

Health and Wellbeing Board
Minutes of the meeting held on Tuesday 1st April 2014
at 9.30am in Room 16, Abbey Conference Centre, Norwich

Present:

Mr D Roper, Norfolk County Council – Chairman

Alex Stewart	Healthwatch Norfolk
Brenda Arthur	Norwich City Council
Cllr Yvonne Bendle	South Norfolk Council
Harold Bodmer	Director of Community Services, NCC
Dr Jon Bryson	South Norfolk Clinical Commissioning Group
Pip Coker	Voluntary Sector representative
Dr Anoop Dhesi	North Norfolk Clinical Commissioning Group
Tracy Dowling	Director of Operations & Delivery, NHS England, East Anglia Team
Richard Draper	Voluntary Sector Representative
Joyce Hopwood	Voluntary Sector Representative
Steve James	Breckland District Council
Cllr James Joyce	Cabinet Member Safeguarding, NCC
Cllr Penny Linden	Great Yarmouth Borough Council
Dr Ian Mack	West Norfolk Clinical Commissioning Group
Lucy Macleod	Acting Director of Public Health
Elizabeth Nockolds	Kings Lynn & West Norfolk Borough Council
Dr Chris Price	Norwich Clinical Commissioning Group
Cllr Andrew Proctor	Broadland District Council
Kate Gill	Great Yarmouth & Waveney Clinical Commissioning Group
Sue Whitaker	Cabinet Member Adult Social Services, NCC
Catherine Underwood	Community Services, NCC

Others present:

Debbie Bartlett, Head of Planning, Performance and Partnerships, NCC

1. Apologies

Apologies were received from T/ACC Nick Dean, Norfolk Constabulary, Lynda Turner (substituted by Steve James), Sheila Lock and Yvonne Bendle.

2. Minutes

The minutes were agreed as a true and accurate record and signed by the Chair.

3. Interests

There were no interests declared.

4. Urgent Business

There were no items of urgent business.

5. Norfolk Better Care Fund Plan – final submission

The Board received the final paper from Harold Bodmer and the Chief Officers of Norfolk's Clinical Commissioning Groups (CCGs) setting out the final version of the Norfolk Better Care Fund (BCF) which would be delivered to NHS England. During the discussion, the following points were made;

- The paper had been drawn up by the five CCGs and Norfolk County Council. It was a countywide plan which outlined the way in which the health services would be commissioned in future. The plan underpinned integration in Norfolk and would be the mechanism for driving forward integrated working and transformation of services.
- The document had followed the national template to ensure it included key elements. There were areas of the plan which would require further development.
- Development had been made with funding and the performance matrix. This included schemes which would make improvements to services such as the reduction of acute admissions into hospital and residential care.
- Since the first draft of the plan there had been continuing engagement with stakeholders. It was recognised that the County Council and the CCGs had worked hard on the plan and had an ambition to increase the pool of funds and move towards further integrated working.
- One of the components of the fund is dependent on the targets set locally. These targets had to be proposed against the key performance indicators – there are four national indicators and Norfolk has two locally-defined indicators, one of which is around dementia. Once the interventions had been implemented, it would be possible to see how much of a difference they would make and if the plan had set realistic suitable targets for that area.
- It was noted that the transformations funds would be ring-fenced. It was also noted that there was clear commitment to drive the transformation of services this year and that there would be a need to work together to identify community-based alternatives. The CCG's would look at sharing resources which would help with practical issues such as travel to reach services.
- Housing was an important element and it was noted that the Disabled Facilities Grant (DFG) was protected in the Fund. Each of the areas were setting out a vision for the broader aspects of what keeps people well and a strengthened network of services to ensure people stayed independent and well would be beneficial.
- Existing commitments had to be met and the required transformation had to be undertaken - all with the same pool of money. Therefore all stakeholders involved in the plan had to work together to meet the collective responsibility.
- Once the plan had been agreed, it would be reviewed by NHS England who would then provide a feedback report. A benchmark against other similar demographic areas would also be completed. The deadline for submitting the plan to NHS England was 4 April and the assessment would be completed by 17th April 2014. Feedback from NHS England would be received within a month and if anything needed to be addressed in the plan there would be a rapid response.
- There were clear implications for acute hospitals from the shift from acute to community. This had been the subject of discussions and further detail would develop as we progressed.
- The voluntary sector representatives welcomed the plan, were committed to the agenda the plan outlined and looked forward to being active partners.
- This was a plan for Norfolk as a whole and had been built in a way that reflected local needs and the local population. There were a lot of similarities in the plans as within

Norfolk the CCG's were working collectively. There were common approaches, including services around primary care, but delivered differently in order to achieve the outcomes. Cultural boundaries were likely to be more of a challenge than geographical boundaries and it would be a function of the Board to pick up any such issues during implementation.

- The risks identified in the plan were brief outlines. There was considerable underlying work taking place even though the detail of this was not noted in the plan. All risks were being considered with a sense of urgency.
- Service users would need reassurance that it was a well-thought out managed approach that was being implemented. Collective messages from all of the partners involved should be given.
- The involvement in the plan from all partners had enabled District Councils engagement with health professionals much more but it was important to realise that it the plan now needed to be put into action.
- The fund was a part of considerable changes taking place nationally, driven by NHS England, for example in acute primary care. There was a need for a coherent approach locally, as this was limited nationally.

The next meeting would take place on **Tuesday 6th May 2014** at 9.30am at the Abbey Conference Centre.

The meeting closed at 11.35am

Chairman