do their best for individuals, families and communities, regardless of which organisation each individual works for. That spirit of team working and common purpose is what we seek to embrace as an ICS.

3.3 COVID-19 has underlined the case for collaboration and integration, and accelerated some aspects of integration. Much of this innovation has been led at a more local level than ICSs/STPs. As ICSs have developed, it has been clear that much of the work to join-up

delivery and planning of care will need to take place more locally, at ‘place’ and ‘neighbourhood’ level.

3.4 The King’s Fund has identified a number of emerging functions that help to explain why ‘place’ level is important – these functions are:

- Developing an in-depth understanding of local communities and neighbourhoods
- Working in partnership across multiple agencies to coordinate service delivery
- Driving service transformation, particularly for community-based services
- Mobilising the local community and building community leadership capacity
- Making use of local assets
- Enabling local organisations to use all of their resources to support health, social and economic development

3.5 The Government’s new white paper also recognises the importance of working effectively at a local level and it supports the principle of subsidiarity.

3.6 We are now proposing to undertake a period of engagement with stakeholders about how we work together at this more local level in future. We have a steering group established made-up of a range of partners which is leading our thinking on this work. The group has representatives of NCC, SCC, district councils, PCNs, the CCG, our acute trusts, the mental health trust, NCH&C and ECCH. Our next step is to widen the conversation and to make sure that all stakeholders have the opportunity to input into and shape how we work together.

3.7 The engagement will include consideration of the lessons learned from how we have worked together historically as well as during the pandemic, the functions that are best undertaken at place and neighbourhood levels and the geographical footprint that it makes most sense for us to operate at locally, as well as the interrelationship between all three levels of our ICS.

3.8 This period of engagement will start in mid-April and run through into May, with the findings shared in June before any changes or decisions are agreed by the Norfolk and Waveney Health and Care Partnership.

3.9 This engagement will complement the conversations that the Independent Chair of the Health and Care Partnership is currently having with each of the councillors on the Health and Wellbeing Board. It important that the views of both elected members and council officers are heard and included in our engagement.

4. Establishing our interim ICS Partnership Board

4.1 The NHS Long Term Plan says that all ICS’s will have a partnership board and independent chair, and locally we have had discussions about how this would look and who would be on our board. The Government’s new white paper includes a clear statement that from April 2022 ICS will have different responsibilities to what we first thought though, and proposes that each area will have a health and care partnership board, as well as an ICS NHS Board.

4.2 As a result, we will need to have conversations about what this means for our system and our governance arrangements. We plan to start these conversations after May, after the local government elections. Along the way we will have to submit our plans to NHS England and Improvement. We currently expect to have to submit our full plan by the end of June.

4.3 In the meantime, we have agreed to convert the partnership's existing Oversight Group into an interim ICS Partnership Board, continuing with same membership and independent chair. The membership is:

- Non-executive Independent Chair
- ICS Executive Lead / CCG Accountable Officer
- Non-executive chair of each of the NHS trusts and NHS foundation trusts in the Norfolk and Waveney Health and Care Partnership
- Chair of NHS Norfolk and Waveney CCG
- Chair of East Coast Community Healthcare Community Interest Company
- Cabinet Member for Adult Social Care, Public Health and Prevention at Norfolk County Council
- Cabinet Member for Children's Services at Norfolk County Council
- Chair of the Norfolk Health and Wellbeing Board*
- Chair of the Suffolk Health and Wellbeing Board
- Non-Executive Director of EEAST

*Currently the Chair of the Norfolk Health and Wellbeing Board is also the Cabinet Member for Adult Social Care, Public Health and Prevention at Norfolk County Council. As a result, the Leader of Norfolk County Council nominates another councillor to sit on the Oversight Group, or interim ICS Partnership Board as it will be from April 2021.

4.4 This interim ICS Partnership Board will be established only until we are ready to form and launch the new arrangements. In line with other ICS partnership boards across the country, the meetings will be held in public. The first meeting will be in April and the Board will meet in public every other month.

