

**Health and Wellbeing Board**  
**Minutes of the meeting held on Wednesday 17 April 2013 at County Hall**

**Present:**

Cllr Yvonne Bendle	South Norfolk Council
Stephen Bett	Norfolk's Police and Crime Commissioner (from 11:15)
Harold Bodmer	Director Community Services
Cllr Bill Borrett	Leader, Norfolk County Council
Dr Jon Bryson	South Norfolk Clinical Commissioning Group
Lisa Christensen	Director Children's Services
Pip Coker	Voluntary Sector Representative
Dr Anoop Dhesi	North Norfolk Clinical Commissioning Group
Ann Donkin	South Norfolk Clinical Commissioning Group
Tracy Dowling	Director of Operations & Delivery, NHS England, East Anglia Team
Richard Draper	Voluntary Sector Representative
Andy Evans	Great Yarmouth & Waveney Clinical Commissioning Group
Cllr Angie Fitch-Tillet	North Norfolk District Council
Cllr Roger Foulger	Broadland District Council
Cllr Shelagh Gurney	Cabinet Member, Community Services, Norfolk County Council
Joyce Hopwood	Voluntary Sector Representative
Lucy Macleod	Interim Director of Public Health
Dr Ian Mack	West Norfolk Clinical Commissioning Group
Dr Chris Price	Norwich Clinical Commissioning Group
Rhianna Rudland	Breckland District Council
Alex Stewart	Chief Executive, Healthwatch Norfolk
Cllr Mike Stonard	Norwich City Council
Cllr Alison Thomas	Cabinet Member, Children's Services, Norfolk County Council
ACC Gareth Wilson	Norfolk Constabulary

**Others present:**

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

**1 Election of Chairman**

Bill Borrett, Norfolk County Council was elected Chair of the Health and Wellbeing Board.

**Cllr Bill Borrett, Norfolk County Council in the Chair.**

The Chairman welcomed everyone to the first meeting of the Health and Wellbeing Board and round the table introductions were made.

**2 Apologies**

Apologies were received from Anne Gibson, Norfolk County Council, Cllr Elizabeth Nockolds, King's Lynn & West Norfolk Borough Council, Cllr William Nunn, Breckland District Council (Rhianna Rudland substituted), Cllr Andrew Proctor, Broadland District Council (Cllr Roger Foulger substituted) and Cllr Bernard Williamson, Great Yarmouth Borough Council.

### **3 Minutes of the Shadow Health and Wellbeing Board meeting held on 9 January 2013.**

The minutes of the Shadow Health and Wellbeing Board (H&WB) meeting held on 9 January 2013 were agreed as a correct record and signed by the Chairman.

### **4 To receive any items of business which the chairman decides should be considered as a matter of urgency.**

There were no items of urgent business.

### **5 Forward Plan and Work programme 2013/14.**

5.1 The Board received a report (5) by the Head of Planning, Performance and Partnerships NCC, providing an outline forward plan for consideration by the Board. The Board was asked to agree the draft forward plan, taking into account the notes set out in section 3 of the report and agree the establishment of working groups, as outlined in the draft forward plan.

5.2 The Head of Planning, Performance and Partnerships explained that the list of items on the draft forward plan was not exhaustive and also highlighted that task and finish groups could be set up to look at various topics if there were particular issues the Board wished to consider in greater detail.

5.3 The following points were noted during the discussion:

- It was suggested that, following the recent Ofsted inspections, the Board should include safeguarding issues early in its schedule in order for all partners to drive improvements forward.
- The Board agreed that driving the integration of health and social care was of key importance and referred, for example, to the difficulties recently experienced by some of the acute hospitals in the region and the importance of working together to find solutions.
- A request was made that voluntary sector representatives on the Board be involved in the working-groups outlined in the forward plan (Appendix A). It was confirmed that any member of the Board wishing to take part in a working group should contact [Debbie.bartlett@norfolk.gov.uk](mailto:Debbie.bartlett@norfolk.gov.uk).
- It was noted that at their meeting in January 2014, the Board would consider the Clinical Commissioning Groups' developing priorities for future years, rather than looking at the issues retrospectively.