4.5 The board meetings will be a meeting in public, as opposed to a public meeting. As such the public will be able to attend the meetings, but will not be invited to take part in the meeting, unless there are questions which will be taken at the end of the agenda. Due to the pandemic, the meetings, initially at least, will be held online. The public will be invited to attend the meeting by asking for a link. The meetings will also be recorded and added to the partnership's website for anyone to view.

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Report title:	**Joint Strategic Needs Assessment Work Plan for 2021/22**
Date of meeting:	**10 March 2021**
Sponsor (HWB member):	**Dr Louise Smith, Director of Public Health**

Reason for the Report

The Joint Strategic Needs Assessment (JSNA), a statutory requirement, is delivered to support the Health and Wellbeing Board (HWB) by providing an evidence base for the health and social care system in Norfolk and Waveney. It provides data and analyses on the health status and trends needed to inform the commissioning of health and social services and the implementation of the Joint Health and Wellbeing Strategy (JHWBS). Norfolk County Council (NCC) and the Clinical Commissioning Groups (CCGs) in Norfolk have equal and joint duties to prepare the JSNA and the JHWBS, through the HWB.

Report summary

This report presents a summary of work completed during 2020/2021 and proposed work programme for the JSNA for 2021/22. The report describes the plan for the next 12 months towards developing the JSNA into a modern, rich, relevant and up-to-date resources of data and analyses to support the commissioning of the health and social services in Norfolk & Waveney. It also sets out the influences which have contributed to the design of the work programme, the workstreams proposed and some specifics of each.

The workplan is separated into distinct activities: Health and Wellbeing place-based profiles; briefing paper schedule; review of narrative and content; and the inclusion of the impact of the COVID-19 pandemic.

The JSNA working group will maintain a Memorandum of Understanding within which progress of the agreed workplan will be maintained and be available to the HWB at any point should that be required. The progress of the workplan and a proposal for the next year of work will be brought back to the board annually.

Recommendations

The HWB is asked to:

a) Acknowledge for information the progress report for 2020/2021
b) Review and endorse the proposed JSNA workplan for 2021/2022
c) Support the JSNA working group to deliver the workplan through the liaison group.

1. Background

1.1 The Joint Strategic Needs Assessment (JSNA) is a statutory requirement as part of the Health and Social Care Act 2012. The main aim of the JSNA is to develop a local evidence-base informing commissioning to improve health and reduce inequalities. The responsibility for delivering the JSNA sits with the Health and Wellbeing Board (HWB) and it supports the JHWBS.

1.2 The paper, "New JSNA website, JSNA governance and process", ratified at the HWB meeting 24 April 2019, set out the JSNA governance and process. This paper included the establishment of a JSNA Liaison Group made up of representatives from each member organisation/department of the HWB to support planning and commissioning of content,

alongside acknowledging the JSNA Working Group's responsibility to coordinate the delivery of the JSNA. It was agreed that the JSNA Working Group will submit an annual report to Norfolk HWB with a summary of progress on the JSNA in the previous 12-month period. It was also agreed that an annual work plan for the JSNA would be submitted by the JSNA Working Group to the HWB each year.

1.3 This paper presents a summary of work completed for the JSNA in 2020/21. The detail is provided in **Appendix.**

2. Report on progress of the JSNA during 2020/21

2.1. Limited resource was available to complete the proposed work for 2020/21 due to being diverted to the urgent COVID-19 Insight and Analytics response. Therefore, the progress is set out as below;

2.2. Workstreams proposed and their progress;

2.2.1. **Health and Wellbeing place-based profiles.** Electoral Division profile dashboards have been completed and are planned to go live early 2021. These have provided a framework and design concept for the additional profiles and the accompanying narrative reports are now planned for 2021/22.

2.2.2. **Review of narratives and content**. Narratives and content were reviewed up to the outbreak of the pandemic however now require further work which is carried over to the 2021/22 workplan.

2.2.3. **Briefing paper schedule and change of content.** A smaller than planned number of briefing papers were reviewed or included this year which are set out in the **Appendix,** these were prioritised according to need and analyst availability**.**

2.2.4. **Support and awareness programme.** Dissemination and promotion of the JSNA continued through the year although to a lesser extent that had been planned.

3. The proposed work programme for the JSNA 2021/22

3.1 The production of the JSNA work programme for 2021/22 has been based on the following principles:

- A work plan for the JSNA is required to ensure all work undertaken in relation to the JSNA is focused on the priorities and strategies of the system which it supports; enabling the commissioning of services to be based on an evidence base which is up to date, quality assured and open to all.
- A work plan ensures a common understanding of what is achievable and expected within the resources available.
- The JSNA Working Group will monitor performance through a Memorandum of Understanding.
- Support from the HWB liaison leads is vital in specific topic areas relevant to their organisational needs.
- Agreement from the HWB on the content of the work plan will provide clarity and ensure the effectiveness of the JSNA be focussing effort in the right areas.

3.2 The workplan for 2021/22 is based on a range of key, and influential system documents:

- Joint Health and Wellbeing Strategy 2018-2022

- Public Health Strategy 2020-25
- NHS Five year Forward view
- NHS Long term plan
- Norfolk County Council Vision for Norfolk 2021 “Caring for our County”
- Norfolk County Council “Together, for Norfolk – an ambitious plan for our County 2019-2025”
- Health and Care System Plan for Norfolk and Waveney 2019 - 2024
- Plan on a page documents for Norfolk County Council departments of: Adult Social Services; Children’s Services; and, Public Health.

Additionally;

- Work carried forward from the 2020/21 work plan.
- Impact of COVID-19 on the health and wellbeing of the Norfolk population.

3.3 The proposed **work plan workstreams** are set out in brief below, with further detail included in Appendix:

a) **Health and Wellbeing place-based profiles.** Complete the task of replacing the current profiles with a series of new format profiles enabled by new technology options now available. These place-based profiles will focus on the geographies of Clinical Commissioning Group, District councils and Electoral Divisions. These will be delivered as a narrative report with an accompanying data dashboard.

Rationale:

- The profiles are the most popular resource within the JSNA.
- The existing profiles require bringing up to date.
- Requests for place-based information has increased.
- Health and Wellbeing profiles support the delivery of the Joint Health and Wellbeing Strategy.

b) **Review of narratives and content.** There is a requirement each quarter to review: the short narratives at the head of the chapters within the JSNA; all external links; and, any newly published external sources.

Rationale:

- All content remains up to date and relevant with external links live and any relevant external information included.

c) **Briefing paper schedule.** The library of briefing papers requires reviewing and updating alongside the production of new papers based on the priorities identified through the JSNA Liaison Members and the JSNA Working Group.

Rationale:

- All content is as up to date as resource allows.
- Relevant information is available to inform local commissioners and the HWB on topics in line with current priorities.
- Prevention and inequalities are included in the focus of all information we produce.

d) **COVID-19 impact content.** Inclusion of analysis relating to the impact of COVID-19 on the health and wellbeing of the Norfolk Population in reviewed or new content.

Rationale:

- The impact of the pandemic on population groups will inform commissioners and the Health and Wellbeing Board.