5.4 The Board **agreed:**

- The draft forward plan, taking into account the notes set out in section 3 of the report, and
- The establishment of working groups, as outlined in the draft forward plan.

## **6 Norfolk Joint Health and Wellbeing Strategy – Responding to the Priorities.**

- 6.1 The Board received the annexed report (6) by the Head of Planning, Performance and Partnerships summarising the progress made in exploring the issues behind the priorities in the Health and Wellbeing Strategy.
- 6.2 The report provided details on two of the 11 priorities that formed the basis of the Joint Health and Wellbeing Strategy 2013-14 - Smoking and Tobacco Control and Alcohol Misuse.
- 6.3 It was noted that a one-off task and finish group on the wider determinants of good mental health and wellbeing had not yet been convened but this would be taken forward as part of the forward plan.
- 6.4 In response to a question about whether any Member of the Board had any financial interest in either tobacco products or companies, the Chairman confirmed that the Norfolk County Council Pension Fund had invested in tobacco stocks. He added that the Norfolk Pension Fund provided benefits for the members of the scheme and the remit of the Pension Fund Committee was to act independently in the best interests of the beneficiaries regardless of political concerns.
- 6.5 The Director of Children’s Services NCC, said that following the recent Ofsted inspection reporting, it could be considered that children were not visible enough in the 11 priorities of the Joint Health and Wellbeing Strategy 2013-14. It was noted that members would be looking at Early Help (Early Intervention) in a workshop after the meeting and, building on this, a report would be brought back to the Board.
- 6.6 The Board:
- Noted the progress that had been made to date on the 11 priorities.
  - Commented on the priorities for alcohol and smoking and the possible actions that had been identified.
  - Agreed the proposal for the development of a three year strategy to run from April 2014.

## **7 Community-led Health Improvement Programme – Update Report 2012-13.**

- 7.1 The Board received the annexed report (7) by the Interim Director of Public Health summarising the progress made in setting up a community-led health improvement work programme based on two place-based approaches to health improvement – Healthy Towns and Ageing Well. The report outlined the two approaches, the key activities to date, governance arrangements and the proposed actions.
- 7.2 The Interim Director of Public Health commented that the report included an update on the Healthy Towns project which had proved very successful in Thetford and was now poised to be rolled out to the suggested 10 communities identified from the health evidence base.
- 7.3 The following points were noted during the discussion:
- It was acknowledged that, due to the considerable ‘churn’ in the system with the re-organisation of the NHS and with Public Health having seen many changes in personnel, progress had not been as speedy as had been hoped and the budget,

whilst fully committed, had not yet been deployed. Progress had been made, however, and the Public Health team had carried out a desk-based exercise on the evidence to determine the areas for implementation and phases for the roll-out.

- There was some discussion about the evidence base used to support the identification of the 10 communities for roll-out of the community-led health improvement programme. It was noted that the public health indicators which had been used to identify the communities had been allocated an equal weighting, although this could be changed in the future to reflect different health outcomes.
- A question arose about the fact that urban areas, such as Norwich, had not been identified although there were likely to be benefits. It was clarified that the Healthy Towns methodology was designed for market towns and that the Public Health Team were also working with urban areas including Norwich, for example, on the healthy housing agenda.
- There was support for the proposal to use a locality-based approach to taking the work forward - working with local forums, partnerships and organisations and in synergy with existing arrangements.
- In response to a question about the measles outbreak in Swansea, and issues around public awareness, the Interim Director of Public Health confirmed that the measles outbreak was a high priority and outlined the measures being undertaken to increase public awareness of the disease and promote take up of the vaccination by young people, if they have not already been vaccinated. The Interim Director of Public Health also confirmed that the uptake for vaccinations for babies was just over 90% in Norfolk.

The Board **agreed:**

- The overall approach and the 10 communities identified from the health evidence base.
- To work with appropriate local partnerships to identify how and when to take forward either healthy town or ageing well initiative in that area.
- To replace the steering group with a Locality Implementation Group, to coordinate the roll-out of the programme.