Officer Contact

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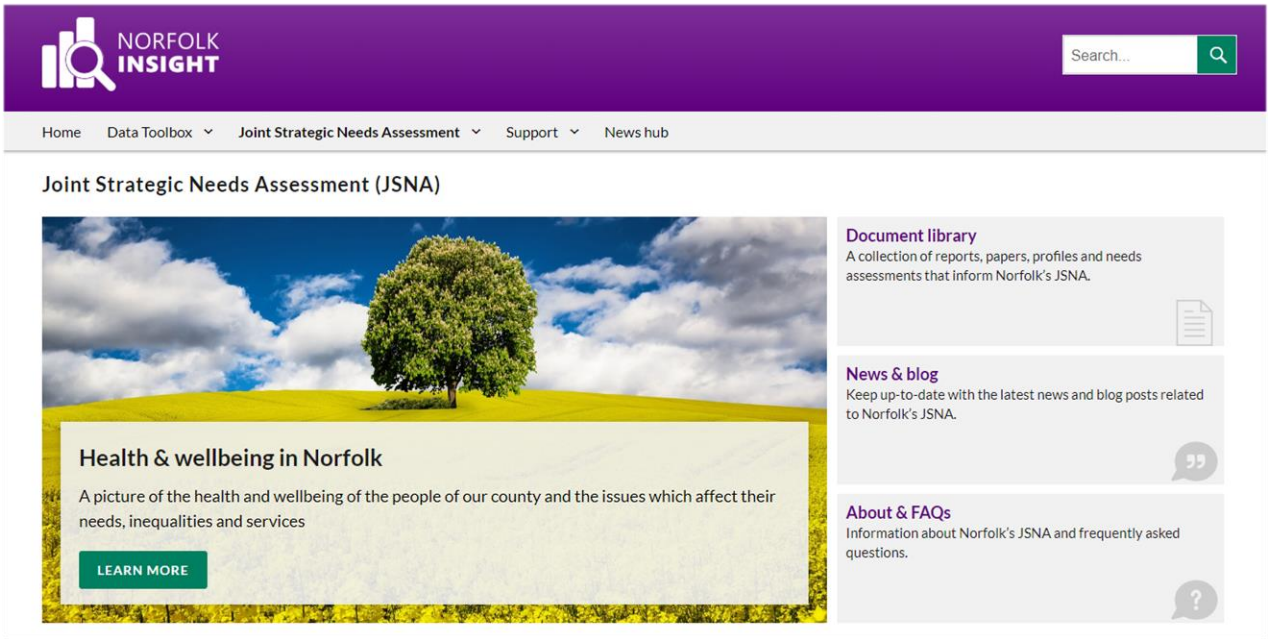
Joint Strategic Needs Assessment

Health & Wellbeing in Norfolk

Progress and Workplan 2021/22

"A picture of the health and wellbeing of the people of our county and the issues which affect their needs, inequalities and services."



JSNA@norfolk.gov.uk

1 How is the JSNA delivered?

Contributions made by:

- Public Health SMT provide support, guidance and review
- Insight & Analytics (I&A) team develop papers and support others to develop reports
- I&A JSNA lead manages the change process
- I&A staff act as advocates for the JSNA with partners
- IMT staff support the platform and action change requests

An agreed approach characterised by:

- Collaborative identification of development and priorities
- A collaborative approach to encouraging engagement and participation
- Innovative approach to developing content
- Shared responsibilities for identifying issues, trends and future work

An effective approach to prioritisation characterised by:

- Regular working group meetings prioritising development
- Discussions with liaison members
- Agreed timescales for delivery
- Agreed responsibilities for actions required to deliver

Types of work delivered:

- Briefing papers
- Reports for the working group
- Dissemination and awareness activity
- Research activity to understand users and their needs
- Documentation of governance and quality assurance
- Health and Wellbeing place based profiles
- Other documents

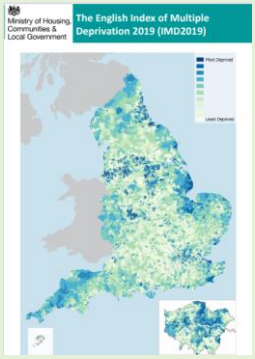
2 Looking back 2020-21

Work Summary:

- Limited review of content including narratives and external links
- Prioritisation and progress reports to the working group
- Limited dissemination and awareness activity
- Technical aspects are robust and reliable supported by IMT
- Development of new style profiles
- Development of a workplan for the next period

Completed Activity

Examples of work published



English Indices of Deprivation 2019

- Summary, analysis and comparison to 2015 release
- Interactive dashboard

PROTECTED CHARACTERISTICS
NORFOLK

Protected Characteristics – Area Reports

- The Equality Act 2010 protects people against discrimination. Under the Equality Act 2010, there are nine protected characteristics. Reports have been published for localities in Norfolk and Waveney for 8 geography levels.

Examples of Briefing papers reviewed

- Substance Misuse - YP
- Infant Mortality
- Parental Substance Misuse
- Teenage Pregnancy
- Maternal Health
- Child Sexual Abuse

Health and wellbeing place-based profiles

Data dashboard for electoral division areas.

Other

- JSNA site usage reporting
- Meetings with liaison members
- Presentations to partners
- MOU review

3 Looking Forward to 2021-22

Proposed Work Summary:

- Review of content including narratives and external links
- Prioritisation and progress reports to the working group
- Dissemination and awareness activity
- Working with the liaison group to understand requirements and contributions
- Technical aspects reviewed to be robust and reliable and supported by IMT
- Development of further Place based Health and Wellbeing profiles and narrative reports
- Review and development of the workplan throughout the year

Proposed Activity

Examples of Briefing papers planned new or to be reviewed

Adult health & wellbeing

- Suicide Prevention (review)
- Dementia (Review)
- Dental Health in Children and Young People (review)

Older people's health & wellbeing

- Oral Health in Older People (new)
- Healthy Aging (new)

Place

- Air Quality (review)
- Housing and Health (review)
- Impact of COVID 19

Health Needs Assessments

- Children and Young People
- Sexual Health

Other

- DPH Report 2021 publication
- JSNA site usage reporting
- Meetings with liaison members
- Presentations to partners
- MOU review

Health and wellbeing place-based profiles (replace)

Narrative reports with accompanying data dashboards for geography levels including electoral, CCG and county.

Report title:	**Norfolk's Better Care Fund: Opportunities for the Future**
Date of meeting:	**10 March 2021**
Sponsor (HWB member):	**James Bullion, Executive Director Adult Social Services, Norfolk County Council**

Reason for the Report

To update the HWB on the progress of the Better Care Fund (BCF) Review, and to ask the HWB to set the priorities to which the BCF will deliver moving forward. The report also provides an update on formally required "End of Year" reconciliation information for national submission.

Report summary

The BCF is a nationally mandated programme, aiming to joint up health and care services so people can manage their health and wellbeing and live independently in their communities for as long as possible. A key priority of the HWB is to lead a review of Norfolk's BCF. Based on local and national direction, there is an opportunity to shape a future BCF to further deliver local priorities, act as a strengthened delivery arm of joint commissioning and service design, and focus strategy and funding on some of the most important emerging priorities for integration.

NCC and N&WCCG have worked in partnership to lead an initial review with partners of the Core BCF, identifying the following key themes for consideration in the future design of our BCF:

- Services funded within the Core BCF largely tie back to current national BCF aims and fund a range of services that provide extensive benefit to Norfolk's population.
- There is significant opportunity to use the BCF to support other increasingly important local areas of joint health and care working, including prevention and inequalities. The BCF is also currently system focused, with opportunities to align with place priorities and processes.
- Good organisational joint-working on the future of the BCF is now in place, with partners seeing it as a key delivery arm of future integrated priorities between health and care.
- Services within the BCF often account for only a small proportion of their total funding, challenging tie-back to directly attributable better outcomes.

It is recommended that Norfolk's BCF is reshaped with the following delivery priorities, that reflect key local strategic direction, including emerging place-based priorities:

- Inequalities and support for wider factors of wellbeing
- Prevention
- Sustainable system (including Admissions Avoidance)
- Person centred care and discharge
- The DFG and housing sits as a theme across all of these priorities

To align with this approach, it is also recommended that:

- The BCF is rebaselined, to create a series of 'buckets' that contain the funding pots for services/projects based around the recommended Norfolk BCF priorities, improving joint financial working and drivers for integration and focus on system & place priorities.
- The BCF is developed to encompass both system and place priorities and processes.
- An Integrated Commissioning Steering Group, which has driven the BCF Review work, establish an overview of the BCF programme going forward, reporting to the HWB.