## **8 Voluntary Sector Engagement Project – Update Report, March 2012-March 2013.**

- 8.1 The annexed report (8) by the Head of Operations, Voluntary Norfolk was received by the Board. The report outlined the work of the Voluntary Sector Engagement Project in securing the active engagement of the voluntary sector in the emerging health and social care landscape and the work of the Health and Wellbeing Board.
- 8.2 The Head of Operations, Voluntary Norfolk introduced the report, outlining the background to the work as well as some forthcoming activities.
- 8.3 The following points were noted during the discussion:
- It was noted that the relationship between the new Healthwatch Norfolk organisation and the Voluntary Sector Engagement Project needed to be

established.

- It was suggested that it would be useful for those Board members who were directly impacted on by the Project (eg Clinical Commissioning Groups) to take part in the proposed steering group, which would provide the overall steer and formally monitor the project on behalf of the Board.
- The Director of Community Services suggested that the steering group might look to have some involvement from the private sector social care providers who could make a useful contribution.
- Any Board Member who wished to volunteer to join the Steering Group should contact the Head of Planning, Performance & Partnerships by emailing: [Debbie.bartlett@norfolk.gov.uk](mailto:Debbie.bartlett@norfolk.gov.uk).

#### 8.4 The Board:

- Noted the contribution being made by the Voluntary Sector Engagement Project
- Agreed to set up a small Steering Group to provide the strategic lead and oversee the project for the coming year, and appoint Debbie Bartlett, Head of Planning, Performance and Partnerships, as the Lead Officer for that sub-group.

### 9 Health and Wellbeing Board – Budget Report

9.1 The annexed report (9) by the Head of Planning, Performance and Partnerships was received by the Board. The report set out the Health and Wellbeing Board's funding arrangements, outlined expenditure to date and proposals for 2013-14.

9.2 In introducing the report the Head of Planning, Performance and Partnerships said that the proposal for allocation of funds for 2013-14 broadly followed last year's arrangements.

9.3 The following points were noted during the discussion:

- It was noted that last year's funding for community-led health improvement had been committed and that it was proposed to earmark a further sum of £290,000 for locally-led health improvement activity for the coming year. It would be held whilst further discussions would take place with local partners about its precise use – for example, it may be that there is capacity for an accelerated roll out of the Healthy Towns and Ageing Well projects, or there might be other locally based health improvement initiatives from CCGs against which this funding could be used as match funding.
- In response to a question about the funding of promotional campaigns about the MMR vaccine the Director of Children's Services confirmed that resources were available to fund a vaccination programme and the issue would be dealt with as a matter of urgency, in liaison with Public Health colleagues. The Interim Director of Public Health said that her team would be working with the clinicians to examine the evidence about where there were measles outbreaks and what work needed to be done urgently. The Director of Operations & Delivery, NHS England, East Anglia confirmed that she would be liaising with PH and CCGs colleagues as a matter of

urgency to identify where the gaps were and what else needed to be done.

9.4 The Board endorsed the proposals as set out in section 3 of the report.

## **10 The Francis Inquiry and the new Quality Assurance System (Discussion Paper).**

10.1 The Discussion Paper (10) by the Head of Planning, Performance and Partnership, NCC was received by the Board. The paper outlined the new quality assurance arrangements in the new system and invited discussions on aspects, including the potential role of the Board in quality assurance.

10.2 The following points were noted during the discussion:

- The Head of Planning, Performance and Partnerships opened the discussion by posing that the role of the Health and Wellbeing Board was to assure itself that the right arrangements were in place for quality assurance, particularly given the changes in organisations in the light of the NHS reforms.
- There followed some discussion about the need to be able to capture 'soft' intelligence rather than relying simply relying on information from 'compliments and complaints' systems and it was noted that, for example, Norwich CCG was setting-up systems to capture real-time 'soft' intelligence from GPs.
- The issue was not simply one for the NHS, but for public services too, particularly around health and social care and there was discussion about the value of developing some common principles for how we go about this - the gathering of 'soft' intelligence, performance data, etc.
- There was further discussion about what the role the Board could, and should, be and the challenge for the Board working at the strategic level to find the right balance between being assured and informed without getting involved in the detail. A strong view emerged that, in finding its role, the Board needed to avoid duplicating effort by creating something when there were other appropriate forums for the activity. The Board needed to be clear that its activity would add value – this might be, for example, through shared learning.
- It was noted that the new quality system included the establishment of a network of Quality Surveillance Groups (QSGs) across the country to routinely and methodically share information and intelligence about quality in order to spot the early signs of problems and that the local QSG East Anglia was established and meeting regularly. The Board felt that regular reports would be a good way of keeping a watching brief.