Recommendations

The HWB is asked to:

a) Consider the report and direct future delivery priorities of the BCF programme.

b) Agree to receive "End of Year" reconciliation information on the 20/21 BCF and delegate, to the Chair & Vice-Chairs, decision making on submission to the national team if reconciliation is required between HWB meetings.

1. Background

1.1 The Better Care Fund (BCF) is a nationally mandated programme, launched in 2013 with the aim of joining up health and care services, so that people can manage their own health and wellbeing and live independently. Delivered locally under a statutory requirement of HWBs, it is executed through three key funding streams under the BCF 'banner':

- Core BCF (subject of phase one of the BCF review) - bringing LAs and NHS partners together to agree integrated priorities, pool funding and jointly agree spending plans.
- Disabled Facilities Grant (DFG) - Help towards the costs of making changes to a person's home so they continue to live there, led by District Councils in Norfolk.
- iBCF - Available social care funds for meeting adult social care needs, ensuring that the social care provider market is supported, and reducing pressures on the NHS.

1.2 Partners in Norfolk have long utilised the BCF to fund and develop critical services that support the health and wellbeing of our population, including care from the provider market, key health and care operational teams, and community-based support from the VCSE sector.

1.3 A key priority of the HWB is to lead a local review of Norfolk's BCF. Based on local and national direction, there is an opportunity to shape a future BCF that further delivers local and national priorities, act as a key delivery arm of integrated commissioning, and focuses joint strategy and funding on some of the most important emerging priorities of integration, including arising from COVID-19 (including prevention, inequalities and discharge). This local approach to creating a BCF now that is set for the future has since been reflected in national direction, including the Health and Social Care Bill White Paper (Feb 2021) that emphasises the BCF's role in future joint working and particularly a key component of place partnerships.

1.4 Since September 2020, following a pause in the review arising from COVID-19, NCC and N&WCCG have worked in partnership to lead an initial review of the Core BCF, engaging with partners across the system. With the aim of developing an ambitious BCF programme which meets the future needs of, work so far has included:

- Reviewing the Core BCF programme key metrics and model.
- Reviewing the current finances and how the Core BCF is spent across Norfolk, including its role alongside wider budgets and financial plans.
- Reviewing monitoring arrangements to ensure return on investment and outcomes focus.
- Developing recommendations on how the BCF is used in Norfolk, aligned with emerging national and local strategy and exploring options for a place focused model.

2. BCF Delivery Priorities in 2021/22

Delivery Priorities

2.1 Whilst the BCF has evolved nationally, there are metrics it has historically targeted:

- Admission to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- And non-elective admissions

2.2 As part of the Norfolk BCF review we have utilised the key strategies and policies that affect the system both nationally and locally, including the Joint Health and Wellbeing Strategy, Integrated Care System aims, Aging Well, Promoting Independence and local emerging place priorities. There are also indications that in future BCF Guidance, the aforementioned national metrics are likely to change, with an increased focus on prevention, discharge and housing, and a greater degree of flexibility for areas to set their own priorities for the BCF.

2.3 The review has identified key themes for consideration in the BCF's future design, including:

- Services funded within the Core BCF largely tie back to current national BCF aims. They fund a range of services that provide extensive benefits to Norfolk's population, from residential care for older people, to flu teams and weight management services.
- Financially and in terms of the number schemes, key themes in Norfolk's BCF are reducing admissions to care homes and hospital and person-centred care.
- There is significantly more opportunity to use the BCF to support other areas of joint health and care working. There is an opportunity to further integrate the BCF around joint decision making on Norfolk's priorities, including areas of integrated/joint working between health and care that currently sit outside BCF, where we know joint funding and commissioning discussions could be strengthened by a framework such as the BCF.
- Opportunities to reflect other priorities that are increasingly important to joint working and resident's health and wellbeing – particularly prevention, discharge processes and inequalities – where the BCF can act as a means of implementing local priorities.

2.4 Given this, it is recommended that Norfolk's BCF is reshaped with the following priorities, that reflect key local direction from our Joint Health & Wellbeing Strategy and align with other key system strategies, emerging place priorities and other individual organisational strategies:

- Inequalities and support for wider factors of wellbeing
- Prevention
- Sustainable system (incl. Admissions Avoidance)
- Person centred care and discharge
- The DFG and housing sits as a theme across all of these priorities.

2.5 Whilst still aligning with both the current national BCF requirements, and potential future direction, this will begin to further strengthen a BCF that acts as a key delivery arm of system and place priorities for integrated health and care working. Focussing on these four priority areas the BCF programme will be targeted towards projects and workstreams which will best achieve the aims of the local health and social care system.

Integrated Working

2.6 As the BCF programme is intended to improve joint working between health and social care, it is also critical we ensure funded projects within it have recognisable benefits for the whole system, and the programme overall is jointly agreed at all levels. The review has identified the following key themes that should be considered in the future design of our BCF

- Processes are in place to share openly the contents of the BCF, and good organisational joint-working on its future now in place – strengthened by the joint nature of the review.
- The Core BCF is currently system focused. There is significant opportunity align the BCF with place-based priorities and utilise it as a tool in creating future approaches at place, including financial structures that enable closer joint working.
- Services within the core BCF often account for only a small proportion of their total funding – for NCC and CCG the c.£65m each only account for potentially £100m+ of their total areas. This challenges any tie-back of BCF and integration to directly attributable better outcomes (a local, regional and national challenge around BCF).
- Organisational changes have resulted in some unidentified total funding pots.

2.7 It is recommended that Norfolk's BCF is reshaped with the following:

- The BCF is re-baselined to –
  - Create a series of BCF 'buckets' based on the recommended Norfolk BCF priorities, that support both BCF aims and local system priorities – having a solid baseline will enable medium-long term joint decisions.

- Each bucket would act as a container for money and joint funding, driver for integration and focus on system & place priorities.
- The BCF is developed to encompass system and place priorities, initially by developing a clear view of how services within the re-baselined BCF are split by funding and delivery at a place level, and then seeking a developed accountability for the BCF at a place level.
- An Integrated Commissioning Steering Group, which has driven the BCF Review work, establish an overview of the BCF programme going forward, reporting in to the HWB, including the BCF meet the delivery priorities set out by the HWB.

Understanding Impact

2.8 Alongside this, we have also identified that many of the projects and workstreams within the Better Care Fund are only part funded by it. Our intention moving forward is to wholly fund projects within the BCF, where possible. This will allow us to have greater oversight of the programme as a whole and better understanding of the impact the BCF has in Norfolk.

2.9 To support this, we have developed an initial Impact Review assessment which we will be doing for all the projects within the BCF. This will allow us to understand what the aims of the funding are, how we can expect this to be measured and monitored, and when we can be updated on the progress. This will enable us to more comprehensively understand our BCF programme and what we are achieving through it.

3. BCF Programme for 2020/21

3.1 The Better Care Fund policy statement (Dec 2020), confirms that formal BCF plans do not need to be submitted to NHS England and NHS Improvement for approval in 2020 to 2021.

3.2 Alongside this, no quarterly reporting is required for the 2020/21 BCF Programme. However, it has been confirmed that we will need to provide end of year reconciliation to NHS England Improvement confirming:
- That national conditions have been met,
- The total spend from mandatory funding sources,
- And a breakdown of agreed spending on social care from the CCG minimum contribution.

3.3 Whilst the deadline for the end of year reconciliation has not been set, we are working with our finance teams in both NCC and N&WCCG to complete the relevant income and expenditure templates needed to evidence the above, for approval and submission. This will be brought before the Health and Wellbeing Board for approval.

Officer Contact

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

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