10.3 The Board **agreed:**

- That there would be a standing item on the agenda for an update from the local QSG
- That the Head of Planning, Performance and Partnerships, NCC, and the Director of Operations and Delivery, NHS England, East Anglia, would agree the best way forward for receiving appropriate updates

## **11 Services for Adults with a Learning Disability: Outcomes of the Winterbourne View Enquiry.**

- 11.1 The Board received a report (11) by the Director of Community Services, Norfolk County Council, updating members on the progress made in responding to the recommendations from the Winterbourne View Enquiry Report. The report provided details of the action plan that had been developed and explained the progress that had been made in delivering on the actions that related specifically to Norfolk.
- 11.2 The Director for Community Services drew the Board's attention to the financial issues for providing health and social care by the high number of private hospitals in Norfolk. He added that in the event patients out of provision but remained in the County the Health and Social Care economy would pick up the care costs which could be substantial due to the individual needs of patients. The risks from this would be difficult to quantify as the costs would remain unknown until an event took place.
- 11.3 Norfolk County Council funded the care needs for the 92 people who were placed out of county in social care funded residential and supported living placements.
- 11.4 A further report would be brought to the Health and Wellbeing Board once patient reviews had been completed.
- 11.5 The Board noted the report.

## **12 Funding Transfers from the NHS for Adult Social Care**

- 12.1 The Board received a report (12) by the Director of Community Services, Norfolk County Council, on the transfer of funding from the NHS to the County Council for social services. The paper confirmed that the amount to be transferred from NHS England to Norfolk County Council for 2013-14 was £14.956m and indicated how the funds would be used to address key shared priorities aligned to the NHS Outcomes Framework and to the respective local authority strategic plans: to strengthen care at home, to prevent unnecessary admissions, to promote discharge and to enable integrated care.
- 12.2 The Board was asked to agree to the plan for spend of the funding transfer from NHS England to Norfolk County Council; note the requirement for CCGs to agree with the local authority the development and funding of a reablement service and the contribution to be transferred to Norfolk County Council and to note and agree the overarching activity indicators as listed in the appendices to the report.
- 12.3 In introducing the report the Director of Community Services commented on two areas:
- The fact that there was a lot of work currently being undertaken around the pressure on acute hospitals and the hospital discharge process and flagged the potential need to reflect the challenge in the performance indicators, and
  - The need to look to support and promote the integration of health and social care
- 12.4 There was support for the inclusion of something specifically around the discharge process for community hospitals, to make sure this continued to be provided and budgeted for.

- 12.5 There was also support for the view that we should also make sure that we are working to help drive integration and it was suggested that there might be opportunities to consider community budgets in certain areas, when looking beyond adult social care and the NHS to the broader integration of health, social care, wellbeing and the wider determinants of health.
- 12.6 The Director of Operations and Delivery, NHS England, East Anglia Team confirmed that she supported the funding proposals in principle but required more details on the expected return on the investment and on how it would be measured – both the ‘hard’ and the ‘soft’ data . Such assurance would be needed before final sign-off by the East Anglia Team of NHS England.
- 12.7 The Board:
- Agreed the plan for spend of the funding to transfer from NHS England to Norfolk County Council, subject to the comments raised
  - Noted the requirement for CCGs to agree with the local authority the development and funding of a reablement service and the contribution to be transferred to Norfolk County Council
  - Noted and agreed the overarching activity indicators as listed in the appendices of the report, subject to the comments raised

### 13 For information

The Chairman reminded members that now the Board had become a formal committee of Norfolk County Council, the NCC Rules for Committee meetings would apply. He also asked members to note that the NCC Code of Conduct now applied to everyone on the Board for the purpose of their engagement in the Health and Wellbeing Board only, and that Declarations of Interest would be required at all future meetings, details of which would be included on the next agenda.

The next meeting would take place on **Wednesday 10 July 2013** at 10am in the Edwards Room, County Hall.

The meeting closed at 11.30am.

Chairman